Performance Biosimilar Drug List

October 2026

Please consider talking to your doctor about prescribing preferred medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug list is regularly updated. You can view the most up-to-date list, or the specialty drug list, at **MyPrime.com** or **bcbsil.com**.

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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Introduction

Blue Cross and Blue Shield of Illinois is pleased to present the 2026 Drug List**.** All available covered drugs are shown on this list. Drugs that are not shown are not covered. **Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.**

Drug List updates – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit **MyPrime.com** or **bcbsil.com** and log in or call the number on your ID card. Physicians can access the list from the provider portal at **bcbsil.com**.

How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from your health plan, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list. Newly marketed drugs may not be covered until the committee has had an opportunity to evaluate based on these criteria.

How member payment is determined

Generally, each prescription drug product is placed into one of up to six member payment tiers: Preferred Generic (Tier 1), Non-Preferred Generic (Tier 2), Preferred Brand (Tier 3), Non-Preferred Brand (Tier 4), Preferred Specialty (Tier 5) and Non-Preferred Specialty (Tier 6). Depending on your benefit plan, drugs can either be in these tiers or you may have fewer tiers, e.g. all generics in one tier. Some brands may be in a generic tier and some generics may be in a brand tier. Note: Covered substance use disorder drugs (those FDA-approved for treatment of opioid drug abuse, alcohol abuse and to quit tobacco use) may be in the lowest tiers. Substance use disorder brand drugs may be in the lowest brand tier and generic drugs in the lowest generic tier, based on your benefit plan. These drugs are those with such active ingredients as buprenorphine-naloxone, nalmefene, naltrexone, lofexidine, naloxone, disulfiram, acamprosate, bupropion (smoking deterrent), varenicline and nicotine replacement therapy. To verify your payment amount for a drug, visit **MyPrime.com** and log in or call the number on your ID card.

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Drugs that have not received FDA approval may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration or vaccines may be available through your medical benefit. Check your plan materials for details. Some medications covered under your pharmacy benefit(s) may need to be filled at a pharmacy that carries your medication.

How to use this list

Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Note: most reference brand drugs (in parentheses) are not covered.

Example: **atorvastatin** (Lipitor – brand is not covered)

Brand prescription drugs are shown in all CAPITAL letters followed by the generic name.

Example: NOVOLOG – Insulin aspart inj 100 unit/ml

- Preferred Generics are marked with a “p” and shown in lower-case **boldface** type
- Non-Preferred Generics are marked with a “np” and shown in lower-case **boldface** type
- Preferred Brands are marked with a “P” and shown in all CAPITAL letters
- Non-Preferred Brands are marked with a “NP” and shown in all CAPITAL letters
- Preferred Specialty Drugs are marked with a “p, np, or P” and shown as lower-case **boldface** type or in all CAPITAL letters. These drugs are also marked as “SP” in the Special Requirements column.
- Non-Preferred Specialty Drugs are marked with a “NP” and shown in all CAPITAL letters. These drugs are also marked as “SP” in the Special Requirements column.
- Drugs that are also marked with a “+” indicate group-specific coverage. Please see your benefit plan materials for coverage details, or call the number on your ID card.

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index if you do not find your particular medication in the class/condition section that corresponds to your use.

Please note: Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor’s office or other health care setting may be covered under your medical benefit. Some types of these drugs are contraceptive implants and chemo infusions. If you are taking or are prescribed a drug that is not on this drug list, call the number on your ID card to see if the drug may be covered.

Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket medication costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Brand drugs may be removed from or moved to a higher tier on the drug list after a generic equivalent becomes available.

You may be responsible for your member cost-share payment amount (copay or coinsurance) *plus* the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic equivalent. Generic drugs generally have the lowest member payment amount.

Consider talking to your doctor about generic drugs

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the medication.

Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

Over-the-counter exclusions: Your benefit plan may not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan material for details about your particular benefits.

Compounded medications: Your benefit plan may not provide coverage for compounded medications. Please see your plan materials or call the number on your ID card to determine whether compounded medications are covered and/or verify your payment amount.

Repackaged medications: Repackaged versions of medications already available on the market are not covered.

Non FDA-approved drugs: Drugs that have not received FDA approval are not covered.

Prior Authorization (PA): Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication may be covered under your plan. For the medications listed in this document, if a prior authorization is commonly required, it will generally be noted next to the medication with a “PA” under the Special Requirements column. Some plans may have prior authorization on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

Step Therapy (ST): Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the medications listed in this document, if a step therapy is commonly required, it will generally be noted next to the medication with an “ST” under the Special Requirements column. Some plans may have step therapy programs on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

Dispensing Limits (DL)/Quantity Limits (QL): Drug dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain drug categories. For the medications listed in this document, if a dispensing limit applies, it will generally be noted next to the medication with a “QL” under the Special Requirements column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you may be responsible for the full cost of the prescription beyond what your coverage allows.* Some plans may have a dispensing limit on additional medications beyond those noted in this document. For a list of medications and their dispensing limits, visit **MyPrime.com** or **bcbsil.com**.

*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such medication if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

ACA Preventive (ACA): Medicines marked as “AC” in the Special Requirements column are under the Affordable Care Act coverage of preventive services. These products may have limited or $0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation. Coverage may vary based on benefit plan.

You, or your prescribing health care provider, can submit a copay waiver or coverage exception request for ACA preventive medicines by calling the number on your ID card to ask for a review. Copay waiver and coverage exception forms for your provider to fill out are available at bcbsil.com/provider or myprime.com. If you meet the conditions as outlined under the ACA regulations, these products may have $0 member cost-sharing (copay or coinsurance) when obtained from a participating pharmacy. BCBSIL will let you, and your prescriber, know the coverage decision after they receive your request. If the request is denied, BCBSIL will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

Illinois mandated $0 cost share products: Based on your benefit plan, abortifacient medication, hormonal therapy for gender dysphoria, HIV preexposure prophylaxis and/or post-exposure prophylaxis, and/or opioid antagonist drug(s) may be covered at no charge to you, when obtained from a participating pharmacy. To verify your payment amount for a drug, visit MyPrime.com and log in, or call the number on your ID card to request payment amount or information on a copay waiver exception.

Remember, medication decisions are between you and your doctor. Only you and your doctor can determine which medication is right for you. Discuss any questions or concerns you have about medications you are taking or are prescribed with your doctor. Blue Cross and Blue Shield of Illinois does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical or injectable medications that can either be self-administered or administered by a health care professional. Medications administered by a health care professional are not covered under the pharmacy benefit. For a current list of specialty medications, visit **MyPrime.com** or **bcbsil.com**.

Note that some drug classes may be excluded by some plans and therefore may not be covered under your pharmacy benefit. Your plan may have a different coverage level for self-administered specialty drugs. If you have questions about your coverage for specialty medications or your prescription drug benefit, call the number on your ID card.

Accredo®

Members who use specialty medications deserve the care and support they need to manage their therapy. With Accredo, members can have covered specialty medications delivered directly to them or their doctor's office. When using Accredo for specialty medications, you also receive at no additional charge the following services:

- One-on-one support
- Condition-specific staff to help answer questions about your medication(s) or condition
- 24/7 support
- Free shipping with safe, on-time delivery
- Refill reminders and other digital tools

To order through Accredo:

1. Have your doctor send a new prescription to Accredo electronically, by fax or by phone. Your doctor can find contact information at accredo.com/prescribers.
2. Once the prescription has been received, you will receive a call from Accredo to get signed up and ready for your first prescription fill.
3. You can also call Accredo at 833-721-1619 and an agent will work with you to get a new prescription sent or transferred from another pharmacy.

If you have questions, please contact Accredo at 833-721-1619, visit accredo.com, or call the number on your ID card.

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MyPrime.com is a pharmacy benefit website offered by Prime Therapeutics LLC.

Accredo is a specialty pharmacy that is contracted to provide services to members of BCBSIL. The relationship between Accredo and BCBSIL is that of independent contractors. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Abbreviation key

aer.....aerosol
cap..... capsules
chew..... chewable
conc .....concentrate
cr.....controlled release
dr .....delayed release
ec.....enteric coated
equiv ..... equivalent
er.....extended release
gm..... gram
inhal .....inhaler
inj..... injection
liqd..... liquid
mg.....milligram
ml..... milliliter
nebu .....nebulizer
odt. .....orally disintegrating tablets
oint .....ointment
ophth.....ophthalmic
osm..... osmotic release
pack.....packets
powd.....powder
pttw.....twice-weekly patch
sl ..... sublingual
soln.....solution
suppos ..... suppositories
susp..... suspension
tab.....tablets
td..... transdermal
w/ .....with

Exception Process

You, your prescribing health care provider, or your authorized representative, can ask for a Drug List exception if your drug is not on (or is being removed from) the Drug List. To request this exception, you, your prescriber, or your authorized representative, can call the number on your ID card to ask for a review. If the coverage request is denied, BCBSIL will let you and your prescriber (or authorized representative) know why it was denied. Call the number on your ID card if you have any questions.

If you or your prescriber are asking for a copay waiver or coverage exception request for an ACA preventive product, please see the ACA preventive section.

BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street
Chicago, IL 60601

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Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
	Complaint Forms:	
	hhs.gov/civil-rights/filing-a-complaint/index.html	

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, 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 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	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 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street
Chicago, IL 60601

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言办助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	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 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	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 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	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' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه 'طلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	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 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog 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 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔855-710-6984 (711:TTY) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	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 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS		
PENICILLINS		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg, 250 mg	NP	
amoxicillin (trihydrate) cap 250 mg, 500 mg	p	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml	p	
amoxicillin (trihydrate) for susp 400 mg/5ml (Amoxicillin)	p	
amoxicillin (trihydrate) tab 500 mg, 875 mg	p	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	p	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml, 400-57 mg/5ml	np	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	np	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	np	
amoxicillin & k clavulanate tab 250-125 mg	np	
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	p	
amoxicillin & k clavulanate tab 875-125 mg	p	
ampicillin cap 500 mg	p	
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	NP	
dicloxacillin sodium cap 250 mg, 500 mg	np	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	NP	
penicillin v potassium tab 250 mg, 500 mg	p	
CEPHALOSPORINS		
CEFACLOR - cefaclor cap 250 mg, 500 mg	NP	
CEFADROXIL - cefadroxil tab 1 gm	NP	
cefadroxil cap 500 mg	p	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	np	
cefdinir cap 300 mg	p	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	np	
CEFIXIME - cefixime for susp 100 mg/5ml	NP	
cefixime cap 400 mg	np	
cefixime for susp 200 mg/5ml	np	
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	NP	
cefpodoxime proxetil tab 100 mg, 200 mg	np	
cefprozil for susp 125 mg/5ml, 250 mg/5ml	np	
cefprozil tab 250 mg, 500 mg	np	
cefuroxime axetil tab 250 mg	p	
cefuroxime axetil tab 500 mg	np	
cephalexin cap 250 mg, 500 mg	p	
cephalexin cap 750 mg	np	

Drug Name	Drug Tier	Requirements/Limits
cephalexin for susp 125 mg/5ml, 250 mg/5ml	np	
MACROLIDES		
azithromycin for susp 100 mg/5ml (Zithromax)	np	
azithromycin for susp 200 mg/5ml (Zithromax)	p	
azithromycin tab 250 mg (Zithromax z-pak)	p	QL (60 tablets/180 days)
azithromycin tab 500 mg (Zithromax)	p	QL (60 tablets/180 days)
azithromycin tab 600 mg	np	QL (60 tablets/180 days)
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	NP	
clarithromycin tab er 24hr 500 mg	np	QL (28 tablets/180 days)
clarithromycin tab 250 mg, 500 mg	np	
DIFICID - fidaxomicin for susp 40 mg/ml	P	
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	NP	
ERYTHROMYCIN DR - erythromycin w/ delayed release particles cap 250 mg	NP	
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	np	
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	np	
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	np	
erythromycin tab 250 mg, 500 mg	np	
fidaxomicin tab 200 mg (Dificid)	np	
TETRACYCLINES		
demeclocycline hcl tab 150 mg, 300 mg	np	
doxycycline hyclate cap 50 mg, 100 mg	p	
doxycycline hyclate tab 20 mg, 100 mg	p	
doxycycline monohydrate cap 50 mg, 100 mg	p	
doxycycline monohydrate for susp 25 mg/5ml	np	
doxycycline monohydrate tab 50 mg, 100 mg	p	
doxycycline monohydrate tab 75 mg, 150 mg	np	
minocycline hcl cap 50 mg	p	
minocycline hcl cap 75 mg, 100 mg	np	
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	NP	QL (30 tablets/180 days)
tetracycline hcl cap 250 mg, 500 mg	np	
FLUOROQUINOLONES		
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	NP	QL (28 tablets/180 days)
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)	NP	
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	p	
ciprofloxacin hcl tab 750 mg (base equiv)	p	
levofloxacin oral soln 25 mg/ml	np	
levofloxacin tab 250 mg, 500 mg, 750 mg	p	
moxifloxacin hcl tab 400 mg (base equiv)	np	

Drug Name	Drug Tier	Requirements/Limits
OFLOXACIN - ofloxacin tab 300 mg	P	
OFLOXACIN - ofloxacin tab 400 mg	NP	
AMINOGLYCOSIDES		
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	NP	PA, QL (28 vials/28 days), SP
HUMATIN - paromomycin sulfate cap 250 mg	P	
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	NP	PA, QL (280 mls/56 days), SP
neomycin sulfate tab 500 mg	p	
TOBI PODHALER - tobramycin inhal cap 28 mg	NP	PA, QL (224 capsules/56 days), SP
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	NP	PA, QL (280 mls/56 days), SP
tobramycin nebu soln 300 mg/5ml (Tobi)	np	QL (280 mls/56 days), SP
tobramycin nebu soln 300 mg/4ml (Bethkis)	np	QL (224 mls/56 days), SP
SULFONAMIDES		
sulfadiazine tab 500 mg	np	
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE - cycloserine cap 250 mg	NP	
ethambutol hcl tab 100 mg, 400 mg	np	
isoniazid syrup 50 mg/5ml	np	
isoniazid tab 100 mg, 300 mg	p	
PRETOMANID - pretomanid tab 200 mg	P	
PRIFTIN - rifapentine tab 150 mg	P	
pyrazinamide tab 500 mg	np	
rifabutin cap 150 mg	np	
rifampin cap 150 mg, 300 mg	np	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)	P	
ANTIFUNGALS		
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	NP	PA
fluconazole for susp 10 mg/ml	np	
fluconazole for susp 40 mg/ml (Diflucan)	np	
fluconazole tab 50 mg, 150 mg	p	
fluconazole tab 100 mg, 200 mg (Diflucan)	p	
flucytosine cap 250 mg, 500 mg (Ancobon)	np	
griseofulvin microsize susp 125 mg/5ml	np	
griseofulvin microsize tab 500 mg	np	
griseofulvin ultramicrosize tab 125 mg, 250 mg	np	
itraconazole cap 100 mg (Sporanox)	np	QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	np	QL (1200 mls/30 days)
ketoconazole tab 200 mg	np	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	P	PA
nystatin tab 500000 unit	np	
posaconazole susp 40 mg/ml (Noxafil)	np	PA

Drug Name	Drug Tier	Requirements/Limits
posaconazole tab delayed release 100 mg (Noxafil)	np	PA
terbinafine hcl tab 250 mg	p	
voriconazole for susp 40 mg/ml (Vfend)	np	PA
voriconazole tab 50 mg (Vfend)	np	PA
voriconazole tab 200 mg	np	PA
ANTIVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	np	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv)	np	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	np	QL (30 tablets/30 days)
acyclovir cap 200 mg	p	
acyclovir susp 200 mg/5ml	np	
acyclovir tab 400 mg, 800 mg	p	
adefovir dipivoxil tab 10 mg	np	
APRETUDE - cabotegravir im extended release susp 600 mg/3ml	P	AC
APTIVUS - tipranavir cap 250 mg	NP	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv)	np	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	np	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	np	QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	P	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	P	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	P	QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	np	QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	np	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	P	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	P	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	P	AC, QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	P	QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	NP	QL (180 tablets/30 days)
efavirenz tab 600 mg	np	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	np	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	np	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	NP	QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	np	QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	np	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	np	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	np	AC, QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	NP	QL (720 mls/30 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	np	
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	P	PA, QL (28 tablets/28 days), SP
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	P	PA, QL (28 packs/28 days), SP
etravirine tab 100 mg, 200 mg (Intelence)	np	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	P	QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	np	
fosamprenavir calcium tab 700 mg (base equiv)	np	QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	P	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	P	PA, QL (28 tablets/28 days), SP
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	P	PA, QL (28 packs/28 days), SP
INTELENCE - etravirine tab 25 mg	P	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	P	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	P	QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	P	QL (60 packets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	P	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	P	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	P	QL (480 mls/30 days)
LAGEVRIO - molnupiravir cap 200 mg	P	QL (40 capsules/90 days)
lamivudine oral soln 10 mg/ml (Epivir)	np	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	np	
lamivudine tab 150 mg (Epivir)	np	QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	np	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	np	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg	NP	SP
lopinavir-ritonavir tab 100-25 mg (Kaletra)	np	QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	np	QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	np	QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	np	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	P	PA, QL (90 tablets/30 days), SP
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	P	PA, QL (140 packs/28 days), SP
NEVIRAPINE - nevirapine susp 50 mg/5ml	NP	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	np	QL (30 tablets/30 days)
nevirapine tab 200 mg	p	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	NP	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	P	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	np	QL (40 capsules/120 days)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	np	QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	np	QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	P	QL (11 tablets/90 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	P	QL (20 tablets/90 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	P	QL (30 tablets/90 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	P	PA, SP
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	P	PA, SP
PREVYMIS - letermovir tab 240 mg, 480 mg	NP	QL (200 tablets/365 days)
PREVYMIS - letermovir pellet pack 20 mg, 120 mg	NP	
PREZCOBIX - darunavir-cobicistat tab 675-150 mg, 800-150 mg	P	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	P	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	P	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	P	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	NP	QL (40 blisters/120 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	NP	QL (240 packets/30 days)
RIBAVIRIN - ribavirin cap 200 mg	P	SP
RIBAVIRIN - ribavirin tab 200 mg	P	SP
rilpivirine hcl tab 25 mg (base equivalent) (Edurant)	np	QL (30 tablets/30 days)
ritonavir tab 100 mg (Norvir)	np	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	NP	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	NP	QL (1840 mls/30 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	P	PA, QL (30 tablets/30 days), SP
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	P	PA, QL (28 packs/28 days), SP
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	NP	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	NP	QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	NP	QL (5 tablets/365 days)
SUNLENCA - lenacapavir sodium tab 300 mg	NP	QL (4 tablets/365 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	P	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	np	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	P	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	P	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	P	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	P	QL (180 tablets/30 days)
valacyclovir hcl tab 500 mg (Valtrex)	p	

