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Quartz Medicare Advantage (HMO)

2026 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 26450, Version Number 05
This formulary was updated on 09/05/2025. For more recent information or other questions, please call a Quartz Champion at **(800) 394-5566 (TTY: 711)**, Monday through Friday, from 8 a.m. to 8 p.m. October 1 through March 31, we're available daily from 8 a.m. to 8 p.m. You can also reach us on our website at **QuartzBenefits.com/MedicareAdvantage**.

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

When this Drug List (formulary) refers to "we," "us," or "our," it means Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. When it refers to "plan" or "our plan," it means Quartz Medicare Advantage (HMO).

This document includes a Drug List (formulary) for our plan, which is current as of 09/05/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the formulary, appear on the front and back cover pages.

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

What is the Quartz Medicare Advantage (HMO) formulary?

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

Can the formulary (Drug List) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **QuartzBenefits.com/2026MAFormulary**.

Changes that can affect you this year

In the below cases, you will be affected by coverage changes during the year:

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

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

  If you are currently taking the brand-name drug or original biological product, we may

not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Quartz Medicare Advantage (HMO) formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

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

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

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Quartz Medicare Advantage (HMO) formulary?”

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

The enclosed formulary is current as of 09/05/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. You may find the most up-to-date formulary by visiting our website at **QuartzBenefits.com/MedicareAdvantage**. If we update our printed formulary with non-maintenance formulary changes, we will send you a notice that includes this information.

How do I use the formulary?

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

1. Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category titled "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

2. Alphabetical Listing

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

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand-name drugs.

For discussion of drug types, please see the “Drug List” in Chapter 5, Section 3.1 of your Evidence of Coverage, which details which Part D drugs are covered.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 4 tablets per 28 days for alendronate 70mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking at the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appear on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other similar drugs that may treat your health condition. See the section "How do I request an exception to the Quartz Medicare Advantage (HMO) formulary?" on page VI for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that we do not cover your drug, you have two options:

- You can ask a Quartz Champion for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Quartz Medicare Advantage (HMO) formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan for fewer than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary, or if your ability to get your drugs is limited but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

What if I experience a change in the level of care that I have been receiving, such as a transition from one facility or treatment center to another?

We will make every effort to expedite these transitions in collaboration with the pharmacy benefit manager. There will be automated claims processing logic to override refill-too-soon rejections, non-formulary rejections, prior authorization requirements, step therapy requirements, or non-safety related drug utilization review (DUR) reasons to facilitate a smooth transition between the level of care issues.

For more information

For more detailed information about your Quartz Medicare Advantage or Quartz Medicare Advantage Dual Eligible prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit http://www.medicare.gov.

Quartz Medicare Advantage (HMO) Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index that can be found at the end of this document.

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

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

How much do I pay for Part D medications?

The Initial Coverage Stage begins after you pay your deductible. Find the table that applies to the plan you are in. You pay the amounts shown in the table until you reach your out of-pocket cost of **$2,100**. After this, you enter the Catastrophic Stage of coverage, which is when the plan pays the full cost for your covered Part D drugs and you pay nothing.

Payment definitions:

- “Deductible” is the amount you pay for drugs before our plan begins to pay its share. It only applies to drugs on Tiers 3, 4, and 5.
- “Copayment” is a fixed amount you pay each time you fill a prescription.
- “Coinsurance” is a percentage of the total cost you pay each time you fill a prescription.

Prescription coverage for Quartz Medicare Advantage (HMO) plans

Tier	Deductible applies?	Deductible amount	Your share	Retail or mail-order supply		
				30-day	31 to 60-day	61 to 100-day
Tier 1: Preferred generic	No	$0	Copay	$2	$4	$5
Tier 2: Generic	No	$0	Copay	$10	$20	$25
Tier 3: Preferred brand*	Yes	Basic D: $270 Core D: $270 Value D: $225 Elite D: $200	Coinsurance	20%	20%	20%
Tier 4: Non-preferred drug	Yes		Coinsurance	40%	40%	40%
Tier 5: Specialty**	Yes		Coinsurance	30%	N/A	N/A
Tier 6: Select Care drugs***	No	$0	Copay	$0	$0	$0

You can fill your prescriptions at any in-network retail or mail-order pharmacy (except Tier 5, see ** below).

Insulin costs no more than the lesser of a $35 copay for a 30-day supply or 25%, whichever is less.

Vaccines - our plan covers Part D vaccines (e.g, Tetanus (Tdap), shingles, etc) at no extra cost, even if your plan has a deductible and you haven't paid it. There is no extra cost for vaccines received in a pharmacy. You will need to submit a reimbursement form for Part D vaccines received in a clinic.

*Tier 3 includes many common brand-name drugs, some higher-cost generic drugs, and insulin.
**Tier 5 (Specialty) 30-day supply is available in retail locations only. Not available through mail-order pharmacy benefit.
***Tier 6 includes many low-cost medications that treat diabetes, high blood pressure, high cholesterol, and other conditions.

Prescription coverage for Quartz Dual Eligible plans

Category	Retail or mail-order		
	30-day	31 to 60-day	61 to 100-day
Extra Help copay if you have LIS Level 3			
Generic drugs	$0	$0	$0
Brand/other drugs	$0	$0	$0
Select Care drugs	$0	$0	$0
Vaccines	$0	$0	$0
Extra Help copay if you have LIS Level 2			
Generic drugs	$1.60	$1.60	$1.60
Brand/other drugs	$4.90	$4.90	$4.90
Select Care drugs	$0	$0	$0
Vaccines	$0	$0	$0
Extra Help copay if you have LIS Level 1			
Generic drugs	$5.10	$5.10	$5.10
Brand/other drugs	$12.65	$12.65	$12.65
Select Care drugs	$0	$0	$0
Vaccines	$0	$0	$0
Standard Part D Benefit – Does not receive Extra Help			
Generic and Brand/other drugs	Deductible $615, then 25% coinsurance	Deductible $615, then 25% coinsurance	Deductible $615, then 25% coinsurance
Insulins	$35 or 25% (whichever is less)	$70 or 25% (whichever is less)	$105 or 25% (whichever is less)
Select Care drugs	$0	$0	$0
Vaccines	$0	$0	$0

You can fill your prescriptions at any in-network retail or mail-order pharmacy (except Tier 5). Tier 5 (Specialty) 30-day supply is available in retail locations only (not available through mail-order pharmacy benefit).

Legend		
Tier	**Label**	**Description**
1	Preferred Generic	Lower-cost, commonly used generic drugs.
2	Generic	Many generic drugs.
3	Preferred Brand	Many common brand-name drugs and some higher-cost generic drugs and insulin.
4	Non-Preferred Drug	Non-preferred brand and generic drugs.
5	Specialty	Unique and/or very high-cost brand and generic drugs.
6	Select Care Drugs	Many low cost meds that treat diabetes, high blood pressure, high cholesterol, osteoporosis, and other conditions.
Symbol	**Description**	**Explanation**
NEDS	Non-Extended Days' Supply	This drug is limited to a 30-day supply per fill.
PA	Prior Authorization Restriction	You (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA B/D	Prior Authorization Restriction for Part B vs. Part D Determination	This drug may be eligible for payment under Medicare Part B, or Part D. You (or your provider) may be required to get authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or you have not taken this drug previously, you (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we provide coverage for this drug, you must first try other drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) do not work for you.
ST NSO	Step Therapy Restriction for New Starts Only	If you are a new member or you have not taken this drug previously, you must first try other drug(s) to treat your medical condition before we provide coverage for this drug. This drug may only be covered if the other drug(s) do not work for you.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX TABS 50MG	4	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps 100mg, 200mg, 400mg, 50mg	2	QL(60 EA per 30 days)
diclofenac potassium tabs 50mg	3	
diclofenac sodium dr tbec 25mg, 50mg, 75mg	2	
diclofenac sodium er tb24 100mg	3	
diclofenac sodium gel 1%	2	QL(1000 GM per 30 days)
diclofenac sodium external soln 1.5%	4	PA
diflunisal tabs 500mg	3	
ec-naproxen tbec 500mg	4	
etodolac caps 200mg, 300mg	3	
etodolac tabs 400mg, 500mg	3	
flurbiprofen tabs 100mg, 50mg	2	
ibuprofen susp 100mg/5ml	2	
ibuprofen tabs 400mg, 600mg, 800mg	1	
ibu tabs 400mg, 600mg, 800mg	1	
indomethacin er cpcr 75mg	3	
indomethacin caps 25mg, 50mg	2	
ketorolac tromethamine inj 15mg/ml, 30mg/ml	4	
ketorolac tromethamine tabs 10mg	4	QL(20 EA per 30 days)
meloxicam tabs 15mg, 7.5mg	1	
nabumetone tabs 500mg, 750mg	2	
naproxen dr tbec 375mg	2	
naproxen dr tbec 500mg	4	
naproxen sodium tabs 275mg, 550mg	3	
naproxen tabs 250mg, 375mg, 500mg	1	
naproxen tbec 500mg	4	
oxaprozin tabs 600mg	3	
piroxicam caps 10mg, 20mg	3	
sulindac tabs 150mg, 200mg	2	
Opioid Analgesics, Long-acting		
buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	4	QL(4 EA per 28 days); NEDS
fentanyl pt72 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	NEDS
methadone hcl soln 10mg/5ml, 5mg/5ml	3	NEDS
methadone hcl tabs 10mg, 5mg	2	NEDS
methadone hydrochloride intensol conc 10mg/ml	3	NEDS
methadone hydrochloride conc 10mg/ml	3	NEDS
morphine sulfate er tbcr 100mg, 15mg, 200mg, 30mg, 60mg	3	NEDS
XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 36MG, 9MG	3	NEDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tabs 300mg; 60mg	2	NEDS
acetaminophen/codeine soln 120mg/5ml; 12mg/5ml	3	NEDS
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	2	NEDS
endocet tabs 325mg; 5mg	2	NEDS
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NEDS
fentanyl citrate oral transmucosal lpop 200mcg	4	PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	PA; NEDS
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	3	NEDS
hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	2	NEDS
hydrocodone/acetaminophen tabs 325mg; 7.5mg	2	NEDS
hydromorphone hcl inj 10mg/ml, 4mg/ml	4	NEDS
hydromorphone hcl tabs 2mg, 4mg	2	NEDS
hydromorphone hcl tabs 8mg	4	NEDS
hydromorphone hydrochloride inj 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	4	NEDS
morphine sulfate inj 10mg/ml, 4mg/ml	2	NEDS
morphine sulfate oral soln 100mg/5ml, 10mg/5ml, 20mg/5ml	3	NEDS
morphine sulfate tabs 15mg, 30mg	3	NEDS
oxycodone hydrochloride soln 5mg/5ml	3	NEDS
oxycodone hydrochloride tabs 10mg, 15mg, 5mg	2	NEDS
oxycodone hydrochloride tabs 20mg, 30mg	3	NEDS
oxycodone/acetaminophen tabs 325mg; 5mg	2	NEDS
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NEDS
tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg	2	NEDS
tramadol hydrochloride tabs 50mg	1	NEDS
Anesthetics		
Local Anesthetics		
lidocaine/prilocaine crea 2.5%; 2.5%	2	QL(30 GM per 30 days); PA
lidocaine oint 5%	3	QL(150 GM per 30 days); PA
lidocaine ptch 5%	4	PA
premium lidocaine oint 5%	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tbec 333mg	4	
disulfiram tabs 250mg, 500mg	3	
naltrexone hydrochloride tabs 50mg	2	
VIVITROL INJ 380MG	5	NEDS
Opioid Dependence		
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg, 8mg; 2mg	2	
buprenorphine hcl subl 2mg, 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	3	
Opioid Reversal Agents		
KLOXXADO LIQD 8MG/0.1ML	4	
naloxone hcl inj 4mg/10ml	2	
naloxone hydrochloride inj 0.4mg/ml	2	
naloxone hydrochloride inj 2mg/2ml	3	
naloxone hydrochloride liqd 4mg/0.1ml	3	
OPVEE SOLN 2.7MG/0.1ML	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	2	QL(60 EA per 30 days)
NICOTROL NS SOLN 10MG/ML	4	QL(360 ML per 365 days)
TYRVAYA SOLN 0.03MG/ACT	4	QL(8.4 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
varenicline starting month tbpk 0	4	QL(504 EA per 365 days)
varenicline tartrate tabs 0.5mg, 1mg	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate inj 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590MG/8.4ML	5	PA; NEDS
gentamicin sulfate pediatric inj 10mg/ml	3	
gentamicin sulfate crea 0.1%	3	
gentamicin sulfate inj 40mg/ml	3	
gentamicin sulfate oint 0.1%	3	
HUMATIN CAPS 250MG	5	NEDS
neomycin sulfate tabs 500mg	2	
streptomycin sulfate inj 1gm	5	NEDS
tobramycin sulfate inj 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml	4	
Antibacterials, Other		
aztreonam inj 1gm, 2gm	4	
clindacin etz pledgets swab 1%	3	
clindamycin hcl caps 300mg	2	
clindamycin hydrochloride caps 150mg, 75mg	2	
clindamycin palmitate hydrochloride solr 75mg/5ml	4	
clindamycin phosphate crea 2%	4	
clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate swab 1%	3	
colistimethate sodium inj 150mg	4	
DAPTOMYCIN/SODIUM CHLORIDE INJ 350MG/50ML; 0.9%, 500MG/50ML; 0.9%	4	
daptomycin/sodium chloride inj 1000mg/100ml; 0.9%, 700mg/100ml; 0.9%	4	
daptomycin inj 350mg, 500mg	4	
fosfomycin tromethamine pack 3gm	1	
IMPAVIDO CAPS 50MG	5	NEDS
linezolid inj 600mg/300ml	4	
linezolid susr 100mg/5ml	5	QL(1800 ML per 28 days); NEDS
linezolid tabs 600mg	4	QL(56 EA per 28 days)
methenamine hippurate tabs 1gm	4	
metronidazole vaginal gel 0.75%	3	
metronidazole inj 500mg/100ml	2	
metronidazole tabs 250mg, 500mg	1	
nitrofurantoin macrocrystals caps 100mg, 50mg	3	
nitrofurantoin monohydrate/macrocrystals caps 100mg	2	
nitrofurantoin monohydrate caps 100mg	2	
tigecycline inj 50mg	4	
tinidazole tabs 250mg, 500mg	4	
trimethoprim tabs 100mg	2	
vancomycin hcl inj 10gm	3	
vancomycin hydrochloride caps 125mg	4	QL(120 EA per 30 days)
vancomycin hydrochloride caps 250mg	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJ 1.75GM, 2GM	3	
vancomycin hydrochloride inj 1gm, 500mg, 750mg	3	

Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA DUAL PAK THPK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THPK 500MG; 500MG; 20MG	4	PA
Beta-lactam, Cephalosporins		
cefaclor caps 250mg, 500mg	2	
cefaclor susr 250mg/5ml	4	
cefadroxil caps 500mg	2	
cefadroxil susr 250mg/5ml, 500mg/5ml	2	
cefazolin sodium inj 10gm, 1gm, 500mg	4	
CEFAZOLIN INJ 2GM, 3GM	4	
cefdinir caps 300mg	2	
cefdinir susr 125mg/5ml, 250mg/5ml	2	
cefepime hydrochloride inj 100gm, 2gm	4	
cefepime/dextrose inj 2gm/50ml; 5%	4	
cefepime inj 1gm/50ml, 1gm, 2gm/100ml, 2gm	4	
cefixime caps 400mg	4	
cefotaxime sodium inj 1gm, 2gm	2	
cefotetan inj 1gm, 2gm	4	
cefoxitin sodium inj 10gm, 1gm, 2gm	3	
cefpodoxime proxetil susr 100mg/5ml, 50mg/5ml	3	
cefpodoxime proxetil tabs 100mg, 200mg	4	
cefprozil susr 125mg/5ml, 250mg/5ml	3	
cefprozil tabs 250mg, 500mg	2	
ceftazidime inj 1gm, 2gm, 6gm	3	
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	3	
cefuroxime axetil tabs 250mg, 500mg	2	
cefuroxime sodium inj 1.5gm, 750mg	3	
cephalexin caps 250mg, 500mg	2	
cephalexin susr 125mg/5ml, 250mg/5ml	2	
TAZICEF INJ 6GM	3	
tazicef inj 1gm, 2gm	3	
TEFLARO INJ 400MG, 600MG	5	NEDS
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg	4	
amoxicillin/clavulanate potassium chew 200mg; 28.5mg, 400mg; 57mg	2	
amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml	4	
amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg	2	
amoxicillin/clavulanate potassium tabs 250mg; 125mg	4	
amoxicillin caps 250mg, 500mg	1	
amoxicillin chew 125mg, 250mg	2	
amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	1	
amoxicillin tabs 500mg, 875mg	1	
ampicillin sodium inj 10gm, 125mg, 1gm	3	
ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	3	
ampicillin/sulbactam inj 2gm; 1gm	3	
ampicillin caps 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium caps 250mg, 500mg	2	
nafcillin sodium inj 10gm, 1gm, 2gm	4	
oxacillin sodium inj 10gm, 1gm, 2gm	4	
penicillin g sodium inj 5000000unit	5	NEDS
penicillin v potassium solr 125mg/5ml, 250mg/5ml	2	
penicillin v potassium tabs 250mg, 500mg	2	
piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	
Carbapenems		
ertapenem sodium inj 1gm	4	
imipenem/cilastatin inj 250mg; 250mg, 500mg; 500mg	3	
meropenem inj 1gm, 2gm, 500mg	3	
Macrolides		
azithromycin inj 500mg	3	
azithromycin pack 1gm	2	
azithromycin susr 100mg/5ml, 200mg/5ml	2	
azithromycin tabs 250mg, 500mg, 600mg	1	
clarithromycin er tb24 500mg	4	
clarithromycin susr 125mg/5ml, 250mg/5ml	4	
clarithromycin tabs 250mg, 500mg	2	
DIFICID TABS 200MG	5	NEDS
erythromycin dr tbec 250mg, 333mg, 500mg	4	
fidaxomicin tabs 200mg	5	NEDS
Quinolones		
ciprofloxacin hcl tabs 750mg	1	
ciprofloxacin hydrochloride tabs 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%, 400mg/200ml; 5%	3	
levofloxacin in d5w inj 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml	4	
levofloxacin inj 25mg/ml	4	
levofloxacin oral soln 25mg/ml	4	
levofloxacin tabs 250mg, 500mg, 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%	4	
moxifloxacin hydrochloride tabs 400mg	3	
Sulfonamides		
sulfadiazine tabs 500mg	5	NEDS
sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg	1	
sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml	3	
sulfamethoxazole/trimethoprim tabs 400mg; 80mg	1	
Tetracyclines		
demeclocycline hcl tabs 150mg, 300mg	4	
demeclocycline hydrochloride tabs 300mg	4	
doxy 100 inj 100mg	4	
doxycycline hyclate caps 100mg, 50mg	2	
doxycycline hyclate inj 100mg	4	
doxycycline hyclate tabs 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate caps 100mg, 50mg	2	
doxycycline monohydrate tabs 100mg, 50mg	2	
doxycycline monohydrate tabs 150mg, 75mg	3	
doxycycline susr 25mg/5ml	3	
minocycline hcl caps 75mg	3	
minocycline hydrochloride caps 100mg, 50mg	3	
tetracycline hydrochloride caps 250mg, 500mg	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN 10MG/ML	5	PA NSO; NEDS
BRIVIACT TABS 100MG, 10MG, 25MG, 50MG, 75MG	5	PA NSO; NEDS
EPIDIOLEX SOLN 100MG/ML	5	PA NSO; NEDS
EPRONTIA SOLN 25MG/ML	4	
felbamate susp 600mg/5ml	4	
felbamate tabs 400mg, 600mg	4	
FINTEPLA SOLN 2.2MG/ML	5	PA NSO; NEDS
FYCOMPA SUSP 0.5MG/ML	5	NEDS
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	NEDS
lamotrigine er tb24 100mg, 200mg, 250mg, 25mg, 300mg, 50mg	4	
lamotrigine odt tbdp 200mg	4	
lamotrigine starter kit/blue kit 25mg	4	
lamotrigine starter kit/green kit 0	4	
lamotrigine starter kit/orange kit 0	4	
lamotrigine chew 25mg, 5mg	2	
lamotrigine tabs 100mg, 150mg, 200mg, 25mg	1	
levetiracetam er tb24 500mg, 750mg	3	
levetiracetam soln 100mg/ml	2	
levetiracetam tabs 1000mg, 250mg, 500mg, 750mg	2	
levetiracetam tb3d 250mg	4	
NAYZILAM SOLN 5MG/0.1ML	4	QL(10 EA per 30 days)
perampanel tabs 2mg	4	
perampanel tabs 10mg, 12mg, 4mg, 6mg, 8mg	5	NEDS
roweepra tabs 500mg	2	
SPRITAM TB3D 1000MG, 250MG, 500MG, 750MG	4	
subvenite starter kit/blue kit 25mg	4	
subvenite starter kit/green kit 0	4	
subvenite starter kit/orange kit 0	4	
subvenite tabs 100mg, 150mg, 200mg, 25mg	1	
topiramate cpsp 15mg, 25mg, 50mg	3	
topiramate soln 25mg/ml	4	
topiramate tabs 100mg, 200mg, 25mg, 50mg	1	
valproic acid caps 250mg	2	
valproic acid soln 250mg/5ml	2	
Calcium Channel Modifying Agents		
ethosuximide caps 250mg	3	
ethosuximide soln 250mg/5ml	3	
methsuximide caps 300mg	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam susp 2.5mg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
clobazam tabs 10mg, 20mg	4	
clonazepam odt tbdp 2mg	4	QL(300 EA per 30 days)
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg	4	QL(90 EA per 30 days)
clonazepam tabs 2mg	1	QL(300 EA per 30 days)
clonazepam tabs 0.5mg, 1mg	1	QL(90 EA per 30 days)
DIACOMIT CAPS 250MG, 500MG	5	PA NSO; NEDS
DIACOMIT PACK 250MG, 500MG	5	PA NSO; NEDS
diazepam rectal gel gel 10mg, 2.5mg, 20mg	4	
divalproex sodium dr csdr 125mg	2	
divalproex sodium dr tbec 125mg, 250mg, 500mg	2	
divalproex sodium er tb24 250mg, 500mg	2	
gabapentin caps 400mg	1	QL(270 EA per 30 days)
gabapentin caps 100mg, 300mg	1	QL(360 EA per 30 days)
gabapentin soln 250mg/5ml	4	QL(2160 ML per 30 days)
gabapentin tabs 800mg	2	QL(150 EA per 30 days)
gabapentin tabs 600mg	2	QL(180 EA per 30 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL(10 EA per 30 days)
phenobarbital elix 20mg/5ml	4	
phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	4	
pregabalin caps 300mg	2	QL(60 EA per 30 days)
pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL(90 EA per 30 days)
pregabalin soln 20mg/ml	4	QL(900 ML per 30 days)
primidone tabs 125mg, 250mg, 50mg	2	
SYMPAZAN FILM 10MG, 5MG	4	
SYMPAZAN FILM 20MG	5	NEDS
tiagabine hydrochloride tabs 12mg, 16mg, 2mg, 4mg	4	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	5	QL(10 EA per 30 days); NEDS
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	5	QL(10 EA per 30 days); NEDS
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	5	QL(10 EA per 30 days); NEDS
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	5	QL(10 EA per 30 days); NEDS
vigabatrin pack 500mg	5	PA NSO; NEDS
vigabatrin tabs 500mg	5	PA NSO; NEDS
vigadrone pack 500mg	5	PA NSO; NEDS
vigadrone tabs 500mg	5	PA NSO; NEDS
VIGAFYDE SOLN 100MG/ML	5	PA NSO; NEDS
vigpoder pack 500mg	5	PA NSO; NEDS
ZTALMY SUSP 50MG/ML	5	PA NSO; NEDS
Sodium Channel Agents		
carbamazepine er cp12 100mg, 200mg, 300mg	4	
carbamazepine er tb12 100mg, 200mg, 400mg	3	
carbamazepine chew 100mg, 200mg	2	
carbamazepine susp 100mg/5ml	3	
carbamazepine tabs 200mg	3	
DILANTIN CAPS 30MG	4	
epitol tabs 200mg	3	
eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg	4	
lacosamide soln 10mg/ml	4	
lacosamide tabs 100mg, 150mg, 200mg, 50mg	4	
oxcarbazepine susp 300mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine tabs 150mg, 300mg, 600mg	2	
PHENYTEK CAPS 200MG, 300MG	2	
phenytoin infatabs chew 50mg	2	
phenytoin sodium extended caps 100mg, 200mg, 300mg	2	
phenytoin chew 50mg	2	
phenytoin susp 125mg/5ml	2	
rufinamide susp 40mg/ml	5	NEDS
rufinamide tabs 200mg	4	
rufinamide tabs 400mg	5	NEDS
XCOPRI TABS 100MG, 150MG, 200MG, 25MG, 50MG	5	PA NSO; NEDS
XCOPRI TBPK 12.5MG-25MG	4	PA NSO
XCOPRI TBPK 150MG-200MG; 100MG-150MG; 50-100MG; 150-200MG	5	PA NSO; NEDS
ZONISADE SUSP 100MG/5ML	4	ST NSO
zonisamide caps 100mg, 25mg, 50mg	2	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tabs 1mg	4	
memantine/donepezil hydrochloride er cp24 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	3	QL(30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl tabs 10mg	1	
donepezil hcl tabs 23mg	4	
donepezil hcl tbdp 10mg, 5mg	2	
donepezil hydrochloride tabs 10mg, 5mg	1	
galantamine hydrobromide er cp24 16mg, 24mg, 8mg	4	
galantamine hydrobromide soln 4mg/ml	4	
galantamine hydrobromide tabs 12mg, 4mg, 8mg	4	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	2	
rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tabs 0	2	
memantine hydrochloride er cp24 14mg, 21mg, 28mg, 7mg	4	QL(30 EA per 30 days)
memantine hydrochloride tabs 10mg, 5mg	2	
Antidepressants		
Antidepressants, Other		
AUVELITY TBCR 105MG; 45MG	4	QL(60 EA per 30 days); ST NSO
bupropion hydrochloride er (sr) tb12 150mg, 200mg	2	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tb12 100mg	2	QL(90 EA per 30 days)
bupropion hydrochloride er (xl) tb24 300mg	2	QL(30 EA per 30 days)
bupropion hydrochloride er (xl) tb24 150mg	2	QL(90 EA per 30 days)
bupropion hydrochloride tabs 100mg, 75mg	2	
mirtazapine odt tbdp 15mg, 30mg, 45mg	3	
mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg	2	
SPRAVATO 56MG DOSE SOPK 0	5	PA NSO; NEDS
SPRAVATO 84MG DOSE SOPK 0	5	PA NSO; NEDS
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(30 EA per 30 days); ST NSO; NEDS
MARPLAN TABS 10MG	4	
phenelzine sulfate tabs 15mg	3	
tranylcypromine sulfate tabs 10mg	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide soln 10mg/5ml	4	
citalopram hydrobromide tabs 10mg, 20mg, 40mg	1	
desvenlafaxine er tb24 100mg	2	QL(120 EA per 30 days)
desvenlafaxine er tb24 25mg, 50mg	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
duloxetine hydrochloride dr cpep 20mg, 60mg	2	QL(60 EA per 30 days)
duloxetine hydrochloride dr cpep 30mg	2	QL(90 EA per 30 days)
escitalopram oxalate soln 5mg/5ml	3	
escitalopram oxalate tabs 10mg, 20mg, 5mg	1	
FETZIMA TITRATION PACK C4PK 0	4	QL(56 EA per 365 days); ST NSO
FETZIMA CP24 120MG, 20MG, 40MG, 80MG	4	QL(30 EA per 30 days); ST NSO
fluoxetine hydrochloride caps 10mg, 20mg, 40mg	1	
fluoxetine hydrochloride soln 20mg/5ml	4	
fluvoxamine maleate tabs 100mg, 25mg, 50mg	2	
nefazodone hydrochloride tabs 100mg, 150mg, 200mg, 250mg, 50mg	4	
paroxetine hcl tabs 30mg, 40mg	2	
paroxetine hydrochloride susp 10mg/5ml	4	
paroxetine hydrochloride tabs 10mg, 20mg	2	
RALDESY SOLN 10MG/ML	5	NEDS
sertraline hcl conc 20mg/ml	3	
sertraline hcl tabs 50mg	1	
sertraline hydrochloride tabs 100mg, 25mg	1	
trazodone hydrochloride tabs 100mg, 150mg, 50mg	1	
TRINTELLIX TABS 10MG, 20MG, 5MG	4	QL(30 EA per 30 days)
venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg	2	
venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg	2	
vilazodone hydrochloride tabs 10mg, 20mg, 40mg	4	QL(30 EA per 30 days)
Tricyclics		
amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg	3	
amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg	3	
amoxapine tabs 100mg, 150mg, 25mg, 50mg	4	
clomipramine hydrochloride caps 25mg, 50mg, 75mg	4	
desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	4	
doxepin hcl caps 75mg	3	
doxepin hcl conc 10mg/ml	4	
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	3	
imipramine hcl tabs 25mg, 50mg	4	

Drug Name	Drug Tier	Requirements/Limits
imipramine hydrochloride tabs 10mg	4	
nortriptyline hcl caps 25mg, 75mg	2	
nortriptyline hcl soln 10mg/5ml	4	
nortriptyline hydrochloride caps 10mg, 50mg	2	
protriptyline hcl tabs 10mg, 5mg	4	
trimipramine maleate caps 100mg, 25mg, 50mg	4	
Antiemetics		
Antiemetics, Other		
compro supp 25mg	4	
meclizine hcl tabs 12.5mg, 25mg	4	
prochlorperazine maleate tabs 10mg, 5mg	2	
prochlorperazine supp 25mg	4	
promethazine hcl supp 12.5mg	4	
promethazine hydrochloride plain soln 6.25mg/5ml	3	
promethazine hydrochloride supp 25mg	4	
promethazine hydrochloride syrp 6.25mg/5ml	3	
promethazine hydrochloride tabs 12.5mg, 25mg, 50mg	2	
promethegan supp 12.5mg, 25mg	4	
scopolamine pt72 1mg/3days	4	
Emetogenic Therapy Adjuncts		
aprepitant caps 40mg	4	QL(1 EA per 30 days); PA B/D
aprepitant caps 0	4	QL(6 EA per 30 days); PA B/D
aprepitant caps 80mg	4	QL(8 EA per 30 days); PA B/D
aprepitant caps 125mg	5	QL(2 EA per 30 days); PA B/D; NEDS
dronabinol caps 10mg, 2.5mg, 5mg	4	QL(60 EA per 30 days); PA
ondansetron hcl soln 4mg/5ml	4	QL(450 ML per 30 days); PA B/D
ondansetron hydrochloride tabs 4mg, 8mg	1	PA B/D
ondansetron odt tbdp 4mg, 8mg	2	PA B/D
Antifungals		
Antifungals		
ABELCET INJ 5MG/ML	4	PA B/D
amphotericin b liposome inj 50mg	5	PA B/D; NEDS
amphotericin b inj 50mg	4	PA B/D
caspofungin acetate inj 50mg, 70mg	4	
clotrimazole crea 1%	2	QL(90 GM per 30 days)
clotrimazole soln 1%	3	QL(60 ML per 30 days)
clotrimazole troc 10mg	3	
CRESEMBA CAPS 186MG, 74.5MG	5	PA
econazole nitrate crea 1%	2	
fluconazole in sodium chloride inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	3	
fluconazole susr 10mg/ml, 40mg/ml	3	
fluconazole tabs 100mg, 150mg, 200mg, 50mg	2	
flucytosine caps 250mg, 500mg	5	NEDS
griseofulvin microsize susp 125mg/5ml	4	
griseofulvin microsize tabs 500mg	4	
griseofulvin ultramicrosize tabs 125mg, 250mg	4	
itraconazole caps 100mg	4	PA
JUBLIA SOLN 10%	5	NEDS
ketoconazole crea 2%	2	QL(90 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ketoconazole sham 2%	2	
ketoconazole tabs 200mg	2	
klayesta powd 100000unit/gm	2	QL(120 GM per 30 days)
micafungin inj 100mg, 50mg	4	
nyamyc powd 100000unit/gm	2	QL(120 GM per 30 days)
nystatin crea 100000unit/gm	2	
nystatin oint 100000unit/gm	2	
nystatin powd 100000unit/gm	2	QL(120 GM per 30 days)
nystatin susp 100000unit/ml	2	
nystatin tabs 500000unit	3	
nystop powd 100000unit/gm	2	QL(120 GM per 30 days)
posaconazole dr tbec 100mg	5	PA; NEDS
posaconazole susp 40mg/ml	5	PA; NEDS
terbinafine hcl tabs 250mg	2	QL(84 EA per 180 days)
terconazole crea 0.4%, 0.8%	3	
voriconazole inj 200mg	5	PA; NEDS
voriconazole susr 40mg/ml	5	NEDS
voriconazole tabs 200mg, 50mg	4	
Antigout Agents		
Antigout Agents		
allopurinol tabs 100mg, 300mg	1	
colchicine tabs 0.6mg	3	
febuxostat tabs 40mg, 80mg	4	
probenecid/colchicine tabs 0.5mg; 500mg	2	
probenecid tabs 500mg	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJ 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJ 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	5	QL(3 ML per 28 days); PA; NEDS
QULIPTA TABS 10MG, 30MG, 60MG	5	QL(30 EA per 30 days); PA; NEDS
UBRELVY TABS 100MG, 50MG	5	QL(16 EA per 30 days); PA; NEDS
Ergot Alkaloids		
dihydroergotamine mesylate soln 4mg/ml	4	QL(8 ML per 30 days); PA
ergotamine tartrate/caffeine tabs 100mg; 1mg	3	QL(24 EA per 28 days)
Prophylactic		
timolol maleate tabs 10mg, 20mg, 5mg	3	
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl tabs 1mg, 2.5mg	3	QL(9 EA per 30 days)
rizatriptan benzoate odt tbdp 10mg, 5mg	3	QL(18 EA per 30 days)
rizatriptan benzoate tabs 10mg, 5mg	2	QL(18 EA per 30 days)
sumatriptan succinate inj 6mg/0.5ml	4	QL(5 ML per 30 days)
sumatriptan succinate tabs 100mg, 25mg, 50mg	2	QL(9 EA per 30 days)
sumatriptan soln 20mg/act, 5mg/act	4	QL(12 EA per 30 days)
zolmitriptan tabs 2.5mg, 5mg	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide tabs 60mg	2	
Antimycobacterials		

Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials, Other		
dapsone tabs 100mg, 25mg	3	
rifabutin caps 150mg	4	
Antituberculars		
cycloserine caps 250mg	5	NEDS
ethambutol hydrochloride tabs 100mg, 400mg	2	
ISONIAZID INJ 100MG/ML	4	
isoniazid syrp 50mg/5ml	4	
isoniazid tabs 100mg, 300mg	1	
PRIFTIN TABS 150MG	4	
pyrazinamide tabs 500mg	3	
rifampin caps 150mg, 300mg	3	
rifampin inj 600mg	4	
SIRTURO TABS 100MG, 20MG	5	NEDS
Antineoplastics		
Alkylating Agents		
cisplatin inj 100mg/100ml	4	
cyclophosphamide caps 25mg, 50mg	3	PA B/D
GLEOSTINE CAPS 10MG, 40MG	4	
GLEOSTINE CAPS 100MG	5	NEDS
LEUKERAN TABS 2MG	5	NEDS
MATULANE CAPS 50MG	5	NEDS
VALCHLOR GEL 0.016%	5	PA NSO; NEDS
Antiandrogens		
abiraterone acetate tabs 250mg	4	PA NSO
abiraterone acetate tabs 500mg	5	PA NSO; NEDS
abirtega tabs 250mg	4	PA NSO
bicalutamide tabs 50mg	2	
ERLEADA TABS 240MG, 60MG	5	PA NSO; NEDS
EULEXIN CAPS 125MG	4	
nilutamide tabs 150mg	5	NEDS
NUBEQA TABS 300MG	5	PA NSO; NEDS
XTANDI CAPS 40MG	5	PA NSO; NEDS
XTANDI TABS 40MG, 80MG	5	PA NSO; NEDS
YONSA TABS 125MG	5	PA NSO
Antiangiogenic Agents		
lenalidomide caps 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	5	PA NSO; NEDS
POMALYST CAPS 3MG, 4MG	5	PA NSO; NEDS
POMALYST CAPS 1MG, 2MG	5	QL(30 EA per 30 days); PA NSO; NEDS
THALOMID CAPS 100MG, 150MG, 200MG, 50MG	5	PA NSO; NEDS
Antiestrogens/Modifiers		
EMCYT CAPS 140MG	5	NEDS
ORSERDU TABS 345MG, 86MG	5	PA NSO; NEDS
SOLTAMOX SOLN 10MG/5ML	5	NEDS
tamoxifen citrate tabs 10mg, 20mg	2	
toremifene citrate tabs 60mg	4	
Antimetabolites		
DROXIA CAPS 200MG, 300MG, 400MG	3	
hydroxyurea caps 500mg	2	
mercaptopurine susp 2000mg/100ml	5	NEDS

Drug Name	Drug Tier	Requirements/Limits
mercaptopurine tabs 50mg	3	
PURIXAN SUSP 2000MG/100ML	5	NEDS
TABLOID TABS 40MG	5	NEDS
Antineoplastics, Other		
AKEEGA TABS 500MG; 100MG, 500MG; 50MG	5	PA NSO; NEDS
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NSO; NEDS
INREBIC CAPS 100MG	5	PA NSO; NEDS
ITOVEBI TABS 9MG	5	PA NSO; NEDS
ITOVEBI TABS 3MG	5	QL(60 EA per 30 days); PA NSO; NEDS
IWILFIN TABS 192MG	5	PA NSO; NEDS
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	5	PA NSO; NEDS
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	PA NSO; NEDS
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	5	PA NSO; NEDS
LAZCLUZE TABS 240MG	5	PA NSO; NEDS
LAZCLUZE TABS 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
leucovorin calcium tabs 10mg, 15mg, 25mg, 5mg	3	
LONSURF TABS 6.14MG; 15MG, 8.19MG; 20MG	5	PA NSO; NEDS
LYSODREN TABS 500MG	5	NEDS
MODEYSO CAPS 125MG	5	PA NSO; NEDS
OGSIVEO TABS 100MG, 150MG, 50MG	5	PA NSO; NEDS
OJEMDA SUSR 25MG/ML	5	PA NSO; NEDS
OJEMDA TABS 100MG	5	PA NSO; NEDS
ONUREG TABS 200MG, 300MG	5	PA NSO; NEDS
PHESGO INJ 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA NSO; NEDS
REVUFORJ TABS 110MG, 160MG, 25MG	5	PA NSO; NEDS
VONJO CAPS 100MG	5	PA NSO; NEDS
ZOLINZA CAPS 100MG	5	PA NSO; NEDS
Aromatase Inhibitors, 3rd Generation		
anastrozole tabs 1mg	1	
exemestane tabs 25mg	4	
letrozole tabs 2.5mg	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	PA NSO; NEDS
topotecan hcl inj 4mg	5	NEDS
topotecan hydrochloride inj 4mg/4ml	5	NEDS
Molecular Target Inhibitors		
ALECENSA CAPS 150MG	5	PA NSO; NEDS
ALUNBRIG TABS 30MG	5	QL(120 EA per 30 days); PA NSO; NEDS
ALUNBRIG TABS 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO; NEDS
ALUNBRIG TBPK 0	5	QL(60 EA per 365 days); PA NSO; NEDS
AUGTYRO CAPS 160MG, 40MG	5	PA NSO; NEDS
AYVAKIT TABS 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA TABS 3MG, 4MG, 5MG	5	PA NSO; NEDS
BOSULIF CAPS 100MG, 50MG	5	PA NSO; NEDS
BOSULIF TABS 100MG, 400MG, 500MG	5	PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPS 75MG	5	PA NSO; NEDS
BRUKINSA CAPS 80MG	5	PA NSO; NEDS
BRUKINSA TABS 160MG	5	PA NSO; NEDS
CABOMETYX TABS 40MG, 60MG	5	PA NSO; NEDS
CABOMETYX TABS 20MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CALQUENCE CAPS 100MG	5	PA NSO; NEDS
CALQUENCE TABS 100MG	5	PA NSO; NEDS
CAPRELSA TABS 300MG	5	PA NSO; NEDS
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ KIT 0, 20MG	5	PA NSO; NEDS
COPIKTRA CAPS 15MG, 25MG	5	PA NSO; NEDS
COTELLIC TABS 20MG	5	PA NSO; NEDS
DANZITEN TABS 71MG, 95MG	5	PA NSO; NEDS
dasatinib tabs 100mg, 140mg, 20mg, 50mg, 70mg, 80mg	5	PA NSO; NEDS
DAURISMO TABS 100MG, 25MG	5	PA NSO; NEDS
ENSACOVE CAPS 100MG, 25MG	5	PA NSO; NEDS
ERIVEDGE CAPS 150MG	5	PA NSO; NEDS
erlotinib hydrochloride tabs 100mg, 150mg, 25mg	4	PA NSO
everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg	5	QL(30 EA per 30 days); PA NSO; NEDS
everolimus tbso 2mg, 3mg, 5mg	5	PA NSO; NEDS
EXKIVITY CAPS 40MG	5	NEDS
FOTIVDA CAPS 0.89MG, 1.34MG	5	PA NSO; NEDS
FRUZAQLA CAPS 1MG, 5MG	5	PA NSO; NEDS
GAVRETO CAPS 100MG	5	PA NSO; NEDS
gefitinib tabs 250mg	5	PA NSO; NEDS
GILOTRIF TABS 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA NSO; NEDS
GOMEKLI CAPS 1MG, 2MG	5	PA NSO; NEDS
GOMEKLI TBSO 1MG	5	PA NSO; NEDS
HERNEXEOS TABS 60MG	5	PA NSO; NEDS
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NSO; NEDS
IBTROZI CAPS 200MG	5	PA NSO; NEDS
ICLUSIG TABS 30MG, 45MG	5	PA NSO; NEDS
ICLUSIG TABS 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO; NEDS
IDHIFA TABS 100MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NEDS
imatinib mesylate tabs 100mg	3	PA NSO
imatinib mesylate tabs 400mg	4	PA NSO
IMBRUVICA CAPS 140MG	5	QL(120 EA per 30 days); PA NSO; NEDS
IMBRUVICA CAPS 70MG	5	QL(28 EA per 28 days); PA NSO; NEDS
IMBRUVICA SUSP 70MG/ML	5	PA NSO; NEDS
IMBRUVICA TABS 420MG	5	PA NSO; NEDS
IMBRUVICA TABS 140MG, 280MG	5	QL(28 EA per 28 days); PA NSO; NEDS
IMKELDI SOLN 80MG/ML	5	PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
INLYTA TABS 1MG, 5MG	5	PA NSO; NEDS
INQOVI TABS 100MG; 35MG	5	PA NSO; NEDS
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA NSO; NEDS
JAKAFI TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
JAYPIRCA TABS 100MG	5	PA NSO; NEDS
JAYPIRCA TABS 50MG	5	QL(30 EA per 30 days); PA NSO; NEDS
KISQALI TBPK 200MG	5	PA NSO; NEDS
KOSELUGO CAPS 10MG, 25MG	5	PA NSO; NEDS
KRAZATI TABS 200MG	5	PA NSO; NEDS
lapatinib ditosylate tabs 250mg	5	PA NSO; NEDS
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA NSO; NEDS
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA NSO; NEDS
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA NSO; NEDS
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA NSO; NEDS
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA NSO; NEDS
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA NSO; NEDS
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA NSO; NEDS
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA NSO; NEDS
LORBRENA TABS 100MG, 25MG	5	PA NSO; NEDS
LUMAKRAS TABS 120MG, 240MG, 320MG	5	PA NSO; NEDS
LYNPARZA TABS 100MG, 150MG	5	PA NSO; NEDS
LYTGOBI TBPK 4MG	5	PA NSO; NEDS
MEKINIST SOLR 0.05MG/ML	5	PA NSO; NEDS
MEKINIST TABS 0.5MG, 2MG	5	PA NSO; NEDS
MEKTOVI TABS 15MG	5	PA NSO; NEDS
NERLYNX TABS 40MG	5	QL(180 EA per 30 days); PA NSO; NEDS
nilotinib hydrochloride caps 150mg, 200mg, 50mg	5	PA NSO; NEDS
NILOTINIB CAPS 150MG, 200MG, 50MG	5	PA NSO; NEDS
NINLARO CAPS 2.3MG, 3MG, 4MG	5	PA NSO; NEDS
ODOMZO CAPS 200MG	5	PA NSO; NEDS
OJJAARA TABS 100MG, 200MG	5	PA NSO; NEDS
OJJAARA TABS 150MG	5	QL(30 EA per 30 days); PA NSO; NEDS
pazopanib hydrochloride tabs 200mg	5	PA NSO; NEDS
PEMAZYRE TABS 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA NSO; NEDS
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA NSO; NEDS
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA NSO; NEDS
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA NSO; NEDS
QINLOCK TABS 50MG	5	PA NSO; NEDS
RETEVMO TABS 120MG, 160MG	5	PA NSO; NEDS
RETEVMO TABS 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	5	QL(90 EA per 30 days); PA NSO; NEDS
REZLIDHIA CAPS 150MG	5	PA NSO; NEDS
ROMVIMZA CAPS 14MG, 20MG, 30MG	5	PA NSO; NEDS
ROZLYTREK CAPS 100MG, 200MG	5	PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK PACK 50MG	5	PA NSO; NEDS
RUBRACA TABS 250MG, 300MG	5	PA NSO; NEDS
RUBRACA TABS 200MG	5	QL(120 EA per 30 days); PA NSO; NEDS
RYDAPT CAPS 25MG	5	PA NSO; NEDS
SCEMBLIX TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
SCEMBLIX TABS 40MG	5	QL(240 EA per 30 days); PA NSO; NEDS
SCEMBLIX TABS 20MG	5	QL(60 EA per 30 days); PA NSO; NEDS
sorafenib tosylate tabs 200mg	5	PA NSO; NEDS
sorafenib tabs 200mg	5	PA NSO; NEDS
STIVARGA TABS 40MG	5	PA NSO; NEDS
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	5	PA NSO; NEDS
TABRECTA TABS 150MG, 200MG	5	QL(120 EA per 30 days); PA NSO; NEDS
TAFINLAR CAPS 50MG, 75MG	5	PA NSO; NEDS
TAFINLAR TBSO 10MG	5	PA NSO; NEDS
TAGRISSO TABS 80MG	5	PA NSO; NEDS
TAGRISSO TABS 40MG	5	QL(30 EA per 30 days); PA NSO; NEDS
TALZENNA CAPS 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA NSO; NEDS
TAZVERIK TABS 200MG	5	PA NSO; NEDS
TEPMETKO TABS 225MG	5	PA NSO; NEDS
TIBSOVO TABS 250MG	5	PA NSO; NEDS
torpenz tabs 10mg, 2.5mg, 5mg, 7.5mg	5	QL(30 EA per 30 days); PA NSO; NEDS
TRUQAP TABS 160MG, 200MG	5	PA NSO; NEDS
TRUQAP TBPK 160MG, 200MG	5	PA NSO; NEDS
TUKYSA TABS 150MG, 50MG	5	PA NSO; NEDS
TURALIO CAPS 125MG	5	PA NSO; NEDS
VANFLYTA TABS 17.7MG, 26.5MG	5	PA NSO; NEDS
VENCLEXTA STARTING PACK TBPK 0	5	PA NSO; NEDS
VENCLEXTA TABS 10MG	4	PA NSO
VENCLEXTA TABS 100MG, 50MG	5	PA NSO; NEDS
VERZENIO TABS 100MG, 150MG, 200MG, 50MG	5	PA NSO; NEDS
VITRAKVI CAPS 100MG, 25MG	5	PA NSO; NEDS
VITRAKVI SOLN 20MG/ML	5	PA NSO; NEDS
VIZIMPRO TABS 15MG, 30MG, 45MG	5	PA NSO; NEDS
XALKORI CAPS 200MG, 250MG	5	PA NSO; NEDS
XALKORI CPSP 150MG, 20MG, 50MG	5	PA NSO; NEDS
XOSPATA TABS 40MG	5	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA NSO; NEDS
XPOVIO TBPK 10MG, 40MG, 50MG, 60MG	5	PA NSO; NEDS
ZEJULA TABS 200MG, 300MG	5	PA NSO; NEDS
ZEJULA TABS 100MG	5	QL(30 EA per 30 days); PA NSO; NEDS
ZELBORAF TABS 240MG	5	PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TABS 100MG, 150MG	5	PA NSO; NEDS
ZYKADIA TABS 150MG	5	PA NSO; NEDS
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA INJ 100MG/10ML	5	PA NSO; NEDS
Retinoids		
bexarotene caps 75mg	5	PA NSO; NEDS
bexarotene gel 1%	5	PA NSO; NEDS
PANRETIN GEL 0.1%	5	NEDS
tretinoin caps 10mg	5	NEDS
Treatment Adjuncts		
mesna tabs 400mg	5	NEDS
VORANIGO TABS 40MG	5	PA NSO; NEDS
VORANIGO TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
Antiparasitics		
Anthelmintics		
albendazole tabs 200mg	4	
ivermectin tabs 3mg, 6mg	2	PA
praziquantel tabs 600mg	4	
Antiprotozoals		
ALINIA SUSR 100MG/5ML	5	NEDS
atovaquone/proguanil hcl tabs 62.5mg; 25mg	3	
atovaquone/proguanil hydrochloride tabs 250mg; 100mg	3	
atovaquone susp 750mg/5ml	4	
benznidazole tabs 100mg, 12.5mg	3	
chloroquine phosphate tabs 250mg, 500mg	3	
COARTEM TABS 20MG; 120MG	4	
hydroxychloroquine sulfate tabs 100mg, 200mg	2	
mefloquine hydrochloride tabs 250mg	2	
nitazoxanide tabs 500mg	5	NEDS
pentamidine isethionate inj 300mg	3	
pentamidine isethionate inhalation solr 300mg	3	PA B/D
primaquine phosphate tabs 26.3mg	3	
pyrimethamine tabs 25mg	5	PA; NEDS
quinine sulfate caps 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs 0.5mg, 1mg, 2mg	2	
trihexyphenidyl hydrochloride tabs 2mg, 5mg	4	
Antiparkinson Agents, Other		
entacapone tabs 200mg	3	
Dopamine Agonists		
bromocriptine mesylate caps 5mg	4	
bromocriptine mesylate tabs 2.5mg	4	
pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	2	
ropinirole er tb24 12mg, 2mg, 4mg, 6mg, 8mg	4	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tabs 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
carbidopa/levodopa er tbcr 25mg; 100mg, 50mg; 200mg	3	
carbidopa/levodopa odt tbdp 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	4	
carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	2	
carbidopa tabs 25mg	4	
INBRIJA CAPS 42MG	5	PA; NEDS
RYTARY CPCR 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tabs 0.5mg, 1mg	4	
selegiline hcl caps 5mg	3	
selegiline hcl tabs 5mg	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hydrochloride conc 100mg/ml, 30mg/ml	4	
chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg	4	
fluphenazine decanoate inj 25mg/ml	4	
fluphenazine hcl conc 5mg/ml	4	
fluphenazine hydrochloride elix 2.5mg/5ml	4	
fluphenazine hydrochloride inj 2.5mg/ml	4	
fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg	4	
haloperidol decanoate inj 100mg/ml, 50mg/ml	3	
haloperidol lactate inj 5mg/ml	2	
haloperidol conc 2mg/ml	2	
haloperidol tabs 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tabs 20mg	3	
loxapine caps 10mg, 25mg, 50mg, 5mg	2	
molindone hydrochloride tabs 10mg, 25mg, 5mg	4	
perphenazine tabs 16mg, 2mg, 4mg, 8mg	3	
pimozide tabs 1mg, 2mg	4	
thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg	3	
thiothixene caps 10mg, 1mg, 2mg, 5mg	4	
trifluoperazine hcl tabs 10mg, 2mg, 5mg	3	
trifluoperazine hydrochloride tabs 1mg	3	
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG, 400MG	5	NEDS
aripiprazole odt tbdp 10mg, 15mg	4	QL(60 EA per 30 days)
aripiprazole soln 1mg/ml	4	QL(750 ML per 30 days)
aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	2	QL(30 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	5	NEDS
ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	NEDS
asenapine maleate sl subl 10mg, 2.5mg, 5mg	4	QL(60 EA per 30 days)
CAPLYTA CAPS 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT TITRATION PACK A TABS 0	4	QL(16 EA per 365 days); ST NSO
FANAPT TITRATION PACK B TABS 0	4	QL(24 EA per 365 days); ST NSO
FANAPT TITRATION PACK C TABS 0	4	QL(16 EA per 365 days); ST NSO

