Mercy Care Advantage
(HMO SNP)

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2026 Formulary (List of Covered Drugs)
Formulario para 2026 (Lista de Medicamentos Cubiertos)

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

Formulary ID 00026076, Version 5

This formulary was updated on 09/02/2025. For more recent information or other questions, contact Mercy Care Advantage (HMO SNP) Member Services at **602-586-1730** or **1-877-436-5288** (TTY: **711**), 8:00 a.m. – 8:00 p.m., 7 days a week, or visit **mercycareaz.org**.

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS BAJO ESTE PLAN

Identificación del Formulario 00026076, Versión 5

Este formulario fue actualizado en 09/02/2025. Para la información más reciente o para otras preguntas, llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (TTY: **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **mercycareaz.org**.

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Mercy Care Advantage (HMO SNP)

2026 Formulary (List of Covered Drugs or "Drug List")

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

Formulary ID 00026076, Version 5

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact Mercy Care Advantage (HMO SNP) Member Services at **602-586-1730** or **1-877-436-5288** (TTY users should call **711**), 8:00 a.m. – 8:00 p.m., 7 days a week, or visit **mercycareaz.org**.

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

When this drug list (formulary) refers to "we," "us", or "our," it means Mercy Care. When it refers to "plan" or "our plan," it means Mercy Care Advantage.

This document includes a Drug List (formulary) for our plan which is current as of 09/02/2025.
For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Mercy Care Advantage 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 Mercy Care Advantage 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. Mercy Care Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Mercy Care Advantage 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 change?

Most changes in drug coverage happen on January 1, but Mercy Care Advantage may add or remove drugs on the formulary 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: **merycareaz.org**.

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We 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 Mercy Care Advantage (HMO SNP)'s Formulary?"

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

The enclosed formulary is current as of 09/02/2025. To get updated information about the drugs covered by Mercy Care Advantage please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

Printed formularies will be updated with the changes using an errata notice.

How do I use the Formulary?

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

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, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 57. 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?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may

be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Mercy Care Advantage requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Mercy Care Advantage before you fill your prescriptions. If you don't get approval, Mercy Care Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Mercy Care Advantage limits the amount of the drug that Mercy Care Advantage will cover. For example, Mercy Care Advantage 30 tablets per prescription for simvastatin 80 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Mercy Care Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Mercy Care Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mercy Care Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 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, appears on the front and back cover pages.

You can ask Mercy Care Advantage 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 Mercy Care Advantage's formulary?" on page VI for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Mercy Care Advantage pays for certain OTC drugs. Mercy Care Advantage will provide these OTC drugs at no cost to you. The cost to Mercy Care Advantage of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Formulary?

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

If you learn that Mercy Care Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Mercy Care Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Mercy Care Advantage
- You can ask Mercy Care Advantage 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 Mercy Care Advantage (HMO SNP) Formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are admitted to or discharged from a long-term care facility, you will be allowed to refill a prescription upon admission or discharge.

For more information

For more detailed information about your Mercy Care Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Mercy Care Advantage, 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**.

Mercy Care Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Mercy Care Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 57.

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

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

Your cost sharing amounts depend on which category the drug is in:

Category	Cost-sharing amount
Generic drugs (including brand drugs treated as generic)	$0/$1.60/$5.10 (each prescription)
All other drugs	$0/$4.90/$12.65 (each prescription)

Your copays may be less, depending on the level of "Extra Help" you are receiving. The Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider) lists the amount you will pay for your prescription drugs. You can also call Member Services to find out your cost sharing amount. Phone numbers for Member Services are on the front and back cover pages.

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

Abbreviation	Requirements/Limits
B/D	**Covered under Medicare Part B or Part D.** This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EA	**Each.** Medications listed with EA indicates number of pills dispensed.
NDS	**Non-Extended Days Supply.** Medications listed with NDS have a supply limit of 30 days. Drug is not available for an extended days supply.
NM	**Not available at mail-order.** Drugs with this abbreviation are not typically available at CVS Caremark® Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for chronic or long-term condition) without this abbreviation are typically available at CVS Caremark® Mail Service Pharmacy. Actual availability may vary.
PA	**Prior Authorization.** Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug. You or your provider need to get approval from our plan before we will agree to cover the drug.
QL	**Quantity Limits.** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for simvastatin 80 mg tablets. The amount per fill or refill is shown.
ST	**Step Therapy.** This prescription drug requires that you've tried another drug first, which did not work for you. In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Mercy Care Advantage (HMO SNP)

Formulario para 2026 (Lista de medicamentos cubiertos o “Lista de medicamentos”)

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN

ID del Formulario 00026076, Versión 5

Este formulario se actualizó el 09/02/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Mercy Care Advantage (HMO SNP) al **602-586-1730** o al **1-877-436-5288** (los usuarios de TTY deben llamar al **711**), de 08:00 a. m. a 08:00 p. m., los 7 días de la semana, o visite el sitio web **mercycareaz.org**.

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando en esta Lista de medicamentos (formulario) se mencionan los términos “nosotros”, “nos” o “nuestro”, se hace referencia a Mercy Care. Cuando se menciona “plan” o “nuestro plan”, se hace referencia a Mercy Care Advantage.

Este documento incluye una Lista de medicamentos (formulario) para nuestro plan que está vigente al 09/02/2025. Para obtener una lista de los medicamentos (formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de los medicamentos (formulario), aparece en las páginas de portada y la portada posterior.

En general, debe utilizar farmacias de la red para aprovechar su beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/coseguros pueden cambiar el 1 de enero de 2026 y, ocasionalmente, durante el año.

¿Qué es el formulario de Mercy Care Advantage (HMO SNP)?

En este documento, usamos los términos Lista de medicamentos y Formulario para decir lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por Mercy Care Advantage con el asesoramiento de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran necesarios como parte de un programa de tratamiento de calidad. Por lo general, Mercy Care Advantage cubrirá los medicamentos que aparecen en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, se obtenga en una farmacia de la red de Mercy Care Advantage y se sigan otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte su Evidencia de cobertura.

¿El formulario puede cambiar?

La mayoría de los cambios en la cobertura para medicamentos se hacen el 1 de enero, pero Mercy Care Advantage puede agregar o eliminar medicamentos del formulario durante el año, moverlos a niveles de costo compartido diferentes o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web: **mercycareaz.org**.

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

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

  Podemos hacer estos cambios inmediatos solo si añadimos una nueva versión genérica de un medicamento de marca, o añadimos determinadas versiones nuevas de biosimilares de un producto biológico original, que ya estaba en el formulario (por ejemplo, añadimos un biosimilar que puede sustituirse por un producto biológico original sin una nueva receta).

  Si usted está tomando actualmente el medicamento de marca o el producto biológico original, es posible que no le informemos antes de hacer un cambio inmediato, pero luego le daremos la información sobre los cambios específicos que hicimos.

  Si hacemos ese cambio, usted o la persona que autoriza la receta puede solicitarnos que hagamos una excepción y continuemos cubriendo el medicamento que se está cambiando. Para obtener más información, consulte la sección a continuación titulada “¿Cómo solicito una excepción al formulario de Mercy Care Advantage?”

  Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección “¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”

- **Medicamentos retirados del mercado.** Si un medicamento se retira de la venta por el fabricante o la Administración de Alimentos y Medicamentos (FDA) determina que se retira por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y luego proporcionar un aviso a los miembros que toman el medicamento.
- **Otros cambios.** Podemos efectuar otros cambios que afecten a los miembros que consumen el medicamento en la actualidad. Por ejemplo, podemos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al añadir un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original o moverlo a un nivel de costo compartido diferente, o ambas cosas. Hacemos cambios según nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos una autorización previa,

un límite de cantidad o una restricción al tratamiento escalonado para un medicamento, o movemos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia. Por otra parte, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro de 30 días del medicamento y un aviso sobre el cambio.

Si hacemos estos otros cambios, usted o la persona que autoriza la receta pueden solicitarnos que hagamos una excepción y continuemos cubriendo el medicamento que ha estado tomando. El aviso que le entregamos también incluirá información sobre cómo solicitar una excepción, y además puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Mercy Care Advantage (HMO SNP)?".

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si toma un medicamento que se encuentra en nuestro formulario para 2026 y que estaba cubierto al comienzo del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto como se describió anteriormente. Esto significa que continuará estando disponible al mismo costo compartido y sin restricciones nuevas para aquellos miembros que lo tomen por el resto del año de cobertura. Este año no recibirá un aviso directo sobre los cambios que no lo afecten. Sin embargo, dichos cambios lo afectarán a partir del 1 de enero del próximo año y es importante consultar el formulario para el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto estará vigente a partir del 09/02/2025. Para obtener información actualizada sobre los medicamentos cubiertos por Mercy Care Advantage, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. En caso de que se realicen a mitad de año cambios en los formularios no relacionados con su mantenimiento, se actualizarán de forma mensual y se publicarán en nuestro sitio web.

Los formularios impresos se actualizarán con los cambios mediante un aviso de errata.

¿Cómo utilizo el formulario?

Hay dos formas para encontrar un medicamento dentro del formulario:

Afección médica

El formulario comienza en la página 1. Los medicamentos en este formulario están agrupados en categorías dependiendo del tipo de afecciones médicas que traten. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca están incluidos en la categoría "Agentes cardiovasculares". Si usted sabe para qué se utiliza el medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque su medicamento debajo del nombre de esa categoría.

Listado alfabético

Si no está seguro de qué categoría debe consultar, busque su medicamento en el Índice que comienza en la página 57. El Índice proporciona un listado alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se encuentran en el Índice. Consulte el Índice y busque su medicamento. Junto al medicamento, verá el número de página en el que puede encontrar la información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Mercy Care Advantage cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los de marca. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Por lo general, los medicamentos genéricos pueden ser sustituidos por el medicamento de marca en la farmacia sin la necesidad de una nueva receta, según las leyes estatales.

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

En el formulario, cuando nos referimos a medicamentos, esto podría referirse a un medicamento o a un producto biológico. Los productos biológicos son más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos habituales, en lugar de tener una forma genérica, tienen alternativas que se llaman biocomparables. Por lo general, los biosimilares son tan eficaces como los productos biológicos originales, y suelen ser más baratos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, podrían sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir los medicamento de marca.

Para ver un análisis sobre los tipos de medicamentos, consulte el Capítulo 5, Sección 3.1 de la Evidencia de cobertura, “La ‘Lista de medicamentos’ dice qué medicamentos de la Parte D están cubiertos”.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en la cobertura.
Estos requisitos y límites pueden incluir:

- **Autorización previa**: Mercy Care Advantage exige que usted o la persona autorizada a dar recetas obtengan autorización previa para ciertos medicamentos. Esto significa que necesitará contar con la aprobación de Mercy Care Advantage antes de obtener sus medicamentos con receta. Si no obtiene la aprobación, es posible que Mercy Care Advantage no cubra el medicamento.
- **Límites de cantidad**: Para ciertos medicamentos, Mercy Care Advantage limita la cantidad de medicamento que cubrirá. Por ejemplo, Mercy Care Advantage tiene un límite de 30 comprimidos por receta para simvastatin en comprimidos de 80 mg. Esto puede ser además de un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado**: En algunos casos, Mercy Care Advantage le exige que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para su afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, es posible que Mercy Care Advantage no cubra el medicamento B, a menos que usted pruebe el medicamento A primero. Si el medicamento A no funciona para su afección, Mercy Care Advantage cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en Internet que explican nuestras restricciones de tratamiento escalonado y autorización previa. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y la portada posterior.

También puede solicitar que Mercy Care Advantage haga una excepción en cuanto a estas restricciones o límites, o puede pedir una lista de otros medicamentos similares que traten su afección de salud. Para obtener información sobre cómo solicitar una excepción, consulte la sección “¿Cómo solicito una excepción al formulario de Mercy Care Advantage?” que se encuentra en la página XII.

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos de venta libre son medicamentos sin receta que normalmente no están cubiertos por un plan de medicamentos con receta de Medicare. Mercy Care Advantage paga ciertos medicamentos de venta libre. Mercy Care Advantage le proporcionará estos medicamentos de venta libre sin costo alguno para usted. El costo para Mercy Care Advantage de estos medicamentos de venta libre no se tendrá en cuenta para el total de sus costos de medicamentos de la Parte D.

¿Qué sucede si mi medicamento no está incluido en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Departamento de Servicios para Miembros y consultar si su medicamento está cubierto.

Si se le informa que Mercy Care Advantage no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Departamento de Servicios para Miembros una lista de medicamentos similares que estén cubiertos por Mercy Care Advantage. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Mercy Care Advantage.
- Puede solicitar a Mercy Care Advantage que haga una excepción y cubra su medicamento. Consulte la información sobre cómo solicitar una excepción a continuación.

¿Cómo solicito una excepción al formulario de Mercy Care Advantage?

Puede solicitar a Mercy Care Advantage que haga una excepción en cuanto a nuestras normas de cobertura. Existen varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento incluso si este no se encuentra en nuestro formulario. Si se aprueba, el medicamento estará cubierto a un nivel de costo compartido determinado previamente, y no podrá solicitar que el medicamento se proporcione a un costo compartido menor.
- Puede solicitarnos que eliminemos una restricción de cobertura, que incluye la autorización previa, el tratamiento escalonado o un límite de cantidad en su medicamento. Por ejemplo, para ciertos medicamentos, Mercy Care Advantage limita la cantidad de medicamento que cubrirá. Si su medicamento tiene un límite en la cantidad, puede solicitarnos que no apliquemos el límite y que cubramos una cantidad mayor.

En general, Mercy Care Advantage solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan o la aplicación de la restricción no serían tan efectivos para usted o le causarían efectos adversos.