Drug Name	Drug Tier	Requirements/Limits
valacyclovir hcl tab 1 gm (Valtrex)	np	
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	np	
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	np	
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	P	
VIRACEPT - nelfinavir mesylate tab 250 mg	NP	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	NP	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	P	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	P	QL (240 grams/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	P	PA, QL (30 tablets/30 days), SP
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	NP	QL (2 tablets/120 days)
YEZTUGO - lenacapavir sodium subcut soln 463.5 mg/1.5ml (prophylaxis)	P	
YEZTUGO - lenacapavir sodium tab 300 mg (prophylaxis)	P	QL (4 tablets/365 days)
zidovudine cap 100 mg (Retrovir)	np	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	np	QL (1920 mls/30 days)
zidovudine tab 300 mg	np	QL (60 tablets/30 days)
ANTIMALARIALS		
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	NP	
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	np	QL (30 tablets/90 days)
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	NP	
chloroquine phosphate tab 500 mg	np	
COARTEM - artemether-lumefantrine tab 20-120 mg	NP	
HYDROXYCHLOROQUINE SULFAT - hydroxychloroquine sulfate tab 100 mg, 300 mg	p	
HYDROXYCHLOROQUINE SULFAT - hydroxychloroquine sulfate tab 400 mg	np	
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	np	
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	NP	
mefloquine hcl tab 250 mg	p	
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	np	
pyrimethamine tab 25 mg (Daraprim)	np	PA, QL (116 tablets/180 days)
quinine sulfate cap 324 mg (Qualaquin)	np	
ANTHELMINTICS		
albendazole tab 200 mg	np	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	P	
ivermectin tab 3 mg (Stromectol)	np	
praziquantel tab 600 mg (Biltricide)	np	
ANTI-INFECTIVE AGENTS - MISC.		
atovaquone susp 750 mg/5ml (Mepron)	np	
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	NP	QL (1 kit/56 days), SP

Drug Name	Drug Tier	Requirements/Limits
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	p	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	np	
dapsone tab 25 mg, 100 mg	np	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	np	
IMPAVIDO - miltefosine cap 50 mg	P	
LAMPIT - nifurtimox tab 30 mg, 120 mg	NP	
linezolid for susp 100 mg/5ml (Zyvox)	np	QL (600 mls/180 days)
linezolid tab 600 mg (Zyvox)	np	QL (56 tablets/180 days)
methenamine hippurate tab 1 gm (Hiprex)	np	
metronidazole tab 250 mg, 500 mg	p	
nitazoxanide tab 500 mg	np	QL (6 tablets/30 days)
nitrofurantoin macrocrystalline cap 25 mg, 100 mg (Macrodantin)	np	
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	p	
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	p	
nitrofurantoin susp 25 mg/5ml	np	
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	np	
SIVEXTRO - tedizolid phosphate tab 200 mg	NP	QL (6 tablets/180 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	np	
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	p	
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	p	
tinidazole tab 250 mg, 500 mg	np	
trimethoprim tab 100 mg (Trimethoprim)	np	
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin)	np	QL (120 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ml (base equivalent) (Firvanq)	np	
XIFAXAN - rifaximin tab 200 mg	NP	QL (9 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	P	QL (60 tablets/30 days)
BIOLOGICALS		
VACCINES		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	P	AC
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	P	AC
AFLURIA 2025-2026 - influenza virus vaccine split im susp	P	
AFLURIA 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	P	AC
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	P	AC
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	P	AC

Drug Name	Drug Tier	Requirements/Limits
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	P	AC
COMIRNATY 2025-26 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	P	AC
COMIRNATY/5-11Y/2025-26 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	P	AC
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	P	AC
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	P	AC
FLUAD 2026-2027 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	P	AC
FLUCELVAX 2026-2027 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	P	AC
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	P	AC
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	P	AC
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	P	AC
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml	P	AC
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	P	AC
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	P	AC
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	P	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp	P	AC
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	P	AC
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	P	AC
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	P	AC
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	P	AC
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	P	AC
MNEXSPIKE COVID-19 VACCIN - covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml	P	AC
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	P	AC
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	P	AC
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	P	AC
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	P	AC
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	P	AC

Drug Name	Drug Tier	Requirements/Limits
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	P	AC
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	P	AC
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	P	AC
RABAVERT - rabies vaccine, pcec for inj	P	
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	P	AC
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	P	AC
ROTARIX - rotavirus vaccine, live oral susp	P	AC
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	P	AC
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml	P	AC
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	P	AC
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	P	AC
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	P	AC
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	P	AC
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	P	AC
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml, 50 unit/ml	P	AC
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	P	AC
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	P	AC
VIVOTIF - typhoid vaccine cap delayed release	NP	
TOXOIDS		
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	P	AC
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml	P	AC
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	P	AC
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	P	AC
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	P	AC
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	P	AC
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	P	AC
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	P	AC
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	P	AC
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	P	AC
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	P	AC

Drug Name	Drug Tier	Requirements/Limits
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	P	AC
BIOLOGICALS MISC		
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	NP	
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	NP	
ORALAIR - grass mixed pollen ext sl tab 300 ir (index of reactivity)	NP	
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 mg, 0.5 & 1 & 1.5 & 3 & 6 mg	NP	SP
PALFORZIA LEVEL 0 - peanut powder-dnfp cap sprinkle pack 1 x 1 mg (1 mg dose)	NP	SP
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	NP	SP
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	NP	SP
PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg	NP	SP
PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg	NP	SP
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	NP	SP
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	NP	SP
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	NP	SP
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	NP	SP
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	NP	SP
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	NP	SP
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	NP	SP
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	NP	SP
RAGWITEK - short ragweed pollen allergen extract sl tab 12 amb a 1-u	NP	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTICS		
abiraterone acetate tab 250 mg (Zytiga)	np	PA, QL (120 tablets/30 days), SP
abiraterone acetate tab 500 mg (Zytiga)	np	PA, QL (60 tablets/30 days), SP
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	P	SP
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	NP	PA, QL (60 tablets/30 days), SP
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	P	PA, QL (240 capsules/30 days), SP
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	P	PA, QL (30 tablets/180 days), SP

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG - brigatinib tab 30 mg	P	PA, QL (120 tablets/30 days), SP
ALUNBRIG - brigatinib tab 90 mg, 180 mg	P	PA, QL (30 tablets/30 days), SP
anastrozole tab 1 mg (Arimidex)	p	AC
AUGTYRO - repotrectinib cap 40 mg	NP	PA, QL (240 capsules/30 days), SP
AUGTYRO - repotrectinib cap 160 mg	NP	PA, QL (60 capsules/30 days), SP
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	NP	PA, QL (66 tablets/28 days), SP
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	P	PA, QL (30 tablets/30 days), SP
BALVERSA - erdafitinib tab 3 mg	NP	PA, QL (90 tablets/30 days), SP
BALVERSA - erdafitinib tab 4 mg	NP	PA, QL (60 tablets/30 days), SP
BALVERSA - erdafitinib tab 5 mg	NP	PA, QL (30 tablets/30 days), SP
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	P	PA, QL (2 syringes/28 days), SP
bexarotene cap 75 mg (Targretin)	np	PA, SP
bicalutamide tab 50 mg (Casodex)	p	
BOSULIF - bosutinib cap 50 mg	P	PA, QL (30 capsules/30 days), SP
BOSULIF - bosutinib cap 100 mg	P	PA, QL (150 capsules/30 days), SP
BOSULIF - bosutinib tab 100 mg	P	PA, QL (90 tablets/30 days), SP
BOSULIF - bosutinib tab 400 mg, 500 mg	P	PA, QL (30 tablets/30 days), SP
bosutinib tab 100 mg (Bosulif)	np	PA, QL (90 tablets/30 days), SP
bosutinib tab 400 mg, 500 mg (Bosulif)	np	PA, QL (30 tablets/30 days), SP
BRAFTOVI - encorafenib cap 75 mg	NP	PA, QL (180 capsules/30 days), SP
BRUKINSA - zanubrutinib cap 80 mg	P	PA, QL (120 capsules/30 days), SP
BRUKINSA - zanubrutinib tab 160 mg	P	PA, QL (60 tablets/30 days), SP
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	P	PA, QL (30 tablets/30 days), SP
CALQUENCE - acalabrutinib maleate tab 100 mg	P	PA, QL (60 tablets/30 days), SP
capecitabine tab 150 mg, 500 mg (Xeloda)	np	SP
CAPRELSA - vandetanib tab 100 mg	P	PA, QL (60 tablets/30 days), SP
CAPRELSA - vandetanib tab 300 mg	P	PA, QL (30 tablets/30 days), SP
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	P	PA, QL (1 kit/28 days), SP
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	P	PA, QL (1 kit/28 days), SP
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	P	PA, QL (1 kit/28 days), SP
COPIKTRA - duvelisib cap 15 mg, 25 mg	NP	PA, QL (56 capsules/28 days), SP
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	P	PA, QL (63 tablets/28 days), SP
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	P	
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	np	
dasatinib tab 20 mg (Sprycel)	np	PA, QL (90 tablets/30 days), SP
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	np	PA, QL (30 tablets/30 days), SP
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	NP	PA, QL (60 tablets/30 days), SP
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	NP	PA, QL (30 tablets/30 days), SP
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	P	SP

Drug Name	Drug Tier	Requirements/Limits
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	P	SP
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	P	SP
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	P	SP
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent)	NP	PA, QL (30 capsules/30 days), SP
ENSACOVE - ensartinib hcl cap 100 mg (base equivalent)	NP	PA, QL (60 capsules/30 days), SP
ERIVEDGE - vismodegib cap 150 mg	P	PA, QL (30 capsules/30 days), SP
ERLEADA - apalutamide tab 60 mg	P	PA, QL (120 tablets/30 days), SP
ERLEADA - apalutamide tab 240 mg	P	PA, QL (30 tablets/30 days), SP
erlotinib hcl tab 25 mg (base equivalent)	np	PA, QL (60 tablets/30 days), SP
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	np	PA, QL (30 tablets/30 days), SP
ETOPOSIDE - etoposide cap 50 mg	P	SP
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	np	PA, QL (60 tablets/30 days), SP
everolimus tab for oral susp 3 mg (Afinitor disperz)	np	PA, QL (90 tablets/30 days), SP
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	np	PA, QL (30 tablets/30 days), SP
exemestane tab 25 mg (Aromasin)	np	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	NP	PA, QL (21 capsules/28 days), SP
FRUZAQLA - fruquintinib cap 1 mg	NP	PA, QL (84 capsules/28 days), SP
FRUZAQLA - fruquintinib cap 5 mg	NP	PA, QL (21 capsules/28 days), SP
GAVRETO - pralsetinib cap 100 mg	NP	PA, QL (120 capsules/30 days), SP
gefitinib tab 250 mg (Iressa)	np	PA, QL (30 tablets/30 days), SP
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	P	PA, QL (30 tablets/30 days), SP
GOMEKLI - mirdametinib tab for oral susp 1 mg	NP	PA, QL (168 tablets/28 days), SP
GOMEKLI - mirdametinib cap 1 mg	NP	PA, QL (168 capsules/28 days), SP
GOMEKLI - mirdametinib cap 2 mg	NP	PA, QL (84 capsules/28 days), SP
HERNEXEOS - zongertinib tab 60 mg	NP	PA, QL (180 tablets/60 days), SP
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	P	PA, SP
hydroxyurea cap 500 mg (Hydrea)	np	
HYRNUO - sevabertinib tab 10 mg	NP	PA, QL (120 tablets/30 days), SP
IBRANCE - palbociclib cap 125 mg	P	PA, QL (21 capsules/28 days), SP
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	P	PA, QL (21 tablets/28 days), SP
IBTROZI - taletrectinib adipate cap 200 mg	NP	PA, QL (90 capsules/30 days), SP
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	P	PA, QL (30 tablets/30 days), SP
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	NP	PA, QL (30 tablets/30 days), SP
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	np	PA, QL (90 tablets/30 days), SP
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	np	PA, QL (60 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	P	PA, QL (30 tablets/30 days), SP
IMBRUVICA - ibrutinib cap 70 mg	P	PA, QL (30 capsules/30 days), SP
IMBRUVICA - ibrutinib cap 140 mg	P	PA, QL (90 capsules/30 days), SP
IMBRUVICA - ibrutinib oral susp 70 mg/ml	P	PA, QL (216 mls/30 days), SP
INLURIYO - imlunestrant tosylate tab 200 mg	NP	PA, QL (56 tablets/28 days), SP
INLYTA - axitinib tab 1 mg	P	PA, QL (180 tablets/30 days), SP
INLYTA - axitinib tab 5 mg	P	PA, QL (120 tablets/30 days), SP
INQOVI - decitabine-cedazuridine tab 35-100 mg	NP	PA, QL (5 tablets/28 days), SP
INREBIC - fedratinib hcl cap 100 mg	NP	PA, QL (120 capsules/30 days), SP
ITOVEBI - inavolisib tab 3 mg	P	PA, QL (56 tablets/28 days), SP
ITOVEBI - inavolisib tab 9 mg	P	PA, QL (28 tablets/28 days), SP
IWILFIN - eflornithine hcl tab 192 mg	NP	PA, QL (240 tablets/30 days), SP
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	P	PA, QL (60 tablets/30 days), SP
JAYPIRCA - pirtobrutinib tab 50 mg	NP	PA, QL (30 tablets/30 days), SP
JAYPIRCA - pirtobrutinib tab 100 mg	NP	PA, QL (60 tablets/30 days), SP
KISQALI - ribociclib succinate tab pack 200 mg daily dose	P	PA, QL (21 tablets/28 days), SP
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	P	PA, QL (42 tablets/28 days), SP
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	P	PA, QL (63 tablets/28 days), SP
KOMZIFTI - ziftomenib cap 200 mg	NP	PA, QL (90 capsules/30 days), SP
KOSELUGO - selumetinib sulfate cap 10 mg	NP	PA, QL (240 capsules/30 days), SP
KOSELUGO - selumetinib sulfate cap 25 mg	NP	PA, QL (120 capsules/30 days), SP
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg	NP	PA, QL (420 capsules/30 days), SP
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg	NP	PA, QL (240 capsules/30 days), SP
KRAZATI - adagrasib tab 200 mg	NP	PA, QL (180 tablets/30 days), SP
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	np	PA, QL (180 tablets/30 days), SP
LAZCLUZE - lazertinib mesylate tab 80 mg	P	PA, QL (60 tablets/30 days), SP
LAZCLUZE - lazertinib mesylate tab 240 mg	P	PA, QL (30 tablets/30 days), SP
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	P	PA, QL (30 capsules/30 days), SP
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	P	PA, QL (90 capsules/30 days), SP
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	P	PA, QL (60 capsules/30 days), SP
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	P	PA, QL (90 capsules/30 days), SP
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	P	PA, QL (60 capsules/30 days), SP
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	P	PA, QL (90 capsules/30 days), SP
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	P	PA, QL (30 capsules/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	P	PA, QL (60 capsules/30 days), SP
letrozole tab 2.5 mg (Femara)	p	
leucovorin calcium tab 5 mg, 15 mg	np	PA, QL (180 tablets/30 days)
leucovorin calcium tab 25 mg	np	PA, QL (360 tablets/30 days)
LEUKERAN - chlorambucil tab 2 mg	P	SP
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	np	SP
lomustine cap 10 mg, 40 mg, 100 mg (Gleostine)	np	SP
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	P	PA, QL (60 tablets/28 days), SP
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	P	PA, QL (80 tablets/28 days), SP
LORBRENA - lorlatinib tab 25 mg	NP	PA, QL (120 tablets/30 days), SP
LORBRENA - lorlatinib tab 100 mg	NP	PA, QL (30 tablets/30 days), SP
LUMAKRAS - sotorasib tab 120 mg	NP	PA, QL (240 tablets/30 days), SP
LUMAKRAS - sotorasib tab 240 mg	NP	PA, QL (120 tablets/30 days), SP
LUMAKRAS - sotorasib tab 320 mg	NP	PA, QL (90 tablets/30 days), SP
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	P	SP
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	P	SP
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	P	SP
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	P	SP
LYNPARZA - olaparib tab 100 mg, 150 mg	P	PA, QL (120 tablets/30 days), SP
LYSODREN - mitotane tab 500 mg	P	PA, SP
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	NP	PA, QL (84 tablets/28 days), SP
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	NP	PA, QL (112 tablets/28 days), SP
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	NP	PA, QL (140 tablets/28 days), SP
MATULANE - procarbazine hcl cap 50 mg	P	PA, SP
megestrol acetate susp 40 mg/ml	np	
megestrol acetate tab 20 mg	p	
megestrol acetate tab 40 mg	np	
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	P	PA, QL (13 bottles/28 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	P	PA, QL (90 tablets/30 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	P	PA, QL (30 tablets/30 days), SP
MEKTOVI - binimetinib tab 15 mg	NP	PA, QL (180 tablets/30 days), SP
mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	np	SP
mercaptopurine tab 50 mg	np	
mesna tab 400 mg (Mesnex)	np	
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	NP	

Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium for inj 1 gm	np	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	p	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	np	
methotrexate sodium tab 2.5 mg (base equiv)	p	
MODEYSO - dordaviprone hcl cap 125 mg	NP	PA, QL (20 capsules/28 days), SP
MYLERAN - busulfan tab 2 mg	P	SP
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	NP	PA, QL (180 tablets/30 days), SP
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) (Tasigna)	np	PA, QL (120 capsules/30 days), SP
NILUTAMIDE - nilutamide tab 150 mg	NP	SP
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	P	PA, QL (3 capsules/28 days), SP
NUBEQA - darolutamide tab 300 mg	P	PA, QL (120 tablets/30 days), SP
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	P	PA, QL (30 capsules/30 days), SP
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	P	PA, QL (56 tablets/28 days), SP
OJEMDA - tovorafenib tab 100 mg	NP	PA, QL (24 tablets/28 days), SP
OJEMDA - tovorafenib for oral susp 25 mg/ml	NP	PA, QL (8 bottles/28 days), SP
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	NP	PA, QL (30 tablets/30 days), SP
ONUREG - azacitidine tab 200 mg, 300 mg	NP	PA, QL (14 tablets/28 days), SP
ORGOVYX - relugolix tab 120 mg	NP	PA, QL (30 tablets/28 days), SP
ORSERDU - elacestrant hydrochloride tab 86 mg	NP	PA, QL (90 tablets/30 days), SP
ORSERDU - elacestrant hydrochloride tab 345 mg	NP	PA, QL (30 tablets/30 days), SP
pazopanib hcl tab 200 mg (base equiv) (Votrient)	np	PA, QL (120 tablets/30 days), SP
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	NP	PA, QL (14 tablets/21 days), SP
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	P	PA, QL (28 tablets/28 days), SP
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	P	PA, QL (56 tablets/28 days), SP
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	P	PA, QL (56 tablets/28 days), SP
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg (Pomalyst)	np	PA, QL (21 capsules/28 days), SP
QINLOCK - ripretinib tab 50 mg	NP	PA, QL (90 tablets/30 days), SP
RETEVMO - selpercatinib tab 40 mg	P	PA, QL (90 tablets/30 days), SP
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	P	PA, QL (60 tablets/30 days), SP
REVUFORJ - revumenib citrate tab 25 mg	NP	PA, QL (240 tablets/30 days), SP
REVUFORJ - revumenib citrate tab 110 mg	NP	PA, QL (120 tablets/30 days), SP
REVUFORJ - revumenib citrate tab 160 mg	NP	PA, QL (60 tablets/30 days), SP
REZLIDHIA - olutasidenib cap 150 mg	NP	PA, QL (60 capsules/30 days), SP
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	P	PA, QL (8 capsules/28 days), SP
ROZLYTREK - entrectinib pellet pack 50 mg	P	PA, QL (336 packets/28 days), SP
ROZLYTREK - entrectinib cap 100 mg	P	PA, QL (30 capsules/30 days), SP
ROZLYTREK - entrectinib cap 200 mg	P	PA, QL (90 capsules/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	P	PA, QL (120 tablets/30 days), SP
RYDAPT - midostaurin cap 25 mg	P	PA, QL (240 capsules/30 days), SP
SCEMBLIX - asciminib hcl tab 20 mg	P	PA, QL (60 tablets/30 days), SP
SCEMBLIX - asciminib hcl tab 40 mg	P	PA, QL (240 tablets/30 days), SP
SCEMBLIX - asciminib hcl tab 100 mg	P	PA, QL (120 tablets/30 days), SP
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	NP	
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	np	PA, QL (120 tablets/30 days), SP
STIVARGA - regorafenib tab 40 mg	P	PA, QL (84 tablets/28 days), SP
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	np	PA, QL (90 capsules/30 days), SP
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	np	PA, QL (30 capsules/30 days), SP
TABLOID - thioguanine tab 40 mg	P	SP
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	P	PA, QL (112 tablets/28 days), SP
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	P	PA, QL (120 capsules/30 days), SP
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	P	PA, QL (4 bottles/28 days), SP
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	P	PA, QL (30 tablets/30 days), SP
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	P	PA, QL (30 capsules/30 days), SP
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	P	PA, QL (90 capsules/30 days), SP
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	p	AC
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	np	PA, SP
TEPMETKO - tepotinib hcl tab 225 mg	NP	PA, QL (60 tablets/30 days), SP
TIBSOVO - ivosidenib tab 250 mg	P	PA, QL (60 tablets/30 days), SP
toremifene citrate tab 60 mg (base equivalent) (Fareston)	np	SP
tretinoin cap 10 mg	np	PA, SP
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	P	PA, QL (64 tablets/28 days), SP
TRUQAP - capivasertib tab 200 mg	P	PA, QL (64 tablets/28 days), SP
TUKYSA - tucatinib tab 50 mg	NP	PA, QL (300 tablets/30 days), SP
TUKYSA - tucatinib tab 150 mg	NP	PA, QL (120 tablets/30 days), SP
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	NP	PA, QL (120 capsules/30 days), SP
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	NP	PA, QL (28 tablets/28 days), SP
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	NP	PA, QL (56 tablets/28 days), SP
VENCLEXTA - venetoclax tab 10 mg	P	PA, QL (60 tablets/30 days), SP
VENCLEXTA - venetoclax tab 50 mg	P	PA, QL (30 tablets/30 days), SP
VENCLEXTA - venetoclax tab 100 mg	P	PA, QL (180 tablets/30 days), SP
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	P	PA, QL (1 pack/180 days), SP