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST NSO; NEDS
INVEGA HAFYERA INJ 1092MG/3.5ML, 1560MG/5ML	5	ST NSO; NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA INJ 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	NEDS
lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tabs 80mg	4	QL(60 EA per 30 days)
LYBALVI TABS 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); ST NSO; NEDS
NUPLAZID CAPS 34MG	5	PA NSO; NEDS
NUPLAZID TABS 10MG	5	PA NSO; NEDS
olanzapine odt tbdp 10mg, 15mg, 20mg, 5mg	3	QL(30 EA per 30 days)
olanzapine inj 10mg	4	
olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg	2	QL(30 EA per 30 days)
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO; NEDS
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO; NEDS
paliperidone er tb24 1.5mg, 3mg, 9mg	4	QL(30 EA per 30 days)
paliperidone er tb24 6mg	4	QL(60 EA per 30 days)
PERSERIS INJ 120MG, 90MG	5	NEDS
quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg	2	QL(60 EA per 30 days)
quetiapine fumarate er tb24 200mg	2	QL(90 EA per 30 days)
quetiapine fumarate tabs 300mg, 400mg	2	QL(60 EA per 30 days)
quetiapine fumarate tabs 100mg, 150mg, 200mg, 25mg, 50mg	2	QL(90 EA per 30 days)
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days); NEDS
risperidone er inj 12.5mg, 25mg	4	
risperidone er inj 37.5mg, 50mg	5	NEDS
risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	4	QL(60 EA per 30 days)
risperidone soln 1mg/ml	2	QL(240 ML per 30 days)
risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	1	QL(60 EA per 30 days)
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(30 EA per 30 days); ST NSO; NEDS
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	5	QL(30 EA per 30 days); NEDS
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	3	QL(60 EA per 30 days)
ziprasidone mesylate inj 20mg	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	NEDS
Treatment-Resistant		
clozapine odt tbdp 200mg	4	QL(120 EA per 30 days)
clozapine odt tbdp 150mg	4	QL(180 EA per 30 days)
clozapine odt tbdp 100mg, 25mg	4	QL(270 EA per 30 days)
clozapine odt tbdp 12.5mg	4	QL(90 EA per 30 days)
clozapine tabs 50mg	3	QL(180 EA per 30 days)
clozapine tabs 25mg	3	QL(270 EA per 30 days)
clozapine tabs 200mg	4	QL(120 EA per 30 days)
clozapine tabs 100mg	4	QL(270 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ SUSP 50MG/ML	5	QL(540 ML per 30 days); NEDS
Antispasticity Agents		
Antispasticity Agents		
baclofen tabs 10mg, 20mg	2	
baclofen tabs 5mg	3	
dantrolene sodium caps 100mg, 25mg, 50mg	4	
tizanidine hcl tabs 2mg	2	
tizanidine hydrochloride tabs 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
ganciclovir inj 500mg/10ml	2	PA B/D
ganciclovir inj 500mg	3	PA B/D
LIVTENCITY TABS 200MG	5	NEDS
PREVYMIS PACK 120MG, 20MG	5	NEDS
PREVYMIS TABS 240MG, 480MG	5	NEDS
valganciclovir hydrochloride solr 50mg/ml	5	NEDS
valganciclovir tabs 450mg	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tabs 10mg	4	
BARACLUDE SOLN 0.05MG/ML	5	QL(600 ML per 30 days); NEDS
entecavir tabs 0.5mg, 1mg	4	QL(30 EA per 30 days)
lamivudine tabs 100mg	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET PACK 50MG; 20MG	5	QL(560 EA per 365 days); PA; NEDS
MAVYRET TABS 100MG; 40MG	5	QL(336 EA per 365 days); PA; NEDS
ribavirin tabs 200mg	3	
sofosbuvir/velpatasvir tabs 400mg; 100mg	5	QL(84 EA per 365 days); PA; NEDS
VOSEVI TABS 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA; NEDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABS 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(30 EA per 30 days); NEDS
CABENUVA INJ 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	NEDS
DOVATO TABS 50MG; 300MG	5	QL(30 EA per 30 days); NEDS
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days); NEDS
ISENTRESS HD TABS 600MG	5	QL(60 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(180 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days); NEDS
ISENTRESS PACK 100MG	5	QL(60 EA per 30 days); NEDS
ISENTRESS TABS 400MG	5	QL(60 EA per 30 days); NEDS
JULUCA TABS 50MG; 25MG	5	QL(30 EA per 30 days); NEDS
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days); NEDS
TIVICAY PD TBSO 5MG	4	QL(180 EA per 30 days)
TIVICAY TABS 10MG	4	QL(30 EA per 30 days)
TIVICAY TABS 25MG	5	QL(30 EA per 30 days); NEDS
TIVICAY TABS 50MG	5	QL(60 EA per 30 days); NEDS
VOCABRIA TABS 30MG	5	NEDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL(30 EA per 30 days); NEDS
EDURANT PED TBSO 2.5MG	5	QL(180 EA per 30 days); NEDS
EDURANT TABS 25MG	5	QL(30 EA per 30 days); NEDS
efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg	3	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg, 600mg; 300mg; 300mg	5	QL(30 EA per 30 days); NEDS
efavirenz caps 200mg, 50mg	4	QL(90 EA per 30 days)
efavirenz tabs 600mg	4	QL(30 EA per 30 days)
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg	5	QL(30 EA per 30 days); NEDS
etravirine tabs 100mg	4	QL(60 EA per 30 days)
etravirine tabs 200mg	5	QL(60 EA per 30 days); NEDS
INTELENCE TABS 25MG	4	QL(120 EA per 30 days)
nevirapine er tb24 400mg	4	QL(30 EA per 30 days)
nevirapine susp 50mg/5ml	3	QL(1200 ML per 30 days)
nevirapine tabs 200mg	2	QL(60 EA per 30 days)
PIFELTRO TABS 100MG	5	QL(30 EA per 30 days); NEDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine tabs 600mg; 300mg	4	QL(30 EA per 30 days)
abacavir soln 20mg/ml	4	QL(960 ML per 30 days)
abacavir tabs 300mg	3	QL(60 EA per 30 days)
CIMDUO TABS 300MG; 300MG	5	QL(30 EA per 30 days); NEDS
DESCOVY TABS 120MG; 15MG, 200MG; 25MG	5	QL(30 EA per 30 days); NEDS
emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg	2	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg	4	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg	5	QL(30 EA per 30 days); NEDS
emtricitabine/tenofovir disoproxil tabs 167mg; 250mg	4	QL(30 EA per 30 days)
emtricitabine caps 200mg	4	QL(30 EA per 30 days)
EMTRIVA SOLN 10MG/ML	4	QL(850 ML per 30 days)
lamivudine/zidovudine tabs 150mg; 300mg	3	QL(60 EA per 30 days)
lamivudine soln 10mg/ml	3	QL(960 ML per 30 days)
lamivudine tabs 150mg	2	QL(60 EA per 30 days)
lamivudine tabs 300mg	3	QL(30 EA per 30 days)
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL(30 EA per 30 days); NEDS
tenofovir disoproxil fumarate tabs 300mg	4	QL(30 EA per 30 days)
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	4	QL(180 EA per 30 days)
TRIUMEQ TABS 600MG; 50MG; 300MG	5	QL(30 EA per 30 days); NEDS
VIREAD POWD 40MG/GM	5	QL(240 GM per 30 days); NEDS
VIREAD TABS 150MG, 200MG, 250MG	5	QL(30 EA per 30 days); NEDS
zidovudine caps 100mg	3	QL(180 EA per 30 days)
zidovudine syrp 50mg/5ml	3	QL(1920 ML per 30 days)
zidovudine tabs 300mg	3	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON INJ 90MG	5	NEDS
maraviroc tabs 300mg	5	QL(120 EA per 30 days); NEDS
maraviroc tabs 150mg	5	QL(60 EA per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA TB12 600MG	5	QL(60 EA per 30 days); NEDS
SELZENTRY SOLN 20MG/ML	5	NEDS
SELZENTRY TABS 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABS 75MG	5	QL(60 EA per 30 days); NEDS
SUNLENCA INJ 463.5MG/1.5ML	5	NEDS
SUNLENCA TABS 300MG	5	QL(24 EA per 168 days); NEDS
SUNLENCA TBPK 300MG X 5 TABLETS	5	QL(10 EA per 365 days); NEDS
SUNLENCA TBPK 300MG X 4 TABLETS	5	QL(8 EA per 365 days); NEDS
TYBOST TABS 150MG	3	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS 250MG	5	QL(120 EA per 30 days); NEDS
atazanavir sulfate caps 300mg	4	QL(30 EA per 30 days)
atazanavir caps 150mg	4	
atazanavir caps 200mg	4	QL(60 EA per 30 days)
darunavir tabs 800mg	4	QL(30 EA per 30 days)
darunavir tabs 600mg	4	QL(60 EA per 30 days)
EVOTAZ TABS 300MG; 150MG	5	QL(30 EA per 30 days); NEDS
fosamprenavir calcium tabs 700mg	5	QL(120 EA per 30 days); NEDS
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	
LEXIVA SUSP 50MG/ML	4	QL(1800 ML per 30 days)
lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml	4	
lopinavir/ritonavir tabs 100mg; 25mg, 200mg; 50mg	4	
NORVIR PACK 100MG	4	QL(360 EA per 30 days)
PREZCOBIX TABS 150MG; 675MG, 150MG; 800MG	5	QL(30 EA per 30 days); NEDS
PREZISTA SUSP 100MG/ML	5	QL(400 ML per 30 days); NEDS
PREZISTA TABS 75MG	4	QL(300 EA per 30 days)
PREZISTA TABS 150MG	5	QL(180 EA per 30 days); NEDS
REYATAZ PACK 50MG	5	QL(180 EA per 30 days); NEDS
ritonavir tabs 100mg	3	QL(360 EA per 30 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days); NEDS
VIRACEPT TABS 625MG	5	QL(120 EA per 30 days); NEDS
VIRACEPT TABS 250MG	5	QL(300 EA per 30 days); NEDS
Anti-influenza Agents		
amantadine hcl caps 100mg	2	
amantadine hcl soln 50mg/5ml	2	
oseltamivir phosphate caps 75mg	2	QL(110 EA per 365 days)
oseltamivir phosphate caps 30mg	2	QL(168 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL(84 EA per 365 days)
oseltamivir phosphate susr 6mg/ml	3	QL(1080 ML per 365 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL(240 EA per 365 days)
XOFLUZA TBPK 40MG, 80MG	3	
Antiherpetic Agents		
acyclovir sodium inj 50mg/ml	4	PA B/D
acyclovir caps 200mg	2	
acyclovir susp 200mg/5ml	4	
acyclovir tabs 400mg, 800mg	2	
famciclovir tabs 125mg, 250mg, 500mg	3	
valacyclovir hydrochloride tabs 1gm, 500mg	3	QL(120 EA per 30 days)
VYJUVEK GEL 0	5	PA; NEDS
Antiviral, Coronavirus Agents		
LAGEVRIO CAPS 200MG	3	QL(40 EA per 5 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TBPK (300MG-100MG DAY 1; 150MG-100MG DAYS 2-5)	3	QL(11 EA per 5 days)
PAXLOVID TBPK 150MG-100MG	3	QL(20 EA per 5 days)
PAXLOVID TBPK 300MG-100MG	3	QL(30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg	1	
buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg	1	
Benzodiazepines		
alprazolam tabs 0.25mg, 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam tabs 2mg	2	QL(150 EA per 30 days)
clorazepate dipotassium tabs 15mg	4	QL(180 EA per 30 days)
clorazepate dipotassium tabs 7.5mg	4	QL(360 EA per 30 days)
clorazepate dipotassium tabs 3.75mg	4	QL(720 EA per 30 days)
diazepam intensol conc 5mg/ml	2	
diazepam conc 5mg/ml	2	
diazepam soln 5mg/5ml	2	
diazepam tabs 10mg	2	QL(120 EA per 30 days)
diazepam tabs 5mg	2	QL(240 EA per 30 days)
diazepam tabs 2mg	2	QL(300 EA per 30 days)
lorazepam intensol conc 2mg/ml	3	
lorazepam tabs 2mg	2	QL(150 EA per 30 days)
lorazepam tabs 0.5mg, 1mg	2	QL(90 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
IGALMI FILM 120MCG, 180MCG	4	PA NSO
Mood Stabilizers		
lithium carbonate er tbcr 300mg, 450mg	2	
lithium carbonate caps 150mg, 300mg, 600mg	1	
lithium carbonate tabs 300mg	1	
lithium soln 8meq/5ml	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tabs 100mg, 25mg, 50mg	2	
glimepiride tabs 1mg, 2mg, 4mg	6	
glipizide er tb24 10mg, 2.5mg, 5mg	6	
glipizide xl tb24 10mg, 2.5mg, 5mg	6	
glipizide/metformin hydrochloride tabs 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	6	
glipizide tabs 10mg, 2.5mg, 5mg	6	
glyburide micronized tabs 1.5mg, 3mg, 6mg	1	
glyburide/metformin hydrochloride tabs 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	6	
glyburide tabs 1.25mg, 2.5mg, 5mg	6	
GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG	3	
JANUMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABS 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABS 100MG, 25MG, 50MG	3	QL(30 EA per 30 days)
JENTADUETO XR TB24 2.5MG; 1000MG, 5MG; 1000MG	3	

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	
liraglutide inj 6mg/ml	3	QL(9 ML per 30 days); PA
metformin hydrochloride er tb24 1000mg, 500mg	2	
metformin hydrochloride er tb24 500mg, 750mg	6	
metformin hydrochloride soln 500mg/5ml	1	
metformin hydrochloride tabs 1000mg, 500mg, 850mg	6	
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
nateglinide tabs 120mg, 60mg	6	
pioglitazone hcl/metformin hcl tabs 500mg; 15mg, 850mg; 15mg	6	
pioglitazone hcl tabs 45mg	6	
pioglitazone hydrochloride tabs 15mg, 30mg	6	
repaglinide tabs 0.5mg, 1mg, 2mg	6	
SOLIQUA 100/33 INJ 100UNIT/ML; 33MCG/ML	3	
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABS 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
diazoxide susp 50mg/ml	5	NEDS
glucagon emergency kit for low blood sugar inj 1mg	3	
glucagon emergency kit inj 1mg	3	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
Insulins		
FIASP FLEXTOUCH INJ 100UNIT/ML	3	
FIASP PENFILL INJ 100UNIT/ML	3	
FIASP INJ 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	
HUMULIN N INJ 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	3	
HUMULIN R INJ 100UNIT/ML	3	
insulin aspart flexpen inj 100unit/ml	3	
insulin aspart penfill inj 100unit/ml	3	
insulin aspart inj 100unit/ml	3	
INSULIN GLARGINE-YFGN INJ 100UNIT/ML	3	
insulin lispro inj 100unit/ml	3	
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV INJ 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN RELION INJ 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN N RELION INJ 100UNIT/ML	3	
NOVOLIN N INJ 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJ 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN R RELION INJ 100UNIT/ML	3	
NOVOLIN R INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJ 100UNIT/ML	3	
NOVOLOG RELION INJ 100UNIT/ML	3	
NOVOLOG INJ 100UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate caps 110mg, 150mg, 75mg	4	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TBPK 5MG	3	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL(90 EA per 30 days)
enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	
fondaparinux sodium inj 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml	4	
fondaparinux sodium inj 10mg/0.8ml	5	NEDS