Usted o la persona autorizada a dar recetas debe comunicarse con nosotros para solicitar una excepción al formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, la persona autorizada a dar recetas tendrá que explicar las razones médicas por las que necesita la excepción.** Por lo general, debemos tomar una decisión en un plazo de 72 horas después de obtener la declaración de respaldo de la persona autorizada a dar recetas. Puede solicitar una decisión acelerada (rápida) si cree, y estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo, o si la persona autorizada a dar recetas solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de que recibamos la declaración de respaldo de esta persona.

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

Como un miembro nuevo o continuo de nuestro plan, es posible que tome medicamentos que no se encuentren en nuestro formulario. O es posible que esté tomando un medicamento que está en nuestro formulario, pero tiene una restricción de cobertura, como una autorización previa. Debe hablar con la persona autorizada a dar recetas sobre la solicitud de una decisión de cobertura para mostrar que reúne los criterios de aprobación, cambiar a un medicamento alternativo que cubrimos o la solicitud de una excepción del formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan la acción más apropiada, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días como miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o tenga una restricción de cobertura, cubriremos un suministro temporal para 31 días. Si su receta está indicada para menos días, permitimos obtener los medicamentos hasta alcanzar un suministro máximo de 31 días del medicamento. Si la cobertura no se aprueba, luego del primer suministro de 31 días, ya no pagaremos esos medicamentos, incluso si hace menos de 90 días que es miembro del plan.

Si reside en un centro de atención a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario, o si su capacidad de obtener sus medicamentos es limitada, pero ya transcurrieron los primeros 90 días como miembro de nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras usted intenta conseguir una excepción al formulario.

Si usted es ingresado en un centro de atención a largo plazo o si recibe el alta de este centro, le permitiremos obtener un resurtido del medicamento con receta en el momento del ingreso o el alta.

Para obtener más información

Para obtener información más detallada sobre su cobertura para medicamentos con receta de Mercy Care Advantage, consulte su Evidencia de cobertura y los otros materiales del plan.

Si tiene preguntas sobre Mercy Care Advantage, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y la portada posterior.

Si tiene alguna pregunta general sobre la cobertura para medicamentos con receta de Medicare, llame a Medicare al **1-800-MEDICARE (1-800-633-4227)**, durante las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al **1-877-486-2048**. O bien, visite **http://www.medicare.gov**.

Formulario de Mercy Care Advantage

El formulario que comienza en la página siguiente proporciona información sobre los medicamentos cubiertos por Mercy Care Advantage. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 57.

En la primera columna de esta tabla, se indica el nombre del medicamento. Los medicamentos de marca están escritos en letra mayúscula (p. ej., SYNTHROID) y los medicamentos genéricos están escritos en letra minúscula y cursiva (p. ej., levothyroxine).

La información en la columna Requisitos/Límites le informa si Mercy Care Advantage establece requisitos especiales de cobertura para su medicamento.

Sus montos de costos compartidos dependen de la categoría en la que se encuentre el medicamento:

Categoría	Monto de costo compartido
Medicamentos genéricos (incluye medicamentos de marca considerados genéricos)	$0/$1.60/$5.10 (cada receta)
Todos los demás medicamentos	$0/$4.90/$12.65 (cada receta)

Sus copagos pueden ser menores, lo cual depende del nivel de “Ayuda adicional” que reciba. La Cláusula adicional a la Evidencia de cobertura para las personas que reciben ayuda adicional para pagar los medicamentos con receta (Cláusula adicional LIS) indica el monto que debe pagar por sus medicamentos con receta. También puede llamar al Departamento de Servicios para Miembros para conocer su monto de costo compartido. En las páginas de la portada y la portada posterior, encontrará los números de teléfono del Departamento de Servicios para Miembros.

La información en la columna Requisitos/Límites le informa si Mercy Care Advantage establece requisitos especiales de cobertura para su medicamento.

Abreviatura	Requisitos/límites
B/D	**Cubierto por la Parte B o la Parte D de Medicare.** Este medicamento puede estar cubierto por la Parte B o la Parte D de Medicare, según las circunstancias. Para tomar la determinación, se deberá enviar información que incluya la descripción del uso y la situación en que se administra el medicamento.
EA	**Cada uno.** Los medicamentos que tienen EA indican la cantidad de píldoras provistas.
NDS	**Suministro no extendido.** Los medicamentos que figuran en NDS tienen un límite de suministro de 30 días. El medicamento no está disponible para un suministro extendido.
NM	**No disponible para pedido por correo.** Los medicamentos con esta abreviatura normalmente no están disponibles en la farmacia de servicio por correo CVS Caremark®. Los medicamentos de mantenimiento (medicamentos que toma regularmente para una enfermedad crónica o a largo plazo) sin esta abreviatura suelen estar disponibles en la farmacia de servicio por correo CVS Caremark®. La disponibilidad real puede variar.
PA	**Autorización previa.** Nuestro plan exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con nuestra aprobación antes de obtener sus medicamentos con receta. Si no tiene la aprobación, es posible que no cubramos el medicamento. Usted o su proveedor deben obtener la autorización de nuestro plan antes de que aceptemos cubrir el medicamento.
QL	**Límites de cantidad.** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Por ejemplo, nuestro plan proporciona 30 comprimidos por 30 días por receta para simvastatin en comprimidos de 80 mg. Se muestra la cantidad por surtido o resurtido.
ST	**Tratamiento escalonado.** Este medicamento con receta requiere que usted haya probado otro medicamento antes, y que no haya funcionado. En algunos casos, nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que no cubramos el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces cubriremos el medicamento B.

Notice of Availability

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-436-5288. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-436-5288. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-877-436-5288。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-877-436-5288。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-436-5288. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-436-5288. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-436-5288 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-436-5288. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-436-5288** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-436-5288**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-877-436-5288**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-436-5288** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-436-5288**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-436-5288**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-436-5288**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-436-5288**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-877-436-5288** にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Nondiscrimination Notice

Mercy Care d/b/a Mercy Care Advantage (HMO SNP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mercy Care d/b/a Mercy Care Advantage (HMO SNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, health status or need for health care services.

Mercy Care d/b/a Mercy Care Advantage (HMO SNP):

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

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe that Mercy Care d/b/a Mercy Care Advantage (HMO SNP) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator

4750 S. 44th Place, Ste. 150

Phoenix, AZ 85040

Telephone: **1-888-234-7358 (TTY 711)**

Email: **medicaidcrcoordinator@mercycareaz.org**

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, **1-800-368-1019**, **1-800-537-7697** (TDD). Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

2026 Formulary (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS – DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT – DRUGS TO TREAT GOUT		
allopurinol TABS 100mg, 300mg	Tier 1	
colchicine TABS .6mg	Tier 1	QL (120 tabs/30 days)
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	
probenecid TABS 500mg	Tier 1	
MISCELLANEOUS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	Tier 1	B/D
NSAIDS – DRUGS TO TREAT PAIN AND INFLAMMATION		
celecoxib CAPS 50mg, 100mg, 200mg	Tier 1	QL (60 caps/30 days)
celecoxib CAPS 400mg	Tier 1	QL (30 caps/30 days)
diclofenac potassium TABS 50mg	Tier 1	QL (120 tabs/30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 1	
diflunisal TABS 500mg	Tier 1	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 1	
flurbiprofen TABS 100mg	Tier 1	
ibu TABS 400mg, 600mg, 800mg	Tier 1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	Tier 1	
meloxicam TABS 7.5mg, 15mg	Tier 1	
nabumetone TABS 500mg, 750mg	Tier 1	
naproxen TABS 250mg, 375mg, 500mg	Tier 1	
naproxen TBEC 375mg	Tier 1	QL (120 tabs/30 days)
naproxen sodium TABS 275mg, 550mg	Tier 1	
piroxicam CAPS 10mg, 20mg	Tier 1	
sulindac TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	Tier 1	QL (4 patches/28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	Tier 1	QL (10 patches/30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg	Tier 1	QL (30 tabs/30 days), PA
hydrocodone bitartrate T24A 100mg, 120mg	Tier 1	NDS, QL (30 tabs/30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	Tier 1	QL (450 mL/30 days), PA
methadone hcl TABS 5mg, 10mg	Tier 1	QL (90 tabs/30 days), PA
methadone hydrochloride i CONC 10mg/ml	Tier 1	QL (90 mL/30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	Tier 1	QL (90 tabs/30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	Tier 1	QL (2700 mL/30 days)
acetaminophen w/ codeine tab 300-15 mg	Tier 1	QL (400 tabs/30 days)
acetaminophen w/ codeine tab 300-30 mg	Tier 1	QL (360 tabs/30 days)
acetaminophen w/ codeine tab 300-60 mg	Tier 1	QL (180 tabs/30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
endocet tab 2.5-325mg	Tier 1	QL (360 tabs/30 days)
endocet tab 5-325mg	Tier 1	QL (360 tabs/30 days)
endocet tab 7.5-325mg	Tier 1	QL (240 tabs/30 days)
endocet tab 10-325mg	Tier 1	QL (180 tabs/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	QL (2700 mL/30 days)
hydrocodone-acetaminophen tab 5-325 mg	Tier 1	QL (240 tabs/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs/30 days)
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	Tier 1	QL (150 tabs/30 days)
hydromorphone hcl LIQD 1mg/ml	Tier 1	QL (600 mL/30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	Tier 1	QL (180 tabs/30 days)
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	Tier 1	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	Tier 1	QL (900 mL/30 days)
morphine sulfate SOLN 100mg/5ml	Tier 1	QL (180 mL/30 days)
morphine sulfate TABS 15mg, 30mg	Tier 1	QL (180 tabs/30 days)
oxycodone hcl CONC 100mg/5ml	Tier 1	QL (180 mL/30 days)
oxycodone hcl SOLN 5mg/5ml	Tier 1	QL (900 mL/30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	Tier 1	QL (180 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 1	QL (360 tabs/30 days)
oxycodone w/ acetaminophen tab 5-325 mg	Tier 1	QL (360 tabs/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 1	QL (240 tabs/30 days)
oxycodone w/ acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs/30 days)
tramadol hcl TABS 50mg	Tier 1	QL (240 tabs/30 days)
tramadol-acetaminophen tab 37.5-325 mg	Tier 1	QL (240 tabs/30 days)
ANTI-INFECTIVES – DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES – MISCELLANEOUS		
albendazole TABS 200mg	Tier 1	QL (672 tabs/year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	Tier 1	
ARIKAYCE SUSP 590mg/8.4ml	Tier 1	NDS, NM, PA
atovaquone SUSP 750mg/5ml	Tier 1	QL (300 mL/30 days), PA
aztreonam SOLR 1gm, 2gm	Tier 1	
CAYSTON SOLR 75mg	Tier 1	NDS, NM, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	Tier 1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	Tier 1	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	Tier 1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	Tier 1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	Tier 1	
CLINDMYC/NAC INJ 300/50ML	Tier 1	
CLINDMYC/NAC INJ 600/50ML	Tier 1	
CLINDMYC/NAC INJ 900/50ML	Tier 1	
colistimethate sodium SOLR 150mg	Tier 1	
dapsone TABS 25mg, 100mg	Tier 1	
DAPTOMYCIN SOLR 350mg	Tier 1	NDS
daptomycin SOLR 350mg, 500mg	Tier 1	NDS

Drug Name	Drug Tier	Requirements/Limits
EMVERM CHEW 100mg	Tier 1	NDS, QL (12 tabs/year)
ertapenem sodium SOLR 1gm	Tier 1	
fosfomycin tromethamine PACK 3gm	Tier 1	
gentamicin in saline inj 0.8 mg/ml	Tier 1	
gentamicin in saline inj 1 mg/ml	Tier 1	
gentamicin in saline inj 1.2 mg/ml	Tier 1	
gentamicin in saline inj 1.6 mg/ml	Tier 1	
gentamicin in saline inj 2 mg/ml	Tier 1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	Tier 1	
imipenem-cilastatin intravenous for soln 250 mg	Tier 1	
imipenem-cilastatin intravenous for soln 500 mg	Tier 1	
IMPAVIDO CAPS 50mg	Tier 1	NDS, PA
ivermectin TABS 3mg	Tier 1	QL (20 tabs/90 days), PA
ivermectin TABS 6mg	Tier 1	QL (10 tabs/90 days), PA
linezolid SOLN 600mg/300ml	Tier 1	
linezolid SUSR 100mg/5ml	Tier 1	NDS, QL (1800 mL/30 days)
linezolid TABS 600mg	Tier 1	QL (60 tabs/30 days)
LINEZOLID INJ 2MG/ML	Tier 1	
meropenem SOLR 1gm, 2gm, 500mg	Tier 1	
methenamine hippurate TABS 1gm	Tier 1	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	Tier 1	
neomycin sulfate TABS 500mg	Tier 1	
nitazoxanide TABS 500mg	Tier 1	NDS, QL (6 tabs/30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	Tier 1	
nitrofurantoin monohyd macro CAPS 100mg	Tier 1	
pentamidine isethionate inh SOLR 300mg	Tier 1	B/D
pentamidine isethionate inj SOLR 300mg	Tier 1	
polymyxin b sulfate SOLR 500000unit	Tier 1	
praziquantel TABS 600mg	Tier 1	
pyrimethamine TABS 25mg	Tier 1	NDS, QL (90 tabs/30 days), PA
streptomycin sulfate SOLR 1gm	Tier 1	NDS
sulfadiazine TABS 500mg	Tier 1	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
tinidazole TABS 250mg, 500mg	Tier 1	
TOBI PODHALER CAPS 28mg	Tier 1	NDS, NM, PA
tobramycin NEBU 300mg/5ml	Tier 1	NDS, NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 1	
trimethoprim TABS 100mg	Tier 1	
vancomycin hcl CAPS 125mg	Tier 1	QL (80 caps/180 days)
vancomycin hcl CAPS 250mg	Tier 1	QL (160 caps/180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 1 GM	Tier 1	
VANCOMYCIN INJ 500MG	Tier 1	
VANCOMYCIN INJ 750MG	Tier 1	
ANTIFUNGALS – DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	Tier 1	B/D
amphotericin b SOLR 50mg	Tier 1	B/D
amphotericin b liposome SUSR 50mg	Tier 1	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	Tier 1	
CRESEMBA CAPS 74.5mg, 186mg	Tier 1	NDS, PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 1	
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 1	
flucytosine CAPS 250mg, 500mg	Tier 1	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 1	
griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 1	
itraconazole CAPS 100mg	Tier 1	QL (120 caps/30 days)
ketoconazole TABS 200mg	Tier 1	PA
micafungin sodium SOLR 50mg, 100mg	Tier 1	
nystatin TABS 500000unit	Tier 1	
posaconazole TBEC 100mg	Tier 1	NDS, QL (93 tabs/30 days), PA
terbinafine hcl TABS 250mg	Tier 1	QL (30 tabs/30 days), PA; PA applies after a 90-day supply in a calendar year
voriconazole SOLR 200mg	Tier 1	PA
voriconazole SUSR 40mg/ml	Tier 1	NDS, QL (600 mL/28 days), PA
voriconazole TABS 50mg	Tier 1	QL (480 tabs/30 days)
voriconazole TABS 200mg	Tier 1	QL (120 tabs/30 days)
ANTIMALARIALS – DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	
chloroquine phosphate TABS 250mg, 500mg	Tier 1	
COARTEM TAB 20-120MG	Tier 1	
mefloquine hcl TABS 250mg	Tier 1	
primaquine phosphate TABS 26.3mg	Tier 1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 1	
quinine sulfate CAPS 324mg	Tier 1	PA
ANTIRETROVIRAL AGENTS – DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	Tier 1	NM
APTIVUS CAPS 250mg	Tier 1	NDS, NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	Tier 1	NM
darunavir TABS 600mg	Tier 1	QL (60 tabs/30 days), NM
darunavir TABS 800mg	Tier 1	QL (30 tabs/30 days), NM
EDURANT TABS 25mg	Tier 1	NDS, NM
EDURANT PED TBSO 2.5mg	Tier 1	NDS, NM
efavirenz TABS 600mg	Tier 1	NM