Drug Name	Drug Tier	Requirements/Limits
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	P	PA, QL (60 tablets/30 days), SP
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	P	PA, QL (300 mls/30 days), SP
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	P	PA, QL (180 capsules/30 days), SP
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	P	PA, QL (60 capsules/30 days), SP
VONJO - pacritinib citrate cap 100 mg	NP	PA, QL (120 capsules/30 days), SP
VORANIGO - vorasidenib tab 10 mg	P	PA, QL (60 tablets/30 days), SP
VORANIGO - vorasidenib tab 40 mg	P	PA, QL (30 tablets/30 days), SP
WELIREG - belzutifan tab 40 mg	NP	PA, QL (90 tablets/30 days), SP
XALKORI - crizotinib cap 200 mg, 250 mg	P	PA, QL (120 capsules/30 days), SP
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg	P	PA, QL (120 capsules/30 days), SP
XALKORI - crizotinib cap sprinkle 150 mg	P	PA, QL (180 capsules/30 days), SP
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	NP	PA, QL (90 tablets/30 days), SP
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	NP	PA, QL (16 tablets/28 days), SP
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)	NP	PA, QL (8 tablets/28 days), SP
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly), 80 mg (80 mg once weekly)	NP	PA, QL (4 tablets/28 days), SP
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	NP	PA, QL (24 tablets/28 days), SP
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	NP	PA, QL (32 tablets/28 days), SP
XTANDI - enzalutamide cap 40 mg	P	PA, QL (120 capsules/30 days), SP
XTANDI - enzalutamide tab 40 mg	P	PA, QL (120 tablets/30 days), SP
XTANDI - enzalutamide tab 80 mg	P	PA, QL (60 tablets/30 days), SP
YONSA - abiraterone acetate micronized tab 125 mg	P	PA, QL (120 tablets/30 days), SP
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	P	PA, QL (30 tablets/30 days), SP
ZELBORAF - vemurafenib tab 240 mg	P	PA, QL (240 tablets/30 days), SP
ZOLINZA - vorinostat cap 100 mg	P	PA, QL (120 capsules/30 days), SP
ZYDELIG - idelalisib tab 100 mg, 150 mg	P	PA, QL (60 tablets/30 days), SP
ZYKADIA - ceritinib tab 150 mg	P	PA, QL (90 tablets/30 days), SP
ENDOCRINE AND METABOLIC DRUGS		
CORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	np	
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	NP	
dexamethasone elixir 0.5 mg/5ml	np	
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	NP	
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	p	
fludrocortisone acetate tab 0.1 mg	p	
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	np	
MEDROL - methylprednisolone tab 2 mg	NP	
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	p	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone tab 4 mg, 16 mg (Medrol)	p	
methylprednisolone tab 8 mg (Medrol)	np	
methylprednisolone tab 32 mg	p	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	p	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) (Pediapred)	np	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	np	
prednisolone soln 15 mg/5ml	np	
PREDNISONE - prednisone oral soln 5 mg/5ml	P	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21)	p	
prednisone tab therapy pack 10 mg (48)	np	
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	p	
ANDROGEN-ANABOLIC		
danazol cap 50 mg, 100 mg, 200 mg	np	
METHITEST - methyltestosterone oral tab 10 mg	NP	PA, QL (600 tablets/30 days)
methyltestosterone cap 10 mg	np	PA, QL (600 capsules/30 days)
testosterone cypionate im inj in oil 100 mg/ml	np	QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml	np	QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	NP	PA, QL (5 mls/28 days)
testosterone td gel 25 mg/2.5gm (1%)	np	PA, QL (60 packets/30 days)
testosterone td gel 50 mg/5gm (1%) (Testim)	np	PA, QL (60 tubes/30 days)
testosterone td gel 12.5 mg/act (1%)	np	PA, QL (4 bottles/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	np	PA, QL (2 bottles/30 days)
testosterone td soln 30 mg/act	np	PA, QL (2 bottles/30 days)
ESTROGENS		
ALORA - estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	NP	QL (30 patches/30 days)
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	NP	
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	P	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	NP	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	NP	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	P	
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	NP	
estradiol & norethindrone acetate tab 0.5-0.1 mg	np	
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	np	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	np	
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	p	

Drug Name	Drug Tier	Requirements/Limits
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	np	
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	np	QL (30 patches/30 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	np	QL (30 patches/30 days)
estradiol valerate im in oil 10 mg/ml, 20 mg/ml (Delestrogen)	np	
estradiol valerate im in oil 40 mg/ml	np	
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg (Premarin)	np	
EVAMIST - estradiol transdermal spray 1.53 mg/spray	NP	
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	NP	QL (30 patches/30 days)
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	P	PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	np	
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	P	PA, QL (56 capsules/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	P	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	P	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	P	
CONTRACEPTIVES		
ANNOVERA - segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	NP	AC, QL (1 ring/365 days)
ARANELLE - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	NP	AC, QL (28 tablets/21 days)
AVERI - desogestrel-ethinyl estradiol-fe tab 0.15-0.03 mg	NP	AC, QL (28 tablets/21 days)
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	NP	AC
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	p	AC, QL (28 tablets/21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	p	AC, QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	np	AC, QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	np	AC, QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	p	AC, QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	p	AC, QL (28 tablets/21 days)
ELLA - ulipristal acetate tab 30 mg	P	AC, QL (2 tablets/365 days)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	p	AC, QL (28 tablets/21 days)
FEMLYV - norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg	NP	AC, QL (28 tablets/21 days)

Drug Name	Drug Tier	Requirements/Limits
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	np	AC, QL (28 tablets/21 days)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	p	AC, QL (28 tablets/21 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	np	AC, QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	p	AC, QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	p	AC, QL (28 tablets/21 days)
levonorgestrel tab 1.5 mg	p	AC, QL (2 tablets/365 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	p	AC, QL (28 tablets/21 days)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	np	AC, QL (28 tablets/21 days)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)	np	AC, QL (28 tablets/21 days)
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	P	AC, QL (28 tablets/21 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	p	AC
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	p	AC
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	NP	AC, QL (28 tablets/21 days)
NEXTSTELLIS - drospirenone-estetrol tab 3-14.2 mg	NP	AC, QL (28 tablets/21 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	np	AC, QL (3 patches/21 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	np	AC, QL (28 tablets/21 days)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg, 1 mg-35 mcg	p	AC, QL (28 tablets/21 days)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg	np	AC, QL (28 tablets/21 days)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	np	AC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	p	AC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	p	AC, QL (28 doses/21 days)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	np	AC, QL (28 doses/21 days)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	np	AC, QL (28 doses/21 days)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	p	AC, QL (28 doses/21 days)
norethindrone tab 0.35 mg	p	AC, QL (28 tablets/21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	p	AC, QL (28 tablets/21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	p	AC, QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	p	AC, QL (28 tablets/21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	p	AC, QL (28 tablets/21 days)
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	np	AC, QL (1 ring/21 days)
OPILL - norgestrel tab 0.075 mg	NP	AC, QL (28 tablets/21 days)
SLYND - drospirenone tab 4 mg	NP	AC, QL (28 tablets/21 days)

Drug Name	Drug Tier	Requirements/Limits
TWIRLA - levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	NP	AC, QL (3 patches/21 days)
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	NP	AC, QL (28 tablets/21 days)
VALTYA 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	np	AC, QL (28 tablets/21 days)
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	NP	AC
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	p	
norethindrone acetate tab 5 mg	np	
progesterone cap 100 mg (Prometrium)	p	
progesterone cap 200 mg (Prometrium)	np	
progesterone im in oil 50 mg/ml	np	
ANTIDIABETICS		
Antidiabetics		
acarbose tab 25 mg, 50 mg, 100 mg	np	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	P	
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	P	
BD GLUCOSE - glucose chew tab 5 gm	NP	
CVS GLUCOSE - glucose chew tab 4 gm (rounded)	NP	
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg (Xigduo xr)	np	QL (30 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg (Xigduo xr)	np	QL (60 tablets/30 days)
dapagliflozin tab 5 mg, 10 mg	np	QL (30 tablets/30 days)
diazoxide susp 50 mg/ml (Proglycem)	np	
glimepiride tab 1 mg, 2 mg, 4 mg	p	
GLIPIZIDE - glipizide tab 2.5 mg	NP	
glipizide tab er 24hr 2.5 mg	p	
glipizide tab er 24hr 5 mg, 10 mg (Glucotrol xl)	p	
glipizide tab 5 mg, 10 mg	p	
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	np	
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	P	
glucagon for inj 1 mg	np	
glucose chew tab 4 gm (rounded)	np	
glyburide tab 1.25 mg, 2.5 mg, 5 mg	p	
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	p	
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	P	QL (30 tablets/30 days)
GNP GLUCOSE - glucose chew tab 4 gm (rounded)	NP	
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	P	
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	P	

Drug Name	Drug Tier	Requirements/Limits
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	P	
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	P	
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	P	QL (30 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	P	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	P	QL (30 tablets/30 days)
KROGER GLUCOSE - glucose chew tab 4 gm (rounded)	NP	
LEADER GLUCOSE - glucose chew tab 4 gm (rounded)	NP	
MEDICINE SHOPPE GLUCOSE - glucose chew tab 4 gm (rounded)	NP	
metformin hcl tab er 24hr 500 mg, 750 mg	p	
metformin hcl tab 500 mg, 850 mg, 1000 mg	p	
mifepristone tab 300 mg (Korlym)	np	PA, QL (120 tablets/30 days), SP
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	P	PA, QL (4 pens/180 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	P	PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	np	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	P	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide tab 1.5 mg	P	PA, QL (30 tablets/180 days)
OZEMPIC - semaglutide tab 4 mg, 9 mg	P	PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	p	
pioglitazone hcl-metformin hcl tab 15-500 mg	np	
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	np	
PREFERRED PLUS GLUCOSE - glucose chew tab 4 gm (rounded)	NP	
repaglinide tab 0.5 mg, 1 mg	p	
repaglinide tab 2 mg	np	
RYBELSUS - semaglutide tab 3 mg	P	PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	P	PA, QL (30 tablets/30 days)
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Januvia)	np	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg (Janumet)	np	QL (60 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	P	QL (6 pens/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	P	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	P	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	P	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	P	QL (60 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	P	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	P	QL (60 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	P	PA, QL (4 pens/28 days)
WALGREENS GLUCOSE - glucose chew tab 4 gm (rounded)	NP	
XIGDUO XR - dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg	P	QL (60 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	P	QL (5 pens/30 days)
Rapid-Acting Insulins		
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	P	QL (100 mls/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	P	QL (100 mls/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	P	QL (100 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	P	QL (100 mls/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	P	QL (100 mls/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	P	QL (100 mls/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	P	QL (100 mls/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	P	QL (100 mls/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	P	QL (100 mls/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	P	QL (100 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	P	QL (100 mls/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	P	QL (100 mls/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	P	QL (100 mls/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	P	QL (100 mls/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	P	QL (100 mls/30 days)
Short-Acting Insulins		
HUMULIN R - insulin regular (human) inj 100 unit/ml	P	QL (100 mls/30 days)
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	P	QL (100 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	P	QL (100 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	P	QL (100 mls/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	P	QL (100 mls/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	P	QL (100 mls/30 days)
Intermediate-Acting Insulins		

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	P	QL (100 mls/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	P	QL (100 mls/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	P	QL (100 mls/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	P	QL (100 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	P	QL (100 mls/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	P	QL (100 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	P	QL (100 mls/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	P	QL (100 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	P	QL (100 mls/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	P	QL (100 mls/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	P	QL (100 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	P	QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	P	QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	P	QL (100 mls/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	P	QL (100 mls/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P	QL (100 mls/30 days)
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	P	QL (100 mls/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P	QL (100 mls/30 days)
Basal Insulins		
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	P	QL (33 pens/30 days)
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	P	QL (10 vials/30 days)
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	P	QL (33 pens/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	P	QL (10 vials/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	P	QL (100 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	P	QL (100 mls/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	P	QL (10 vials/30 days)

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	P	QL (33 pens/30 days)
THYROID AGENTS		
AMERITHROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	NP	
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	NP	
EVEXITHROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain), 180 mg (3 grain)	NP	
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	NP	
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	p	
liothyronine sodium tab 5 mcg (Cytomel)	p	
liothyronine sodium tab 25 mcg, 50 mcg (Cytomel)	np	
methimazole tab 5 mg, 10 mg	p	
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	NP	
NP THYROID 120 - thyroid tab 120 mg (2 grain)	NP	
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	NP	
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	NP	
NP THYROID 60 - thyroid tab 60 mg (1 grain)	NP	
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	NP	
propylthiouracil tab 50 mg	np	
RENTHYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain)	NP	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	P	
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	NP	
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	NP	
TIROSINT - levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	NP	
TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml	NP	
OXYTOCICS		

Drug Name	Drug Tier	Requirements/Limits
CERVIDIL - dinoprostone vaginal inserts 10 mg	NP	
methylergonovine maleate tab 0.2 mg	np	
ENDOCRINE and METABOLIC AGENTS - MISC.		
ACTHAR - corticotropin inj gel 80 unit/ml	NP	PA, SP
alendronate sodium tab 10 mg, 35 mg	p	
alendronate sodium tab 70 mg (Fosamax)	p	
betaine powder for oral solution (Cystadane)	np	SP
cabergoline tab 0.5 mg	np	
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	np	
calcitonin (salmon) nasal soln 200 unit/act	np	
calcitriol cap 0.25 mcg (Rocaltrol)	p	
calcitriol cap 0.5 mcg (Rocaltrol)	np	
carglumic acid soluble tab 200 mg (Carbaglu)	np	SP
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	np	
clomiphene citrate tab 50 mg	np+	
CRENESSITY - crinecerfont cap 25 mg, 50 mg, 100 mg	NP	PA, QL (60 capsules/30 days), SP
CRENESSITY - crinecerfont oral soln 50 mg/ml	NP	PA, QL (120 mls/30 days), SP
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	NP	
desmopressin acetate inj 4 mcg/ml (Ddavp)	np	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	np	
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	np	
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	np	
FOLLISTIM AQ - follitropin beta inj 300 unit/0.36ml	P+	QL (15 cartridges/30 days), SP
FOLLISTIM AQ - follitropin beta inj 600 unit/0.72ml	P+	QL (8 cartridges/30 days), SP
FOLLISTIM AQ - follitropin beta inj 900 unit/1.08ml	P+	QL (5 cartridges/30 days), SP
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	NP	PA, QL (14 capsules/28 days), SP
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	np+	QL (12 syringes/30 days), SP
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	P	PA, SP
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	P	PA, SP
glycerol phenylbutyrate liquid 1.1 gm/ml (Ravicti)	np	PA, SP
ibandronate sodium tab 150 mg (base equivalent)	p	
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	NP	PA, QL (10 vials/30 days), SP
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	P	SP
ISTURISA - osilodrostat phosphate tab 1 mg	NP	PA, QL (240 tablets/30 days), SP
ISTURISA - osilodrostat phosphate tab 5 mg	NP	PA, QL (360 tablets/30 days), SP
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	np	PA, QL (56 tablets/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE - tolvaptan tab 15 mg, 30 mg	np	PA, SP
KERENDIA - finerenone tab 10 mg, 20 mg, 40 mg	P	QL (30 tablets/30 days), ST
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor sf)	np	
levocarnitine tab 330 mg (Carnitor)	np	
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	P	SP
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	P	SP
LUPRON DEPOT-PED (6-MONTH - leuprolide acet (6 month) for im inj pediatric kit 45 mg	P	SP
MENOPUR - menotropins for subcutaneous inj 75 unit	NP+	QL (60 vials/30 days), SP
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	NP	PA, SP
MYCAPSSA - octreotide acetate cap delayed release 20 mg	NP	PA, QL (120 capsules/30 days), SP
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	np	SP
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	P	SP
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	NP	SP
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	NP	SP
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	np	SP
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	np	SP
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	P	PA, SP
OMNITROPE - somatropin for inj 5.8 mg	P	PA, SP
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	NP	PA, QL (8 capsules/28 days), SP
ORFADIN - nitisinone susp 4 mg/ml	P	SP
ORILISSA - elagolix sodium tab 150 mg (base equiv)	P	PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	P	PA, QL (60 tablets/30 days)
OVIDREL - choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml	P+	QL (2 syringes/30 days), SP
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	NP	PA, SP
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	NP	PA, SP
PREGNYL - chorionic gonadotropin for im inj 10000 unit	P+	QL (20 vials/30 days), SP
PREGNYL W/DILUENT BENZYL - chorionic gonadotropin for im inj 10000 unit	P+	QL (20 vials/30 days), SP
raloxifene hcl tab 60 mg (Evista)	np	AC
REDEMPLO - plozasiran sodium subcut soln pref syr 25 mg/0.5ml (base eq)	P	PA, QL (1 syringe/84 days), SP
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	P	SP
risedronate sodium tab 30 mg	np	
risedronate sodium tab 35 mg, 150 mg (Actonel)	np	
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	np	PA, SP
sapropterin dihydrochloride tab 100 mg (Kuvan)	np	PA, SP