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NEDS
heparin sodium inj 5000unit/ml	3	
jantoven tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
warfarin sodium tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
XARELTO STARTER PACK TBPK 0	3	QL(102 EA per 365 days)
XARELTO SUSR 1MG/ML	3	QL(600 ML per 30 days)
XARELTO TABS 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABS 15MG, 2.5MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride caps 0.5mg, 1mg	3	
eltrombopag olamine pack 12.5mg, 25mg	5	PA; NEDS
eltrombopag olamine tabs 12.5mg, 25mg, 50mg, 75mg	5	PA; NEDS
NEULASTA ONPRO KIT INJ 6MG/0.6ML	5	PA; NEDS
NEULASTA INJ 6MG/0.6ML	5	PA; NEDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA; NEDS
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA; NEDS
UDENYCA ONBODY INJ 6MG/0.6ML	5	PA; NEDS
UDENYCA INJ 6MG/0.6ML	5	PA; NEDS
XOLREMDI CAPS 100MG	5	QL(120 EA per 30 days); PA; NEDS
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML	5	NEDS
Hemostasis Agents		
tranexamic acid tabs 650mg	3	
Platelet Modifying Agents		
aspirin/dipyridamole er cp12 25mg; 200mg	4	
aspirin/dipyridamole cp12 25mg; 200mg	4	
BRILINTA TABS 90MG	3	
CABLIVI INJ 11MG	5	QL(30 EA per 30 days); PA; NEDS
cilostazol tabs 100mg, 50mg	2	
clopidogrel tabs 75mg	1	
clopidogrel tabs 300mg	2	
DOPTELET TABS 20MG	5	PA; NEDS
prasugrel hydrochloride tabs 10mg, 5mg	2	
ticagrelor tabs 60mg	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg	1	
clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	4	
droxidopa caps 100mg	4	PA
droxidopa caps 200mg, 300mg	5	PA; NEDS
guanfacine hydrochloride tabs 1mg, 2mg	4	
methyldopa tabs 250mg, 500mg	4	
midodrine hydrochloride tabs 10mg, 2.5mg, 5mg	2	

Drug Name	Drug Tier	Requirements/Limits
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride caps 1mg, 2mg, 5mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tabs 16mg, 32mg, 4mg, 8mg	6	
EDARBI TABS 40MG, 80MG	4	
irbesartan tabs 150mg, 300mg, 75mg	6	
losartan potassium tabs 100mg, 25mg, 50mg	6	
olmesartan medoxomil tabs 20mg, 40mg, 5mg	6	
telmisartan tabs 20mg, 40mg, 80mg	6	
valsartan tabs 160mg, 320mg, 40mg, 80mg	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tabs 10mg, 20mg, 40mg, 5mg	6	
captopril tabs 100mg, 12.5mg, 25mg, 50mg	6	
enalapril maleate tabs 10mg, 2.5mg, 20mg, 5mg	6	
fosinopril sodium tabs 10mg, 20mg, 40mg	6	
lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	6	
moexipril hydrochloride tabs 15mg, 7.5mg	6	
perindopril erbumine tabs 2mg, 4mg, 8mg	6	
quinapril hydrochloride tabs 10mg, 20mg, 40mg, 5mg	6	
ramipril caps 1.25mg, 10mg, 2.5mg, 5mg	6	
trandolapril tabs 1mg, 2mg, 4mg	6	
Antiarrhythmics		
amiodarone hydrochloride tabs 200mg	1	
amiodarone hydrochloride tabs 100mg, 400mg	3	
digoxin soln 0.05mg/ml	4	
digoxin tabs 125mcg, 250mcg	2	
digoxin tabs 62.5mcg	4	
digox tabs 125mcg, 250mcg	2	
dofetilide caps 125mcg, 250mcg, 500mcg	4	
flecainide acetate tabs 100mg, 150mg, 50mg	2	
mexiletine hydrochloride caps 150mg	3	
mexiletine hydrochloride caps 200mg, 250mg	4	
MULTAQ TABS 400MG	3	
PACERONE TABS 200MG	2	
PACERONE TABS 100MG	3	
propafenone hcl tabs 150mg, 225mg, 300mg	2	
propafenone hydrochloride er cp12 225mg, 325mg, 425mg	4	
propafenone hydrochloride tabs 225mg, 300mg	2	
quinidine sulfate tabs 200mg, 300mg	4	
sotalol hcl tabs 120mg, 160mg, 240mg	2	
sotalol hydrochloride (af) tabs 120mg, 160mg, 80mg	2	
sotalol hydrochloride tabs 120mg, 160mg, 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride caps 200mg, 400mg	2	
atenolol tabs 100mg, 25mg, 50mg	1	
betaxolol hcl tabs 10mg, 20mg	3	
bisoprolol fumarate tabs 10mg, 5mg	2	
carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg	1	
labetalol hydrochloride tabs 100mg, 200mg, 300mg	2	
metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg	1	
metoprolol tartrate tabs 100mg, 25mg, 37.5mg, 50mg, 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
nadolol tabs 20mg, 40mg, 80mg	2	
nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg	3	
pindolol tabs 10mg, 5mg	3	
propranolol hcl tabs 40mg	2	
propranolol hydrochloride er cp24 120mg, 160mg, 60mg, 80mg	2	
propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tabs 10mg, 2.5mg, 5mg	1	
felodipine er tb24 10mg, 2.5mg, 5mg	2	
isradipine caps 2.5mg, 5mg	4	
nifedipine er tb24 30mg, 60mg, 90mg	2	
nimodipine caps 30mg	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt cp24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr cp24 120mg, 180mg, 240mg	2	
diltiazem hcl cd cp24 360mg	2	
diltiazem hcl er cp12 120mg, 60mg, 90mg	4	
diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er tb24 420mg	4	
diltiazem hcl tabs 30mg, 60mg	2	
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tabs 120mg, 90mg	2	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	4	
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl er tbcr 120mg	2	
verapamil hcl sr cp24 120mg, 180mg, 240mg, 360mg	3	
verapamil hcl tabs 40mg, 80mg	1	
verapamil hydrochloride er tbcr 180mg, 240mg	2	
verapamil hydrochloride tabs 120mg	1	
Cardiovascular Agents, Other		
aliskiren tabs 150mg, 300mg	6	
amiloride/hydrochlorothiazide tabs 5mg; 50mg	2	
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	6	
amlodipine besylate/valsartan tabs 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	6	
amlodipine/olmesartan medoxomil tabs 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	6	
atenolol/chlorthalidone tabs 100mg; 25mg, 50mg; 25mg	2	
benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	6	
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	2	
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	6	

Drug Name	Drug Tier	Requirements/Limits
captopril/hydrochlorothiazide tabs 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	6	
EDARBYCLOR TABS 40MG; 12.5MG, 40MG; 25MG	4	
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg, 5mg; 12.5mg	6	
ENTRESTO CPSP 15MG; 16MG, 6MG; 6MG	3	QL(240 EA per 30 days)
ENTRESTO TABS 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	QL(60 EA per 30 days)
fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg	6	
irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg, 12.5mg; 300mg	6	
isosorbide dinitrate/hydralazine hydrochloride tabs 37.5mg; 20mg	4	
ivabradine hydrochloride tabs 5mg, 7.5mg	4	QL(60 EA per 30 days)
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	6	
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	6	
metyrosine caps 250mg	5	PA; NEDS
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	6	
pentoxifylline er tbcr 400mg	2	
quinapril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	6	
ranolazine er tb12 1000mg, 500mg	3	
spironolactone/hydrochlorothiazide tabs 25mg; 25mg	2	
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg	6	
trandolapril/verapamil hcl er tbcr 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg	6	
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg	1	
valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	6	
VYNDAMAX CAPS 61MG	5	QL(30 EA per 30 days); PA; NEDS
Diuretics, Loop		
bumetanide inj 0.25mg/ml	2	
bumetanide tabs 0.5mg, 1mg, 2mg	2	
furosemide inj 10mg/ml	2	
furosemide oral soln 10mg/ml, 40mg/5ml	1	
furosemide tabs 20mg, 40mg, 80mg	1	
torsemide tabs 100mg, 10mg, 20mg, 5mg	1	
Diuretics, Potassium-sparing		
amiloride hcl tabs 5mg	1	
triamterene caps 100mg, 50mg	4	
Diuretics, Thiazide		
chlorthalidone tabs 25mg, 50mg	2	
hydrochlorothiazide caps 12.5mg	1	
hydrochlorothiazide tabs 12.5mg, 25mg, 50mg	1	
indapamide tabs 1.25mg, 2.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
metolazone tabs 10mg, 2.5mg, 5mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized caps 134mg, 200mg, 67mg	2	
fenofibrate tabs 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid dr cpdr 135mg, 45mg	3	
gemfibrozil tabs 600mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg	6	
fluvastatin sodium er tb24 80mg	4	
fluvastatin caps 20mg, 40mg	4	
lovastatin tabs 10mg, 20mg, 40mg	6	
pitavastatin calcium tabs 1mg, 2mg, 4mg	4	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	6	
rosuvastatin calcium tabs 10mg, 20mg, 40mg, 5mg	6	
simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg	6	
Dyslipidemics, Other		
cholestyramine light pack 4gm	4	
cholestyramine light powd 4gm/dose	4	
cholestyramine pack 4gm	3	
cholestyramine powd 4gm/dose	3	
colesevelam hydrochloride tabs 625mg	4	
colestipol hydrochloride gran 5gm	4	
colestipol hydrochloride pack 5gm	4	
colestipol hydrochloride tabs 1gm	3	
ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	6	
ezetimibe tabs 10mg	2	
icosapent ethyl caps 0.5gm, 1gm	4	
NEXLETOL TABS 180MG	4	QL(30 EA per 30 days); PA
NEXLIZET TABS 180MG; 10MG	4	QL(30 EA per 30 days); PA
niacin er tbcr 1000mg, 500mg, 750mg	3	
omega-3-acid ethyl esters caps 375mg; 465mg; 1gm	3	
PRALUENT INJ 150MG/ML, 75MG/ML	3	QL(2 ML per 28 days); PA
prevalite pack 4gm	4	
prevalite powd 4gm/dose	4	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJ 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJ 140MG/ML	3	QL(3 ML per 28 days); PA
TRYNGOLZA INJ 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA; NEDS
Mineralocorticoid Receptor Antagonists		
eplerenone tabs 25mg, 50mg	3	
KERENDIA TABS 10MG, 20MG, 40MG	4	QL(30 EA per 30 days); PA
spironolactone tabs 100mg, 25mg, 50mg	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
dapagliflozin propanediol tabs 10mg, 5mg	3	QL(30 EA per 30 days)
FARXIGA TABS 10MG, 5MG	3	QL(30 EA per 30 days)
JARDIANCE TABS 10MG, 25MG	3	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg	2	
isosorbide mononitrate er tb24 120mg, 30mg, 60mg	1	
isosorbide mononitrate tabs 10mg, 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
NITRO-BID OINT 2%	4	
nitroglycerin transdermal pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	2	
nitroglycerin soln 0.4mg/spray	4	
nitroglycerin subl 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO TABS 10MG, 2.5MG, 5MG	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tabs 10mg, 25mg, 50mg	1	
hydralazine hydrochloride tabs 100mg	2	
minoxidil tabs 10mg, 2.5mg	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL(60 EA per 30 days)
amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL(90 EA per 30 days)
dextroamphetamine sulfate er cp24 15mg	4	QL(120 EA per 30 days)
dextroamphetamine sulfate er cp24 10mg	4	QL(180 EA per 30 days)
dextroamphetamine sulfate er cp24 5mg	4	QL(60 EA per 30 days)
dextroamphetamine sulfate tabs 10mg	3	QL(180 EA per 30 days)
dextroamphetamine sulfate tabs 5mg	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride caps 25mg	4	QL(30 EA per 30 days)
atomoxetine hydrochloride caps 10mg	4	QL(60 EA per 30 days)
atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	4	QL(30 EA per 30 days)
atomoxetine caps 10mg	4	QL(60 EA per 30 days)
guanfacine hydrochloride er tb24 1mg, 2mg, 3mg, 4mg	3	
methylphenidate hydrochloride er (osm) tbcr 18mg, 27mg, 54mg	4	QL(30 EA per 30 days)
methylphenidate hydrochloride er (osm) tbcr 36mg	4	QL(60 EA per 30 days)
methylphenidate hydrochloride er tb24 27mg, 54mg	4	QL(30 EA per 30 days)
methylphenidate hydrochloride er tb24 36mg	4	QL(60 EA per 30 days)
methylphenidate hydrochloride soln 5mg/5ml	4	
methylphenidate hydrochloride tabs 10mg, 20mg, 5mg	2	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TEPK 12MG & 18MG & 24MG & 30MG	5	QL(56 EA per 365 days); PA; NEDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 6MG & 12MG & 24MG	5	QL(84 EA per 365 days); PA; NEDS
AUSTEDO XR TB24 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	5	QL(30 EA per 30 days); PA; NEDS
AUSTEDO TABS 12MG, 6MG, 9MG	5	QL(120 EA per 30 days); PA; NEDS
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	3	
COBENFY STARTER PACK CPPK 20MG; 0	5	QL(112 EA per 365 days); PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
COBENFY CAPS 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA NSO; NEDS
INGREZZA CAPS 60MG, 80MG	5	QL(30 EA per 30 days); PA; NEDS
INGREZZA CAPS 40MG	5	QL(60 EA per 30 days); PA; NEDS
INGREZZA CPPK 0	5	QL(56 EA per 365 days); PA; NEDS
INGREZZA CPSP 60MG, 80MG	5	QL(30 EA per 30 days); PA; NEDS
INGREZZA CPSP 40MG	5	QL(60 EA per 30 days); PA; NEDS
NUEDEXTA CAPS 20MG; 10MG	5	PA; NEDS
riluzole tabs 50mg	4	
tetrabenazine tabs 12.5mg	4	PA
tetrabenazine tabs 25mg	5	PA; NEDS
VEOZAH TABS 45MG	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	3	QL(110 EA per 365 days)
SAVELLA TABS 100MG, 12.5MG, 25MG, 50MG	3	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJ 30MCG/0.5ML	5	QL(4 EA per 28 days); PA; NEDS
AVONEX INJ 30MCG/0.5ML	5	QL(4 EA per 28 days); PA; NEDS
BETASERON INJ 0.3MG	5	QL(15 EA per 30 days); PA; NEDS
dalfampridine er tb12 10mg	3	QL(60 EA per 30 days); PA
dimethyl fumarate starterpack cdpk 0	4	QL(120 EA per 365 days); PA
dimethyl fumarate cpdr 120mg, 240mg	4	QL(60 EA per 30 days); PA
fingolimod hydrochloride caps 0.5mg	5	QL(30 EA per 30 days); PA; NEDS
glatiramer acetate inj 40mg/ml	5	QL(12 ML per 28 days); PA; NEDS
glatiramer acetate inj 20mg/ml	5	QL(30 ML per 30 days); PA; NEDS
KESIMPTA INJ 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA; NEDS
MAYZENT STARTER PACK TBPK 0.25MG X 7 TABLETS	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TBPK 0.25MG X 12 TABLETS	5	QL(24 EA per 365 days); PA; NEDS
MAYZENT TABS 0.25MG	5	QL(120 EA per 30 days); PA; NEDS
MAYZENT TABS 1MG, 2MG	5	QL(30 EA per 30 days); PA; NEDS
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL(8.4 ML per 365 days); PA; NEDS
REBIF REBIDOSE INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA; NEDS
REBIF TITRATION PACK INJ 0	5	QL(8.4 ML per 365 days); PA; NEDS
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA; NEDS
teriflunomide tabs 14mg, 7mg	5	QL(30 EA per 30 days); PA; NEDS
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate soln 0.12%	1	
doxycycline hyclate tabs 20mg	3	
kourzeq pste 0.1%	3	
lidocaine hydrochloride viscous soln 2%	2	
lidocaine viscous soln 2%	2	
oralone dental paste pste 0.1%	3	
periogard soln 0.12%	1	
pilocarpine hydrochloride tabs 5mg, 7.5mg	4	
triamcinolone acetonide dental paste pste 0.1%	3	
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE CAPS 10MG, 20MG, 30MG, 40MG	4	
acitretin caps 10mg, 17.5mg, 25mg	4	
amnesteem caps 10mg, 20mg, 30mg, 40mg	4	