Drug Name	Drug Tier	Requirements/Limits
emtricitabine CAPS 200mg	Tier 1	NM
EMTRIVA SOLN 10mg/ml	Tier 1	NM
etravirine TABS 100mg, 200mg	Tier 1	NDS, NM
fosamprenavir calcium TABS 700mg	Tier 1	NDS, NM
INTELENCE TABS 25mg	Tier 1	NM
ISENTRESS CHEW 25mg	Tier 1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 1	NDS, NM
ISENTRESS HD TABS 600mg	Tier 1	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	NM
maraviroc TABS 150mg, 300mg	Tier 1	NDS, NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 1	NM
NORVIR PACK 100mg	Tier 1	NM
PIFELTRO TABS 100mg	Tier 1	NDS, NM
PREZISTA SUSP 100mg/ml	Tier 1	NDS, QL (400 mL/30 days), NM
PREZISTA TABS 75mg	Tier 1	QL (480 tabs/30 days), NM
PREZISTA TABS 150mg	Tier 1	NDS, QL (240 tabs/30 days), NM
REYATAZ PACK 50mg	Tier 1	NDS, NM
ritonavir TABS 100mg	Tier 1	NM
RUKOBIA TB12 600mg	Tier 1	NDS, NM
SELZENTRY SOLN 20mg/ml	Tier 1	NDS, NM
SUNLENCA TABS 300mg; TBPK 300mg	Tier 1	NDS, NM
tenofovir disoproxil fumarate TABS 300mg	Tier 1	NM
TIVICAY TABS 50mg	Tier 1	NDS, NM
TIVICAY PD TBSO 5mg	Tier 1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	Tier 1	NDS, NM
TYBOST TABS 150mg	Tier 1	NM
VIRACEPT TABS 250mg, 625mg	Tier 1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 1	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 1	NM
ANTIRETROVIRAL COMBINATION AGENTS – DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	NM
BIKTARVY TAB 30-120-15 MG	Tier 1	NDS, NM
BIKTARVY TAB 50-200-25 MG	Tier 1	NDS, NM
CIMDUO TAB 300-300	Tier 1	NDS, NM
DELSTRIGO TAB	Tier 1	NDS, NM
DESCOVY TAB 120-15MG	Tier 1	NDS, NM
DESCOVY TAB 200/25MG	Tier 1	NDS, NM
DOVATO TAB 50-300MG	Tier 1	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	NDS, NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	Tier 1	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 1	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	NM

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 1	NM
EVOTAZ TAB 300-150	Tier 1	NDS, NM
GENVOYA TAB	Tier 1	NDS, NM
JULUCA TAB 50-25MG	Tier 1	NDS, NM
KALETRA SOL	Tier 1	NM
lamivudine-zidovudine tab 150-300 mg	Tier 1	NM
lopinavir-ritonavir tab 100-25 mg	Tier 1	NM
lopinavir-ritonavir tab 200-50 mg	Tier 1	NM
ODEFSEY TAB	Tier 1	NDS, NM
PREZCOBIX TAB 800-150	Tier 1	NDS, NM
STRIBILD TAB	Tier 1	NDS, NM
SYMTUZA TAB	Tier 1	NDS, NM
TRIUMEQ PD TAB	Tier 1	NM
TRIUMEQ TAB	Tier 1	NDS, NM
ANTITUBERCULAR AGENTS – DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	Tier 1	NDS
ethambutol hcl TABS 100mg, 400mg	Tier 1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 1	
pyrazinamide TABS 500mg	Tier 1	
rifabutin CAPS 150mg	Tier 1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	Tier 1	
SIRTURO TABS 20mg, 100mg	Tier 1	NDS, NM, PA
ANTIVIRALS – DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	Tier 1	
acyclovir sodium SOLN 50mg/ml	Tier 1	B/D
adefovir dipivoxil TABS 10mg	Tier 1	NM
BARACLUDE SOLN .05mg/ml	Tier 1	NDS, NM, ST
entecavir TABS .5mg, 1mg	Tier 1	NM
EPCLUSA PAK 150-37.5	Tier 1	NDS, NM, PA
EPCLUSA PAK 200-50MG	Tier 1	NDS, NM, PA
EPCLUSA TAB 200-50MG	Tier 1	NDS, NM, PA
EPCLUSA TAB 400-100	Tier 1	NDS, NM, PA
famciclovir TABS 125mg, 250mg, 500mg	Tier 1	
ganciclovir sodium SOLR 500mg	Tier 1	B/D
lamivudine (hbv) TABS 100mg	Tier 1	NM
LIVTENCITY TABS 200mg	Tier 1	NDS, QL (336 tabs/28 days), NM, PA
MAVYRET PAK 50-20MG	Tier 1	NDS, NM, PA
MAVYRET TAB 100-40MG	Tier 1	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	Tier 1	QL (168 caps/year)
oseltamivir phosphate CAPS 45mg, 75mg	Tier 1	QL (84 caps/year)
oseltamivir phosphate SUSR 6mg/ml	Tier 1	QL (1080 mL/year)
PAXLOVID PAK	Tier 1	QL (22 tabs/90 days)
PAXLOVID TAB 150-100	Tier 1	QL (40 tabs/90 days)
PAXLOVID TAB 300-100	Tier 1	QL (60 tabs/90 days)