Drug Name	Drug Tier	Requirements/Limits
SEPHIENCE - sepiapterin powder packet 250 mg, 1000 mg	NP	PA, SP
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	NP	SP
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 0.7 mg, 1.4 mg, 1.8 mg, 2.1 mg, 2.5 mg, 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	NP	PA, SP
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	NP	PA, SP
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	np	PA, SP
sodium phenylbutyrate tab 500 mg (Buphenyl)	np	PA, SP
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	NP	PA, QL (30 vials/30 days), SP
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	P	PA, SP
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	NP	SP
teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)	np	PA, QL (2.24 mls/28 days), SP
tolvaptan (hyponatremia) tab 15 mg (Samsca)	np	QL (30 tablets/180 days), SP
tolvaptan (hyponatremia) tab 30 mg (Samsca)	np	QL (60 tablets/180 days), SP
TRYNGOLZA - olezarsen sod subcut soln auto-inject 50 mg/0.8ml (base eq), auto-inject 80 mg/0.8ml (base eq)	P	PA, QL (1 injection device/28 days), SP
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	P	PA, QL (1.56 mls/30 days), SP
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	NP	PA, QL (30 vials/30 days), SP
VYKAT XR - diazoxide choline tab er 24hr 25 mg	NP	PA, QL (120 tablets/30 days), SP
VYKAT XR - diazoxide choline tab er 24hr 75 mg	NP	PA, QL (210 tablets/30 days), SP
VYKAT XR - diazoxide choline tab er 24hr 150 mg	NP	PA, QL (90 tablets/30 days), SP
YORVIPATH - palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq), 294 mcg/0.98ml (teriparatide eq), 420 mcg/1.4ml (teriparatide eq)	NP	PA, QL (2 pens/28 days), SP
CARDIOVASCULAR AGENTS		
CARDIOTONICS		
DIGOXIN - digoxin oral soln 0.05 mg/ml	NP	
digoxin oral soln 0.05 mg/ml (Digoxin)	np	
digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)	np	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	p	
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	NP	
ANTIANGINAL AGENTS		
isosorbide dinitrate tab 5 mg (Isordil titradose)	np	
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	np	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	p	
isosorbide mononitrate tab 10 mg, 20 mg	p	

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	NP	
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	NP	
nitroglycerin oint 2%	np	
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	p	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	np	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual)	np	
ranolazine tab er 12hr 500 mg, 1000 mg	np	
BETA BLOCKERS		
acebutolol hcl cap 200 mg, 400 mg	np	
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	p	
betaxolol hcl tab 10 mg, 20 mg	np	
bisoprolol fumarate tab 5 mg	p	
bisoprolol fumarate tab 10 mg	np	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	p	
labetalol hcl tab 100 mg	p	
labetalol hcl tab 200 mg, 300 mg	np	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	p	
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	p	
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	p	
nadolol tab 20 mg, 40 mg, 80 mg	np	
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	p	
pindolol tab 5 mg, 10 mg	np	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	P	
propranolol hcl cap er 24hr 60 mg, 80 mg (Inderal la)	p	
propranolol hcl cap er 24hr 120 mg, 160 mg (Inderal la)	np	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg	p	
propranolol hcl tab 60 mg	np	
PROPRANOLOL HYDROCHLORIDE - propranolol hcl oral soln 20 mg/5ml	P	
sotalol hcl (afib/afl) tab 80 mg, 120 mg (Betapace af)	p	
sotalol hcl (afib/afl) tab 160 mg (Betapace af)	np	
sotalol hcl tab 80 mg, 120 mg (Betapace)	p	
sotalol hcl tab 160 mg (Betapace)	np	
sotalol hcl tab 240 mg	np	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	p	
CARDAMYST - etripamil nasal soln 2 x 70 mg/dose	NP	PA, QL (3 cartons/180 days)
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	np	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl cap er 24hr 120 mg	p	
diltiazem hcl cap er 24hr 180 mg, 240 mg	np	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg (Cardizem cd)	p	
diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)	np	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg (Tiazac)	p	
diltiazem hcl extended release beads cap er 24hr 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	np	
diltiazem hcl tab er 24hr 120 mg (Cardizem la)	np	
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	p	
diltiazem hcl tab 90 mg	np	
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	p	
nifedipine cap 10 mg, 20 mg	np	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	p	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg (Procardia xl)	p	
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	np	
NIMODIPINE - nimodipine oral soln 60 mg/20ml (3 mg/ml)	NP	
nimodipine cap 30 mg	np	
NYMALIZE - nimodipine oral soln 6 mg/ml	NP	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	np	
verapamil hcl tab er 120 mg, 180 mg, 240 mg	p	
verapamil hcl tab 40 mg, 80 mg, 120 mg	p	
ANTIARRHYTHMICS		
amiodarone hcl tab 100 mg	np	
amiodarone hcl tab 200 mg	p	
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	np	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	np	
flecainide acetate tab 50 mg	p	
flecainide acetate tab 100 mg, 150 mg	np	
mexiletine hcl cap 150 mg, 200 mg, 250 mg	np	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	P	
NORPACE - disopyramide phosphate cap 100 mg, 150 mg	NP	
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg	NP	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg	np	
propafenone hcl tab 150 mg	p	
propafenone hcl tab 225 mg, 300 mg	np	
quinidine gluconate tab er 324 mg	np	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	NP	
ANTIHYPERTENSIVES		

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	p	
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	p	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	np	
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	np	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	np	
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	p	
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	p	
benazepril & hydrochlorothiazide tab 5-6.25 mg	np	
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	np	
benazepril hcl tab 5 mg	p	
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	p	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	p	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	np	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	np	
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	np	
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	p	
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	np	
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	np	
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	np	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	p	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	p	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	p	
enalapril maleate oral soln 1 mg/ml (Epaned)	np	PA, QL (1200 mls/30 days)
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	p	
eplerenone tab 25 mg, 50 mg (Inspra)	np	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	np	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	p	
guanfacine hcl tab 1 mg, 2 mg	np	
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	p	
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	p	
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	p	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	p	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	p	

Drug Name	Drug Tier	Requirements/Limits
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	p	
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	p	
METHYLDOPA - methyldopa tab 500 mg	NP	
methyldopa tab 250 mg	np	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	np	
minoxidil tab 2.5 mg, 10 mg	p	
moexipril hcl tab 7.5 mg, 15 mg	np	
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	p	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	p	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	np	
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	NP	
perindopril erbumine tab 4 mg	np	
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	np	
prazosin hcl cap 1 mg, 2 mg	p	
prazosin hcl cap 5 mg	np	
QBRELIS - lisinopril oral soln 1 mg/ml	NP	PA, QL (2400 mls/30 days)
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	p	
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	NP	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	p	
telmisartan tab 20 mg, 80 mg (Micardis)	p	
telmisartan tab 40 mg (Micardis)	np	
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	NP	
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	p	
trandolapril tab 1 mg, 2 mg, 4 mg	p	
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	p	
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg (Diovan hct)	p	
valsartan-hydrochlorothiazide tab 320-12.5 mg, 320-25 mg (Diovan hct)	np	
VECAMYL - mecamylamine hcl tab 2.5 mg	NP	
DIURETICS		
acetazolamide cap er 12hr 500 mg	np	
acetazolamide tab 125 mg	p	
acetazolamide tab 250 mg	np	
amiloride hcl tab 5 mg	p	

Drug Name	Drug Tier	Requirements/Limits
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	NP	
bumetanide tab 0.5 mg (Bumex)	p	
bumetanide tab 1 mg	p	
bumetanide tab 2 mg	np	
chlorthalidone tab 25 mg, 50 mg	p	
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	NP	PA, QL (8 kits/180 days)
FUROSEMIDE - furosemide oral soln 10 mg/ml	NP	
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	p	
hydrochlorothiazide cap 12.5 mg	p	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	p	
indapamide tab 1.25 mg, 2.5 mg	p	
LASIX ONYU - furosemide subcutaneous cartridge kit 80 mg/2.67ml	NP	PA, QL (8 kits/180 days), SP
methazolamide tab 25 mg, 50 mg	np	
metolazone tab 2.5 mg	p	
metolazone tab 5 mg, 10 mg	np	
spironolactone & hydrochlorothiazide tab 25-25 mg	np	
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	p	
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	p	
triamterene & hydrochlorothiazide cap 37.5-25 mg	p	
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg	p	
triamterene cap 50 mg, 100 mg (Dyrenium)	np	
VASOPRESSORS		
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	P	
droxidopa cap 100 mg, 200 mg, 300 mg (Northera)	np	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	np	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	np	
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	np	
ANTIHYPERLIPIDEMICS		
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	p	AC
cholestyramine light powder 4 gm/dose (Questran light)	np	
cholestyramine powder 4 gm/dose (Questran)	np	
colesevelam hcl tab 625 mg (Welchol)	np	
colestipol hcl granule packets 5 gm	np	
colestipol hcl granules 5 gm (Colestid)	np	
colestipol hcl tab 1 gm (Colestid)	np	
ezetimibe tab 10 mg (Zetia)	p	
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	np	

Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	p	
fenofibrate tab 48 mg, 145 mg (Tricor)	p	
fenofibrate tab 54 mg, 160 mg	p	
gemfibrozil tab 600 mg (Lopid)	p	
JUXTAPID - lomitapide mesylate cap 2 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	NP	SP
lovastatin tab 10 mg	p	
lovastatin tab 20 mg, 40 mg	p	AC
NEXLETOL - bempedoic acid tab 180 mg	P	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	P	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	np	
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	p	AC
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	P	PA, QL (6 syringes/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	P	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	p	
simvastatin tab 5 mg, 80 mg	p	
simvastatin tab 10 mg, 20 mg, 40 mg (Zocor)	p	
VASCEPA - icosapent ethyl cap 0.5 gm	np	PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	np	PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	NP	PA, QL (90 tablets/30 days), SP
ambrisentan tab 5 mg, 10 mg (Letairis)	np	PA, QL (30 tablets/30 days), SP
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	P	PA, QL (112 tablets/28 days), SP
bosentan tab for oral susp 32 mg (Tracleer)	np	PA, QL (120 tablets/30 days), SP
bosentan tab 62.5 mg, 125 mg (Tracleer)	np	PA, QL (60 tablets/30 days), SP
CAMZYOS - mavacamten cap 2.5 mg, 10 mg, 15 mg	NP	PA, QL (30 capsules/30 days), SP
CAMZYOS - mavacamten cap 5 mg	NP	PA, QL (30 capsule/30 days), SP
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	P	PA, QL (600 mls/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	P	PA, QL (240 capsules/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	np	
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	np	PA, QL (60 tablets/30 days)
macitentan tab 10 mg (Opsumit)	np	PA, QL (30 tablets/30 days), SP
MYQORZO - aficamten tab 5 mg, 10 mg, 15 mg, 20 mg	NP	PA, QL (30 tablets/30 days), SP
OPSUMIT - macitentan tab 10 mg	P	PA, QL (30 tablets/30 days), SP
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	NP	PA, QL (300 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	NP	PA, QL (1 pack/180 days), SP
sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg (Entresto)	np	
sildenafil citrate for suspension 10 mg/ml	np	PA, QL (224 mls/30 days), SP
sildenafil citrate tab 20 mg (Revatio)	np	QL (90 tablets/30 days), SP
tadalafil tab 20 mg (pah) (Adcirca)	np	PA, QL (60 tablets/30 days), SP
TYVASO - treprostinil inhalation solution 0.6 mg/ml	NP	PA, QL (81.2 mls/28 days), SP
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge, 80 mcg/cartridge	NP	PA, QL (112 cartridges/28 days), SP
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 112 x 32mcg & 112 x 64mcg, 112 x 48mcg & 112 x 64mcg, 112 x 48mcg & 112 x 80mcg	NP	PA, QL (224 cartridges/28 days), SP
TYVASO DPI TITRATION KIT - treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	NP	PA, QL (252 cartridges/180 days), SP
TYVASO REFILL KIT - treprostinil inhalation solution 0.6 mg/ml	NP	PA, QL (1 kit/180 days), SP
TYVASO STARTER KIT - treprostinil inhalation solution 0.6 mg/ml	NP	PA, QL (1 kit/180 days), SP
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	P	PA, QL (60 tablets/30 days), SP
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	P	PA, QL (1 pack/180 days), SP
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	P	PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	P	PA, QL (30 capsules/30 days), SP
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	NP	PA, QL (1 kit/21 days), SP
YUTREPIA - treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg	NP	PA, QL (112 capsules/28 days), SP
ERECTILE DYSFUNCTION		
avanafil tab 50 mg, 100 mg, 200 mg (Stendra)	np+	QL (8 tablets/30 days)
CAVERJECT - alprostadil for inj 20 mcg, 40 mcg	NP+	QL (8 doses/30 days)
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg, 20 mcg	NP+	QL (8 doses/30 days)
EDEX (2 CARTRIDGE) - alprostadil for inj kit 10 mcg, 20 mcg	NP+	
EDEX (2 CARTRIDGE) - alprostadil for inj kit 40 mcg	NP+	QL (4 kits/30 days)
EDEX (6 CARTRIDGE) - alprostadil for inj kit 10 mcg, 20 mcg	NP+	
EDEX (6 CARTRIDGE) - alprostadil for inj kit 40 mcg	NP+	QL (4 kits/30 days)
sildenafil citrate tab 25 mg, 50 mg, 100 mg (Viagra)	p+	QL (8 doses/30 days)
tadalafil tab 2.5 mg	p	QL (30 tablets/30 days)
tadalafil tab 5 mg (Cialis)	p	QL (30 tablets/30 days)
tadalafil tab 10 mg, 20 mg (Cialis)	p+	QL (8 tablets/30 days)
vardenafil hcl orally disintegrating tab 10 mg	np+	QL (8 tablets/30 days)
vardenafil hcl tab 2.5 mg	p+	QL (8 tablets/30 days)
vardenafil hcl tab 5 mg, 10 mg, 20 mg	np+	QL (8 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS		
ANTIHISTAMINES		
carbinoxamine maleate tab 4 mg	np	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	NP	
cyproheptadine hcl syrup 2 mg/5ml	p	
cyproheptadine hcl tab 4 mg	p	
promethazine hcl oral soln 6.25 mg/5ml	p	
promethazine hcl suppos 12.5 mg, 25 mg	np	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	p	
PROMETHEGAN - promethazine hcl suppos 50 mg	NP	
NASAL AGENTS - SYSTEMIC and TOPICAL		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	p	
fluticasone propionate nasal susp 50 mcg/act	p	
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)	np	
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	NP	PA, QL (2 bottles/30 days)
COUGH/COLD/ALLERGY		
acetylcysteine inhal soln 10%, 20%	np	
benzonatate cap 100 mg, 200 mg	p	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	p	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	np	
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	NP	
HYPERSAL - sodium chloride soln nebu 7%	NP	
NEBUSAL - sodium chloride soln nebu 3%	NP	
promethazine w/ codeine syrup 6.25-10 mg/5ml	p	
promethazine-dm syrup 6.25-15 mg/5ml	p	
PULMOSAL - sodium chloride soln nebu 7%	NP	
SODIUM CHLORIDE - sodium chloride soln nebu 0.9%, 3%, 7%, 10%	NP	
ANTIASTHMATIC and BRONCHODILATOR AGENTS		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	P	QL (1 inhaler/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	np	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	p	QL (125 vials/30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	np	QL (120 vials/30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	np	QL (60 mls/30 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	np	QL (125 vials/30 days)
albuterol sulfate syrup 2 mg/5ml	p	
albuterol sulfate tab 2 mg, 4 mg	np	

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	P	QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	np	
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	P	QL (30 blisters/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	P	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	P	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	P	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	NP	QL (2 inhalers/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	P	QL (1 inhaler/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	P	QL (60 blisters/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	P	QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml (Pulmicort)	np	QL (120 mls/30 days)
budesonide inhalation susp 1 mg/2ml (Pulmicort)	np	QL (240 mls/30 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	P	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	np	QL (240 mls/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	P	QL (3 inhalers/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	P	PA, QL (1 pen/28 days), SP
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	np	
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	np	QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	P	QL (30 blisters/30 days)
ipratropium bromide hfa inhal aerosol 17 mcg/act (Atrovent hfa)	np	
ipratropium bromide inhal soln 0.02%	p	QL (150 vials/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	np	QL (540 mls/30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	np	QL (90 vials/30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	np	QL (97 vials/30 days)
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	p	
montelukast sodium tab 10 mg (base equiv) (Singulair)	p	

Drug Name	Drug Tier	Requirements/Limits
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	P	PA, QL (3 pens/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	P	PA, QL (1 syringe/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	P	PA, QL (3 syringes/28 days), SP
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	P	QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	P	QL (2 inhalers/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	np	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	P	QL (60 blisters/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act, 2.5 mcg/act	P	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	P	QL (1 inhaler/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	P	QL (1 inhaler/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	np	QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	np	
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	P	PA, QL (1 pen/28 days), SP
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	NP	
theophylline elixir 80 mg/15ml	np	
theophylline soln 80 mg/15ml	np	
theophylline tab er 12hr 300 mg, 450 mg	np	
theophylline tab er 24hr 400 mg, 600 mg	np	
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	P	QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	P	QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	P	PA, SP
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	P	PA, SP
zafirlukast tab 10 mg, 20 mg (Accolate)	np	
RESPIRATORY AGENTS - MISC.		
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg	P	PA, QL (84 tablets/28 days), SP
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg	P	PA, QL (56 tablets/28 days), SP
BRINSUPRI - brensocatib tab 10 mg, 25 mg	NP	PA, QL (30 tablets/30 days), SP
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	NP	PA, SP
GLASSIA - alpha1-proteinase inhibitor (human) iv soln 4 gm/200ml, 5 gm/250ml	NP	PA, SP

Drug Name	Drug Tier	Requirements/Limits
JASCAYD - nerandomilast tab 9 mg, 18 mg	NP	PA, QL (60 tablets/30 days), SP
KALYDECO - ivacaftor tab 150 mg	P	PA, QL (60 tablets/30 days), SP
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	P	PA, QL (60 packets/30 days), SP
nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent) (Ofev)	np	PA, QL (60 capsules/30 days), SP
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	NP	PA, QL (120 tablets/30 days), SP
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	NP	PA, QL (60 packets/30 days), SP
PIRFENIDONE - pirfenidone tab 534 mg	NP	PA, QL (21 tablets/180 days), SP
pirfenidone cap 267 mg (Esbriet)	np	PA, QL (180 capsules/30 days), SP
pirfenidone tab 267 mg (Esbriet)	np	PA, QL (180 tablets/30 days), SP
pirfenidone tab 801 mg (Esbriet)	np	PA, QL (90 tablets/30 days), SP
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	P	SP
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	P	PA, QL (56 tablets/28 days), SP
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	P	PA, QL (56 tablets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	P	PA, QL (56 packets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	P	PA, QL (56 packets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	P	PA, QL (84 tablets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	P	PA, QL (84 tablets/28 days), SP
GASTROINTESTINAL AGENTS		
LAXATIVES		
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	NP	
lactulose solution 10 gm/15ml	np	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	p	AC
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	np	AC
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	np	AC
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	NP	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	np	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	NP	
ANTIDIARRHEALS		
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	p	
DIPHENOXYLATE/ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	NP	PA, QL (1200 mls/30 days)

Drug Name	Drug Tier	Requirements/Limits
MOTOFEN - difenoxin w/ atropine tab 1-0.025 mg	NP	
ULCER DRUGS		
dicyclomine hcl cap 10 mg	p	
dicyclomine hcl oral soln 10 mg/5ml	np	
dicyclomine hcl tab 20 mg	p	
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium)	p	QL (60 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)	np	PA, QL (60 packets/30 days)
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)	np	PA, QL (60 packets/30 days)
famotidine for susp 40 mg/5ml	np	
famotidine tab 40 mg (Pepcid)	p	
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	np	PA
glycopyrrolate tab 1 mg	np	
glycopyrrolate tab 2 mg (Robinul forte)	np	
lansoprazole cap delayed release 15 mg	p	QL (60 capsules/30 days)
lansoprazole cap delayed release 30 mg (Prevacid)	p	QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	np	
misoprostol tab 100 mcg, 200 mcg (Cytotec)	p	
omeprazole cap delayed release 10 mg, 20 mg, 40 mg	p	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	p	QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	np	
ANTIEMETICS		
ANZEMET - dolasetron mesylate tab 50 mg	NP	
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	np	QL (3 packs/30 days)
aprepitant capsule 40 mg	np	QL (2 capsules/30 days)
aprepitant capsule 80 mg (Emend)	np	QL (6 capsules/30 days)
aprepitant capsule 125 mg	np	QL (3 capsules/30 days)
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)	np	
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	P	QL (9 kits/30 days)
granisetron hcl tab 1 mg	np	
ONDANSETRON HCL - ondansetron hcl tab 24 mg	NP	
ondansetron hcl oral soln 4 mg/5ml	np	
ondansetron hcl tab 4 mg, 8 mg	p	
ondansetron orally disintegrating tab 4 mg, 8 mg	p	
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	np	
trimethobenzamide hcl cap 300 mg	np	
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	P	
DIGESTIVE AIDS		