Drug Name	Drug Tier	Requirements/Limits
azelaic acid gel 15%	4	QL(100 GM per 30 days)
claravis caps 10mg, 20mg, 30mg, 40mg	4	
erythromycin/benzoyl peroxide gel 5%; 3%	4	
FINACEA FOAM 15%	3	QL(50 GM per 30 days)
isotretinoin caps 10mg, 20mg, 30mg, 40mg	4	
metronidazole crea 0.75%	2	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
tazarotene crea 0.1%	4	QL(60 GM per 30 days)
tretinoin crea 0.025%	3	PA
tretinoin crea 0.05%	4	PA
zenatane caps 10mg, 20mg, 30mg, 40mg	4	
Dermatitis and Pruritus Agents		
ADBRY INJ 150MG/ML	5	QL(6 ML per 28 days); PA; NEDS
ADBRY INJ 300MG/2ML	5	QL(8 ML per 28 days); PA; NEDS
alclometasone dipropionate crea 0.05%	2	
alclometasone dipropionate oint 0.05%	2	
ammonium lactate crea 12%	2	
ammonium lactate lotn 12%	2	
betamethasone dipropionate augmented crea 0.05%	2	
betamethasone dipropionate augmented gel 0.05%	4	
betamethasone dipropionate augmented oint 0.05%	3	
betamethasone dipropionate crea 0.05%	3	
betamethasone dipropionate lotn 0.05%	3	
betamethasone dipropionate oint 0.05%	4	
betamethasone valerate crea 0.1%	3	
betamethasone valerate lotn 0.1%	3	
betamethasone valerate oint 0.1%	2	
clobetasol propionate e crea 0.05%	4	
clobetasol propionate crea 0.05%	2	
clobetasol propionate gel 0.05%	3	
clobetasol propionate oint 0.05%	2	
clobetasol propionate sham 0.05%	4	
clobetasol propionate soln 0.05%	3	
desonide crea 0.05%	3	
desonide oint 0.05%	2	QL(120 GM per 30 days)
desoximetasone crea 0.25%	3	QL(100 GM per 30 days)
desoximetasone oint 0.25%	3	
EUCRISA OINT 2%	4	PA
fluocinolone acetonide body oil 0.01%	3	
fluocinolone acetonide scalp oil 0.01%	3	
fluocinolone acetonide topical oil 0.01%	3	
fluocinolone acetonide crea 0.01%, 0.025%	3	
fluocinolone acetonide oint 0.025%	3	
fluocinolone acetonide soln 0.01%	3	
fluocinonide crea 0.1%	2	QL(120 GM per 30 days)
fluocinonide crea 0.05%	2	QL(60 GM per 30 days)
fluocinonide gel 0.05%	2	QL(60 GM per 30 days)
fluocinonide oint 0.05%	2	QL(60 GM per 30 days)
fluocinonide soln 0.05%	2	QL(60 ML per 30 days)
fluticasone propionate crea 0.05%	2	

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate oint 0.005%	2	
halobetasol propionate crea 0.05%	3	
halobetasol propionate oint 0.05%	4	
hydrocortisone valerate crea 0.2%	3	QL(60 GM per 30 days)
hydrocortisone crea 1%, 2.5%	2	
hydrocortisone lotn 2.5%	2	
hydrocortisone oint 2.5%	2	
hydrocortisone oint 1%	2	QL(100 GM per 30 days)
mometasone furoate crea 0.1%	2	
mometasone furoate oint 0.1%	2	
mometasone furoate soln 0.1%	2	
pimecrolimus crea 1%	4	
selenium sulfide lotn 2.5%	2	
SPEVIGO INJ 150MG/ML, 300MG/2ML	5	QL(4 ML per 28 days); PA; NEDS
tacrolimus oint 0.03%, 0.1%	4	
triamcinolone acetonide crea 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide lotn 0.1%	2	
triamcinolone acetonide lotn 0.025%	3	
triamcinolone acetonide oint 0.025%, 0.1%	1	
triamcinolone acetonide oint 0.5%	2	
triderm crea 0.5%	2	
Dermatological Agents, Other		
calcipotriene crea 0.005%	4	QL(120 GM per 30 days)
calcipotriene oint 0.005%	4	QL(120 GM per 30 days)
calcipotriene soln 0.005%	3	QL(60 ML per 30 days)
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	2	QL(90 GM per 30 days)
diclofenac sodium gel 3%	4	QL(300 GM per 30 days); ST
fluorouracil crea 5%	2	QL(40 GM per 30 days)
fluorouracil soln 2%, 5%	3	
imiquimod crea 5%	3	QL(48 EA per 30 days)
nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%	2	
nystatin/triamcinolone crea 100000unit/gm; 1mg/gm	2	
nystatin/triamcinolone oint 100000unit/gm; 0.1%	2	
OTEZLA TABS 20MG, 30MG	5	QL(60 EA per 30 days); PA; NEDS
podofilox soln 0.5%	3	
SANTYL OINT 250UNIT/GM	4	
silver sulfadiazine crea 1%	2	
ssd crea 1%	2	
urea lotn 40%	4	
Pediculicides/Scabicides		
malathion lotn 0.5%	4	
permethrin crea 5%	3	
Topical Anti-infectives		
acyclovir oint 5%	4	QL(60 GM per 30 days)
ciclodan soln 8%	2	PA
ciclopirox nail lacquer soln 8%	2	PA
ciclopirox olamine crea 0.77%	2	
ciclopirox gel 0.77%	2	
ciclopirox sham 1%	3	
ciclopirox susp 0.77%	3	
clindamycin phosphate lotn 1%	4	QL(75 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate external soln 1%	2	QL(60 ML per 30 days)
ery pads 2%	3	
erythromycin gel 2%	3	
erythromycin soln 2%	2	
mupirocin crea 2%	3	
mupirocin oint 2%	2	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	PA B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	PA B/D
carglumic acid tbso 200mg	5	NEDS
dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%	4	
dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%	4	
dextrose 5% inj 5%	2	
effer-k tbef 25meq	2	
klor-con 10 tbcr 10meq	2	
klor-con 8 tbcr 8meq	2	
klor-con m10 tbcr 10meq	2	
klor-con m15 tbcr 15meq	2	
klor-con m20 tbcr 20meq	2	
klor-con/ef tbef 25meq	2	
klor-con pack 20meq	4	
magnesium sulfate inj 50%	3	
PLENAMINE INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	PA B/D
potassium chloride er cpcr 10meq, 8meq	2	
potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq	2	
potassium chloride inj 10meq/100ml, 20meq/100ml, 40meq/100ml	2	
potassium chloride pack 20meq	4	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral soln 10%, 20%	4	
potassium citrate er tbcr 1080mg, 15meq, 540mg	4	
sodium chloride 0.45% inj 0.45%	3	
sodium chloride inj 0.45%, 0.9%	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPS 100MG	5	NEDS
deferasirox pack 180mg, 360mg, 90mg	5	PA; NEDS
deferasirox tabs 90mg	3	PA
deferasirox tabs 180mg, 360mg	4	PA
deferasirox tbso 125mg, 250mg	4	PA
deferasirox tbso 500mg	5	PA; NEDS
JYNARQUE TABS 15MG, 30MG	5	QL(120 EA per 30 days); PA
penicillamine tabs 250mg	5	NEDS
trientine hydrochloride caps 250mg	5	PA; NEDS
Phosphate Binders		
calcium acetate caps 667mg	4	
calcium acetate tabs 667mg	3	
VELPHORO CHEW 500MG	5	NEDS
Potassium Binders		
KIONEX SUSP 15GM/60ML	3	
LOKELMA PACK 10GM, 5GM	4	QL(90 EA per 30 days)
sodium polystyrene sulfonate powd 0	3	
sps susp 15gm/60ml	3	
VELTASSA PACK 16.8GM, 1GM, 25.2GM, 8.4GM	4	
Vitamins		
prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose soln 10gm/15ml	2	
enulose soln 10gm/15ml	2	
generlac soln 10gm/15ml	2	
lactulose soln 10gm/15ml	2	
LINZESS CAPS 145MCG, 290MCG, 72MCG	3	QL(30 EA per 30 days)
lubiprostone caps 24mcg, 8mcg	4	QL(60 EA per 30 days)
prucalopride tabs 1mg, 2mg	3	QL(30 EA per 30 days)
RELISTOR INJ 8MG/0.4ML	5	QL(12 ML per 30 days); ST; NEDS
RELISTOR INJ 12MG/0.6ML	5	QL(18 ML per 30 days); ST; NEDS
RELISTOR TABS 150MG	5	QL(90 EA per 30 days); ST; NEDS
Anti-Diarrheal Agents		
alosetron hydrochloride tabs 0.5mg	4	PA
alosetron hydrochloride tabs 1mg	5	PA; NEDS
diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg	3	
loperamide hydrochloride caps 2mg	2	
XERMELO TABS 250MG	5	QL(90 EA per 30 days); PA; NEDS
Antispasmodics, Gastrointestinal		
dicyclomine hcl soln 10mg/5ml	4	
dicyclomine hydrochloride caps 10mg	2	
dicyclomine hydrochloride tabs 20mg	2	
glycopyrrolate inj 0.4mg/2ml	4	

Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate tabs 1mg, 2mg	3	PA
Gastrointestinal Agents, Other		
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	
gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
LIVMARLI SOLN 19MG/ML	5	QL(60 ML per 30 days); PA; NEDS
LIVMARLI SOLN 9.5MG/ML	5	QL(90 ML per 30 days); PA; NEDS
LIVMARLI TABS 30MG	5	QL(30 EA per 30 days); PA; NEDS
LIVMARLI TABS 10MG, 15MG, 20MG	5	QL(60 EA per 30 days); PA; NEDS
metoclopramide hcl soln 5mg/5ml	2	
metoclopramide hydrochloride tabs 10mg, 5mg	1	
nitroglycerin oint 0.4%	4	
peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	3	
SUTAB TABS 225MG; 188MG; 1479MG	3	
ursodiol caps 300mg	4	
ursodiol tabs 250mg, 500mg	3	
VOQUEZNA TABS 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABS 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPS 0	5	PA; NEDS
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA; NEDS
Histamine2 (H2) Receptor Antagonists		
famotidine susr 40mg/5ml	4	
famotidine tabs 20mg, 40mg	2	
nizatidine caps 150mg, 300mg	4	
Protectants		
misoprostol tabs 100mcg, 200mcg	3	
sucralfate susp 1gm/10ml	4	
sucralfate tabs 1gm	2	
Proton Pump Inhibitors		
esomeprazole magnesium cpdr 20mg, 40mg	2	QL(60 EA per 30 days)
lansoprazole cpdr 15mg, 30mg	2	QL(60 EA per 30 days)
omeprazole dr cpdr 10mg	1	QL(60 EA per 30 days)
omeprazole cpdr 10mg, 20mg, 40mg	1	QL(60 EA per 30 days)
pantoprazole sodium tbec 20mg, 40mg	1	QL(60 EA per 30 days)
rabeprazole sodium tbec 20mg	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine anhydrous powd 0	5	NEDS
CERDELGA CAPS 84MG	5	PA; NEDS
CHOLBAM CAPS 250MG, 50MG	5	PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
cromolyn sodium conc 100mg/5ml	4	
CYSTAGON CAPS 150MG, 50MG	4	
EVRYSDI SOLR 0.75MG/ML	5	QL(240 ML per 30 days); PA; NEDS
FABRAZYME INJ 35MG, 5MG	5	PA; NEDS
l-glutamine pack 5gm	5	PA; NEDS
miglustat caps 100mg	5	PA; NEDS
nitisinone caps 10mg, 20mg, 2mg, 5mg	5	NEDS
ONPATTRO INJ 10MG/5ML	5	PA; NEDS
PROLASTIN-C INJ 1000MG/20ML	5	PA; NEDS
PYRUKYND TAPER PACK TBPK 0, 5MG	5	QL(30 EA per 30 days); PA; NEDS
PYRUKYND TABS 50MG	5	QL(120 EA per 30 days); PA; NEDS
PYRUKYND TABS 20MG, 5MG	5	QL(60 EA per 30 days); PA; NEDS
REVCOVI INJ 2.4MG/1.5ML	5	PA; NEDS
sapropterin dihydrochloride pack 100mg, 500mg	5	PA; NEDS
sapropterin dihydrochloride tabs 100mg	5	PA; NEDS
sodium phenylbutyrate powd 3gm/tsp	5	NEDS
sodium phenylbutyrate tabs 500mg	5	NEDS
SUCRAID SOLN 8500UNIT/ML	5	PA; NEDS
WELIREG TABS 40MG	5	PA NSO; NEDS
yargesa caps 100mg	5	PA; NEDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
GELNIQUE GEL 10%	4	
GEMTESA TABS 75MG	4	
MYRBETRIQ SRER 8MG/ML	3	
MYRBETRIQ TB24 25MG, 50MG	3	
oxybutynin chloride er tb24 10mg, 15mg, 5mg	2	
oxybutynin chloride soln 5mg/5ml	2	
oxybutynin chloride tabs 5mg	2	
solifenacin succinate tabs 10mg, 5mg	2	
tolterodine tartrate er cp24 2mg, 4mg	3	
tolterodine tartrate tabs 1mg, 2mg	3	
trospium chloride er cp24 60mg	4	
trospium chloride tabs 20mg	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tb24 10mg	2	
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	2	
dutasteride caps 0.5mg	2	
finasteride tabs 5mg	1	
silodosin caps 4mg, 8mg	4	

Drug Name	Drug Tier	Requirements/Limits
tadalafil tabs 2.5mg, 5mg	3	QL(30 EA per 30 days); PA
tamsulosin hydrochloride caps 0.4mg	1	
terazosin hcl caps 10mg, 1mg, 5mg	1	
terazosin hydrochloride caps 2mg	1	
Genitourinary Agents, Other		
acetic acid 0.25% soln 0.25%	1	
bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg	2	
ELMIRON CAPS 100MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate tabs 25mg	5	NEDS
dexamethasone elix 0.5mg/5ml	3	
dexamethasone soln 0.5mg/5ml	2	
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tabs 0.1mg	2	
hydrocortisone tabs 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tbpk 4mg	2	
methylprednisolone tabs 16mg, 32mg, 4mg, 8mg	2	
prednisolone sodium phosphate soln 15mg/5ml	2	
prednisolone sodium phosphate soln 25mg/5ml, 5mg/5ml	4	
prednisolone soln 15mg/5ml	2	
prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
prednisone tbpk 10mg, 5mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate soln 0.01%	4	
desmopressin acetate tabs 0.1mg, 0.2mg	3	
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS
GENOTROPIN INJ 12MG, 5MG	5	PA; NEDS
INCRELEX INJ 40MG/4ML	5	PA; NEDS
ISTURISA TABS 1MG	5	QL(240 EA per 30 days); PA; NEDS
ISTURISA TABS 5MG	5	QL(360 EA per 30 days); PA; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol caps 100mg, 200mg, 50mg	4	
testosterone cypionate inj 100mg/ml, 200mg/ml	2	PA
testosterone enanthate inj 200mg/ml	3	PA
testosterone pump gel 1.62%	3	PA
testosterone pump gel 1%	4	PA
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	3	PA
testosterone gel 25mg/2.5gm, 50mg/5gm	4	PA
Estrogens		
abigale lo tabs 0.5mg; 0.1mg	4	
abigale tabs 1mg; 0.5mg	4	
altavera tabs 30mcg; 0.15mg	3	

Drug Name	Drug Tier	Requirements/Limits
alyacen 1/35 tabs 35mcg; 1mg	3	
amabelz tabs 0.5mg; 0.1mg, 1mg; 0.5mg	4	
amethia tabs 0; 0	4	QL(91 EA per 91 days)
apri tabs 0.15mg; 30mcg	3	
aranelle tabs 0; 0	3	
ashlyna tabs 0; 0	4	QL(91 EA per 91 days)
aubra eq tabs 20mcg; 0.1mg	3	
aviane tabs 20mcg; 0.1mg	3	
azurette tabs 0; 0	3	
balziva tabs 35mcg; 0.4mg	3	
blisovi 24 fe tabs 20mcg; 75mg; 1mg	3	
blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
briellyn tabs 35mcg; 0.4mg	3	
camrese lo tabs 0; 0	4	QL(91 EA per 91 days)
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	4	
cryselle-28 tabs 30mcg; 0.3mg	3	
cyred eq tabs 0.15mg; 30mcg	3	
desogestrel/ethinyl estradiol tabs 0; 0	3	
dolishale tabs 20mcg; 90mcg	3	
DOTTI PTTW 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	4	
drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg	3	
drospirenone/ethinyl estradiol tabs 3mg; 0.02mg, 3mg; 0.03mg	3	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	4	
enilloring ring 0.015mg/24hr; 0.12mg/24hr	4	
enpresse-28 tabs 0; 0	3	
enskyce tabs 0.15mg; 0.03mg	3	
estarylla tabs 35mcg; 0.25mg	3	
estradiol/norethindrone acetate tabs 0.5mg; 0.1mg, 1mg; 0.5mg	4	
estradiol crea 0.1mg/gm	2	
estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm	4	
estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	4	
estradiol ptwk 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	3	
estradiol oral tabs 0.5mg, 1mg, 2mg	2	
estradiol vaginal tabs 10mcg	4	
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg, 50mcg; 1mg	3	
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	3	
falmina tabs 20mcg; 0.1mg	3	
feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
feirza 1/20 tabs 20mcg; 75mg; 1mg	3	
finzala chew 20mcg; 75mg; 1mg	3	
FYAVOLV TABS 2.5MCG; 0.5MG, 5MCG; 1MG	4	
galbriela chew 25mcg; 75mg; 0.8mg	3	