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	Tier 1	NDS, QL (28 tabs/28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	Tier 1	QL (6 inhalers/year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 1	NM
rimantadine hydrochloride TABS 100mg	Tier 1	
valacyclovir hcl TABS 1gm, 500mg	Tier 1	
valganciclovir hcl SOLR 50mg/ml	Tier 1	NDS
valganciclovir hcl TABS 450mg	Tier 1	
VOSEVI TAB	Tier 1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	Tier 1	QL (1 tab/180 days)
CEPHALOSPORINS – DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg	Tier 1	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 1	
CEFAZOLIN INJ 1GM/50ML	Tier 1	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 1	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 1	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
cefepime hcl SOLR 1gm, 2gm	Tier 1	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
cefotetan disodium SOLR 1gm, 2gm	Tier 1	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
ceftazidime SOLR 1gm, 2gm, 6gm	Tier 1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	
cefuroxime axetil TABS 250mg, 500mg	Tier 1	
cefuroxime sodium SOLR 1.5gm, 750mg	Tier 1	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
tazicef SOLR 1gm, 2gm, 6gm	Tier 1	
TEFLARO SOLR 400mg, 600mg	Tier 1	NDS
ERYTHROMYCINS/MACROLIDES – DRUGS TO TREAT INFECTIONS		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	Tier 1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 1	NDS
e.e.s. 400 TABS 400mg	Tier 1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 1	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate TABS 400mg	Tier 1	
erythromycin lactobionate SOLR 500mg	Tier 1	
FLUOROQUINOLONES – DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	Tier 1	
ciprofloxacin 400 mg/200ml in d5w	Tier 1	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 1	
levofloxacin in d5w iv soln 500 mg/100ml	Tier 1	
levofloxacin in d5w iv soln 750 mg/150ml	Tier 1	
moxifloxacin hcl TABS 400mg	Tier 1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 1	
PENICILLINS – DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
ampicillin CAPS 500mg	Tier 1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	Tier 1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	Tier 1	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 1	
dicloxacillin sodium CAPS 250mg, 500mg	Tier 1	
nafcillin sodium SOLR 1gm, 2gm	Tier 1	
nafcillin sodium SOLR 10gm	Tier 1	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	Tier 1	
penicillin g potassium SOLR 5000000unit, 20000000unit	Tier 1	
penicillin g sodium SOLR 5000000unit	Tier 1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
pfizerpen SOLR 5000000unit, 20000000unit	Tier 1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES – DRUGS TO TREAT INFECTIONS		
doxy 100 SOLR 100mg	Tier 1	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	Tier 1	
minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 1	
NUZYRA SOLR 100mg	Tier 1	NDS, NM
NUZYRA TABS 150mg	Tier 1	NDS, QL (30 tabs/14 days), NM
tetracycline hcl CAPS 250mg, 500mg	Tier 1	
tigecycline SOLR 50mg	Tier 1	
ANTINEOPLASTIC AGENTS – DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	Tier 1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	Tier 1	NDS, B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg	Tier 1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 1	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	Tier 1	NDS, B/D
cyclophosphamide SOLR 2gm	Tier 1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 1	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 1	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	Tier 1	NM
GLEOSTINE CAPS 100mg	Tier 1	NDS, NM
LEUKERAN TABS 2mg	Tier 1	NDS, PA
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	Tier 1	B/D
oxaliplatin SOLR 50mg, 100mg	Tier 1	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	Tier 1	NDS, B/D, NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	Tier 1	NDS, B/D, NM
cytarabine SOLN 20mg/ml	Tier 1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 1	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml	Tier 1	B/D, NM
gemcitabine hcl SOLN 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D
INQOVI TAB 35-100MG	Tier 1	NDS, QL (5 tabs/28 days), NM, PA
LONSURF TAB 15-6.14	Tier 1	NDS, QL (100 tabs/28 days), NM, PA
LONSURF TAB 20-8.19	Tier 1	NDS, QL (80 tabs/28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	Tier 1	NDS, NM
mercaptopurine TABS 50mg	Tier 1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
ONUREG TABS 200mg, 300mg	Tier 1	NDS, QL (14 tabs/28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	NDS, B/D
TABLOID TABS 40mg	Tier 1	NDS, PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
abiraterone acetate TABS 500mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
abirtega TABS 250mg	Tier 1	QL (120 tabs/30 days), NM, PA
AKEEGA TAB 50/500MG	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
AKEEGA TAB 100/500	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
anastrozole TABS 1mg	Tier 1	
bicalutamide TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 1	NM, PA
ERLEADA TABS 60mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
ERLEADA TABS 240mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
EULEXIN CAPS 125mg	Tier 1	NDS
exemestane TABS 25mg	Tier 1	
FIRMAGON SOLR 80mg	Tier 1	NM, PA
FIRMAGON SOLR 120mg/vial	Tier 1	NDS, NM, PA
fulvestrant SOSY 250mg/5ml	Tier 1	NDS, B/D
letrozole TABS 2.5mg	Tier 1	
leuprolide acetate KIT 1mg/0.2ml	Tier 1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 1	NDS, NM, PA
LYSODREN TABS 500mg	Tier 1	NDS, NM
megestrol acetate TABS 20mg, 40mg	Tier 1	
nilutamide TABS 150mg	Tier 1	NDS
NUBEQA TABS 300mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
ORGOVYX TABS 120mg	Tier 1	NDS, NM, PA
ORSERDU TABS 86mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
ORSERDU TABS 345mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	Tier 1	NDS
tamoxifen citrate TABS 10mg, 20mg	Tier 1	
toremifene citrate TABS 60mg	Tier 1	PA
XTANDI CAPS 40mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
XTANDI TABS 40mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
XTANDI TABS 80mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
YONSA TABS 125mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 1	NDS, QL (28 caps/28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	Tier 1	NDS, QL (21 caps/28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 1	NDS, QL (21 caps/28 days), NM, PA
THALOMID CAPS 50mg	Tier 1	NDS, QL (84 caps/28 days), NM, PA
THALOMID CAPS 100mg	Tier 1	NDS, QL (112 caps/28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
bexarotene CAPS 75mg	Tier 1	NDS, QL (300 caps/30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	Tier 1	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	Tier 1	NDS, B/D
hydroxyurea CAPS 500mg	Tier 1	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D
IWILFIN TABS 192mg	Tier 1	NDS, QL (240 tabs/30 days), NM, PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 1	
MATULANE CAPS 50mg	Tier 1	NDS, NM
mesna TABS 400mg	Tier 1	NDS
tretinoin (chemotherapy) CAPS 10mg	Tier 1	NDS
WELIREG TABS 40mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	Tier 1	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	NDS, B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 1	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 1	B/D
paclitaxel inj 100mg	Tier 1	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	Tier 1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	Tier 1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	Tier 1	NDS, QL (240 caps/30 days), NM, PA
ALUNBRIG TABS 30mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
ALUNBRIG PAK	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
AUGTYRO CAPS 40mg	Tier 1	NDS, QL (240 caps/30 days), NM, PA
AUGTYRO CAPS 160mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
AVMAPKI PAK FAKZYNJA	Tier 1	NDS, QL (1 pack/28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
BALVERSA TABS 3mg	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
BALVERSA TABS 4mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
BALVERSA TABS 5mg	Tier 1	NDS, QL (28 tabs/28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	Tier 1	NM, PA
bortezomib SOLR 3.5mg	Tier 1	NDS, NM, PA
BOSULIF CAPS 50mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
BOSULIF CAPS 100mg	Tier 1	NDS, QL (300 caps/30 days), NM, PA
BOSULIF TABS 100mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
BOSULIF TABS 400mg, 500mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
BRAFTOVI CAPS 75mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
BRUKINSA CAPS 80mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS 20mg, 40mg, 60mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
CALQUENCE TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
CAPRELSA TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
CAPRELSA TABS 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	Tier 1	NDS, QL (84 caps/28 days), NM, PA
COMETRIQ KIT 100MG	Tier 1	NDS, QL (56 caps/28 days), NM, PA
COMETRIQ KIT 140MG	Tier 1	NDS, QL (112 caps/28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	Tier 1	NDS, QL (56 caps/28 days), NM, PA
COTELLIC TABS 20mg	Tier 1	NDS, QL (63 tabs/28 days), NM, PA
DANZITEN TABS 71mg, 95mg	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
dasatinib TABS 20mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
DAURISMO TABS 25mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
DAURISMO TABS 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
ERIVEDGE CAPS 150mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
erlotinib hcl TABS 25mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
everolimus TBSO 2mg, 5mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
everolimus TBSO 3mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	Tier 1	NDS, QL (21 caps/28 days), NM, PA
FRUZAQLA CAPS 1mg	Tier 1	NDS, QL (84 caps/28 days), NM, PA
FRUZAQLA CAPS 5mg	Tier 1	NDS, QL (21 caps/28 days), NM, PA
GAVRETO CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
gefitinib TABS 250mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
GOMEKLI CAPS 1mg	Tier 1	NDS, QL (168 caps/28 days), NM, PA
GOMEKLI CAPS 2mg	Tier 1	NDS, QL (84 caps/28 days), NM, PA
GOMEKLI TBSO 1mg	Tier 1	NDS, QL (168 tabs/28 days), NM, PA
HERCEP HYLEC SOL 60-10000	Tier 1	NDS, NM, PA
HERCEPTIN SOLR 150mg	Tier 1	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	Tier 1	NDS, QL (21 caps/28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	Tier 1	NDS, QL (21 tabs/28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
IDHIFA TABS 50mg, 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
imatinib mesylate TABS 100mg	Tier 1	QL (90 tabs/30 days), NM, PA
imatinib mesylate TABS 400mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
IMBRUVICA CAPS 70mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
IMBRUVICA CAPS 140mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	Tier 1	NDS, QL (216 mL/27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
IMKELDI SOLN 80mg/ml	Tier 1	NDS, QL (280 mL/28 days), NM, PA
INLYTA TABS 1mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
INLYTA TABS 5mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
INREBIC CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
ITOVEBI TABS 3mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
ITOVEBI TABS 9mg	Tier 1	NDS, QL (28 tabs/28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
JAYPIRCA TABS 50mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
JAYPIRCA TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	Tier 1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	Tier 1	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	Tier 1	NDS, QL (21 tabs/28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	Tier 1	NDS, QL (42 tabs/28 days), NM, PA
KISQALI 400 PAK FEMARA	Tier 1	NDS, QL (70 tabs/28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	Tier 1	NDS, QL (63 tabs/28 days), NM, PA
KISQALI 600 PAK FEMARA	Tier 1	NDS, QL (91 tabs/28 days), NM, PA
KOSELUGO CAPS 10mg	Tier 1	NDS, QL (240 caps/30 days), NM, PA
KOSELUGO CAPS 25mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
KRAZATI TABS 200mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
lapatinib ditosylate TABS 250mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
LAZCLUZE TABS 80mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
LAZCLUZE TABS 240mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (90 caps/30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
LENVIMA CAP 14 MG	Tier 1	NDS, QL (60 caps/30 days), NM, PA
LENVIMA CAP 18 MG	Tier 1	NDS, QL (90 caps/30 days), NM, PA
LENVIMA CAP 24 MG	Tier 1	NDS, QL (90 caps/30 days), NM, PA
LORBRENA TABS 25mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
LORBRENA TABS 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
LUMAKRAS TABS 120mg	Tier 1	NDS, QL (240 tabs/30 days), NM, PA
LUMAKRAS TABS 240mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
LUMAKRAS TABS 320mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	Tier 1	NDS, QL (140 tabs/28 days), NM, PA
MEKINIST SOLR .05mg/ml	Tier 1	NDS, QL (1260 mL/30 days), NM, PA
MEKINIST TABS 2mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
MEKINIST TABS .5mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
MEKTOVI TABS 15mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
MONJUVI SOLR 200mg	Tier 1	NDS, NM, PA
NERLYNX TABS 40mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
nilotinib hcl CAPS 50mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
nilotinib hcl CAPS 150mg, 200mg	Tier 1	NDS, QL (112 caps/28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 1	NDS, QL (3 caps/28 days), NM, PA
ODOMZO CAPS 200mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
OGSIVEO TABS 50mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
OJEMDA SUSR 25mg/ml	Tier 1	NDS, QL (96 mL/28 days), NM, PA
OJEMDA TABS 100mg	Tier 1	NDS, QL (24 tabs/28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
pazopanib hcl TABS 200mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 1	NDS, QL (28 tabs/28 days), NM, PA
PHESGO SOL	Tier 1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 1	NDS, QL (28 tabs/28 days), NM, PA
PIQRAY 250MG TAB DOSE	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
QINLOCK TABS 50mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
RETEVMO TABS 40mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
RETEVMO TABS 80mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
RETEVMO TABS 120mg, 160mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
REVUFORJ TABS 25mg	Tier 1	NDS, QL (240 tabs/30 days), NM, PA
REVUFORJ TABS 110mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
REVUFORJ TABS 160mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
REZLIDHIA CAPS 150mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	Tier 1	NDS, QL (8 caps/28 days), NM, PA
ROZLYTREK CAPS 100mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
ROZLYTREK CAPS 200mg	Tier 1	NDS, QL (90 caps/30 days), NM, PA
ROZLYTREK PACK 50mg	Tier 1	NDS, QL (336 packets/28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
RYDAPT CAPS 25mg	Tier 1	NDS, QL (224 caps/28 days), NM, PA
SCEMBLIX TABS 20mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
SCEMBLIX TABS 40mg	Tier 1	NDS, QL (300 tabs/30 days), NM, PA
SCEMBLIX TABS 100mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
sorafenib tosylate TABS 200mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
STIVARGA TABS 40mg	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
TABRECTA TABS 150mg, 200mg	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
TAFINLAR TBSO 10mg	Tier 1	NDS, QL (840 tabs/28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
TALZENNA CAPS .25mg	Tier 1	NDS, QL (90 caps/30 days), NM, PA
TAZVERIK TABS 200mg	Tier 1	NDS, QL (240 tabs/30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 1	NDS, NM, PA
TECENTRIQ INJ HYBREZA	Tier 1	NDS, QL (1 vial/21 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TEPMETKO TABS 225mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
TIBSOVO TABS 250mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	Tier 1	NDS, QL (64 tabs/28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	Tier 1	NDS, QL (4 packs/28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
TURALIO CAPS 125mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
VENCLEXTA TABS 10mg	Tier 1	QL (112 tabs/28 days), NM, PA
VENCLEXTA TABS 50mg	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
VENCLEXTA TABS 100mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
VENCLEXTA TAB START PK	Tier 1	NDS, QL (42 tabs/28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
VITRAKVI CAPS 25mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
VITRAKVI CAPS 100mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
VITRAKVI SOLN 20mg/ml	Tier 1	NDS, QL (300 mL/30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
VONJO CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
VORANIGO TABS 10mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
VORANIGO TABS 40mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
XALKORI CPSP 150mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
XOSPATA TABS 40mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	Tier 1	NDS, QL (16 tabs/28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	Tier 1	NDS, QL (4 tabs/28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	Tier 1	NDS, QL (8 tabs/28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	Tier 1	NDS, QL (4 tabs/28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	Tier 1	NDS, QL (24 tabs/28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	Tier 1	NDS, QL (8 tabs/28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	Tier 1	NDS, QL (32 tabs/28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	Tier 1	NDS, QL (8 tabs/28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
ZELBORAF TABS 240mg	Tier 1	NDS, QL (240 tabs/30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 1	NDS, NM, PA
ZOLINZA CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
ZYKADIA TABS 150mg	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
CARDIOVASCULAR – DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Tier 1	QL (30 caps/30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	Tier 1	QL (30 caps/30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	Tier 1	QL (30 caps/30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	QL (30 caps/30 days)