Drug Name	Drug Tier	Requirements/Limits
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	P	PA
SUCRAID - sacrosidase soln 8500 unit/ml	NP	PA, QL (300 mls/30 days), SP
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	P	PA
GASTROINTESTINAL AGENTS- MISC.		
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	np	QL (60 tablets/30 days)
balsalazide disodium cap 750 mg (Colazal)	np	
BYLVAY - odevixibat cap 400 mcg, 1200 mcg	NP	PA, SP
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg, 600 mcg	NP	PA, SP
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	np	
calcium acetate (phosphate binder) tab 667 mg	np	
CHOLBAM - cholic acid cap 50 mg, 250 mg	NP	SP
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml	NP	PA, QL (4 syringes/28 days), SP
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	NP	PA, QL (1 kit/180 days), SP
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	np	
CTEXLI - chenodiol (basds) tab 250 mg	P	PA, QL (90 tablets/30 days), SP
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	P	PA, QL (2 pens/28 days), SP
ferric citrate tab 1 gm (210 mg ferric iron) (Auryxia)	np	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental)	NP	QL (180 packs/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg (elemental)	NP	QL (120 packs/30 days)
GATTEX - teduglutide (rdna) for inj kit 5 mg	NP	PA, SP
IQIRVO - elafibranor tab 80 mg	P	PA, QL (30 tablets/30 days), SP
lactulose (encephalopathy) solution 10 gm/15ml	p	
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	np	QL (270 tablets/30 days)
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	np	QL (180 tablets/30 days)
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	np	QL (120 tablets/30 days)
LIVDELZI - seladelpar lysine cap 10 mg	P	PA, QL (30 tablets/30 days), SP
LIVMARLI - maralixibat chloride tab 10 mg, 15 mg, 20 mg, 30 mg	NP	PA, SP
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml, 19 mg/ml	NP	PA, SP
lubiprostone cap 8 mcg (Amitiza)	np	QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	np	QL (60 capsules/30 days)
mesalamine cap er 24hr 0.375 gm (Apriso)	np	
MESALAMINE DR - mesalamine cap dr 400 mg	NP	QL (180 capsules/30 days)
mesalamine enema 4 gm	np	QL (1800 mls/30 days)

Drug Name	Drug Tier	Requirements/Limits
mesalamine suppos 1000 mg (Canasa)	np	QL (30 suppository/30 days)
mesalamine tab delayed release 800 mg	np	QL (180 tablets/30 days)
mesalamine tab delayed release 1.2 gm (Lialda)	np	QL (120 tablets/30 days)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	np	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	p	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	P	QL (30 tablets/30 days)
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 200 mg/2ml	P	PA, QL (1 pen/28 days), SP
OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml	P	QL (2 pens/28 days), SP
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 200 mg/2ml	P	PA, QL (1 syringe/28 days), SP
OMVOH - mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml	P	PA, QL (2 syringes/28 days), SP
sevelamer carbonate packet 0.8 gm (Renvela)	np	QL (510 packets/30 days)
sevelamer carbonate packet 2.4 gm (Renvela)	np	QL (150 packets/30 days)
sevelamer carbonate tab 800 mg (Renvela)	np	QL (480 tablets/30 days)
sevelamer hcl tab 400 mg	np	QL (960 tablets/30 days)
sevelamer hcl tab 800 mg	np	QL (480 tablets/30 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	P	PA, QL (1 cartridge/56 days), SP
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	np	
sulfasalazine tab 500 mg (Azulfidine)	p	
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	P	QL (30 tablets/30 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	P	PA, QL (1 syringe/28 days), SP
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	P	PA, QL (1 pen/28 days), SP
TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	P	PA, QL (3 kits/180 days), SP
TRULANCE - plecanatide tab 3 mg	P	QL (30 tablets/30 days)
ursodiol cap 300 mg	np	
ursodiol tab 250 mg	np	
ursodiol tab 500 mg (Urso forte)	np	
VIBERZI - eluxadoline tab 75 mg, 100 mg	P	QL (60 tablets/30 days)
VOWST - fecal microbiota spores, live-brpk caps	NP	PA, QL (12 capsules/12 months), SP
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	NP	SP
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	NP	PA, QL (2 pens/28 days), SP
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	NP	PA, QL (2 pens/28 days), SP
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	NP	PA, QL (2 syringes/28 days), SP
GENITOURINARY AGENTS		

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	np	
mirabegron granules for oral extended release susp 8 mg/ml (Myrbetriq)	np	
mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)	np	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	P	
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	P	
oxybutynin chloride solution 5 mg/5ml	p	
oxybutynin chloride tab er 24hr 5 mg, 10 mg, 15 mg	p	
oxybutynin chloride tab 5 mg	p	
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	p	
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	np	
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	np	
trospium chloride cap er 24hr 60 mg	np	
trospium chloride tab 20 mg	np	
VAGINAL PRODUCTS		
clindamycin phosphate vaginal cream 2% (Cleocin)	np	
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	NP	
ENCARE - nonoxynol-9 vaginal suppos 100 mg	P	AC
ENDOMETRIN - progesterone vaginal insert 100 mg	P+	
estradiol vaginal cream 0.01% (Estrace)	np	
estradiol vaginal tab 10 mcg (Vagifem)	np	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	P	
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	NP	
metronidazole vaginal gel 0.75%	np	
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	NP	
NUVESSA - metronidazole vaginal gel 1.3%	NP	
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	P	AC
PHEXX - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	NP	AC
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	NP	
progesterone vaginal insert 100 mg (Endometrin)	np+	
terconazole vaginal cream 0.4%, 0.8%	np	
terconazole vaginal suppos 80 mg	np	
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	P	AC
VANDAZOLE - metronidazole vaginal gel 0.75%	NP	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	P	AC
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	p	AC
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	P	AC
GENITOURINARY AGENTS - MISC.		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	p	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	P	SP
dutasteride cap 0.5 mg (Avodart)	p	

Drug Name	Drug Tier	Requirements/Limits
ELMIRON - pentosan polysulfate sodium caps 100 mg	NP	
FILSPARI - sparsentan tab 200 mg, 400 mg	NP	PA, QL (30 tablets/30 days), SP
finasteride tab 5 mg (Proscar)	p	
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	P	
LITHOSTAT - acetohydroxamic acid tab 250 mg	NP	
potassium citrate tab er 5 meq (540 mg)	np	
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	np	
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	np	
PROCYSBI - cysteamine bitartrate delayed release granules packet 75 mg, 300 mg	NP	PA, SP
PROCYSBI - cysteamine bitartrate cap delayed release 25 mg (base equiv), 75 mg (base equiv)	NP	PA, SP
silodosin cap 4 mg, 8 mg (Rapaflo)	np	
SODIUM CITRATE AND CITRIC - sodium citrate & citric acid soln 500-334 mg/5ml	NP	
SODIUM CITRATE/CITRIC ACI - sodium citrate & citric acid soln 500-334 mg/5ml	NP	
tamsulosin hcl cap 0.4 mg (Flomax)	p	
THIOLA EC - tiopronin tab delayed release 100 mg, 300 mg	NP	SP
tiopronin tab delayed release 100 mg, 300 mg (Thiola ec)	np	SP
tiopronin tab 100 mg (Thiola)	np	SP
VANRAFIA - atrasentan hcl tab 0.75 mg	NP	PA, SP
CENTRAL NERVOUS SYSTEM DRUGS		
ANTIANXIETY AGENTS		
alprazolam tab er 24hr 0.5 mg, 1 mg, 3 mg (Xanax xr)	p	
alprazolam tab er 24hr 2 mg (Xanax xr)	np	
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	p	
buspirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg	p	
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	p	
clorazepate dipotassium tab 3.75 mg, 7.5 mg, 15 mg	np	
diazepam conc 5 mg/ml	np	
diazepam oral soln 1 mg/ml	p	
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	p	
hydroxyzine hcl syrup 10 mg/5ml	np	
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	p	
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	NP	
hydroxyzine pamoate cap 25 mg, 50 mg	p	
lorazepam conc 2 mg/ml	np	
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	p	QL (150 tablets/30 days)
oxazepam cap 10 mg, 15 mg, 30 mg	np	
ANTIDEPRESSANTS		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	p	

Drug Name	Drug Tier	Requirements/Limits
amitriptyline hcl tab 150 mg	np	
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	p	
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	p	
bupropion hcl tab 75 mg, 100 mg	p	
citalopram hydrobromide oral soln 10 mg/5ml	np	
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	p	
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	np	
desipramine hcl tab 10 mg (Norpramin)	p	
desipramine hcl tab 25 mg (Norpramin)	np	
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	np	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	np	
DOXEPIN HCL - doxepin hcl conc 10 mg/ml	NP	
doxepin hcl cap 10 mg, 25 mg, 50 mg	p	
doxepin hcl cap 75 mg, 100 mg, 150 mg	np	
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	p	
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	NP	
escitalopram oxalate soln 5 mg/5ml (base equiv)	np	
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	p	
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	NP	ST
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	NP	ST
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	NP	ST
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	p	
fluoxetine hcl solution 20 mg/5ml	np	
fluoxetine hcl tab 10 mg	p	
fluoxetine hcl tab 20 mg	np	
fluvoxamine maleate tab 25 mg, 50 mg	p	
fluvoxamine maleate tab 100 mg	np	
imipramine hcl tab 10 mg, 25 mg, 50 mg	p	
MARPLAN - isocarboxazid tab 10 mg	NP	
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	p	
mirtazapine orally disintegrating tab 30 mg, 45 mg (Remeron soltab)	np	
mirtazapine tab 7.5 mg	np	
mirtazapine tab 15 mg, 30 mg (Remeron)	p	
mirtazapine tab 45 mg	p	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	p	

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl soln 10 mg/5ml	np	
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	p	
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	NP	
protriptyline hcl tab 5 mg, 10 mg	np	
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	np	
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	p	
tranylcypromine sulfate tab 10 mg (Parnate)	np	
trazodone hcl tab 50 mg, 100 mg, 150 mg	p	
trimipramine maleate cap 25 mg, 50 mg, 100 mg	np	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	NP	ST
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	p	
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	p	
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	np	
ZURZUVAE - zuranolone cap 20 mg, 25 mg	P	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	P	QL (14 capsules/365 days)
ANTIPSYCHOTICS		
aripiprazole oral solution 1 mg/ml	np	QL (900 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	np	QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg (Abilify)	p	QL (60 tablets/30 days)
aripiprazole tab 10 mg, 15 mg, 20 mg (Abilify)	p	QL (30 tablets/30 days)
aripiprazole tab 30 mg (Abilify)	np	QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	np	QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	NP	QL (30 capsules/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	np	
clozapine orally disintegrating tab 12.5 mg, 100 mg	np	QL (90 tablets/30 days)
clozapine orally disintegrating tab 25 mg	np	QL (270 tablets/30 days)
clozapine orally disintegrating tab 150 mg	np	QL (180 tablets/30 days)
clozapine orally disintegrating tab 200 mg	np	QL (120 tablets/30 days)
clozapine tab 25 mg (Clozaril)	p	QL (90 tablets/30 days)
clozapine tab 50 mg	np	QL (90 tablets/30 days)
clozapine tab 100 mg (Clozaril)	np	QL (270 tablets/30 days)
clozapine tab 200 mg	np	QL (120 tablets/30 days)
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	NP	
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	NP	QL (60 tablets/30 days), ST
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	NP	QL (1 pack/180 days), ST

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	NP	QL (1 pack/180 days), ST
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	NP	QL (1 pack/180 days), ST
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	NP	
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	np	
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	NP	
haloperidol lactate oral conc 2 mg/ml	np	
haloperidol tab 0.5 mg, 1 mg	p	
haloperidol tab 2 mg, 5 mg, 10 mg, 20 mg	np	
LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	NP	
lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	p	
lithium carbonate tab er 300 mg (Lithobid)	p	
lithium carbonate tab er 450 mg	p	
lithium carbonate tab 300 mg	p	
lithium oral solution 8 meq/5ml	np	
LITHOBID - lithium carbonate tab er 300 mg	NP	
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	np	
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	np	QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	np	QL (60 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	NP	
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	np	QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Zyprexa)	p	QL (60 tablets/30 days)
olanzapine tab 15 mg (Zyprexa)	p	QL (30 tablets/30 days)
olanzapine tab 20 mg (Zyprexa)	np	QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg	np	QL (30 tablets/30 days)
paliperidone tab er 24hr 3 mg, 9 mg (Invega)	np	QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	np	QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	np	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	p	
prochlorperazine suppos 25 mg	np	
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	p	QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	p	QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 300 mg, 400 mg (Seroquel xr)	np	QL (60 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg (Seroquel)	p	QL (180 tablets/30 days)
quetiapine fumarate tab 100 mg (Seroquel)	p	QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg (Seroquel)	p	QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	p	QL (60 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	QL (30 tablets/30 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	NP	QL (60 tablets/30 days), ST
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	np	QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	np	QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	np	QL (480 mls/30 days)
risperidone tab 0.25 mg	p	QL (120 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg (Risperdal)	p	QL (120 tablets/30 days)
risperidone tab 3 mg (Risperdal)	p	QL (60 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	NP	QL (30 patches/30 days), ST
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	np	
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	np	
VERSACLOZ - clozapine susp 50 mg/ml	NP	QL (540 mls/30 days), ST
VRAYLAR - cariprazine hcl cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	P	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	np	QL (60 capsules/30 days)
HYPNOTICS		
estazolam tab 1 mg, 2 mg	np	
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	p	QL (30 tablets/30 days)
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	NP	PA, QL (158 mls/30 days), SP
PHENOBARBITAL - phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	NP	
PHENOBARBITAL - phenobarbital elixir 20 mg/5ml	NP	
tasimelteon capsule 20 mg (Hetlioz)	np	PA, QL (30 capsules/30 days), SP
temazepam cap 15 mg, 30 mg (Restoril)	p	
zaleplon cap 5 mg, 10 mg	p	QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg (Ambien cr)	p	QL (30 tablets/30 days)
zolpidem tartrate tab er 12.5 mg (Ambien cr)	np	QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	p	QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	np	QL (60 capsule/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg, 15 mg, 20 mg (Adderall xr)	np	QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg, 30 mg (Adderall xr)	np	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg (Adderall)	p	QL (180 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg, 20 mg (Adderall)	np	QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 10 mg (Adderall)	np	QL (180 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg, 15 mg (Adderall)	np	QL (120 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 30 mg (Adderall)	np	QL (60 tablets/30 days)
armodafinil tab 50 mg (Nuvigil)	p	
armodafinil tab 150 mg, 200 mg, 250 mg (Nuvigil)	np	
atomoxetine hcl cap 10 mg (base equiv), 40 mg (base equiv) (Strattera)	np	QL (60 capsules/30 days)
atomoxetine hcl cap 18 mg (base equiv), 25 mg (base equiv) (Strattera)	np	QL (120 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	np	QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	np	
clonidine hcl tab er 12hr 0.1 mg	np	QL (120 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 20 mg (Focalin xr)	np	QL (60 capsules/30 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	np	QL (60 capsules/30 days)
dexmethylphenidate hcl cap er 24 hr 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	np	QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg	p	QL (240 tablets/30 days)
dexmethylphenidate hcl tab 5 mg (Focalin)	p	QL (120 tablets/30 days)
dexmethylphenidate hcl tab 10 mg (Focalin)	np	QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	np	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	np	QL (120 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	np	QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	np	QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	np	QL (360 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	np	QL (180 tablets/30 days)
FOUNDAYO - orforglipron calcium (weight management) tab 0.8 mg, 2.5 mg	P+	PA, QL (60 tablets/180 days)
FOUNDAYO - orforglipron calcium (weight management) tab 5.5 mg, 9 mg, 14.5 mg, 17.2 mg	P+	PA, QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 4 mg (base equiv) (Intuniv)	p	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	p	QL (90 tablets/30 days)
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	p	QL (60 tablets/30 days)
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml) (Saxenda)	np+	PA, QL (15 mls/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	np	QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	np	QL (30 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd) (Metadate cd)	np	QL (60 capsules/30 days)
methylphenidate hcl cap er 40 mg (cd), 50 mg (cd), 60 mg (cd) (Metadate cd)	np	QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 40 mg (la) (Ritalin la)	np	QL (30 capsules/30 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	np	QL (90 capsules/30 days)
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	np	QL (60 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg, 10 mg	np	QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	np	QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	np	QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg (Concerta)	np	QL (60 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	np	QL (30 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	np	QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg (Ritalin)	p	QL (360 tablets/30 days)
methylphenidate hcl tab 10 mg (Ritalin)	p	QL (180 tablets/30 days)
methylphenidate hcl tab 20 mg (Ritalin)	np	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er diffusion 27 mg, diffusion 36 mg	NP	QL (60 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er diffusion 54 mg	NP	QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	NP	QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	NP	QL (60 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	np	
ORLISTAT - orlistat cap 120 mg	NP+	PA, QL (90 capsules/30 days)
phentermine hcl cap 15 mg, 30 mg, 37.5 mg	p+	QL (30 capsules/30 days)
phentermine hcl tab 8 mg	np+	QL (90 tablets/30 days)
phentermine hcl tab 37.5 mg (Adipex-p)	p+	QL (30 tablets/30 days)
phentermine hcl-topiramate cap er 24hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg (Qsymia)	np+	PA, QL (30 capsules/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	P	PA, QL (30 tablets/30 days)
WAKIX - pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)	NP	PA, QL (60 tablets/30 days), SP
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml	P+	PA, QL (8 pens/180 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml, 2.4 mg/0.75ml	P+	PA, QL (4 pens/28 days)
WEGOVY - semaglutide (weight management) tab 1.5 mg, 4 mg, 9 mg	P+	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 25 mg	P+	PA, QL (30 tablets/30 days)
WEGOVY HD - semaglutide (weight mngmt) soln auto-injector 7.2 mg/0.75ml	P+	PA, QL (4 pens/28 days)
XENICAL - orlistat cap 120 mg	NP+	PA, QL (90 capsules/30 days)
ZEPBOUND - tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5ml	P+	PA, QL (4 pens/180 days)