Drug Name	Drug Tier	Requirements/Limits
gemmily caps 20mcg; 75mg; 1mg	3	
hailey 24 fe tabs 20mcg; 75mg; 1mg	3	
haloette ring 0.015mg/24hr; 0.12mg/24hr	4	
iclevia tabs 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
introvale tabs 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
isibloom tabs 0.15mg; 30mcg	3	
jaimiess tabs 0; 0	4	QL(91 EA per 91 days)
jasmiel tabs 3mg; 0.02mg	3	
jinteli tabs 5mcg; 1mg	4	
joyeaux tabs 20mcg; 75mg; 0.1mg	3	
juleber tabs 0.15mg; 30mcg	3	
junel 1.5/30 tabs 30mcg; 1.5mg	3	
junel 1/20 tabs 20mcg; 1mg	3	
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
junel fe 1/20 tabs 20mcg; 75mg; 1mg	3	
junel fe 24 tabs 20mcg; 75mg; 1mg	3	
kaitlib fe chew 25mcg; 75mg; 0.8mg	3	
kariva tabs 0; 0	3	
kelnor 1/35 tabs 35mcg; 1mg	3	
kelnor 1/50 tabs 50mcg; 1mg	3	
kurvelo tabs 0.03mg; 0.15mg	3	
larin 1.5/30 tabs 30mcg; 1.5mg	3	
larin 1/20 tabs 20mcg; 1mg	3	
larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
larin fe 1/20 tabs 20mcg; 75mg; 1mg	3	
layolis fe chew 25mcg; 75mg; 0.8mg	3	
leena tabs 0; 0	3	
lessina tabs 20mcg; 0.1mg	3	
levonest tabs 0; 0	3	
levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg	3	
levonorgestrel and ethinyl estradiol tabs 0; 0	4	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	3	
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0	4	QL(91 EA per 91 days)
levora 0.15/30-28 tabs 0.03mg; 0.15mg	3	
lojaimiess tabs 0; 0	4	QL(91 EA per 91 days)
loryna tabs 3mg; 0.02mg	3	
low-ogestrel tabs 30mcg; 0.3mg	3	
lutera tabs 20mcg; 0.1mg	3	
lyllana pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	4	
marlissa tabs 0.03mg; 0.15mg	3	
MENEST TABS 2.5MG	4	
merzee caps 20mcg; 75mg; 1mg	3	
mibelas 24 fe chew 20mcg; 75mg; 1mg	3	
microgestin 1.5/30 tabs 30mcg; 1.5mg	3	
microgestin 1/20 tabs 20mcg; 1mg	3	
microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
microgestin fe 1/20 tabs 20mcg; 75mg; 1mg	3	
mili tabs 35mcg; 0.25mg	3	
mimvey tabs 1mg; 0.5mg	4	

Drug Name	Drug Tier	Requirements/Limits
minzoya tabs 0.02mg; 36.5mg; 0.1mg	3	
necon 0.5/35-28 tabs 35mcg; 0.5mg	3	
nikki tabs 3mg; 0.02mg	3	
norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr	4	
norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg	3	
norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 20mcg; 75mg; 1mg	3	
norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg	3	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg, 20mcg; 75mg; 1mg	3	
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	3	
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg	4	
norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 0; 0.4mg	3	
norgestimate/ethinyl estradiol tabs 0; 0, 35mcg; 0.25mg	3	
nortrel 0.5/35 (28) tabs 35mcg; 0.5mg	3	
nortrel 1/35 tabs 35mcg; 1mg	3	
nortrel 7/7/7 tabs 35mcg; 0	3	
nylia 1/35 tabs 35mcg; 1mg	3	
nylia 7/7/7 tabs 35mcg; 0	3	
ocella tabs 3mg; 0.03mg	3	
pimtrea tabs 0; 0	3	
portia-28 tabs 0.03mg; 0.15mg	3	
PREMARIN CREA 0.625MG/GM	4	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE TABS 0.625MG; 5MG	4	
PREMPRO TABS 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	
reclipsen tabs 0.15mg; 0.03mg	3	
rivelsa tabs 0; 0	4	QL(91 EA per 91 days)
rosyrah tabs 0; 0	4	QL(91 EA per 91 days)
setlakin tabs 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
sprintec 28 tabs 35mcg; 0.25mg	3	
sronyx tabs 20mcg; 0.1mg	3	
syeda tabs 3mg; 0.03mg	3	
tarina 24 fe tabs 20mcg; 75mg; 1mg	3	
tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg	3	
tilia fe tabs 0; 75mg; 1mg	3	
tri-estarylla tabs 0; 0	3	
tri-legest fe tabs 0; 75mg; 1mg	3	
tri-lo-estarylla tabs 0; 0	3	
tri-lo-sprintec tabs 0; 0	3	
tri-mili tabs 0; 0	3	
tri-nymyo tabs 0; 0	3	
tri-sprintec tabs 0; 0	3	
tri-vylibra lo tabs 0; 0	3	

Drug Name	Drug Tier	Requirements/Limits
tri-vylibra tabs 0; 0	3	
trivora-28 tabs 0; 0	3	
turqoz tabs 30mcg; 0.3mg	3	
tydemy tabs 3mg; 0.03mg; 0.451mg	3	
valtya 1/50 tabs 50mcg; 1mg	3	
vestura tabs 3mg; 0.02mg	3	
vienva tabs 20mcg; 0.1mg	3	
vyfemla tabs 35mcg; 0.4mg	3	
vylibra tabs 35mcg; 0.25mg	3	
wymzya fe chew 35mcg; 0; 0.4mg	3	
xarah fe tabs 0; 75mg; 1mg	3	
xelria fe chew 35mcg; 75mg; 0.4mg	3	
XULANE PTWK 35MCG/24HR; 150MCG/24HR	3	
yuvafem tabs 10mcg	4	
zafemy ptwk 35mcg/24hr; 150mcg/24hr	4	
zovia 1/35 tabs 35mcg; 1mg	3	
Progestins		
camila tabs 0.35mg	2	
deblitane tabs 0.35mg	2	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL(0.65 ML per 90 days)
errin tabs 0.35mg	2	
gallifrey tabs 5mg	2	
heather tabs 0.35mg	2	
incassia tabs 0.35mg	2	
LILETTA IUD 20.1MCG/DAY	3	
lyleq tabs 0.35mg	2	
lyza tabs 0.35mg	2	
medroxyprogesterone acetate inj 150mg/ml	2	QL(1 ML per 90 days)
medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg	1	
megestrol acetate susp 40mg/ml	3	
megestrol acetate susp 625mg/5ml	4	
megestrol acetate tabs 20mg, 40mg	2	
meleya tabs 0.35mg	2	
NEXPLANON INJ 68MG	3	
nora-be tabs 0.35mg	2	
norethindrone acetate tabs 5mg	2	
norethindrone tabs 0.35mg	2	
progesterone caps 100mg, 200mg	2	
sharobel tabs 0.35mg	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABS 60MG	3	QL(30 EA per 30 days); PA
raloxifene hydrochloride tabs 60mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID TABS 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	4	
LEVO-T TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
liothyronine sodium tabs 25mcg, 50mcg, 5mcg	2	
NIVA THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
np thyroid 120 tabs 120mg	4	
np thyroid 15 tabs 15mg	4	
np thyroid 30 tabs 30mg	4	
np thyroid 60 tabs 60mg	4	
np thyroid 90 tabs 90mg	4	
RENTHYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
REZDIFFRA TABS 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA
SYNTHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
UNITHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tabs 0.5mg	3	
FIRMAGON INJ 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJ 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO; NEDS
leuprolide acetate inj 1mg/0.2ml	4	PA NSO
LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG	5	QL(1 EA per 28 days); PA NSO; NEDS
LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG	5	QL(1 EA per 84 days); PA NSO; NEDS
LUPRON DEPOT (4-MONTH) INJ 30MG	5	QL(1 EA per 112 days); PA NSO; NEDS
LUPRON DEPOT (6-MONTH) INJ 45MG	5	QL(1 EA per 168 days); PA NSO; NEDS
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	QL(1 EA per 28 days); PA; NEDS
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	QL(1 EA per 84 days); PA; NEDS
mifepristone tabs 200mg	4	
mifepristone tabs 300mg	5	QL(120 EA per 30 days); PA; NEDS
octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate inj 1000mcg/ml, 500mcg/ml	5	PA; NEDS
ORGOVYX TABS 120MG	5	PA NSO; NEDS
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA; NEDS
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; NEDS
TRELSTAR MIXJECT INJ 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJ 11.25MG	4	QL(1 EA per 84 days); PA NSO
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tabs 10mg, 5mg	2	

Drug Name	Drug Tier	Requirements/Limits
propylthiouracil tabs 50mg	2	
Immunological Agents		
Angioedema Agents		
CINRYZE INJ 500UNIT	5	PA; NEDS
icatibant acetate inj 30mg/3ml	5	PA; NEDS
Immunoglobulins		
BIVIGAM INJ 10%, 5GM/50ML	5	PA; NEDS
GAMASTAN INJ 0	3	PA
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA; NEDS
HYPERHEP B INJ 110UNIT/0.5ML	4	PA B/D
PRIVIGEN INJ 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; NEDS
Immunological Agents, Other		
BENLYSTA INJ 200MG/ML	5	PA; NEDS
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	QL(10 ML per 28 days); PA; NEDS
COSENTYX UNOREADY INJ 300MG/2ML	5	QL(10 ML per 28 days); PA; NEDS
COSENTYX INJ 125MG/5ML	5	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA; NEDS
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA; NEDS
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA; NEDS
EMPAVELI INJ 1080MG/20ML	5	PA; NEDS
ENTYVIO PEN INJ 108MG/0.68ML	5	QL(2 ML per 28 days); PA; NEDS
KINERET INJ 100MG/0.67ML	5	PA; NEDS
ODACTRA SUBL 0; 0	3	QL(30 EA per 30 days); PA
ORENCIA CLICKJECT INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA; NEDS
RINVOQ LQ SOLN 1MG/ML	5	QL(360 ML per 30 days); PA
RINVOQ TB24 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA
STELARA INJ 130MG/26ML	5	QL(104 ML per 365 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA; NEDS
steqeyma inj 45mg/0.5ml	3	QL(3 ML per 84 days); PA
steqeyma inj 130mg/26ml	5	QL(104 ML per 365 days); PA; NEDS
steqeyma inj 90mg/ml	5	QL(3 ML per 84 days); PA; NEDS
TAVNEOS CAPS 10MG	5	QL(180 EA per 30 days); PA; NEDS
TYENNE INJ 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA; NEDS
ustekinumab inj 130mg/26ml	5	QL(104 ML per 365 days); PA; NEDS
ustekinumab inj 45mg/0.5ml, 90mg/ml	5	QL(3 ML per 84 days); PA; NEDS
VEOPOZ INJ 400MG/2ML	5	PA; NEDS
XELJANZ XR TB24 11MG, 22MG	5	QL(30 EA per 30 days); PA; NEDS
XELJANZ SOLN 1MG/ML	5	QL(300 ML per 30 days); PA; NEDS
XELJANZ TABS 10MG, 5MG	5	QL(60 EA per 30 days); PA; NEDS
XOLAIR INJ 75MG/0.5ML	5	QL(1 ML per 28 days); PA; NEDS
XOLAIR INJ 150MG	5	QL(8 EA per 28 days); PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 150MG/ML, 300MG/2ML	5	QL(8 ML per 28 days); PA; NEDS
yesintek solution for inj 45mg/0.5ml	4	PA
yesintek prefilled syringe inj 45mg/0.5ml	4	QL(3 ML per 84 days); PA
yesintek inj 130mg/26ml	5	PA; NEDS
yesintek inj 90mg/ml	5	QL(3 ML per 84 days); PA; NEDS
Immunostimulants		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA NSO; NEDS
BESREMI INJ 500MCG/ML	5	PA NSO; NEDS
PEGASYS INJ 180MCG/ML	5	PA; NEDS
Immunosuppressants		
ADALIMUMAB-ADAZ INJ 20MG/0.2ML	5	QL(2 ML per 28 days); PA; NEDS
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	5	QL(4 ML per 28 days); PA; NEDS
adalimumab-adaz inj 10mg/0.1ml	5	QL(2 ML per 28 days); PA; NEDS
adalimumab-adaz inj 80mg/0.8ml	5	QL(4 ML per 28 days); PA; NEDS
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER INJ 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER INJ 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS
adalimumab-adbm starter package for crohns disease/uc/hs inj 40mg/0.4ml	5	QL(6 EA per 28 days); PA; NEDS
adalimumab-adbm starter package for psoriasis/uveitis inj 40mg/0.4ml	5	QL(6 EA per 28 days); PA; NEDS
ADALIMUMAB-ADBM INJ 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; NEDS
ADALIMUMAB-ADBM INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS
adalimumab-adbm inj 40mg/0.4ml	5	QL(6 EA per 28 days); PA; NEDS
ASTAGRAF XL CP24 0.5MG, 1MG, 5MG	4	PA B/D
azathioprine tabs 50mg	2	PA B/D
cyclosporine modified caps 100mg, 25mg, 50mg	4	PA B/D
cyclosporine modified soln 100mg/ml	4	PA B/D
cyclosporine caps 100mg, 25mg	4	PA B/D
ENBREL MINI INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS
ENBREL SURECLICK INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS
ENBREL INJ 25MG/0.5ML	5	QL(4 ML per 28 days); PA; NEDS
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS
ENVARSUS XR TB24 0.75MG, 1MG	4	PA B/D
ENVARSUS XR TB24 4MG	5	PA B/D; NEDS
everolimus tabs 0.25mg	4	PA B/D
everolimus tabs 0.5mg, 0.75mg, 1mg	5	PA B/D; NEDS
gengraf caps 100mg, 25mg	4	PA B/D
gengraf soln 100mg/ml	4	PA B/D
HADLIMA PUSHTOUCH INJ 40MG/0.4ML	5	QL(4 ML per 28 days); PA; NEDS
HADLIMA PUSHTOUCH INJ 40MG/0.8ML	5	QL(6 ML per 28 days); PA; NEDS
HADLIMA INJ 40MG/0.4ML	5	QL(4 ML per 28 days); PA; NEDS
HADLIMA INJ 40MG/0.8ML	5	QL(6 ML per 28 days); PA; NEDS
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK INJ 0	5	QL(4 ML per 365 days); PA; NEDS
HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	QL(6 ML per 365 days); PA; NEDS
HYRIMOZ PLAQUE PSORIASIS/UVEITIS STARTER PACK INJ 0	5	QL(6 ML per 365 days); PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SENSOREADY CD/UC/HS STARTER PACK INJ 80MG/0.8ML	5	QL(4 ML per 28 days); PA; NEDS
HYRIMOZ SENSOREADY PENS INJ 80MG/0.8ML	5	QL(4 ML per 28 days); PA; NEDS
HYRIMOZ INJ 10MG/0.1ML, 20MG/0.2ML	5	QL(2 ML per 28 days); PA; NEDS
HYRIMOZ INJ 40MG/0.4ML	5	QL(4 ML per 28 days); PA; NEDS
INFLECTRA INJ 100MG	5	PA; NEDS
INFLIXIMAB INJ 100MG	5	PA; NEDS
JYLAMVO SOLN 2MG/ML	4	PA NSO
leflunomide tabs 10mg, 20mg	2	
methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml	2	
methotrexate sodium tabs 2.5mg	2	
methotrexate inj 50mg/2ml	2	
mycophenolate mofetil caps 250mg	4	PA B/D
mycophenolate mofetil susr 200mg/ml	5	PA B/D; NEDS
mycophenolate mofetil tabs 500mg	4	PA B/D
mycophenolic acid dr tbec 180mg, 360mg	4	PA B/D
ORENCIA INJ 250MG	5	PA; NEDS
PEGASYS INJ 180MCG/0.5ML	5	PA; NEDS
PROGRAF PACK 0.2MG, 1MG	4	PA B/D
RENFLEXIS INJ 100MG	5	PA; NEDS
REZUROCK TABS 200MG	5	QL(60 EA per 30 days); PA; NEDS
SANDIMMUNE SOLN 100MG/ML	4	PA B/D
sirolimus soln 1mg/ml	4	PA B/D
sirolimus tabs 0.5mg, 1mg, 2mg	4	PA B/D
tacrolimus caps 0.5mg, 1mg, 5mg	4	PA B/D
XATMEP SOLN 2.5MG/ML	4	PA NSO
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	1	QL(1 EA per 252 days)
ACTHIB INJ 0	1	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJ 120MCG/0.5ML	1	QL(1 EA per 999 days)
BCG VACCINE INJ 50MG	1	
BEXSERO INJ 0.5ML	1	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJ 0	3	
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML	1	PA B/D
GARDASIL 9 INJ 0.5ML	1	
HAVRIX INJ 1440ELU/ML	1	
HAVRIX INJ 720ELU/0.5ML	3	
HEPLISAV-B INJ 20MCG/0.5ML	1	PA B/D
HIBERIX INJ 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	1	PA B/D
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	1	
IXCHIQ INJ 0	1	
IXIARO INJ 0	1	
JYNNEOS INJ 0.5ML	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	1	