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 10-20 mg	Tier 1	QL (30 caps/30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	Tier 1	QL (30 caps/30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	Tier 1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 25-15 mg	Tier 1	
captopril & hydrochlorothiazide tab 25-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-15 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-25 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 1	
ACE INHIBITORS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
moexipril hcl TABS 7.5mg, 15mg	Tier 1	
perindopril erbumine TABS 2mg, 4mg, 8mg	Tier 1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	
trandolapril TABS 1mg, 2mg, 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone TABS 25mg, 50mg	Tier 1	
KERENDIA TABS 10mg, 20mg	Tier 1	QL (30 tabs/30 days)
spironolactone TABS 25mg, 50mg, 100mg	Tier 1	
ALPHA BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	Tier 1	
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	Tier 1	QL (30 tabs/30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	Tier 1	QL (30 tabs/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	Tier 1	QL (30 tabs/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	Tier 1	QL (30 tabs/30 days)
amlodipine besylate-valsartan tab 5-160 mg	Tier 1	QL (30 tabs/30 days)
amlodipine besylate-valsartan tab 5-320 mg	Tier 1	QL (30 tabs/30 days)
amlodipine besylate-valsartan tab 10-160 mg	Tier 1	QL (30 tabs/30 days)
amlodipine besylate-valsartan tab 10-320 mg	Tier 1	QL (30 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	Tier 1	QL (60 tabs/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	Tier 1	QL (30 tabs/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	Tier 1	QL (30 tabs/30 days)
ENTRESTO CAP 6-6MG	Tier 1	QL (240 caps/30 days)
ENTRESTO CAP 15-16MG	Tier 1	QL (240 caps/30 days)
ENTRESTO TAB 24-26MG	Tier 1	QL (60 tabs/30 days)
ENTRESTO TAB 49-51MG	Tier 1	QL (60 tabs/30 days)
ENTRESTO TAB 97-103MG	Tier 1	QL (60 tabs/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	Tier 1	QL (60 tabs/30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	Tier 1	QL (30 tabs/30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (30 tabs/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 1	QL (30 tabs/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 1	QL (30 tabs/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	Tier 1	QL (30 tabs/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	Tier 1	QL (30 tabs/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	Tier 1	QL (30 tabs/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	Tier 1	QL (30 tabs/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	Tier 1	QL (30 tabs/30 days)
telmisartan-amlodipine tab 40-5 mg	Tier 1	QL (30 tabs/30 days)
telmisartan-amlodipine tab 40-10 mg	Tier 1	QL (30 tabs/30 days)
telmisartan-amlodipine tab 80-5 mg	Tier 1	QL (30 tabs/30 days)
telmisartan-amlodipine tab 80-10 mg	Tier 1	QL (30 tabs/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	Tier 1	QL (30 tabs/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (60 tabs/30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	Tier 1	QL (30 tabs/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (30 tabs/30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 1	QL (30 tabs/30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 1	QL (30 tabs/30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	QL (30 tabs/30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	QL (30 tabs/30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS – DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil TABS 4mg, 8mg, 16mg	Tier 1	QL (60 tabs/30 days)
candesartan cilexetil TABS 32mg	Tier 1	QL (30 tabs/30 days)
irbesartan TABS 75mg, 150mg, 300mg	Tier 1	QL (30 tabs/30 days)
losartan potassium TABS 25mg, 50mg, 100mg	Tier 1	
olmesartan medoxomil TABS 5mg	Tier 1	QL (60 tabs/30 days)
olmesartan medoxomil TABS 20mg, 40mg	Tier 1	QL (30 tabs/30 days)
telmisartan TABS 20mg, 40mg, 80mg	Tier 1	QL (30 tabs/30 days)
valsartan TABS 40mg, 80mg, 160mg	Tier 1	QL (60 tabs/30 days)
valsartan TABS 320mg	Tier 1	QL (30 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS – DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	Tier 1	
disopyramide phosphate CAPS 100mg, 150mg	Tier 1	
dofetilide CAPS 125mcg, 250mcg, 500mcg	Tier 1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	Tier 1	
MULTAQ TABS 400mg	Tier 1	QL (60 tabs/30 days)
pacerone TABS 100mg, 200mg, 400mg	Tier 1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 1	
quinidine sulfate TABS 200mg, 300mg	Tier 1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	Tier 1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	Tier 1	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	Tier 1	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	Tier 1	
gemfibrozil TABS 600mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS – DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs/30 days)
lovastatin TABS 10mg, 20mg, 40mg	Tier 1	QL (60 tabs/30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs/30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	Tier 1	QL (30 tabs/30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs/30 days)
ANTILIPEMICS, MISCELLANEOUS – DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine PACK 4gm; POWD 4gm/dose	Tier 1	
cholestyramine light PACK 4gm; POWD 4gm/dose	Tier 1	
colesevelam hcl PACK 3.75gm; TABS 625mg	Tier 1	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	Tier 1	
ezetimibe TABS 10mg	Tier 1	QL (30 tabs/30 days)
ezetimibe-simvastatin tab 10-10 mg	Tier 1	QL (30 tabs/30 days)
ezetimibe-simvastatin tab 10-20 mg	Tier 1	QL (30 tabs/30 days)
ezetimibe-simvastatin tab 10-40 mg	Tier 1	QL (30 tabs/30 days)
ezetimibe-simvastatin tab 10-80 mg	Tier 1	QL (30 tabs/30 days)
NEXLETOL TABS 180mg	Tier 1	QL (30 tabs/30 days)
NEXLIZET TAB 180/10MG	Tier 1	QL (30 tabs/30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	Tier 1	QL (60 tabs/30 days)
omega-3-acid ethyl esters cap 1 gm	Tier 1	PA
prevalite PACK 4gm; POWD 4gm/dose	Tier 1	
REPATHA SOSY 140mg/ml	Tier 1	QL (6 syringes/28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	Tier 1	QL (6 autoinjectors/28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	Tier 1	
BETA-BLOCKER/DIURETIC COMBINATIONS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	
atenolol & chlorthalidone tab 100-25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	
BETA-BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	Tier 1	
atenolol TABS 25mg, 50mg, 100mg	Tier 1	
betaxolol hcl TABS 10mg, 20mg	Tier 1	
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 1	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	Tier 1	
nadolol TABS 20mg, 40mg, 80mg	Tier 1	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
nebivolol hcl TABS 20mg	Tier 1	QL (60 tabs/30 days)
pindolol TABS 5mg, 10mg	Tier 1	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
timolol maleate TABS 5mg, 10mg, 20mg	Tier 1	
CALCIUM CHANNEL BLOCKERS – DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	Tier 1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
dilt-xr CP24 120mg, 180mg, 240mg	Tier 1	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	Tier 1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
felodipine TB24 2.5mg, 5mg, 10mg	Tier 1	
isradipine CAPS 2.5mg, 5mg	Tier 1	
nicardipine hcl CAPS 20mg, 30mg	Tier 1	
nifedipine TB24 30mg, 60mg, 90mg	Tier 1	
nimodipine CAPS 30mg	Tier 1	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS – DRUGS TO TREAT HEART CONDITIONS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	Tier 1	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl TABS 5mg	Tier 1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	Tier 1	
chlorthalidone TABS 25mg, 50mg	Tier 1	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
furosemide inj SOLN 10mg/ml	Tier 1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
indapamide TABS 1.25mg, 2.5mg	Tier 1	
methazolamide TABS 25mg, 50mg	Tier 1	
metolazone TABS 2.5mg, 5mg, 10mg	Tier 1	
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	Tier 1	QL (30 tabs/30 days)
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 1	
clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1	
CORLANOR SOLN 5mg/5ml	Tier 1	QL (450 mL/30 days)
digoxin SOLN .05mg/ml, .25mg/ml	Tier 1	
digoxin TABS 125mcg, 250mcg	Tier 1	QL (30 tabs/30 days)
droxidopa CAPS 100mg	Tier 1	QL (90 caps/30 days), NM, PA
droxidopa CAPS 200mg, 300mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
epinephrine (anaphylaxis) SOLN 1mg/ml	Tier 1	
guanfacine hcl TABS 1mg, 2mg	Tier 1	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
ivabradine hcl TABS 5mg, 7.5mg	Tier 1	QL (60 tabs/30 days)
metyrosine CAPS 250mg	Tier 1	NDS, NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	Tier 1	
minoxidil TABS 2.5mg, 10mg	Tier 1	
ranolazine TB12 500mg, 1000mg	Tier 1	
VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 1	QL (30 tabs/30 days), PA
NITRATES – DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	Tier 1	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 1	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	Tier 1	
PULMONARY ARTERIAL HYPERTENSION – DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
alyq TABS 20mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
ambrisentan TABS 5mg, 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
bosentan TABS 62.5mg, 125mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
OPSUMIT TABS 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	Tier 1	QL (360 tabs/30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	Tier 1	QL (60 tabs/30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 1	NDS, NM, PA
UPTRAVI TABS 200mcg	Tier 1	NDS, QL (140 tabs/28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
UPTRAVI PACK TAB 200/800	Tier 1	NDS, QL (1 pack/28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	Tier 1	NDS, QL (2 vials/21 days), NM, PA
WINREVAIR INJ 45MG	Tier 1	NDS, QL (2 vials/21 days), NM, PA
WINREVAIR INJ 60MG	Tier 1	NDS, QL (2 vials/21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	Tier 1	NDS, QL (140 caps/28 days), NM, PA
YUTREPIA CAPS 106mcg	Tier 1	NDS, QL (224 caps/28 days), NM, PA
CENTRAL NERVOUS SYSTEM – DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY – DRUGS TO TREAT ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	Tier 1	QL (150 tabs/30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	Tier 1	
lorazepam CONC 2mg/ml	Tier 1	QL (150 mL/30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	Tier 1	
lorazepam TABS .5mg, 1mg, 2mg	Tier 1	QL (150 tabs/30 days)
lorazepam intensol CONC 2mg/ml	Tier 1	QL (150 mL/30 days)
ANTIDEMENTIA – DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	Tier 1	QL (30 tabs/30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	Tier 1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	Tier 1	QL (30 caps/30 days)
galantamine hydrobromide SOLN 4mg/ml	Tier 1	QL (200 mL/30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	Tier 1	QL (60 tabs/30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl tab 28x5 mg & 21x10 mg titration pack	Tier 1	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	Tier 1	
NAMZARIC CAP 7-10MG	Tier 1	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Tier 1	QL (30 patches/30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	Tier 1	QL (60 caps/30 days)
ANTIDEPRESSANTS – DRUGS TO TREAT DEPRESSION		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	PA; PA applies if 65 years and older
amoxapine TABS 25mg, 50mg, 100mg, 150mg	Tier 1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	Tier 1	QL (60 tabs/30 days), PA
bupropion hcl TABS 75mg, 100mg	Tier 1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	Tier 1	QL (60 tabs/30 days)
bupropion hcl TB24 300mg	Tier 1	QL (30 tabs/30 days)
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	Tier 1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	Tier 1	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	PA; PA applies if 65 years and older
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	Tier 1	QL (30 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 1	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	Tier 1	QL (60 caps/30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	Tier 1	QL (60 caps/30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	Tier 1	NDS, QL (30 patches/30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	Tier 1	
FETZIMA CP24 20mg, 40mg	Tier 1	QL (60 caps/30 days), PA
FETZIMA CP24 80mg, 120mg	Tier 1	QL (30 caps/30 days), PA
FETZIMA CAP TITRATIO	Tier 1	QL (2 packs/year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	Tier 1	
imipramine hcl TABS 10mg, 25mg, 50mg	Tier 1	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	Tier 1	QL (180 tabs/30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	Tier 1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 1	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	Tier 1	
paroxetine hcl SUSP 10mg/5ml	Tier 1	QL (900 mL/30 days), PA; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	Tier 1	PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	Tier 1	
protriptyline hcl TABS 5mg, 10mg	Tier 1	
RALDESY SOLN 10mg/ml	Tier 1	QL (1800 mL/30 days), PA
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	Tier 1	
tranylcypromine sulfate TABS 10mg	Tier 1	
trazodone hcl TABS 50mg, 100mg, 150mg	Tier 1	
trimipramine maleate CAPS 25mg, 50mg	Tier 1	QL (120 caps/30 days)
trimipramine maleate CAPS 100mg	Tier 1	QL (60 caps/30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	Tier 1	QL (30 tabs/30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	
vilazodone hcl TABS 10mg, 20mg, 40mg	Tier 1	QL (30 tabs/30 days)
ZURZUVAE CAPS 20mg, 25mg	Tier 1	NDS, QL (28 caps/14 days), NM, PA
ZURZUVAE CAPS 30mg	Tier 1	NDS, QL (14 caps/14 days), NM, PA
ANTIPARKINSONIAN AGENTS – DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS 100mg	Tier 1	QL (120 caps/30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	Tier 1	
benztropine mesylate SOLN 1mg/ml	Tier 1	
benztropine mesylate TABS .5mg, 1mg, 2mg	Tier 1	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	Tier 1	
carb/levo orally disintegrating tab 10-100mg	Tier 1	
carb/levo orally disintegrating tab 25-100mg	Tier 1	
carb/levo orally disintegrating tab 25-250mg	Tier 1	
carbidopa & levodopa tab 10-100 mg	Tier 1	
carbidopa & levodopa tab 25-100 mg	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	
carbidopa & levodopa tab er 25-100 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa tab er 50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 1	
entacapone TABS 200mg	Tier 1	
INBRIJA CAPS 42mg	Tier 1	NDS, QL (300 caps/30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
rasagiline mesylate TABS .5mg, 1mg	Tier 1	QL (30 tabs/30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
selegiline hcl CAPS 5mg; TABS 5mg	Tier 1	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	Tier 1	
ANTIPSYCHOTICS – DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	Tier 1	NDS, QL (1 syringe/56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	Tier 1	NDS, QL (1 syringe/28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	Tier 1	NDS, QL (1 injection/28 days)
aripiprazole SOLN 1mg/ml	Tier 1	QL (900 mL/30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Tier 1	QL (30 tabs/30 days)
aripiprazole TBDP 10mg, 15mg	Tier 1	QL (60 tabs/30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	Tier 1	NDS, QL (1 syringe/28 days)
ARISTADA PRSY 1064mg/3.9ml	Tier 1	NDS, QL (1 syringe/56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 1	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	Tier 1	QL (60 tabs/30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	Tier 1	NDS, QL (30 caps/30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 1	
clozapine TABS 25mg, 50mg	Tier 1	
clozapine TABS 100mg	Tier 1	QL (270 tabs/30 days)
clozapine TABS 200mg	Tier 1	QL (120 tabs/30 days)
clozapine TBDP 12.5mg, 25mg	Tier 1	PA
clozapine TBDP 100mg	Tier 1	QL (270 tabs/30 days), PA
clozapine TBDP 150mg	Tier 1	QL (180 tabs/30 days), PA
clozapine TBDP 200mg	Tier 1	QL (120 tabs/30 days), PA
COBENFY CAP 50-20MG	Tier 1	NDS, QL (60 caps/30 days), PA
COBENFY CAP 100-20MG	Tier 1	NDS, QL (60 caps/30 days), PA
COBENFY CAP 125-30MG	Tier 1	NDS, QL (60 caps/30 days), PA
COBENFY STRT CAP PACK	Tier 1	NDS, QL (2 packs/year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	NDS, QL (60 tabs/30 days), PA
FANAPT PAK PACK A	Tier 1	QL (2 packs/year), PA
FANAPT PAK PACK C	Tier 1	QL (2 packs/year), PA
fluphenazine decanoate SOLN 25mg/ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	Tier 1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	Tier 1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	Tier 1	NDS, QL (1 injection/180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	Tier 1	QL (1 syringe/28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Tier 1	NDS, QL (1 syringe/28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	Tier 1	NDS, QL (1 syringe/90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	Tier 1	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	Tier 1	QL (30 tabs/30 days)
lurasidone hcl TABS 80mg	Tier 1	QL (60 tabs/30 days)
LYBALVI TAB 5-10MG	Tier 1	NDS, QL (30 tabs/30 days)
LYBALVI TAB 10-10MG	Tier 1	NDS, QL (30 tabs/30 days)
LYBALVI TAB 15-10MG	Tier 1	NDS, QL (30 tabs/30 days)
LYBALVI TAB 20-10MG	Tier 1	NDS, QL (30 tabs/30 days)
molindone hcl TABS 5mg, 10mg, 25mg	Tier 1	
NUPLAZID CAPS 34mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
NUPLAZID TABS 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
olanzapine SOLR 10mg	Tier 1	QL (3 vials/1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	Tier 1	QL (60 tabs/30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	Tier 1	QL (30 tabs/30 days)
olanzapine TBDP 5mg, 15mg, 20mg	Tier 1	QL (30 tabs/30 days), ST
olanzapine TBDP 10mg	Tier 1	QL (60 tabs/30 days), ST
OPIPZA FILM 2mg, 5mg	Tier 1	NDS, QL (30 films/30 days), PA
OPIPZA FILM 10mg	Tier 1	NDS, QL (90 films/30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	Tier 1	QL (30 tabs/30 days)
paliperidone TB24 6mg	Tier 1	QL (60 tabs/30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	Tier 1	
pimozide TABS 1mg, 2mg	Tier 1	
quetiapine fumarate TABS 25mg	Tier 1	QL (180 tabs/30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	Tier 1	QL (90 tabs/30 days)
quetiapine fumarate TABS 300mg, 400mg	Tier 1	QL (60 tabs/30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	Tier 1	QL (60 tabs/30 days), PA
quetiapine fumarate TB24 150mg, 200mg	Tier 1	QL (30 tabs/30 days), PA
REXULTI TABS 3mg, 4mg	Tier 1	NDS, QL (30 tabs/30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	Tier 1	NDS, QL (60 tabs/30 days)
risperidone SOLN 1mg/ml	Tier 1	QL (240 mL/30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
risperidone TBDP 1mg, 2mg, 3mg	Tier 1	QL (60 tabs/30 days), ST
risperidone TBDP 4mg	Tier 1	QL (120 tabs/30 days), ST
risperidone TBDP .25mg, .5mg	Tier 1	QL (90 tabs/30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	Tier 1	QL (2 injections/28 days)
risperidone microspheres SRER 37.5mg, 50mg	Tier 1	NDS, QL (2 injections/28 days)