Drug Name	Drug Tier	Requirements/Limits
ZEPBOUND - tirzepatide (weight mngmt) soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	P+	PA, QL (4 pens/28 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.		
acamprosate calcium tab delayed release 333 mg	np	
ADDYI - flibanserin tab 100 mg	NP+	PA, QL (30 tablets/30 days)
AQNEURSA - levacetylleucine for susp packet 1 gm	NP	PA, QL (120 packets/30 days), SP
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	P	PA, QL (1 kit/28 days), SP
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	P	PA, QL (1 kit/28 days), SP
BETASERON - interferon beta-1b for inj kit 0.3 mg	P	PA, QL (14 vials/28 days), SP
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	np	AC
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	NP	
cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs) (Mavenclad)	np	PA, QL (8 tablets/301 days), SP
cladribine tab therapy pack 10 mg (5 tabs) (Mavenclad)	np	PA, QL (10 tablets/301 days), SP
cladribine tab therapy pack 10 mg (6 tabs) (Mavenclad)	np	PA, QL (12 tablets/301 days), SP
cladribine tab therapy pack 10 mg (7 tabs) (Mavenclad)	np	PA, QL (14 tablets/301 days), SP
cladribine tab therapy pack 10 mg (9 tabs) (Mavenclad)	np	PA, QL (9 tablets/301 days), SP
cladribine tab therapy pack 10 mg (10 tabs) (Mavenclad)	np	PA, QL (20 tablets/301 days), SP
dalfampridine tab er 12hr 10 mg (Ampyra)	np	SP
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	np	QL (56 capsules/180 days), SP
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	np	QL (60 capsules/30 days), SP
disulfiram tab 250 mg, 500 mg	np	
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	p	
donepezil hydrochloride tab 5 mg, 10 mg (Aricept)	p	
donepezil hydrochloride tab 23 mg (Aricept)	np	
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	np	QL (30 capsules/30 days), SP
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	NP	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	np	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	np	
GILENYA - fingolimod hcl cap 0.25 mg (base equiv)	NP	PA, QL (30 capsules/30 days), SP
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	np	QL (30 syringes/30 days), SP
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	np	QL (12 syringes/28 days), SP
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	P	PA, QL (28 capsules/180 days), SP
INGREZZA - valbenazine tosylate cap 40 mg (base equiv)	P	PA, QL (60 capsules/30 days), SP
INGREZZA - valbenazine tosylate cap 60 mg (base equiv), 80 mg (base equiv)	P	PA, QL (30 capsules/30 days), SP
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	P	PA, QL (30 capsules/30 days), SP
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	P	PA, QL (1 pen/28 days), SP
LEQEMBI IQLIK - lecanemab-irmb soln auto-inj 360 mg/1.8ml	P	PA, QL (4 pens/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	np	
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	NP	PA, QL (30 packets/30 days), SP
LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	NP	PA, QL (28 packets/180 days), SP
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	P	PA, QL (120 tablets/30 days), SP
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	P	PA, QL (30 tablets/30 days), SP
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	P	PA, QL (7 tablets/180 days), SP
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	P	PA, QL (12 tablets/180 days), SP
memantine hcl oral solution 2 mg/ml	np	
memantine hcl tab 5 mg, 10 mg	p	
MEMANTINE HCL TITRATION P - memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	NP	
nicotine polacrilex gum 2 mg, 4 mg	np	AC
nicotine polacrilex lozenge 2 mg, 4 mg	np	AC
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	np	AC
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	P	AC
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	P	AC
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	NP	PA, QL (60 capsules/30 days)
paroxetine mesylate cap 7.5 mg (base equiv)	np	
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	NP	
pimozide tab 1 mg, 2 mg	np	
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	P	PA, QL (2 pens/28 days), SP
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	P	PA, QL (2 syringes/28 days), SP
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	P	PA, QL (2 syringes/28 days), SP
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	P	PA, QL (1 kit/180 days), SP
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	P	PA, QL (1 kit/180 days), SP
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	P	PA, QL (12 syringes/28 days), SP
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	P	PA, QL (12 syringes/28 days), SP
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	P	PA, QL (1 kit/180 days), SP
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	P	PA, QL (1 kit/180 days), SP
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	np	

Drug Name	Drug Tier	Requirements/Limits
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	np	
sodium oxybate oral solution 500 mg/ml (Xyrem)	np	PA, QL (540 mls/30 days), SP
teriflunomide tab 7 mg, 14 mg (Aubagio)	np	QL (30 tablets/30 days), SP
tetrabenazine tab 12.5 mg (Xenazine)	np	PA, QL (240 tablets/30 days), SP
tetrabenazine tab 25 mg (Xenazine)	np	PA, QL (120 tablets/30 days), SP
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	np	AC
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	np	AC
VUMERITY - diroximel fumarate capsule delayed release 231 mg	P	PA, QL (120 capsules/30 days), SP
VYLEESI - bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	NP+	PA, QL (8 pens/30 days)
WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	NP	PA, QL (1 pen/28 days), SP
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	NP	PA, QL (540 mls/30 days), SP
ZEPOSIA - ozanimod hcl cap 0.92 mg	P	PA, QL (30 capsules/30 days), SP
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	P	PA, QL (28 capsules/180 days), SP
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	P	PA, QL (7 capsules/180 days), SP
ANALGESICS AND ANESTHETICS		
ANALGESICS - NON-NARCOTIC		
aspirin chew tab 81 mg	p	AC
aspirin tab delayed release 81 mg	p	AC
butalbital-acetaminophen tab 50-325 mg	np	
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	p	
butalbital-aspirin-caffeine cap 50-325-40 mg	np	
diflunisal tab 500 mg	np	
JOURNAVX - suzetrigine tab 50 mg	NP	QL (29 tablets/90 days)
TENCON - butalbital-acetaminophen tab 50-325 mg	NP	
ANALGESICS - NARCOTIC		
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg	p	
acetaminophen w/ codeine tab 300-60 mg	np	
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	NP	
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	P	QL (60 films/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	np	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	np	

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)	np	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	np	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	np	
butorphanol tartrate nasal soln 10 mg/ml	np	QL (5 mls/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg	NP	
codeine sulfate tab 30 mg (Codeine sulfate)	np	
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	np	QL (15 patches/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen tab 2.5-325 mg	P	
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen soln 10-300 mg/15ml	NP	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	np	
hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg	p	
hydrocodone-ibuprofen tab 7.5-200 mg	np	
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg, 10-200 mg	NP	
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	np	
hydromorphone hcl tab 2 mg, 4 mg (Dilaudid)	p	
hydromorphone hcl tab 8 mg (Dilaudid)	np	
methadone hcl conc 10 mg/ml (Methadose)	np	
methadone hcl soln 5 mg/5ml, 10 mg/5ml (Methadone hcl)	np	
methadone hcl tab for oral susp 40 mg	np	
methadone hcl tab 5 mg	p	
methadone hcl tab 10 mg	np	
MORPHINE SULFATE - morphine sulfate tab 15 mg, 30 mg	P	
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml	P	
morphine sulfate oral soln 10 mg/5ml (Morphine sulfate)	p	
morphine sulfate oral soln 20 mg/5ml, 100 mg/5ml (20 mg/ml) (Morphine sulfate)	np	
morphine sulfate tab er 15 mg (Ms contin)	p	QL (90 tablets/30 days)
morphine sulfate tab er 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)	np	QL (90 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	p	
morphine sulfate tab 30 mg (Morphine sulfate)	np	
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	np	
oxycodone hcl soln 5 mg/5ml	np	
oxycodone hcl tab 5 mg, 10 mg	p	
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	np	
oxycodone hcl tab 20 mg	np	

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 2.5-325 mg, 7.5-325 mg, 10-325 mg (Percocet)	np	
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	p	
oxymorphone hcl tab 5 mg, 10 mg	np	
TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 200 mg, 300 mg	NP	QL (30 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	np	QL (30 tablets/30 days)
tramadol hcl tab 50 mg	p	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	p	
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	P	QL (240 capsules/30 days)
ANALGESICS - ANTI-INFLAMMATORY		
ADALIMUMAB-AATY CD/UC/HS - adalimumab-aaty auto-injector kit 80 mg/0.8ml	P	PA, QL (1 kit/180 days), SP
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	P	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	P	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	P	PA, QL (2 syringes/28 days), SP
ADALIMUMAB-ADBM - adalimumab-adbm prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml	P	PA, QL (2 syringes/28 days), SP
ADALIMUMAB-ADBM - adalimumab-adbm auto-injector kit 40 mg/0.4ml	P	PA, QL (2 pens/28 days), SP
ADALIMUMAB-ADBM - adalimumab-adbm auto-injector kit 40 mg/0.8ml	P	PA, QL (1 kit/28 days), SP
ARCALYST - rilonacept for inj 220 mg	NP	PA, QL (8 vials/28 days), SP
AURANOFIN - auranofin cap 3 mg	NP	
AVTOZMA - tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9ml	P	PA, QL (4 pens/28 days), SP
AVTOZMA - tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9ml	P	PA, QL (4 syringes/28 days), SP
celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex)	p	QL (60 capsules/30 days)
celecoxib cap 400 mg (Celebrex)	np	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg	np	
diclofenac sodium tab delayed release 25 mg	np	
diclofenac sodium tab delayed release 50 mg, 75 mg	p	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	np	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	np	
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	P	PA, QL (4 syringes/28 days), SP
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	P	PA, QL (8 vials/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	P	PA, QL (4 cartridges/28 days), SP
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	P	PA, QL (4 pens/28 days), SP
etodolac cap 200 mg, 300 mg	np	
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	np	
etodolac tab 400 mg (Lodine)	np	
etodolac tab 500 mg	np	
ibuprofen tab 400 mg, 600 mg, 800 mg	p	
indomethacin cap er 75 mg	p	
indomethacin cap 25 mg, 50 mg	p	
ketorolac tromethamine tab 10 mg	p	QL (20 tablets/30 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	NP	PA, QL (2 pens/28 days), SP
KEVZARA - sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	NP	PA, QL (2 syringes/28 days), SP
leflunomide tab 10 mg, 20 mg (Arava)	np	
meloxicam tab 7.5 mg, 15 mg	p	
nabumetone tab 500 mg, 750 mg	p	
naproxen sodium tab 275 mg	np	
naproxen sodium tab 550 mg (Anaprox ds)	np	
naproxen tab 250 mg, 375 mg	p	
naproxen tab 500 mg (Naprosyn)	p	
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	NP	PA, QL (30 tablets/30 days), SP
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	NP	PA, QL (4 syringes/28 days), SP
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	NP	PA, QL (4 syringes/28 days), SP
OTEZLA - apremilast tab 20 mg, 30 mg	P	PA, QL (60 tablets/30 days), SP
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	P	PA, QL (1 pack/180 days), SP
OTEZLA XR - apremilast tab er 24hr 75 mg	P	PA, QL (30 tablets/30 days), SP
OTEZLA/OTEZLA XR 28 DAY T - apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	P	PA, QL (1 pack/180 days), SP
oxaprozin tab 600 mg (Daypro)	np	
piroxicam cap 10 mg, 20 mg	np	
RASUVO - methotrexate soln pf auto-injector 7.5 mg/0.15ml, 10 mg/0.2ml, 12.5 mg/0.25ml, 15 mg/0.3ml, 17.5 mg/0.35ml, 20 mg/0.4ml, 22.5 mg/0.45ml, 25 mg/0.5ml, 30 mg/0.6ml	P	
RIDAURA - auranofin cap 3 mg	NP	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	P	PA, QL (30 tablets/30 days), SP
RINVOQ - upadacitinib tab er 24hr 45 mg	P	PA, QL (84 tablets/365 days), SP
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	P	PA, QL (360 mls/30 days), SP
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	P	PA, QL (1 syringe/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	P	PA, QL (1 syringe/28 days), SP
sulindac tab 150 mg, 200 mg	p	
tofacitinib citrate oral soln 1 mg/ml (base equivalent) (Xeljanz)	np	PA, QL (240 mls/30 days), SP
tofacitinib citrate tab er 24hr 11 mg (base equivalent) (Xeljanz xr)	np	PA, QL (30 tablets/30 days), SP
tofacitinib citrate tab er 24hr 22 mg (base equivalent) (Xeljanz xr)	np	PA, QL (120 tablets/365 days), SP
tofacitinib citrate tab 5 mg (base equivalent) (Xeljanz)	np	PA, QL (60 tablets/30 days), SP
tofacitinib citrate tab 10 mg (base equivalent) (Xeljanz)	np	PA, QL (240 tablets/365 days), SP
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	P	PA, QL (4 pens/28 days), SP
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	P	PA, QL (4 syringes/28 days), SP
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	P	PA, QL (240 mls/30 days), SP
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	P	PA, QL (60 tablets/30 days), SP
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	P	PA, QL (240 tablets/365 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	P	PA, QL (30 tablets/30 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	P	PA, QL (120 tablets/365 days), SP
MIGRAINE PRODUCTS		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	P	PA, QL (1 injection device/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	P	PA, QL (3 injection devices/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	P	PA, QL (3 syringes/84 days)
dihydroergotamine mesylate inj 1 mg/ml	np	
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	np	QL (18 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	P	PA, QL (1 injection device/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	P	PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	P	PA, QL (1 syringe/28 days)
ERGOMAR - ergotamine tartrate sl tab 2 mg	NP	PA, QL (20 tablets/28 days)
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml	NP	QL (12 doses/30 days)
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	NP	
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	np	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	P	PA, QL (54 tablets/90 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	P	PA, QL (30 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	p	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	p	QL (18 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate tab 5 mg (base equivalent)	p	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	p	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act	np	QL (12 inhalers/30 days)
sumatriptan succinate inj 6 mg/0.5ml	np	QL (12 vials/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	np	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	p	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	P	PA, QL (16 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg	np	QL (18 tablets/30 days)
GOUT AGENTS		
allopurinol tab 100 mg, 300 mg	p	
colchicine tab 0.6 mg	np	
colchicine w/ probenecid tab 0.5-500 mg	np	
probenecid tab 500 mg	np	
NEUROMUSCULAR DRUGS		
ANTICONVULSANTS		
CARBAMAZEPINE - carbamazepine chew tab 200 mg	NP	
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	np	
carbamazepine chew tab 100 mg	np	
carbamazepine susp 100 mg/5ml (Tegretol)	np	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	np	
carbamazepine tab 200 mg (Tegretol)	np	
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	NP	
clobazam suspension 2.5 mg/ml (Onfi)	np	
clobazam tab 10 mg, 20 mg (Onfi)	np	
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	np	
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	p	
DIACOMIT - stiripentol cap 250 mg, 500 mg	NP	
DIACOMIT - stiripentol packet 250 mg, 500 mg	NP	
diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg	np	
DILANTIN - phenytoin sodium extended cap 30 mg	P	
DILANTIN - phenytoin sodium extended cap 100 mg	NP	
DILANTIN INFATABS - phenytoin chew tab 50 mg	NP	
DILANTIN-125 - phenytoin susp 125 mg/5ml	NP	
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	np	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	p	
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	np	
EPIDIOLEX - cannabidiol soln 100 mg/ml	P	PA, QL (1000 mls/30 days)

Drug Name	Drug Tier	Requirements/Limits
eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)	np	
ethosuximide cap 250 mg (Zarontin)	np	
ethosuximide soln 250 mg/5ml (Zarontin)	np	
felbamate susp 600 mg/5ml	np	
felbamate tab 400 mg, 600 mg (Felbatol)	np	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	NP	PA, QL (360 mls/30 days)
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	p	
gabapentin oral soln 250 mg/5ml (Neurontin)	np	
gabapentin tab 600 mg, 800 mg (Neurontin)	p	
lacosamide oral solution 10 mg/ml (Vimpat)	np	
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	np	
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	NP	
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	NP	
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	NP	
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	np	
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	np	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	p	
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	np	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	np	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	np	
levetiracetam oral soln 100 mg/ml (Keppra)	np	
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	np	
levetiracetam tab 250 mg, 500 mg (Keppra)	p	
levetiracetam tab 750 mg, 1000 mg (Keppra)	np	
methsuximide cap 300 mg (Celontin)	np	
MYSOLINE - primidone tab 50 mg, 250 mg	NP	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	NP	
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	np	
oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg (Oxtellar xr)	np	
oxcarbazepine tab 150 mg (Trileptal)	p	
oxcarbazepine tab 300 mg, 600 mg (Trileptal)	np	
perampanel susp 0.5 mg/ml (Fycompa)	np	
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg (Fycompa)	np	
phenytoin chew tab 50 mg (Dilantin infatabs)	np	
phenytoin sodium extended cap 100 mg (Dilantin)	np	

Drug Name	Drug Tier	Requirements/Limits
phenytoin sodium extended cap 200 mg, 300 mg	np	
phenytoin susp 125 mg/5ml (Dilantin-125)	np	
pregabalin cap 25 mg (Lyrica)	p	QL (360 capsules/30 days)
pregabalin cap 50 mg (Lyrica)	p	QL (270 capsules/30 days)
pregabalin cap 75 mg, 100 mg (Lyrica)	p	QL (180 capsules/30 days)
pregabalin cap 150 mg, 200 mg (Lyrica)	p	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	p	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	np	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	NP	
primidone tab 50 mg (Mysoline)	p	
primidone tab 250 mg (Mysoline)	np	
rufinamide susp 40 mg/ml (Banzel)	np	
rufinamide tab 200 mg, 400 mg (Banzel)	np	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg	NP	
TEGRETOL - carbamazepine tab 200 mg	NP	
TEGRETOL - carbamazepine susp 100 mg/5ml	NP	
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	NP	
tiagabine hcl tab 2 mg, 4 mg	np	
TIAGABINE HYDROCHLORIDE - tiagabine hcl tab 12 mg, 16 mg	NP	
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	np	PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	np	PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	np	
topiramate sprinkle cap 50 mg	np	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	p	
valproate sodium oral soln 250 mg/5ml (base equiv)	np	
valproic acid cap 250 mg	np	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	NP	
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	NP	
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	NP	
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	NP	
vigabatrin powd pack 500 mg (Sabril)	np	
vigabatrin tab 500 mg (Sabril)	np	
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	NP	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	NP	
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	NP	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	NP	
ZARONTIN - ethosuximide cap 250 mg	NP	

Drug Name	Drug Tier	Requirements/Limits
ZARONTIN - ethosuximide soln 250 mg/5ml	NP	
zonisamide cap 25 mg (Zonegran)	p	
zonisamide cap 50 mg	p	
zonisamide cap 100 mg (Zonegran)	np	
ZTALMY - ganaxolone susp 50 mg/ml	NP	
ANTIPARKINSON AGENTS		
amantadine hcl cap 100 mg	np	
amantadine hcl soln 50 mg/5ml	np	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	NP	SP
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	np	SP
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	p	
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	np	
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	np	
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	np	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	np	
carbidopa & levodopa tab 10-100 mg (Sinemet)	p	
carbidopa & levodopa tab 25-100 mg (Sinemet)	np	
carbidopa & levodopa tab 25-250 mg	np	
carbidopa tab 25 mg (Lodosyn)	np	
carbidopa-levodopa-entacapone tabs 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	np	
DUOPA - carbidopa-levodopa enteral susp 4.63-20 mg/ml	NP	
entacapone tab 200 mg	np	
INBRIJA - levodopa inhal powder cap 42 mg	P	SP
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	NP	
ONAPGO - apomorphine hcl soln cartridge 98 mg/20ml	NP	SP
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	p	
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	np	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	p	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg	NP	PA, QL (750 capsules/30 days)
RYTARY - carbidopa & levodopa cap er 36.25-145 mg	NP	PA, QL (480 capsules/30 days)
RYTARY - carbidopa & levodopa cap er 48.75-195 mg	NP	PA, QL (360 capsules/30 days)
RYTARY - carbidopa & levodopa cap er 61.25-245 mg	NP	PA, QL (300 capsules/30 days)
selegiline hcl cap 5 mg	np	
selegiline hcl tab 5 mg	np	
tolcapone tab 100 mg (Tasmar)	np	
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	NP	
trihexyphenidyl hcl tab 2 mg, 5 mg	p	