Drug Name	Drug Tier	Requirements/Limits
MENACTRA INJ 0	1	
MENQUADFI INJ 0.5ML	1	
MENVEO INJ 0	1	
MRESVIA INJ 50MCG/0.5ML	1	QL(0.5 ML per 999 days)
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA INJ 0; 0	1	
PENMENVY INJ 0; 0	1	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJ 10MCG/ML	1	PA B/D
PRIORIX INJ 0; 0; 0	1	
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJ 0	1	PA B/D
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	PA B/D
ROTARIX SUSP 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	1	
STAMARIL INJ 0	1	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	1	
TENIVAC INJ 2LFU; 5LFU	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	1	
TICOVAC INJ 2.4MCG/0.5ML	1	
TICOVAC INJ 1.2MCG/0.25ML	3	
TRUMENBA INJ 0.5ML	1	
TWINRIX INJ 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJ 25MCG/0.5ML	1	
VAQTA INJ 50UNIT/ML	1	
VAQTA INJ 25UNIT/0.5ML	3	
VARIVAX INJ 1350PFU/0.5ML	1	
VAXCHORA SUSR 0	1	
VAXELIS INJ 0; 0; 0; 0; 0; 0	3	
VIMKUNYA INJ 40MCG/0.8ML	1	
VIVOTIF CPDR 0	1	
YF-VAX INJ 0	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium caps 750mg	4	
mesalamine dr tbec 1.2gm	4	
mesalamine er cp24 0.375gm	4	
mesalamine er cpcr 500mg	4	QL(240 EA per 30 days)
mesalamine enem 4gm	4	
mesalamine kit 4gm	5	NEDS
mesalamine supp 1000mg	4	
SFROWASA ENEM 4GM/60ML	5	NEDS
sulfasalazine tabs 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
sulfasalazine tbec 500mg	2	
Glucocorticoids		
budesonide er tb24 9mg	5	NEDS
budesonide cpep 3mg	4	
hydrocortisone crea 2.5%	2	
hydrocortisone enem 100mg/60ml	4	
procto-med hc crea 2.5%	2	
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium tabs 10mg, 35mg, 5mg	6	
alendronate sodium tabs 70mg	6	QL(4 EA per 28 days)
BONSITY INJ 560MCG/2.24ML	5	PA; NEDS
calcitonin-salmon soln 200unit/act	3	QL(3.7 ML per 30 days)
calcitriol caps 0.25mcg, 0.5mcg	2	
cinacalcet hydrochloride tabs 30mg, 60mg, 90mg	4	
FORTEO INJ 560MCG/2.24ML	5	PA; NEDS
ibandronate sodium tabs 150mg	6	QL(1 EA per 28 days)
JUBBONTI INJ 60MG/ML	4	QL(2 ML per 365 days)
paricalcitol caps 1mcg, 2mcg, 4mcg	3	
RAYALDEE CPCR 30MCG	5	NEDS
risedronate sodium tabs 30mg, 5mg	4	
risedronate sodium tabs 150mg	4	QL(1 EA per 28 days)
risedronate sodium tabs 35mg	4	QL(4 EA per 28 days)
teriparatide inj 560mcg/2.24ml	5	PA; NEDS
TYMLOS INJ 3120MCG/1.56ML	5	PA; NEDS
WYOST INJ 120MG/1.7ML	5	PA; NEDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PADS 70%	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PADS	3	
ELLA TABS 30MG	3	
NUTRILIPID INJ 20GM/100ML	4	PA B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISC	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISC	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	3	QL(10 EA per 30 days)
RIVFLOZA INJ 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA; NEDS
RIVFLOZA INJ 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA; NEDS
SKYCLARYS CAPS 50MG	5	QL(90 EA per 30 days); PA; NEDS
sodium chloride 0.9% soln 0.9%	2	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACK 10GM	5	NEDS
ZOKINVY CAPS 50MG, 75MG	5	QL(120 EA per 30 days); PA; NEDS
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate soln 1%	2	
bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm	2	
brimonidine tartrate/timolol maleate soln 0.2%; 0.5%	3	
COMBIGAN SOLN 0.2%; 0.5%	3	
cyclosporine emul 0.05%	3	
CYSTARAN SOLN 0.44%	5	QL(60 ML per 28 days); NEDS
dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml	2	
neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	3	
neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml	3	
polycin oint 500unit/gm; 10000unit/gm	2	
polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%	1	
RESTASIS MULTIDOSE EMUL 0.05%	3	
RESTASIS EMUL 0.05%	3	
ROCKLATAN SOLN 0.005%; 0.02%	3	QL(2.5 ML per 25 days)
SIMBRINZA SUSP 0.2%; 1%	3	
sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%	2	
TOBRADEX ST SUSP 0.05%; 0.3%	4	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OINT 0.1%; 0.3%	4	
tobramycin/dexamethasone susp 0.1%; 0.3%	4	
XIIDRA SOLN 5%	4	QL(60 EA per 30 days)
ZYLET SUSP 0.5%; 0.3%	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic soln 0.05%	2	
cromolyn sodium soln 4%	2	
olopatadine hydrochloride soln 0.2%	3	
Ophthalmic Anti-Infectives		
bacitracin oint 500unit/gm	4	
BESIVANCE SUSP 0.6%	4	
ciprofloxacin hydrochloride soln 0.3%	2	
erythromycin oint 5mg/gm	2	
gatifloxacin soln 0.5%	4	
gentamicin sulfate ophthalmic soln 0.3%	2	
moxifloxacin hydrochloride soln 0.5%	2	
NATACYN SUSP 5%	4	
ofloxacin ophthalmic soln 0.3%	2	
sulfacetamide sodium oint 10%	3	
sulfacetamide sodium soln 10%	2	
tobramycin soln 0.3%	1	
trifluridine soln 1%	4	
XDEMVY SOLN 0.25%	5	QL(10 ML per 42 days); NEDS
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
bromfenac sodium soln 0.07%	4	QL(12 ML per 365 days)
dexamethasone sodium phosphate soln 0.1%	3	
diclofenac sodium ophthalmic soln 0.1%	2	
FLAREX SUSP 0.1%	3	
fluorometholone susp 0.1%	3	
flurbiprofen sodium soln 0.03%	2	
ILEVRO SUSP 0.3%	3	QL(4 ML per 30 days)
ketorolac tromethamine ophthalmic soln 0.5%	2	
ketorolac tromethamine ophthalmic soln 0.4%	3	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)
prednisolone acetate susp 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl soln 0.5%	3	
carteolol hcl soln 1%	2	
levobunolol hcl soln 0.5%	2	
timolol maleate soln 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er cp12 500mg	3	
acetazolamide tabs 125mg, 250mg	3	
BRIMONIDINE TARTRATE SOLN 0.1%	3	
brimonidine tartrate soln 0.2%	2	
brinzolamide susp 1%	4	
dorzolamide hydrochloride soln 2%	2	
methazolamide tabs 25mg, 50mg	4	
pilocarpine hcl soln 1%, 2%, 4%	3	
pilocarpine hydrochloride soln 1%, 2%, 4%	3	

Drug Name	Drug Tier	Requirements/Limits
RHOPRESSA SOLN 0.02%	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost soln 0.005%	1	
LUMIGAN SOLN 0.01%	3	QL(2.5 ML per 25 days)
VYZULTA SOLN 0.024%	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid soln 2%	2	
ciprofloxacin/dexamethasone susp 0.3%; 0.1%	4	
hydrocortisone/acetic acid soln 2%; 1%	4	
neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml	3	
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	3	
ofloxacin otic soln 0.3%	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AERO 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEPB 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH, 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	4	QL(1 EA per 30 days)
budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	QL(120 ML per 30 days); PA B/D
flunisolide soln 0.025%	4	QL(50 ML per 30 days)
fluticasone propionate susp 50mcg/act	1	
mometasone furoate susp 50mcg/act	4	QL(34 GM per 30 days)
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	3	QL(21.2 GM per 30 days)
Antihistamines		
azelastine hcl nasal soln 0.15%	2	QL(60 ML per 30 days)
azelastine hydrochloride soln 0.1%	2	QL(60 ML per 30 days)
cetirizine hydrochloride soln 5mg/5ml	2	
cyproheptadine hydrochloride tabs 4mg	4	
diphenhydramine hydrochloride inj 50mg/ml	4	
hydroxyzine hcl tabs 50mg	3	
hydroxyzine hydrochloride syrp 10mg/5ml	4	
hydroxyzine hydrochloride tabs 10mg, 25mg	3	
hydroxyzine pamoate caps 100mg, 25mg, 50mg	4	
levocetirizine dihydrochloride tabs 5mg	2	
Antileukotrienes		
montelukast sodium chew 4mg, 5mg	2	
montelukast sodium pack 4mg	2	
montelukast sodium tabs 10mg	1	
zafirlukast tabs 10mg, 20mg	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	4	QL(25.8 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL(30 EA per 30 days)
ipratropium bromide nasal soln 0.03%, 0.06%	2	
ipratropium bromide inhalation soln 0.02%	2	QL(312.5 ML per 30 days); PA B/D
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL(8 GM per 30 days)
tiotropium bromide caps 18mcg	4	QL(30 EA per 30 days)
YUPELRI SOLN 175MCG/3ML	5	QL(90 ML per 30 days); PA B/D; NEDS
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aers 180mcg/act x 7gm	2	QL(13.4 GM per 30 days)
albuterol sulfate hfa aers 180mcg/act x 8gm	2	QL(17 GM per 30 days)
albuterol sulfate hfa aers 180mcg/act x 18gm	2	QL(48 GM per 30 days)
albuterol sulfate nebu 2.5mg/0.5ml	2	QL(100 EA per 30 days); PA B/D
albuterol sulfate nebu 0.083%	2	QL(525 ML per 30 days); PA B/D
albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml	4	QL(375 ML per 30 days); PA B/D
arformoterol tartrate nebu 15mcg/2ml	4	QL(120 ML per 30 days); PA
epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	3	
formoterol fumarate nebu 20mcg/2ml	4	QL(120 ML per 30 days); PA B/D
levalbuterol hcl nebu 1.25mg/3ml	4	QL(270 ML per 30 days); PA B/D
levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml	4	QL(540 ML per 30 days); PA B/D
levalbuterol hydrochloride nebu 0.63mg/3ml	4	QL(540 ML per 30 days); PA B/D
levalbuterol tartrate hfa aero 45mcg/act	3	QL(30 GM per 30 days)
levalbuterol nebu 1.25mg/0.5ml	4	QL(90 EA per 30 days); PA B/D
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON SOLR 75MG	5	PA; NEDS
KALYDECO PACK 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO TABS 150MG	5	QL(60 EA per 30 days); PA; NEDS
ORKAMBI TABS 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA; NEDS
PULMOZYME SOLN 2.5MG/2.5ML	5	PA; NEDS
tobramycin nebu 300mg/5ml	5	PA B/D; NEDS
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA; NEDS
Mast Cell Stabilizers		
cromolyn sodium nebu 20mg/2ml	3	PA B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast tabs 250mcg, 500mcg	4	PA
theophylline er tb12 300mg, 450mg	4	
theophylline er tb24 400mg, 600mg	2	
Pulmonary Antihypertensives		
ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(90 EA per 30 days); PA; NEDS
alyq tabs 20mg	4	QL(60 EA per 30 days); PA
ambrisentan tabs 10mg, 5mg	5	QL(30 EA per 30 days); PA; NEDS
OPSUMIT TABS 10MG	5	QL(30 EA per 30 days); PA; NEDS
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	5	QL(336 EA per 365 days); PA; NEDS
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	5	QL(672 EA per 365 days); PA; NEDS
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	5	QL(504 EA per 365 days); PA; NEDS
ORENITRAM TBCR 0.125MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA; NEDS
sildenafil citrate tabs 20mg	3	QL(90 EA per 30 days); PA
tadalafil tabs 20mg	4	QL(60 EA per 30 days); PA
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	5	QL(270 ML per 30 days); PA; NEDS
WINREVAIR INJ 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
OFEV CAPS 100MG, 150MG	5	PA; NEDS
pirfenidone caps 267mg	5	PA; NEDS
pirfenidone tabs 267mg, 534mg, 801mg	5	PA; NEDS
Respiratory Tract Agents, Other		
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
AIRSUPRA AERO 90MCG/ACT; 80MCG/ACT	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
breyna aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days)
BRONCHITOL CAPS 40MG	5	QL(560 EA per 28 days); PA; NEDS
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN INJ 30MG/ML	5	QL(1 ML per 28 days); PA; NEDS
FASENRA INJ 10MG/0.5ML	4	QL(0.5 ML per 28 days); PA
FASENRA INJ 30MG/ML	5	QL(1 ML per 28 days); PA; NEDS
fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml	2	QL(540 ML per 30 days); PA B/D
NUCALA INJ 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA; NEDS
NUCALA INJ 100MG	5	QL(3 EA per 28 days); PA; NEDS
NUCALA INJ 100MG/ML	5	QL(3 ML per 28 days); PA; NEDS
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tabs 10mg, 5mg	3	PA
methocarbamol tabs 500mg, 750mg	2	
orphenadrine citrate er tb12 100mg	3	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABS 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)
eszopiclone tabs 1mg, 2mg, 3mg	4	QL(30 EA per 30 days)
ramelteon tabs 8mg	4	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
temazepam caps 15mg, 30mg	3	QL(30 EA per 30 days)
zaleplon caps 5mg	4	QL(30 EA per 30 days)
zaleplon caps 10mg	4	QL(60 EA per 30 days)
zolpidem tartrate er tbcr 12.5mg, 6.25mg	4	QL(30 EA per 30 days)
zolpidem tartrate tabs 10mg, 5mg	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tabs 150mg, 200mg, 250mg	4	QL(30 EA per 30 days); PA
armodafinil tabs 50mg	4	QL(60 EA per 30 days); PA
modafinil tabs 100mg, 200mg	3	QL(30 EA per 30 days); PA
sodium oxybate soln 500mg/ml	5	QL(540 ML per 30 days); PA; NEDS

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Phone: (800) 362-3310 (TTY: 711); Fax: (608) 644-3500
Email: AppealsSpecialists@QuartzBenefits.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F HHH Building
Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD)

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

Quartz

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

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 (800) 394-5566 (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 (800) 394-5566 (TTY: 711) o hable con su proveedor.

Lus Hmoob / Hmong

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau (800) 394-5566 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Soomaali / Somali

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac (800) 394-5566 (TTY: 711) ama la hadal bixiyahaaga.

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 (800) 394-5566 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 / Chinese

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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 (800) 394-5566 (TTY: 711) или обратитесь к своему поставщику услуг.

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 (800) 394-5566 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

ລາວ / Laotian

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አማርኛ / Amharic

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር (800) 394-5566 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

ထၢနုာ်လီၤဖဲအံၤ / Karen

ဆူ– နမ့ၢ်ကတိၤ ထၢနုာ်လီၤဖဲအံၤ အယိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆီၣ်ထွဲမၤစၢၤ လၢတလၢ် ဘူၣ်လၢ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြားအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနၢ့ၢ်အီၤသ့တဖၣ် လၢတလၢ်ဘူၣ်လၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး (800) 394-5566 (TTY: 711) မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ၣ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

Српски / Serbian

ПАЖЊА: Ако говорите Српски, обезбеђена вам је преводилачка услуга. Додатна одговарајућа помоћ и услуге за пружање информација у доступним форматима такође су доступни без надокнаде. Назовите (800) 394-5566 (TTY: 711) или разговарајте са вашим пружаоцем услуга.

ភាសាខ្មែរ / Khmer

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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 (800) 394-5566 (TTY : 711) ou parlez à votre fournisseur.

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. (800) 394-5566 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

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 (800) 394-5566 (TTY: 711) o makipag-usap sa iyong provider.

This formulary was updated on 09/05/2025. For more recent information or other questions, please call a Quartz Champion at **(800) 394-5566 (TTY: 711)**, Monday through Friday, from 8 a.m. to 8 p.m. October 1 through March 31, we're available daily from 8 a.m. to 8 p.m. You can also reach us on our website at **QuartzBenefits.com/MedicareAdvantage**.

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Quartz Medicare Advantage Dual Eligible with Rx is a D-SNP HMO plan that has a contract with Medicare and with a State Medicaid program. Enrollment in these plans depends on contract renewal.

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