Drug Name	Drug Tier	Requirements/Limits
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	Tier 1	NDS, QL (30 patches/30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	Tier 1	
VERSACLOZ SUSP 50mg/ml	Tier 1	NDS, QL (600 mL/30 days), PA
VRAYLAR CAPS 1.5mg	Tier 1	NDS, QL (60 caps/30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	Tier 1	NDS, QL (30 caps/30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	Tier 1	QL (60 caps/30 days)
ziprasidone mesylate SOLR 20mg	Tier 1	QL (6 injections/3 days)
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	Tier 1	NDS, QL (30 tabs/30 days)
APTIOM TABS 600mg, 800mg	Tier 1	NDS, QL (60 tabs/30 days)
BRIVIACT SOLN 10mg/ml	Tier 1	NDS, QL (600 mL/30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 1	NDS, QL (60 tabs/30 days), PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
clobazam SUSP 2.5mg/ml	Tier 1	QL (480 mL/30 days), PA
clobazam TABS 10mg, 20mg	Tier 1	QL (60 tabs/30 days), PA
clonazepam TABS 2mg; TBDP 2mg	Tier 1	QL (300 tabs/30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	Tier 1	QL (90 tabs/30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	Tier 1	QL (180 tabs/30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	Tier 1	NDS, QL (360 caps/30 days), NM, PA
DIACOMIT CAPS 500mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
DIACOMIT PACK 250mg	Tier 1	NDS, QL (360 packets/30 days), NM, PA
DIACOMIT PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, PA
diazepam SOLN 5mg/5ml	Tier 1	QL (1200 mL/30 days), PA; PA applies if 65 years and older when greater than 5-day supply
diazepam TABS 2mg, 5mg, 10mg	Tier 1	QL (120 tabs/30 days), PA; PA applies if 65 years and older when greater than 5-day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 1	
diazepam inj SOLN 5mg/ml	Tier 1	
diazepam intensol CONC 5mg/ml	Tier 1	QL (240 mL/30 days), PA; PA applies if 65 years and older when greater than 5-day supply
DILANTIN CAPS 30mg	Tier 1	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml	Tier 1	NDS, QL (600 mL/30 days), NM, PA
epitol TABS 200mg	Tier 1	
EPRONTIA SOLN 25mg/ml	Tier 1	QL (480 mL/30 days), PA

Drug Name	Drug Tier	Requirements/Limits
eslicarbazepine acetate TABS 200mg, 400mg	Tier 1	QL (30 tabs/30 days)
eslicarbazepine acetate TABS 600mg, 800mg	Tier 1	QL (60 tabs/30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	Tier 1	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml	Tier 1	NDS, QL (360 mL/30 days), NM, PA
FYCOMPA SUSP .5mg/ml	Tier 1	NDS, QL (680 mL/28 days), PA
FYCOMPA TABS 2mg	Tier 1	QL (60 tabs/30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	NDS, QL (30 tabs/30 days), PA
gabapentin CAPS 100mg, 300mg	Tier 1	QL (360 caps/30 days)
gabapentin CAPS 400mg	Tier 1	QL (270 caps/30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	Tier 1	QL (2160 mL/30 days)
gabapentin TABS 600mg	Tier 1	QL (180 tabs/30 days)
gabapentin TABS 800mg	Tier 1	QL (120 tabs/30 days)
lacosamide SOLN 200mg/20ml	Tier 1	
lacosamide TABS 50mg	Tier 1	QL (120 tabs/30 days)
lacosamide TABS 100mg, 150mg, 200mg	Tier 1	QL (60 tabs/30 days)
lacosamide oral SOLN 10mg/ml	Tier 1	QL (1200 mL/30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1	ST
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	
LEVETIRACETAM TB3D 250mg	Tier 1	QL (360 tabs/30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	Tier 1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	Tier 1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	Tier 1	
methsuximide CAPS 300mg	Tier 1	
NAYZILAM SOLN 5mg/0.1ml	Tier 1	QL (10 nasal units/30 days)
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
perampanel TABS 2mg	Tier 1	QL (60 tabs/30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	NDS, QL (30 tabs/30 days), PA
phenobarbital ELIX 20mg/5ml	Tier 1	QL (1500 mL/30 days), PA; PA applies if 65 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Tier 1	QL (120 tabs/30 days), PA; PA applies if 65 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	Tier 1	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	Tier 1	
phenytoin CHEW 50mg; SUSP 125mg/5ml	Tier 1	
phenytoin sodium SOLN 50mg/ml	Tier 1	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	Tier 1	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	QL (120 caps/30 days), PA; PA applies if 65 years and older
pregabalin CAPS 200mg	Tier 1	QL (90 caps/30 days), PA; PA applies if 65 years and older
pregabalin CAPS 225mg, 300mg	Tier 1	QL (60 caps/30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
pregabalin SOLN 20mg/ml	Tier 1	QL (900 mL/30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	Tier 1	
roweepra TABS 500mg	Tier 1	
rufinamide SUSP 40mg/ml	Tier 1	NDS, QL (2400 mL/30 days), PA
rufinamide TABS 200mg	Tier 1	QL (480 tabs/30 days), PA
rufinamide TABS 400mg	Tier 1	NDS, QL (240 tabs/30 days), PA
SPRITAM TB3D 250mg	Tier 1	QL (360 tabs/30 days)
SPRITAM TB3D 500mg	Tier 1	QL (180 tabs/30 days)
SPRITAM TB3D 750mg	Tier 1	QL (120 tabs/30 days)
SPRITAM TB3D 1000mg	Tier 1	QL (90 tabs/30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg	Tier 1	NDS, QL (60 films/30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 1	
topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
topiramate SOLN 25mg/ml	Tier 1	QL (480 mL/30 days), PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	Tier 1	
valproic acid CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 1	QL (10 blister packs/30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 1	QL (10 blister packs/30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 1	QL (10 blister packs/30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 1	QL (10 blister packs/30 days)
vigabatrin PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, PA
vigabatrin TABS 500mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
vigadrone PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, PA
vigadrone TABS 500mg	Tier 1	NDS, QL (180 tabs/30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	Tier 1	NDS, QL (900 mL/30 days), NM, PA
vigpoder PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	Tier 1	NDS, QL (30 tabs/30 days)
XCOPRI TABS 150mg, 200mg	Tier 1	NDS, QL (60 tabs/30 days)
XCOPRI PAK 12.5-25	Tier 1	QL (28 tabs/28 days)
XCOPRI PAK 50-100MG	Tier 1	NDS, QL (28 tabs/28 days)
XCOPRI PAK 100-150	Tier 1	NDS, QL (56 tabs/28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	Tier 1	NDS, QL (56 tabs/28 days)
XCOPRI PAK 150-200MG (TITRATION)	Tier 1	NDS, QL (28 tabs/28 days)
ZONISADE SUSP 100mg/5ml	Tier 1	NDS, QL (900 mL/30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	Tier 1	
ZTALMY SUSP 50mg/ml	Tier 1	NDS, QL (1100 mL/30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER – DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	Tier 1	QL (30 caps/30 days), PA

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap er 24hr 20 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	Tier 1	QL (30 caps/30 days), PA
amphetamine-dextroamphetamine tab 5 mg	Tier 1	QL (60 tabs/30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	Tier 1	QL (60 tabs/30 days), PA
amphetamine-dextroamphetamine tab 10 mg	Tier 1	QL (60 tabs/30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	Tier 1	QL (60 tabs/30 days), PA
amphetamine-dextroamphetamine tab 15 mg	Tier 1	QL (60 tabs/30 days), PA
amphetamine-dextroamphetamine tab 20 mg	Tier 1	QL (90 tabs/30 days), PA
amphetamine-dextroamphetamine tab 30 mg	Tier 1	QL (60 tabs/30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	Tier 1	QL (120 caps/30 days)
atomoxetine hcl CAPS 40mg	Tier 1	QL (60 caps/30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	Tier 1	QL (30 caps/30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	Tier 1	QL (120 tabs/30 days), PA
dexmethylphenidate hcl TABS 10mg	Tier 1	QL (60 tabs/30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	Tier 1	QL (30 tabs/30 days), PA; PA applies if 65 years and older
guanfacine hcl (adhd) TB24 3mg	Tier 1	QL (60 tabs/30 days), PA; PA applies if 65 years and older
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	Tier 1	QL (180 tabs/30 days), PA
methylphenidate hcl SOLN 5mg/5ml	Tier 1	QL (1800 mL/30 days), PA
methylphenidate hcl SOLN 10mg/5ml	Tier 1	QL (900 mL/30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	Tier 1	QL (90 tabs/30 days), PA
HYPNOTICS – DRUGS TO TREAT INSOMNIA		
DAYVIGO TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	Tier 1	QL (30 tabs/30 days)
eszopiclone TABS 1mg, 2mg, 3mg	Tier 1	QL (30 tabs/30 days), PA; PA applies if 65 years and older after a 90-day supply in a calendar year
ramelteon TABS 8mg	Tier 1	QL (30 tabs/30 days)
tasimelteon CAPS 20mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	Tier 1	QL (30 caps/30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	Tier 1	QL (60 caps/30 days), PA; PA applies if 65 years and older
zaleplon CAPS 5mg	Tier 1	QL (30 caps/30 days), PA; PA applies if 65 years and older after a 90-day supply in a calendar year
zaleplon CAPS 10mg	Tier 1	QL (60 caps/30 days), PA; PA applies if 65 years and older after a 90-day supply in a calendar year
zolpidem tartrate TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days), PA; PA applies if 65 years and older after a 90-day supply in a calendar year
MIGRAINE – DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	Tier 1	QL (1 pen/30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
dihydroergotamine mesylate SOLN 4mg/ml	Tier 1	NDS, QL (8 mL/30 days), PA
EMGALITY SOAJ 120mg/ml	Tier 1	QL (2 pens/30 days), NM, PA
EMGALITY SOSY 100mg/ml	Tier 1	QL (3 syringes/30 days), NM, PA
EMGALITY SOSY 120mg/ml	Tier 1	QL (2 syringes/30 days), NM, PA
ergotamine w/ caffeine tab 1-100 mg	Tier 1	QL (40 tabs/28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	Tier 1	QL (12 tabs/30 days)
NURTEC TBDP 75mg	Tier 1	QL (16 tabs/30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	Tier 1	QL (30 tabs/30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	Tier 1	QL (18 tabs/30 days)
sumatriptan SOLN 5mg/act	Tier 1	QL (24 units/30 days)
sumatriptan SOLN 20mg/act	Tier 1	QL (12 units/30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	Tier 1	QL (18 injections/30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	Tier 1	QL (12 injections/30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	Tier 1	QL (12 tabs/30 days)
UBRELVY TABS 50mg, 100mg	Tier 1	QL (16 tabs/30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
AUSTEDO XR TB24 6mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
AUSTEDO XR TB24 12mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
AUSTEDO XR TB24 24mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
AUSTEDO XR TAB TITR KIT	Tier 1	NDS, QL (2 packs/year), NM, PA
lithium SOLN 8meq/5ml	Tier 1	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 1	
NUEDEXTA CAP 20-10MG	Tier 1	NDS, QL (60 caps/30 days), PA
pyridostigmine bromide TABS 60mg	Tier 1	
riluzole TABS 50mg	Tier 1	
tetrabenazine TABS 12.5mg	Tier 1	QL (90 tabs/30 days), NM, PA
tetrabenazine TABS 25mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS – DRUGS TO TREAT MULTIPLE SCLEROSIS		
Tier 1	NDS, QL (120 caps/30 days), NM, PA	
BETASERON KIT .3mg	Tier 1	NDS, QL (14 kits/28 days), NM, PA
COPAXONE SOSY 20mg/ml	Tier 1	NDS, QL (30 syringes/30 days), NM, PA
COPAXONE SOSY 40mg/ml	Tier 1	NDS, QL (12 syringes/28 days), NM, PA
dalfampridine TB12 10mg	Tier 1	QL (60 tabs/30 days), NM, PA
fingolimod hcl CAPS .5mg	Tier 1	NDS, QL (30 caps/30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	Tier 1	NDS, QL (30 syringes/30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	Tier 1	NDS, QL (12 syringes/28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
glatopa SOSY 20mg/ml	Tier 1	NDS, QL (30 syringes/30 days), NM, PA
glatopa SOSY 40mg/ml	Tier 1	NDS, QL (12 syringes/28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	Tier 1	NDS, QL (16 pens/365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS – DRUGS TO TREAT MUSCLE SPASMS		
baclofen TABS 5mg	Tier 1	QL (90 tabs/30 days)
baclofen TABS 10mg, 20mg	Tier 1	
carisoprodol TABS 350mg	Tier 1	QL (120 tabs/30 days), PA; PA applies if 65 years and older
cyclobenzaprine hcl TABS 5mg, 10mg	Tier 1	QL (90 tabs/30 days), PA; PA applies if 65 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	Tier 1	
methocarbamol TABS 500mg	Tier 1	QL (360 tabs/30 days), PA; PA applies if 65 years and older
methocarbamol TABS 750mg	Tier 1	QL (240 tabs/30 days), PA; PA applies if 65 years and older
tizanidine hcl TABS 2mg, 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY – DRUGS FOR SLEEP DISORDERS		
armodafinil TABS 50mg	Tier 1	QL (60 tabs/30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	Tier 1	QL (30 tabs/30 days), PA
modafinil TABS 100mg	Tier 1	QL (30 tabs/30 days), PA
modafinil TABS 200mg	Tier 1	QL (60 tabs/30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	Tier 1	NDS, QL (540 mL/30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	Tier 1	
buprenorphine hcl SUBL 2mg	Tier 1	QL (180 tabs/30 days)
buprenorphine hcl SUBL 8mg	Tier 1	QL (120 tabs/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	QL (180 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 1	QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 1	QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 1	QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 1	QL (180 tabs/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 1	QL (120 tabs/30 days)
bupropion hcl (smoking deterrent) TB12 150mg	Tier 1	QL (60 tabs/30 days)
disulfiram TABS 250mg, 500mg	Tier 1	
KLOXXADO LIQD 8mg/0.1ml	Tier 1	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	
naltrexone hcl TABS 50mg	Tier 1	
NICOTROL NS SOLN 10mg/ml	Tier 1	
varenicline tartrate TABS .5mg, 1mg	Tier 1	QL (56 tabs/28 days)
varenicline tartrate tab 11x0.5 mg & 42x1 mg start pack	Tier 1	QL (2 packs/year)
VIVITROL SUSR 380mg	Tier 1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC – DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS – DRUGS TO REGULATE MALE HORMONES		
danazol CAPS 50mg, 100mg, 200mg	Tier 1	
depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 1	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	Tier 1	QL (300 gm/30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 1	PA
testosterone enanthate SOLN 200mg/ml	Tier 1	PA
testosterone pump GEL 1.62%	Tier 1	QL (150 gm/30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 1	
dapagliflozin propanediol TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
FARXIGA TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
glimepiride TABS 1mg, 2mg	Tier 1	QL (90 tabs/30 days)
glimepiride TABS 4mg	Tier 1	QL (60 tabs/30 days)
glipizide TABS 5mg	Tier 1	QL (240 tabs/30 days)
glipizide TABS 10mg	Tier 1	QL (120 tabs/30 days)
glipizide TB24 2.5mg, 5mg	Tier 1	QL (90 tabs/30 days)
glipizide TB24 10mg	Tier 1	QL (60 tabs/30 days)
glipizide-metformin hcl tab 2.5-250 mg	Tier 1	QL (240 tabs/30 days)
glipizide-metformin hcl tab 2.5-500 mg	Tier 1	QL (120 tabs/30 days)
glipizide-metformin hcl tab 5-500 mg	Tier 1	QL (120 tabs/30 days)
GLYXAMBI TAB 10-5 MG	Tier 1	QL (30 tabs/30 days)
GLYXAMBI TAB 25-5 MG	Tier 1	QL (30 tabs/30 days)
JANUMET TAB 50-500MG	Tier 1	QL (60 tabs/30 days)
JANUMET TAB 50-1000	Tier 1	QL (60 tabs/30 days)
JANUMET XR TAB 50-500MG	Tier 1	QL (60 tabs/30 days)
JANUMET XR TAB 50-1000	Tier 1	QL (60 tabs/30 days)
JANUMET XR TAB 100-1000	Tier 1	QL (30 tabs/30 days)
JANUVIA TABS 25mg, 50mg, 100mg	Tier 1	QL (30 tabs/30 days)
JARDIANCE TABS 10mg, 25mg	Tier 1	QL (30 tabs/30 days), ST
JENTADUETO TAB 2.5-500	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB 2.5-850	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB 2.5-1000	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB XR 2.5-1000MG	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB XR 5-1000MG	Tier 1	QL (30 tabs/30 days)
metformin hcl TABS 500mg	Tier 1	QL (150 tabs/30 days)
metformin hcl TABS 850mg	Tier 1	QL (90 tabs/30 days)
metformin hcl TABS 1000mg	Tier 1	QL (75 tabs/30 days)
metformin hcl TB24 500mg	Tier 1	QL (120 tabs/30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	Tier 1	QL (60 tabs/30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	Tier 1	QL (4 pens/28 days), PA
nateglinide TABS 60mg, 120mg	Tier 1	QL (90 tabs/30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	Tier 1	QL (1 pen/28 days), PA