Drug Name	Drug Tier	Requirements/Limits
VYALEV - foscarbidopa-foslevodopa subcutaneous inj 12-240 mg/ml	NP	SP
NEUROMUSCULAR AGENTS		
DAYBUE - trofinetide oral soln 200 mg/ml	NP	PA, QL (8 bottles/30 days), SP
DAYBUE STIX - trofinetide oral powder packet 5000 mg, 6000 mg	NP	PA, QL (120 packets/30 days), SP
DAYBUE STIX - trofinetide oral powder packet 8000 mg	NP	PA, QL (60 packets/30 days), SP
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	NP	PA, QL (3 bottles/30 days), SP
EVRYSDI - risdiplam tab 5 mg	NP	PA, QL (30 tablets/30 days), SP
EVRYSDI - risdiplam for soln 0.75 mg/ml	NP	PA, QL (3 bottles/30 days), SP
RADICAVA ORS - edaravone oral susp 105 mg/5ml	NP	PA, QL (50 mls/28 days), SP
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	NP	PA, QL (70 mls/180 days), SP
riluzole tab 50 mg	np	
SKYCLARYS - omaveloxolone cap 50 mg	NP	PA, QL (90 capsules/30 days), SP
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tab 10 mg, 20 mg	p	
chlorzoxazone tab 500 mg	np	
cyclobenzaprine hcl tab 5 mg, 10 mg	p	
methocarbamol tab 500 mg, 750 mg	p	
orphenadrine citrate tab er 12hr 100 mg	np	
SOHONOS - palovarotene cap 1 mg, 1.5 mg	NP	PA, QL (120 capsules/30 days), SP
SOHONOS - palovarotene cap 2.5 mg	NP	PA, QL (150 capsules/30 days), SP
SOHONOS - palovarotene cap 5 mg	NP	PA, QL (90 capsules/30 days), SP
SOHONOS - palovarotene cap 10 mg	NP	PA, QL (60 capsules/30 days), SP
tizanidine hcl tab 2 mg (base equivalent)	p	QL (180 tablets/30 days)
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	p	QL (180 tablets/30 days)
ANTIMYASTHENIC AGENTS		
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	NP	PA, QL (300 tablets/30 days), SP
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	np	
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	np	
pyridostigmine bromide tab 60 mg (Mestinon)	np	
NUTRITIONAL PRODUCTS		
VITAMINS		
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	p	
phytonadione tab 5 mg	np	
MULTIVITAMINS		
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	P	
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	P	
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	P	
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	P	
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	P	
MINERALS and ELECTROLYTES		

Drug Name	Drug Tier	Requirements/Limits
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	NP	
FLUORIDE - sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	P	AC
K-PHOS - potassium phosphate monobasic tab 500 mg	NP	
K-PHOS NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	NP	
PHOSPHA 250 NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	NP	
PHOSPHO-TRIN K500 - potassium phosphate monobasic tab 500 mg	NP	
PHOSPHO-TRIN 250 NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	NP	
PHOSPHOROUS - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	NP	
potassium chloride cap er 8 meq, 10 meq	p	
POTASSIUM CHLORIDE ER - potassium chloride tab er 15 meq	NP	
potassium chloride microencapsulated crys er tab 10 meq, 20 meq	p	
potassium chloride microencapsulated crys er tab 15 meq	np	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	np	
potassium chloride powder packet 20 meq	np	
potassium chloride tab er 8 meq (600 mg), 10 meq	p	
potassium chloride tab er 20 meq (1500 mg) (K-tab)	p	
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	P	AC
SODIUM FLUORIDE - sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	P	AC
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	P	AC
ZYCUBO - copper histidinate for subcutaneous soln 2.9 mg	P	QL (30 vials/30 days), SP
HEMATOLOGICAL AGENTS		
HEMATOPOIETIC AGENTS		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	P	PA, SP
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	P	PA, SP
carbonyl iron susp 15 mg/1.25ml (elemental iron)	p	AC
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	P	PA, QL (60 capsules/30 days), SP
cyanocobalamin inj 1000 mcg/ml	p	
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	P	PA, QL (60 tablets/30 days), SP
DOPTELET SPRINKLE - avatrombopag maleate cap sprinkle 10 mg (base equiv)	P	PA, QL (60 capsules/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) (Promacta)	np	PA, QL (30 packets/30 days), SP
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv) (Promacta)	np	PA, QL (30 tablets/30 days), SP
eltrombopag olamine tab 50 mg (base equiv), 75 mg (base equiv) (Promacta)	np	PA, QL (60 tablets/30 days), SP
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	NP	PA, SP
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	p	AC
ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)	np	AC
folic acid cap 0.8 mg	p	AC
folic acid tab 400 mcg, 800 mcg	p	AC
folic acid tab 1 mg	p	
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	P	SP
glutamine (sickle cell) powd pack 5 gm (Endari)	np	PA, SP
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	NP	
IRON UP - polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	P	AC
LEUKINE - sargramostim lyophilized for inj 250 mcg	NP	SP
miglustat cap 100 mg (Zavesca)	np	PA, QL (90 capsules/30 days), SP
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml	NP	PA
MULPLETA - lusutrombopag tab 3 mg	P	PA, QL (7 tablets/7 days), SP
NEULASTA - pegfilgrastim inj 4 mg/0.4ml	P	SP
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	P	SP
NEULASTA ONPRO KIT - pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6ml	P	SP
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	P	SP
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	P	SP
NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv)	P	AC
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	P	PA, SP
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	P	PA, SP
SIKLOS - hydroxyurea tab 100 mg, 1000 mg	NP	
XOLREMDI - mavorixafor cap 100 mg	NP	PA, QL (120 capsules/30 days), SP
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	P	SP
ANTICOAGULANTS		

Drug Name	Drug Tier	Requirements/Limits
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	np	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	np	QL (120 capsules/30 days)
ELIQUIS - apixaban cap sprinkle 0.15 mg	P	QL (74 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	P	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	P	QL (74 tablets/30 days)
ELIQUIS - apixaban tab for oral susp 0.5 mg	P	QL (5 boxes/28 days)
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg)	P	QL (5 boxes/28 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	P	QL (1 pack/180 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	np	
enoxaparin sodium inj 300 mg/3ml (Lovenox)	np	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	np	
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml	NP	
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml	NP	
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	NP	
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	np	
heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml	np	
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 150 mg	NP	QL (60 packets/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg	NP	QL (120 packets/30 days)
rivaroxaban for susp 1 mg/ml (Xarelto)	np	QL (620 mls/30 days)
rivaroxaban tab 2.5 mg (Xarelto)	np	QL (60 tablets/30 days)
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	p	
XARELTO - rivaroxaban for susp 1 mg/ml	P	QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	P	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	P	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	P	QL (51 tablets/180 days)
HEMOSTATICS		
aminocaproic acid oral soln 0.25 gm/ml	np	
aminocaproic acid tab 500 mg, 1000 mg	np	
tranexamic acid tab 650 mg	np	
HEMATOLOGICAL AGENTS - MISC.		

Drug Name	Drug Tier	Requirements/Limits
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	P	PA, QL (1 ml/30 days), SP
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	P	PA, QL (1 ml/30 days), SP
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	P	PA, QL (1 ml/30 days), SP
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	P	PA, QL (1 ml/30 days), SP
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	P	PA, QL (1 ml/30 days), SP
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	P	PA, QL (1 ml/30 days), SP
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	P	PA, QL (1 ml/30 days), SP
anagrelide hcl cap 0.5 mg (Agrylin)	np	
anagrelide hcl cap 1 mg	np	
ANDEMBRY - garadacimab-gxii soln auto-injector 200 mg/1.2ml	P	PA, QL (1 pen/30 days), SP
AQVESME - mitapivat sulfate tab 100 mg	NP	PA, QL (60 tablets/30 days), SP
aspirin-dipyridamole cap er 12hr 25-200 mg	np	
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	PA, QL (1 ml/30 days), SP
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	NP	PA, QL (10 vials/30 days), SP
cilostazol tab 50 mg, 100 mg	p	
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	p	
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	P	SP
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	P	SP
DAWNZERA - donidalorsen sodium subcutaneous soln auto-inj 80 mg/0.8ml	P	PA, QL (1 pen/28 days), SP
dipyridamole tab 25 mg, 50 mg, 75 mg	np	
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	P	PA, QL (1 ml/30 days), SP
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	P	PA, QL (8 vials/28 days), SP
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	P	PA, QL (1 ml/30 days), SP
FABHALTA - iptacopan hcl cap 200 mg	P	PA, QL (60 capsules/30 days), SP
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	P	SP
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	P	SP
FIBRYGA - fibrinogen concentrate (human) for iv soln 2 gm	P	SP
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	P	PA, QL (27 vials/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	P	PA, QL (18 vials/28 days), SP
HEMLIBRA - emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	P	PA, QL (1 ml/30 days), SP
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	P	PA, QL (1 ml/30 days), SP
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	P	PA, QL (1 ml/30 days), SP
HYMPAVZI - marstacimab-hncq subcutaneous soln auto-inj 75 mg/0.5ml, 150 mg/ml	NP	PA, QL (4 pens/28 days), SP
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	np	PA, QL (6 syringes/30 days), SP
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	P	PA, QL (1 ml/30 days), SP
IXINITY - coagulation factor ix (recombinant) for inj 500 unit, 1000 unit, 1500 unit, 3000 unit	P	PA, QL (1 ml/30 days), SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	P	PA, QL (1 ml/30 days), SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	P	PA, QL (1 ml/30 days), SP
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	P	PA, QL (1 ml/30 days), SP
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	P	PA, QL (1 ml/30 days), SP
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	PA, QL (1 ml/30 days), SP
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	P	PA, QL (1 ml/30 days), SP
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	P	PA, QL (1 ml/30 days), SP
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	P	PA, QL (1 ml/30 days), SP
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	P	PA, QL (1 ml/30 days), SP
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	P	PA, QL (1 ml/30 days), SP
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	P	PA, QL (1 ml/30 days), SP
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	P	SP
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	NP	PA, QL (30 capsules/30 days), SP
ORLADEYO - berotralstat hcl pellet pack 72 mg, 96 mg, 108 mg, 132 mg	NP	SP
pentoxifylline tab er 400 mg	np	
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	np	
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	P	PA, QL (1 ml/30 days), SP
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	P	PA, QL (56 tablets/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg	P	PA, QL (7 tablets/365 days), SP
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	P	PA, QL (14 tablets/365 days), SP
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	P	PA, QL (1 ml/30 days), SP
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	P	PA, QL (1 ml/30 days), SP
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	P	SP
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	PA, QL (1 ml/30 days), SP
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	NP	PA, QL (8 vials/30 days), SP
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)	NP	PA, QL (1 ml/30 days), SP
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	P	PA, QL (2 syringes/28 days), SP
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	NP	PA, QL (60 tablets/30 days), SP
ticagrelor tab 60 mg, 90 mg (Brilinta)	np	
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	P	SP
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	P	PA, QL (1 ml/30 days), SP
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	P	PA, QL (1 ml/30 days), SP
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	P	PA, QL (1 ml/30 days), SP
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	P	PA, QL (1 ml/30 days), SP
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	P	PA, QL (1 ml/30 days), SP
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	P	PA, QL (1 ml/30 days), SP
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	P	PA, QL (1 ml/30 days), SP
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	NP	
TOPICAL PRODUCTS		
OPHTHALMIC AGENTS		
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	NP	
ATROPINE SULFATE - atropine sulfate ophth soln 1%	NP	
atropine sulfate ophth soln 1%	np	
azelastine hcl ophth soln 0.05%	p	
BACITRACIN/POLYMYXIN B - bacitracin-polymyxin b ophth oint	NP	
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	NP	
brimonidine tartrate ophth soln 0.2%	p	
CARTEOLOL HCL - carteolol hcl ophth soln 1%	NP	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	p	
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	NP	
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	NP	
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	NP	
cyclopentolate hcl ophth soln 1% (Cyclogyl)	p	
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	NP	SP
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	NP	SP
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	P	
diclofenac sodium ophth soln 0.1%	p	
dorzolamide hcl ophth soln 2%	p	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	p	
erythromycin ophth oint 5 mg/gm	p	
FLAREX - fluorometholone acetate ophth susp 0.1%	NP	
fluorometholone ophth susp 0.1% (Fml liquifilm)	np	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	NP	
gatifloxacin ophth soln 0.5%	np	
gentamicin sulfate ophth soln 0.3%	p	
KETOROLAC TROMETHAMINE - ketorolac tromethamine ophth soln 0.4%	np	
ketorolac tromethamine ophth soln 0.5% (Acular)	p	
latanoprost ophth soln 0.005% (Xalatan)	p	QL (2.5 mls/20 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	NP	
LOTEMAX - loteprednol etabonate ophth oint 0.5%	P	
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	P	
loteprednol etabonate ophth gel 0.5% (Lotemax)	np	
loteprednol etabonate ophth susp 0.2% (Alrex)	np	
loteprednol etabonate ophth susp 0.5% (Lotemax)	np	
MAXIDEX - dexamethasone ophth susp 0.1%	NP	
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	np	
NATACYN - natamycin ophth susp 5%	P	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	p	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	p	
NEOMYCIN/POLYMYXIN/BACITR - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	NP	
NEOMYCIN/POLYMYXIN/BACITR - bacitracin-polymyxin-neomycin-hc ophth oint 1%	NP	
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	NP	
ofloxacin ophth soln 0.3% (Ocuflox)	p	
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	NP	PA, QL (56 vials/112 days), SP

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl ophth soln 1%, 2%, 4%	np	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	p	
prednisolone acetate ophth susp 1% (Pred forte)	np	
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	NP	
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	P	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth soln 10%	NP	
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	NP	
timolol maleate ophth soln 0.25%, 0.5%	p	
tobramycin ophth soln 0.3%	p	QL (15 mls/30 days)
tobramycin-dexamethasone ophth susp 0.3-0.1%	np	
TRIFLURIDINE - trifluridine ophth soln 1%	P	
OTIC AGENTS		
acetic acid otic soln 2%	np	
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	np	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	np	
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	np	
hydrocortisone w/ acetic acid otic soln 1-2%	np	
neomycin-polymyxin-hc otic soln 1%	np	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	np	
ofloxacin otic soln 0.3%	np	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg (Evoxac)	np	
chlorhexidine gluconate soln 0.12% (Peridex)	p	
CLINPRO 5000 - sodium fluoride paste 1.1%	P	AC
clotrimazole troche 10 mg	np	
DENTA 5000 PLUS - sodium fluoride cream 1.1%	P	AC
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	P	AC
DENTAGEL - sodium fluoride gel 1.1% (0.5% f)	P	AC
EASYGEL - stannous fluoride gel 0.4%	P	AC
FLUORIDEX DAILY DEFENSE - sodium fluoride paste 1.1%	P	AC
FLUORIDEX DAILY RENEWAL - stannous fluoride conc 0.63%	P	AC
FLUORIDEX ENHANCED WHITEN - sodium fluoride paste 1.1%	P	AC
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	P	AC
FLUORIMAX 5000 - sodium fluoride paste 1.1%	P	AC
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	P	AC
JUST RIGHT 5000 - sodium fluoride paste 1.1%	P	AC
lidocaine hcl viscous soln 2%	p	
nystatin susp 100000 unit/ml (Nystatin)	p	

Drug Name	Drug Tier	Requirements/Limits
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	NP	
PERIOMED - stannous fluoride conc 0.63%	P	
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	np	
PREVIDENT FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	P	AC
PREVIDENT RINSE - sodium fluoride rinse 0.2%	P	AC
PREVIDENT 5000 BOOSTER PL - sodium fluoride paste 1.1%	P	AC
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)	P	AC
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	P	AC
PREVIDENT 5000 KIDS - sodium fluoride paste 1.1%	P	AC
PREVIDENT 5000 ORTHO DEFE - sodium fluoride paste 1.1%	P	AC
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%	P	AC
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	P	AC
SF - sodium fluoride gel 1.1% (0.5% f)	P	AC
SF 5000 PLUS - sodium fluoride cream 1.1%	P	AC
SODIUM FLUORIDE - sodium fluoride rinse 0.2%	P	AC
SODIUM FLUORIDE - sodium fluoride cream 1.1%	P	AC
SODIUM FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	P	AC
SODIUM FLUORIDE 5000 PLUS - sodium fluoride cream 1.1%	P	AC
SODIUM FLUORIDE 5000 PPM - sodium fluoride gel 1.1% (0.5% f)	P	AC
SODIUM FLUORIDE 5000 PPM - sodium fluoride paste 1.1%	P	AC
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	P	AC
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	P	AC
stannous fluoride gel 0.4%	np	
triamcinolone acetonide dental paste 0.1%	np	
ANORECTAL AGENTS		
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	NP	
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal cream 1-1%, 2.5-1%	NP	
ANUCORT-HC - hydrocortisone acetate suppos 25 mg	NP	
ANUSOL-HC - hydrocortisone acetate suppos 25 mg	NP	
budesonide rectal foam 2 mg/act (Uceris)	np	
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/ dose)	P	
HEMMOREX-HC - hydrocortisone acetate suppos 25 mg	NP	
HYDROCORTISONE - hydrocortisone perianal cream 1%	NP	
HYDROCORTISONE ACETATE - hydrocortisone acetate suppos 25 mg	NP	
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	NP	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone enema 100 mg/60ml (Cortenema)	np	
hydrocortisone perianal cream 2.5% (Anusol-hc)	np	
nitroglycerin oint 0.4% (Rectiv)	np	
PROCTOCORT - hydrocortisone perianal cream 1%	NP	
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	NP	
DERMATOLOGICALS		
acitretin cap 10 mg, 17.5 mg, 25 mg	np	
acyclovir oint 5% (Zovirax)	np	
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	P	PA, QL (2 pens/28 days), SP
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	P	PA, QL (4 syringes/28 days), SP
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	NP	
alclometasone dipropionate cream 0.05%	np	
ALTRENO - tretinoin lotion 0.05%	NP	
azelaic acid gel 15%	np	
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	NP	QL (180 grams/90 days)
betamethasone dipropionate augmented cream 0.05%	p	QL (100 grams/30 days)
betamethasone dipropionate augmented lotion 0.05%	np	QL (180 mls/90 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	np	QL (180 grams/90 days)
betamethasone dipropionate cream 0.05%	np	QL (100 grams/30 days)
betamethasone dipropionate lotion 0.05%	np	QL (100 mls/30 days)
betamethasone dipropionate oint 0.05%	np	QL (100 grams/30 days)
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	NP	QL (120 mls/30 days)
betamethasone valerate cream 0.1% (base equivalent)	np	
betamethasone valerate oint 0.1% (base equivalent)	np	
BIMZELX - bimekizumab-bkzx subcutaneous soln auto-injector 160 mg/ml	NP	PA, QL (2 pens/56 days), SP
BIMZELX - bimekizumab-bkzx subcutaneous soln auto-injector 320 mg/2ml	NP	PA, QL (1 pen/56 days), SP
BIMZELX - bimekizumab-bkzx subcutaneous soln prefilled syr 160 mg/ml	NP	PA, QL (2 syringes/56 days), SP
BIMZELX - bimekizumab-bkzx subcutaneous soln prefilled syr 320 mg/2ml	NP	PA, SP
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	np	
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	NP	
calcipotriene cream 0.005%	np	
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	P	PA, QL (30 tablets/30 days), SP
ciclopirox gel 0.77%	np	QL (180 grams/30 days)
ciclopirox olamine cream 0.77% (base equiv)	p	QL (180 grams/30 days)