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	Tier 1	QL (1 pen/28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	Tier 1	QL (1 pen/28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	Tier 1	QL (30 tabs/30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	Tier 1	QL (90 tabs/30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	Tier 1	QL (90 tabs/30 days)
repaglinide TABS 2mg	Tier 1	QL (240 tabs/30 days)
repaglinide TABS .5mg, 1mg	Tier 1	QL (120 tabs/30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	Tier 1	QL (30 tabs/30 days), PA
TRADJENTA TABS 5mg	Tier 1	QL (30 tabs/30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 1	QL (60 tabs/30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 1	QL (30 tabs/30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 1	QL (60 tabs/30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 1	QL (30 tabs/30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Tier 1	QL (4 pens/28 days), PA
XIGDUO XR TAB 2.5-1000	Tier 1	QL (60 tabs/30 days)
XIGDUO XR TAB 5-500MG	Tier 1	QL (60 tabs/30 days)
XIGDUO XR TAB 5-1000MG	Tier 1	QL (60 tabs/30 days)
XIGDUO XR TAB 10-500MG	Tier 1	QL (30 tabs/30 days)
XIGDUO XR TAB 10-1000	Tier 1	QL (30 tabs/30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 1	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 1	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	Tier 1	QL (10 patches/30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	Tier 1	QL (8 patches/24 days), PA
CEQUR SIMPL MIS INSERTER	Tier 1	QL (2 inserters/year), PA
FIASP SOLN 100unit/ml	Tier 1	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 1	
FIASP PENFILL SOCT 100unit/ml	Tier 1	
FIASP PUMPCART SOCT 100unit/ml	Tier 1	B/D
GAUZE PADS 2"x2"	Tier 1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 1	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 1	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 1	PA
LANTUS SOLN 100unit/ml	Tier 1	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 1	
NOVOLIN INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	Tier 1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	Tier 1	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	Tier 1	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG SOLN 100unit/ml	Tier 1	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 1	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Tier 1	
NOVOLOG MIX INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	Tier 1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	Tier 1	
NOVOLOG RELION SOLN 100unit/ml	Tier 1	B/D
OMNIPOD 5 DX KIT INT G7G6	Tier 1	QL (1 kit/year), PA
OMNIPOD 5 DX MIS POD G7G6	Tier 1	QL (15 pods/30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	Tier 1	QL (1 kit/year), PA
OMNIPOD 5 L2 MIS PODS G6	Tier 1	QL (15 pods/30 days), PA
OMNIPOD DASH KIT INTRO	Tier 1	QL (1 kit/year), PA
OMNIPOD DASH MIS PODS	Tier 1	QL (15 pods/30 days), PA
SOLIQUA INJ 100/33	Tier 1	QL (5 pens/25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 1	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 1	
XULTOPHY INJ 100/3.6	Tier 1	QL (5 pens/30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	Tier 1	ST
alendronate sodium TABS 10mg, 35mg, 70mg	Tier 1	
BONSITY SOPN 560mcg/2.24ml	Tier 1	NDS, QL (1 pen/28 days), NM, PA
calcitonin (salmon) spray SOLN 200unit/act	Tier 1	B/D
ibandronate sodium TABS 150mg	Tier 1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 1	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 1	B/D
PROLIA SOSY 60mg/ml	Tier 1	QL (1 syringe/180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	Tier 1	
risedronate sodium TBEC 35mg	Tier 1	ST
TERIPARATIDE SOPN 560mcg/2.24ml	Tier 1	NDS, QL (1 pen/28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	Tier 1	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	Tier 1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 1	NDS
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg	Tier 1	NM, PA
deferasirox TBSO 250mg, 500mg	Tier 1	NDS, NM, PA
kionex SUSP 15gm/60ml	Tier 1	
LOKELMA PACK 5gm, 10gm	Tier 1	
penicillamine TABS 250mg	Tier 1	NDS, NM
sodium polystyrene sulfonate powder	Tier 1	
sps SUSP 15gm/60ml	Tier 1	
sps rectal SUSP 15gm/60ml	Tier 1	
trientine hcl CAPS 250mg	Tier 1	NDS, NM, PA
CONTRACEPTIVES – DRUGS FOR BIRTH CONTROL		
afirmelle	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
altavera	Tier 1	
alyacen 1/35	Tier 1	
alyacen 7/7/7	Tier 1	
amethyst	Tier 1	
apri	Tier 1	
aranelle	Tier 1	
ashlyna	Tier 1	
aubra eq	Tier 1	
aurovela 1/20	Tier 1	
aurovela 24 fe	Tier 1	
aurovela fe 1.5/30	Tier 1	
aurovela fe 1/20	Tier 1	
aviane	Tier 1	
ayuna	Tier 1	
azurette	Tier 1	
balziva	Tier 1	
blisovi 24 fe	Tier 1	
blisovi fe 1.5/30	Tier 1	
briellyn	Tier 1	
camila TABS .35mg	Tier 1	
camrese	Tier 1	
camrese lo	Tier 1	
chateal eq	Tier 1	
cryselle-28	Tier 1	
cyred eq	Tier 1	
dasetta 1/35	Tier 1	
dasetta 7/7/7	Tier 1	
daysee	Tier 1	
deblitane TABS .35mg	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 1	
dolishale	Tier 1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	Tier 1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 1	
elinest	Tier 1	
eluryng	Tier 1	
emzahh TABS .35mg	Tier 1	
enilloring	Tier 1	
enskyce	Tier 1	
errin TABS .35mg	Tier 1	
estarylla	Tier 1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	Tier 1	
falmina	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
feirza 1.5/30	Tier 1	
feirza 1/20	Tier 1	
finzala	Tier 1	
galbriela	Tier 1	
hailey 1.5/30	Tier 1	
hailey 24 fe	Tier 1	
haloette	Tier 1	
heather TABS .35mg	Tier 1	
iclevia	Tier 1	
incassia TABS .35mg	Tier 1	
introvale	Tier 1	
isibloom	Tier 1	
jaimiess	Tier 1	
jasmiel	Tier 1	
jolessa	Tier 1	
juleber	Tier 1	
junel 1.5/30	Tier 1	
junel 1/20	Tier 1	
junel fe 1.5/30	Tier 1	
junel fe 1/20	Tier 1	
junel fe 24	Tier 1	
kaitlib fe	Tier 1	
kariva	Tier 1	
kelnor 1/35	Tier 1	
kelnor 1/50	Tier 1	
kurvelo	Tier 1	
larin 1.5/30	Tier 1	
larin 1/20	Tier 1	
larin 24 fe	Tier 1	
larin fe 1.5/30	Tier 1	
larin fe 1/20	Tier 1	
lessina	Tier 1	
levonest	Tier 1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 1	
levora 0.15/30-28	Tier 1	
LILETTA IUD 20.1mcg/day	Tier 1	NM
loestrin 1.5/30-21	Tier 1	
loestrin 1/20-21	Tier 1	
loestrin fe 1.5/30	Tier 1	
loestrin fe 1/20	Tier 1	
lojaimiess	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
loryna	Tier 1	
low-ogestrel	Tier 1	
lutera	Tier 1	
lyleq TABS .35mg	Tier 1	
lyza TABS .35mg	Tier 1	
marlissa	Tier 1	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	Tier 1	
meleya TABS .35mg	Tier 1	
mibelas 24 fe	Tier 1	
microgestin 1.5/30	Tier 1	
microgestin 1/20	Tier 1	
microgestin fe 1.5/30	Tier 1	
microgestin fe 1/20	Tier 1	
mili	Tier 1	
mono-linyah	Tier 1	
necon 0.5/35-28	Tier 1	
NEXPLANON IMPL 68mg	Tier 1	NM
nikki	Tier 1	
nora-be TABS .35mg	Tier 1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	Tier 1	
norethindrone (contraceptive) TABS .35mg	Tier 1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	Tier 1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 1	
norlyroc TABS .35mg	Tier 1	
nortrel 0.5/35 (28)	Tier 1	
nortrel 1/35 (21)	Tier 1	
nortrel 1/35 (28)	Tier 1	
nortrel 7/7/7	Tier 1	
nylia 1/35	Tier 1	
nylia 7/7/7	Tier 1	
ocella	Tier 1	
orquidea TABS .35mg	Tier 1	
philith	Tier 1	
pimtrea	Tier 1	
portia-28	Tier 1	
reclipsen	Tier 1	
rivelsa	Tier 1	
rosyrah	Tier 1	
setlakin	Tier 1	
sharobel TABS .35mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
simliya	Tier 1	
simpesse	Tier 1	
sprintec 28	Tier 1	
sronyx	Tier 1	
syeda	Tier 1	
tarina 24 fe	Tier 1	
tarina fe 1/20 eq	Tier 1	
tilia fe	Tier 1	
tri-estarylla	Tier 1	
tri-legest fe	Tier 1	
tri-linyah	Tier 1	
tri-lo-estarylla	Tier 1	
tri-lo-marzia	Tier 1	
tri-lo-mili	Tier 1	
tri-lo-sprintec	Tier 1	
tri-mili	Tier 1	
tri-sprintec	Tier 1	
tri-vylibra	Tier 1	
tri-vylibra lo	Tier 1	
turqoz	Tier 1	
valtya 1/50	Tier 1	
velivet	Tier 1	
vestura	Tier 1	
vienva	Tier 1	
viorele	Tier 1	
vyfemla	Tier 1	
vylibra	Tier 1	
wera	Tier 1	
wymzya fe	Tier 1	
xarah fe	Tier 1	
xelria fe	Tier 1	
xulane	Tier 1	
zafemy	Tier 1	
zovia 1/35	Tier 1	
zumandimine	Tier 1	
ESTROGENS – DRUGS TO REGULATE FEMALE HORMONES		
abigale	Tier 1	
abigale lo	Tier 1	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	Tier 1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
estradiol vaginal CREA .1mg/gm; TABS 10mcg	Tier 1	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1	
fyavolv tab 0.5mg-2.5mcg	Tier 1	
fyavolv tab 1mg-5mcg	Tier 1	
jinteli	Tier 1	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
mimvey	Tier 1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 1	
yuvafem TABS 10mcg	Tier 1	
GLUCOCORTICOIDS – DRUGS TO TREAT INFLAMMATORY RESPONSE		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 1	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 1	
fludrocortisone acetate TABS .1mg	Tier 1	
hydrocortisone TABS 5mg, 10mg, 20mg	Tier 1	
hydrocortisone sod succinate SOLR 100mg	Tier 1	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
methylprednisolone TBPK 4mg	Tier 1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	Tier 1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	Tier 1	B/D
prednisolone SOLN 15mg/5ml	Tier 1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
prednisone TBPK 5mg, 10mg	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 1	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 1	
GLUCOSE ELEVATING AGENTS – DRUGS TO TREAT LOW BLOOD SUGAR		
diazoxide SUSP 50mg/ml	Tier 1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 1	NDS, NM, PA
betaine powder for oral solution	Tier 1	NDS, NM
cabergoline TABS .5mg	Tier 1	
carglumic acid TBSO 200mg	Tier 1	NDS, NM, PA
CERDELGA CAPS 84mg	Tier 1	NDS, NM, PA
CEREZYME SOLR 400unit	Tier 1	NDS, NM, PA
cinacalcet hcl TABS 30mg, 60mg	Tier 1	B/D, QL (60 tabs/30 days), NM
cinacalcet hcl TABS 90mg	Tier 1	B/D, QL (120 tabs/30 days), NM
CYSTAGON CAPS 50mg, 150mg	Tier 1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
desmopressin acetate SOLN 4mcg/ml	Tier 1	NDS
desmopressin acetate TABS .1mg, .2mg	Tier 1	
desmopressin acetate spray SOLN .01%	Tier 1	
desmopressin acetate spray refrigerated SOLN .01%	Tier 1	
FABRAZYME SOLR 5mg, 35mg	Tier 1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	Tier 1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	Tier 1	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	Tier 1	NDS, NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	Tier 1	NDS, NM, PA
JYNARQUE TABS 15mg, 30mg	Tier 1	NDS, NM, PA