Drug Name	Drug Tier	Requirements/Limits
ciclopirox olamine susp 0.77% (base equiv)	np	QL (180 mls/30 days)
ciclopirox shampoo 1%	np	
ciclopirox solution 8% (Penlac Nail Lacquer)	np	PA, QL (6.6 mls/30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	np	
clindamycin phosphate gel 1% (twice-daily)	np	
clindamycin phosphate lotion 1% (Cleocin-t)	np	
clindamycin phosphate soln 1%	np	QL (180 mls/30 days)
clindamycin phosphate swab 1%	np	
clobetasol propionate cream 0.05%	np	QL (180 grams/90 days)
clobetasol propionate emollient base cream 0.05%	np	
clobetasol propionate foam 0.05%	np	QL (180 grams/90 days)
clobetasol propionate gel 0.05%	np	
clobetasol propionate oint 0.05%	np	QL (180 grams/90 days)
clobetasol propionate soln 0.05%	np	QL (180 mls/90 days)
clotrimazole w/ betamethasone cream 1-0.05%	np	
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	P	PA, QL (1 syringe/28 days), SP
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	P	PA, QL (2 syringes/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	P	PA, QL (1 pen/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	P	PA, QL (2 pens/28 days), SP
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	P	PA, QL (1 pen/28 days), SP
desonide cream 0.05% (Desowen)	np	
desonide oint 0.05%	np	
desoximetasone cream 0.25% (Topicort)	np	QL (100 grams/30 days)
desoximetasone oint 0.25% (Topicort)	np	QL (100 grams/30 days)
diclofenac sodium (actinic keratoses) gel 3%	np	PA, QL (300 grams/90 days)
diclofenac sodium soln 1.5%	np	QL (2 bottles/30 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	P	PA, QL (2 pens/28 days), SP
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	P	PA, QL (2 syringes/28 days), SP
EBGLYSS - lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml	P	PA, QL (1 pen/28 days), SP
EBGLYSS - lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml	P	PA, QL (1 syringe/28 days), SP
econazole nitrate cream 1%	np	QL (170 grams/30 days)
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	P	QL (120 grams/30 days)
ERY - erythromycin pads 2%	NP	
ERYTHROMYCIN - erythromycin gel 2%	NP	QL (180 grams/30 days)
erythromycin soln 2%	np	QL (180 mls/30 days)

Drug Name	Drug Tier	Requirements/Limits
FILSUVEZ - birch triterpenes gel 10%	NP	PA, SP
fluocinolone acetonide cream 0.01%	np	
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	np	
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	np	
fluocinolone acetonide oint 0.025% (Synalar)	np	
fluocinolone acetonide soln 0.01%	np	
fluocinonide cream 0.05%	np	QL (100 grams/30 days)
fluocinonide cream 0.1% (Vanos)	np	QL (120 grams/90 days)
fluocinonide emulsified base cream 0.05%	np	QL (100 grams/30 days)
fluocinonide gel 0.05%	np	QL (100 grams/30 days)
fluocinonide oint 0.05%	np	QL (100 grams/30 days)
fluocinonide soln 0.05%	np	QL (100 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	NP	
fluorouracil cream 5% (Efudex)	np	PA, QL (240 grams/84 days)
fluorouracil soln 5%	np	
fluticasone propionate cream 0.05%	np	
fluticasone propionate oint 0.005%	np	
gentamicin sulfate cream 0.1%	np	QL (120 grams/90 days)
gentamicin sulfate oint 0.1%	np	QL (120 grams/90 days)
halobetasol propionate cream 0.05%	np	QL (180 grams/90 days)
HYDROCORTISONE - hydrocortisone lotion 2.5%	NP	
hydrocortisone cream 2.5%	p	
hydrocortisone oint 2.5%	p	
hydrocortisone valerate cream 0.2%	np	
HYFTOR - sirolimus gel 0.2%	NP	PA, QL (7 tubes/84 days)
ICOTYDE - icotrokinra hcl tab 200 mg	P	PA, QL (30 tablets/30 days), SP
imiquimod cream 5%	np	QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	np	QL (60 capsules/30 days)
ivermectin cream 1% (Soolantra)	np	QL (45 grams/30 days)
ketoconazole cream 2%	np	QL (180 grams/30 days)
ketoconazole shampoo 2%	p	
LEQSELVI - deuruxolitinib phosphate tab 8 mg (base equiv)	NP	PA, QL (60 tablets/30 days), SP
lidocaine hcl soln 4%	np	QL (150 mls/30 days)
lidocaine oint 5%	p	PA, QL (100 grams/30 days)
lidocaine patch 5% (Lidoderm)	np	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	p	QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	NP	PA, QL (28 capsules/28 days), SP
malathion lotion 0.5% (Ovide)	np	
METHOXSALEN - methoxsalen rapid cap 10 mg	NP	
metronidazole cream 0.75% (Metrocream)	np	
metronidazole gel 0.75%	np	

Drug Name	Drug Tier	Requirements/Limits
metronidazole gel 1% (Metrogel)	np	QL (60 grams/30 days)
mometasone furoate cream 0.1%	np	
mometasone furoate oint 0.1%	p	QL (100 grams/30 days)
mometasone furoate solution 0.1% (lotion)	np	
mupirocin oint 2%	p	
NATROBA - spinosad susp 0.9%	NP	
NEMLUVIO - nemolizumab-ilto for subcutaneous auto-injector 30 mg	P	PA, QL (1 pen/28 days), SP
nystatin cream 100000 unit/gm	p	
nystatin oint 100000 unit/gm	p	
nystatin topical powder 100000 unit/gm	np	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	np	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	p	
permethrin cream 5%	np	
PODOFILOX - podofilox soln 0.5%	NP	
SANTYL - collagenase oint 250 unit/gm	NP	
SELENIUM SULFIDE - selenium sulfide lotion 2.5%	NP	
silver sulfadiazine cream 1% (Silvadene)	p	
SKYRIZI - risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml, 150 mg/ml	P	PA, QL (1 syringe/84 days), SP
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	P	PA, QL (1 pen/84 days), SP
SOTYKTU - deucravacitinib tab 6 mg	P	PA, QL (30 tablets/30 days), SP
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	NP	PA, QL (2 syringes/28 days), SP
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 300 mg/2ml	NP	PA, QL (1 syringe/28 days), SP
SPINOSAD - spinosad susp 0.9%	NP	
STEQEYMA - ustekinumab-stba subcutaneous soln 45 mg/0.5ml	P	PA, QL (1 vial/84 days), SP
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	P	PA, QL (1 syringe/84 days), SP
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	P	PA, QL (1 syringe/56 days), SP
sulfacetamide sodium lotion 10% (acne) (Klaron)	np	
SULFAMYLON - mafenide acetate cream 85 mg/gm	NP	
tacrolimus oint 0.03%, 0.1%	np	ST
tazarotene cream 0.05%, 0.1% (Tazorac)	np	
tazarotene gel 0.05%, 0.1% (Tazorac)	np	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	P	PA, QL (1 pen/56 days), SP
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	P	PA, QL (1 syringe/56 days), SP
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	P	PA, QL (1 pen/56 days), SP
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	np	
tretinoin gel 0.01% (Retin-a)	np	
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide lotion 0.025%	NP	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	p	
triamcinolone acetonide lotion 0.1%	np	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	p	
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	P	SP
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	P	PA, QL (1 vial/84 days), SP
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	P	PA, QL (1 syringe/84 days), SP
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	P	PA, QL (1 syringe/56 days), SP
ZELSUVMI - berdazimer sodium gel 10.3%	NP	PA, QL (2 kits/84 days)
MISCELLANEOUS PRODUCTS		
ANTIDOTES		
CHEMET - succimer cap 100 mg	P	
deferasirox granules packet 90 mg, 180 mg (Jadenu sprinkle)	np	PA, QL (30 packets/30 days), SP
deferasirox granules packet 360 mg (Jadenu sprinkle)	np	PA, QL (180 packets/30 days), SP
deferasirox tab for oral susp 125 mg, 250 mg (Exjade)	np	PA, QL (30 tablets/30 days), SP
deferasirox tab for oral susp 500 mg (Exjade)	np	PA, QL (90 tablets/30 days), SP
deferasirox tab 90 mg, 180 mg (Jadenu)	np	PA, QL (30 tablets/30 days), SP
deferasirox tab 360 mg (Jadenu)	np	PA, QL (180 tablets/30 days), SP
deferiprone tab 500 mg (Ferriprox)	np	PA, QL (540 tablets/30 days), SP
deferiprone tab 1000 mg (Ferriprox)	np	PA, QL (270 tablets/30 days), SP
FERRIPROX - deferiprone oral soln 100 mg/ml	NP	PA, QL (2700 mls/30 days), SP
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	P	
naloxone hcl inj 0.4 mg/ml	p	
naloxone hcl inj 4 mg/10ml	np	
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	np	
naloxone hcl soln prefilled syringe 0.4 mg/ml, 2 mg/2ml	np	
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	NP	
naltrexone hcl tab 50 mg	np	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	P	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	P	
REZENOPY - naloxone hcl nasal spray 10 mg/0.11ml	P	
ZURNAI - nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)	P	
DIAGNOSTIC PRODUCTS		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	P	QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	P	QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	P	QL (204 strips/30 days)
FREESTYLE INSULINX BLOOD - glucose blood test strip	P	QL (204 strips/30 days)
FREESTYLE LITE TEST STRIP - glucose blood test strip	P	QL (204 strips/30 days)
FREESTYLE PRECISION NEO B - glucose blood test strip	P	QL (204 strips/30 days)
FREESTYLE TEST STRIPS - glucose blood test strip	P	QL (204 strips/30 days)
KETOSTIX - acetone (urine) test strip	NP	
OPTIUMEZ TEST STRIPS - glucose blood test strip	P	QL (204 strips/30 days)
PRECISION XTRA BLOOD GLUC - glucose blood test strip	P	QL (204 strips/30 days)
MEDICAL DEVICES		

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER HOLDING CHAMB - spacer/aerosol-holding chambers - device	P	
AEROCHAMBER MINI AEROSOL - spacer/aerosol-holding chambers - device	P	
AEROCHAMBER MV - spacer/aerosol-holding chambers - device	P	
AEROCHAMBER PLUS FLOW VU - spacer/aerosol-holding chambers - device	P	
AEROCHAMBER PLUS FLOW-VU/ - spacer/aerosol-holding chambers - device	P	
AEROCHAMBER Z-STAT PLUS V - spacer/aerosol-holding chambers - device	P	
AEROCHAMBER Z-STAT PLUS/F - spacer/aerosol-holding chambers - device	P	
AEROCHAMBER Z-STAT PLUS/L - spacer/aerosol-holding chambers - device	P	
AEROCHAMBER Z-STAT PLUS/M - spacer/aerosol-holding chambers - device	P	
AEROCHAMBER Z-STAT PLUS/S - spacer/aerosol-holding chambers - device	P	
AEROCHAMBER2GO ANTI-STATI - spacer/aerosol-holding chambers - device	P	
AEROVENT PLUS HOLDING CHA - spacer/aerosol-holding chambers - device	P	
BREATHE COMFORT ANTI-STAT - spacer/aerosol-holding chambers - device	P	
BREATHE EASE/LARGE MASK - spacer/aerosol-holding chambers - device	P	
BREATHE EASE/MEDIUM MASK - spacer/aerosol-holding chambers - device	P	
BREATHE EASE/SMALL MASK - spacer/aerosol-holding chambers - device	P	
BREATHERITE VALVED MDI CH - spacer/aerosol-holding chambers - device	P	
CAYA - diaphragm arc-spring	P	AC
CLEVER CHOICE ANTI-STATIC - spacer/aerosol-holding chambers - device	P	
COMPACT SPACE CHAMBER/ANT - spacer/aerosol-holding chambers - device	P	
CONDOMS-MALE - VARIOUS	P	AC
CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high	P	
CONTOUR LOW CONTROL - blood glucose calibration - liquid - low	P	
CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - normal, - low	P	
CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal	P	

Drug Name	Drug Tier	Requirements/Limits
CONTOUR PLUS CONTROL SOLU - blood glucose calibration - liquid	P	
DEXCOM G6 RECEIVER - continuous glucose system receiver	P	PA, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous glucose system sensor	P	PA, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	P	PA, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous glucose system receiver	P	PA, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous glucose system sensor	P	PA, QL (3 sensors/30 days)
DEXCOM G7 15 DAY SENSOR - continuous glucose system sensor	P	PA, QL (2 sensors/30 days)
EASIVENT - spacer/aerosol-holding chambers - device	P	
EASIVENT/MASK-LARGE - spacer/aerosol-holding chambers - device	P	
EASIVENT/MASK-MEDIUM - spacer/aerosol-holding chambers - device	P	
EASIVENT/MASK-SMALL - spacer/aerosol-holding chambers - device	P	
EQ SPACE CHAMBER ANTI-STA - spacer/aerosol-holding chambers - device	P	
FC2 FEMALE CONDOM - condoms - female	P	AC
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	P	AC
FLEXICHAMBER - spacer/aerosol-holding chambers - device	P	
FLEXICHAMBER ADULT MASK/S - spacer/aerosol-holding chamber supplies - masks	P	
FLEXICHAMBER CHILD MASK/L - spacer/aerosol-holding chamber supplies - masks	P	
FLEXICHAMBER CHILD MASK/S - spacer/aerosol-holding chamber supplies - masks	P	
FREESTYLE CONTROL SOLUTIO - blood glucose calibration - liquid	P	
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	P	PA, QL (10 kits/30 days)
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	P	PA, QL (15 kits/30 days)
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	P	PA, QL (20 kits/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	P	PA, QL (1 kit/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	P	PA, QL (1 kit/720 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	P	PA, QL (1 kit/720 days)
INSPIREASE DRUG DELIVERY - spacer/aerosol-holding chambers - device	P	
INSPIREASE RESERVOIR BAGS - spacer/aerosol-holding chamber supplies - bags	P	
INSULIN PEN NEEDLES – VARIOUS	P	QL
INSULIN SYRINGES - VARIOUS	P	QL (300 syringes/30 days)
LANCETS - VARIOUS	P	
MEDISENSE GLUCOSE KETONE - blood glucose calibration - liquid	P	

Drug Name	Drug Tier	Requirements/Limits
MICROCHAMBER - spacer/aerosol-holding chambers - device	P	
MICROSPACER - spacer/aerosol-holding chambers - device	P	
MISC NEEDLES AND SYRINGES - VARIOUS	P	
OMNIFLEX DIAPHRAGM - diaphragms	P	AC
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	P	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	P	PA, QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	P	PA, QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	P	PA, QL (30 pods/30 days)
OMNIPOD 5 LIBRE INTRO KIT - insulin infusion disposable pump kit	P	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE PODS - insulin infusion disposable pump reservoir	P	PA, QL (30 pods/30 days)
OPTICHAMBER - spacer/aerosol-holding chambers - device	P	
OPTICHAMBER DIAMOND - spacer/aerosol-holding chambers - device	P	
OPTICHAMBER DIAMOND/LARGE - spacer/aerosol-holding chambers - device	P	
OPTICHAMBER DIAMOND/MEDIU - spacer/aerosol-holding chambers - device	P	
OPTICHAMBER DIAMOND/SMALL - spacer/aerosol-holding chambers - device	P	
PANDA MASK LARGE - spacer/aerosol-holding chamber supplies - masks	P	
PANDA MASK MEDIUM - spacer/aerosol-holding chamber supplies - masks	P	
PANDA MASK SMALL - spacer/aerosol-holding chamber supplies - masks	P	
PARI VORTEX MASK/PEDIATRI - spacer/aerosol-holding chamber supplies - masks	P	
PEDIATRIC PANDA MASK - spacer/aerosol-holding chamber supplies - masks	P	
POCKET CHAMBER - spacer/aerosol-holding chambers - device	P	
POCKET SPACER - spacer/aerosol-holding chambers - device	P	
PRECISION GLUCOSE KETONE - blood glucose calibration - liquid	P	
PRO COMFORT INHALER SPACE - spacer/aerosol-holding chambers - device	P	
PROCARE SPACER CHAMBER W/ - spacer/aerosol-holding chambers - device	P	
PROCHAMBER VALVED HOLDING - spacer/aerosol-holding chambers - device	P	
PURE COMFORT INHALER SPAC - spacer/aerosol-holding chambers - device	P	

Drug Name	Drug Tier	Requirements/Limits
RITEFLO - spacer/aerosol-holding chambers - device	P	
TWIIST REFILL KIT - insulin infusion disposable pump reservoir kit	P	PA, QL (1 kit/30 days)
TWIIST REFILL KIT/INFUSIO - insulin infusion disposable pump reservoir/infus set kit	P	PA, QL (1 kit/30 days)
TWIIST STARTER KIT - insulin infusion disposable pump kit	P	PA, QL (1 kit/720 days)
VORTEX NON ELECTROSTATIC - spacer/aerosol-holding chambers - device	P	
VORTEX VALVED CHAMBER/PED - spacer/aerosol-holding chambers - device	P	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	P	AC
ASSORTED CLASSES		
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	NP	
azathioprine tab 50 mg (Imuran)	np	
azathioprine tab 75 mg, 100 mg	np	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	NP	PA, QL (4 syringes/28 days), SP
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	NP	PA, QL (4 syringes/28 days), SP
CELLCEPT - mycophenolate mofetil cap 250 mg	NP	
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	NP	
CELLCEPT - mycophenolate mofetil tab 500 mg	NP	
cyclosporine cap 25 mg, 100 mg (Sandimmune)	np	
cyclosporine modified cap 25 mg, 100 mg (Neoral)	np	
cyclosporine modified cap 50 mg	np	
cyclosporine modified oral soln 100 mg/ml (Neoral)	np	
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	NP	PA, QL (1 syringe/28 days), SP
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	NP	
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	np	
IMURAN - azathioprine tab 50 mg	NP	
JOENJA - leniolisib phosphate tab 70 mg	NP	SP
lenalidomide caps 2.5 mg (Revlimid)	np	PA, QL (30 capsules/30 days), SP
lenalidomide cap 5 mg, 10 mg (Revlimid)	np	PA, QL (30 capsules/30 days), SP
lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid)	np	PA, QL (21 capsules/28 days), SP
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	P	QL (96 packets/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	P	QL (34 packets/30 days)
LUMINOPIA - digital therapy application - visual	NP+	PA
LUPKYNIS - voclosporin cap 7.9 mg	NP	PA, QL (180 capsules/30 days), SP
mycophenolate mofetil cap 250 mg (Cellcept)	np	
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	np	
mycophenolate mofetil tab 500 mg (Cellcept)	np	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	np	

Drug Name	Drug Tier	Requirements/Limits
MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	NP	
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	P	
NEORAL - cyclosporine modified cap 25 mg, 100 mg	NP	
NEORAL - cyclosporine modified oral soln 100 mg/ml	NP	
penicillamine tab 250 mg (Depen titratabs)	np	SP
PROGRAF - tacrolimus cap 0.5 mg, 1 mg, 5 mg	NP	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	NP	
REZUROCK - belumosudil mesylate tab 200 mg	NP	PA, QL (60 tablets/30 days), SP
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	NP	
sirolimus oral soln 1 mg/ml (Rapamune)	np	
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	np	
sodium polystyrene sulfonate powder	np	
sodium polystyrene sulfonate susp 15 gm/60ml	np	
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	NP	
tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg (Astagraf xl)	np	
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	np	
THALOMID - thalidomide cap 50 mg	P	PA, QL (90 capsules/30 days), SP
THALOMID - thalidomide cap 100 mg	P	PA, QL (120 capsules/30 days), SP
trientine hcl cap 250 mg (Syprine)	np	SP
VIJOICE - alpelisib (pros) oral granules packet 50 mg	NP	PA, QL (28 packets/28 days), SP
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose	NP	PA, QL (28 tablets/28 days), SP
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	NP	PA, QL (56 tablets/28 days), SP
VYVGART HYTRULO - efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5ml	NP	PA, QL (4 syringes/28 days), SP
ZOKINVY - lonafarnib cap 50 mg, 75 mg	P	PA, QL (120 capsules/30 days), SP
ZORTRESS - everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	NP	

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