lanreotide acetate SOLN 120mg/0.5ml	Tier 1	NDS, NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	Tier 1	B/D
LUMIZYME SOLR 50mg	Tier 1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	Tier 1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	Tier 1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	Tier 1	NDS, NM, PA
mifepristone (hyperglycemia) TABS 300mg	Tier 1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	Tier 1	NDS, NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 1	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NDS, NM, PA
raloxifene hcl TABS 60mg	Tier 1	
REVCOVI SOLN 2.4mg/1.5ml	Tier 1	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	Tier 1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 1	NDS, NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	Tier 1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	Tier 1	NDS, PA
tolvaptan TBPK 15mg	Tier 1	NDS, NM, PA
tolvaptan tab therapy pack 30 & 15 mg	Tier 1	NDS, NM, PA
tolvaptan tab therapy pack 45 & 15 mg	Tier 1	NDS, NM, PA
tolvaptan tab therapy pack 60 & 30 mg	Tier 1	NDS, NM, PA
tolvaptan tab therapy pack 90 & 30 mg	Tier 1	NDS, NM, PA
PROGESTINS – DRUGS TO REGULATE FEMALE HORMONES		
gallifrey TABS 5mg	Tier 1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	Tier 1	
megestrol acetate SUSP 40mg/ml	Tier 1	
megestrol acetate (appetite) SUSP 625mg/5ml	Tier 1	PA
norethindrone acetate TABS 5mg	Tier 1	
progesterone CAPS 100mg, 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS – DRUGS TO REGULATE THYROID LEVELS		
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	Tier 1	
methimazole TABS 5mg, 10mg	Tier 1	
propylthiouracil TABS 50mg	Tier 1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	Tier 1	B/D
calcitriol (oral) SOLN 1mcg/ml	Tier 1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	Tier 1	B/D
GASTROINTESTINAL – DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTIEMETICS – DRUGS FOR NAUSEA AND VOMITING		
aprepitant CAPS 40mg, 80mg, 125mg	Tier 1	B/D
aprepitant capsule therapy pack 80 & 125 mg	Tier 1	B/D
compro SUPP 25mg	Tier 1	
dronabinol CAPS 2.5mg, 5mg, 10mg	Tier 1	B/D, QL (60 caps/30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	Tier 1	
granisetron hcl TABS 1mg	Tier 1	B/D
meclizine hcl TABS 12.5mg, 25mg	Tier 1	PA; PA applies if 65 years and older after a 30-day supply in a calendar year
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	Tier 1	
ondansetron TBDP 4mg, 8mg	Tier 1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 1	B/D
prochlorperazine SUPP 25mg	Tier 1	
prochlorperazine edisylate SOLN 10mg/2ml	Tier 1	
prochlorperazine maleate TABS 5mg, 10mg	Tier 1	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	Tier 1	PA; PA applies if 65 years and older after a 30-day supply in a calendar year
scopolamine PT72 1mg/3days	Tier 1	QL (10 patches/30 days)
ANTISPASMODICS – DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	Tier 1	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	Tier 1	QL (90 tabs/30 days)
glycopyrrolate TABS 2mg	Tier 1	QL (120 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS – DRUGS FOR ULCERS AND STOMACH ACID		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	Tier 1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 1	
nizatidine CAPS 150mg, 300mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	Tier 1	
budesonide CPEP 3mg	Tier 1	QL (90 caps/30 days)
budesonide TB24 9mg	Tier 1	NDS, QL (30 tabs/30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	Tier 1	
mesalamine CP24 .375gm	Tier 1	QL (120 caps/30 days)
mesalamine CPDR 400mg	Tier 1	QL (180 caps/30 days)
mesalamine ENEM 4gm	Tier 1	QL (1680 mL/28 days)
mesalamine SUPP 1000mg	Tier 1	QL (30 suppositories/30 days)
mesalamine TBEC 1.2gm	Tier 1	QL (120 tabs/30 days)
mesalamine w/ cleanser KIT 4gm	Tier 1	QL (28 bottles/28 days)
sulfasalazine TABS 500mg; TBEC 500mg	Tier 1	
LAXATIVES		
constulose SOLN 10gm/15ml	Tier 1	
enulose SOLN 10gm/15ml	Tier 1	
gavilyte-c	Tier 1	
gavilyte-g	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac SOLN 10gm/15ml	Tier 1	
lactulose SOLN 10gm/15ml	Tier 1	
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PLENVU SOL	Tier 1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 1	
MISCELLANEOUS		
alosetron hcl TABS 1mg	Tier 1	NDS, QL (60 tabs/30 days), PA
alosetron hcl TABS .5mg	Tier 1	QL (60 tabs/30 days), PA
CREON CAP 3000UNIT	Tier 1	
CREON CAP 6000UNIT	Tier 1	
CREON CAP 12000UNT	Tier 1	
CREON CAP 24000UNT	Tier 1	
CREON CAP 36000UNT	Tier 1	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	Tier 1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 1	
GATTEX KIT 5mg	Tier 1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	Tier 1	QL (30 caps/30 days)
loperamide hcl CAPS 2mg	Tier 1	
misoprostol TABS 100mcg, 200mcg	Tier 1	
MOVANTIK TABS 12.5mg, 25mg	Tier 1	QL (30 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 1	NDS, QL (28 syringes/28 days), PA
RELISTOR SOLN 12mg/0.6ml	Tier 1	NDS, QL (28 vials/28 days), PA
sucralfate TABS 1gm	Tier 1	
ursodiol CAPS 300mg; TABS 250mg, 500mg	Tier 1	
VOQUEZNA PAK DUAL PAK	Tier 1	QL (2 kits/year), PA
VOQUEZNA PAK TRIP PK	Tier 1	QL (2 kits/year), PA
VOWST CAP	Tier 1	NDS, QL (12 caps/30 days), NM, PA
XERMELO TABS 250mg	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
XIFAXAN TABS 550mg	Tier 1	NDS, PA
ZENPEP CAP 3000UNIT	Tier 1	
ZENPEP CAP 5000UNIT	Tier 1	
ZENPEP CAP 10000UNT	Tier 1	
ZENPEP CAP 15000UNT	Tier 1	
ZENPEP CAP 20000UNT	Tier 1	
ZENPEP CAP 25000UNT	Tier 1	
ZENPEP CAP 40000UNT	Tier 1	
ZENPEP CAP 60000UNT	Tier 1	
PROTON PUMP INHIBITORS – DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium CPDR 20mg, 40mg	Tier 1	QL (30 caps/30 days), ST
lansoprazole CPDR 15mg, 30mg	Tier 1	QL (60 caps/30 days)
omeprazole CPDR 10mg, 20mg, 40mg	Tier 1	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	Tier 1	
rabeprazole sodium TBEC 20mg	Tier 1	QL (30 tabs/30 days)
GENITOURINARY – DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA – DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl TB24 10mg	Tier 1	QL (30 tabs/30 days)
dutasteride CAPS .5mg	Tier 1	QL (30 caps/30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 1	QL (30 caps/30 days)
finasteride TABS 5mg	Tier 1	QL (30 tabs/30 days)
tadalafil TABS 5mg	Tier 1	QL (30 tabs/30 days), PA
tamsulosin hcl CAPS .4mg	Tier 1	QL (60 caps/30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	Tier 1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	Tier 1	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	Tier 1	
URINARY ANTISPASMODICS – DRUGS TO TREAT URINARY INCONTINENCE		
fesoterodine fumarate TB24 4mg, 8mg	Tier 1	QL (30 tabs/30 days)
GEMTESA TABS 75mg	Tier 1	QL (30 tabs/30 days)
oxybutynin chloride SOLN 5mg/5ml	Tier 1	QL (600 mL/30 days)
oxybutynin chloride TABS 5mg	Tier 1	QL (120 tabs/30 days)
oxybutynin chloride TB24 5mg	Tier 1	QL (30 tabs/30 days)
oxybutynin chloride TB24 10mg, 15mg	Tier 1	QL (60 tabs/30 days)
solifenacin succinate TABS 5mg, 10mg	Tier 1	QL (30 tabs/30 days)
tolterodine tartrate CP24 2mg, 4mg	Tier 1	QL (30 caps/30 days)
tolterodine tartrate TABS 1mg, 2mg	Tier 1	QL (60 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
trospium chloride TABS 20mg	Tier 1	QL (60 tabs/30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	Tier 1	
metronidazole vaginal GEL .75%	Tier 1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	Tier 1	
HEMATOLOGIC – DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS – BLOOD THINNERS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	Tier 1	QL (60 caps/30 days)
dabigatran etexilate mesylate CAPS 110mg	Tier 1	QL (120 caps/30 days)
ELIQUIS TABS 2.5mg	Tier 1	QL (60 tabs/30 days)
ELIQUIS TABS 5mg	Tier 1	QL (74 tabs/30 days)
ELIQUIS STARTER PACK TBPK 5mg	Tier 1	QL (74 tabs/30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	
fondaparinux sodium SOLN 2.5mg/0.5ml	Tier 1	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	NDS
HEP SOD/NACL INJ 25000UNT	Tier 1	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
rivaroxaban TABS 2.5mg	Tier 1	QL (60 tabs/30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO SUSR 1mg/ml	Tier 1	QL (620 mL/30 days)
XARELTO TABS 2.5mg	Tier 1	QL (60 tabs/30 days)
XARELTO TABS 10mg, 15mg, 20mg	Tier 1	QL (30 tabs/30 days)
XARELTO STAR TAB 15/20MG	Tier 1	QL (51 tabs/30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 1	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	Tier 1	
BERINERT KIT 500unit	Tier 1	NDS, QL (24 boxes/30 days), NM, PA
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 1	NDS, NM, PA
HAEGARDA SOLR 2000unit	Tier 1	NDS, QL (30 vials/30 days), NM, PA
HAEGARDA SOLR 3000unit	Tier 1	NDS, QL (20 vials/30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	Tier 1	NDS, QL (9 syringes/30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
l-glutamine (sickle cell) PACK 5gm	Tier 1	NDS, NM, PA
pentoxifylline TBCR 400mg	Tier 1	
sajazir SOSY 30mg/3ml	Tier 1	NDS, QL (9 syringes/30 days), NM, PA
SIKLOS TABS 100mg	Tier 1	
SIKLOS TABS 1000mg	Tier 1	NDS
TAVNEOS CAPS 10mg	Tier 1	NDS, QL (180 caps/30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 1	
clopidogrel bisulfate TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg	Tier 1	PA; PA applies if 65 years and older
prasugrel hcl TABS 5mg, 10mg	Tier 1	
ticagrelor TABS 60mg, 90mg	Tier 1	
IMMUNOLOGIC AGENTS – DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
BIMZELX SOAJ 160mg/ml, 320mg/2ml	Tier 1	NDS, QL (2 pens/28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	Tier 1	NDS, QL (4 syringes/28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	Tier 1	NDS, QL (16 vials/28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	Tier 1	NDS, QL (16 syringes/28 days), NM, PA
ENBREL SOSY 50mg/ml	Tier 1	NDS, QL (8 syringes/28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	Tier 1	NDS, QL (8 cartridges/28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	Tier 1	NDS, QL (8 pens/28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	Tier 1	NDS, QL (6 syringes/28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	Tier 1	NDS, QL (6 autoinjectors/28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	Tier 1	NDS, QL (4 syringes/28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	NDS, QL (6 syringes/28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	NDS, QL (6 pens/28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
HUMIRA PEN KIT PS/UV	Tier 1	NDS, QL (3 pens/28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	Tier 1	NDS, QL (3 pens/28 days), NM, PA
INFLIXIMAB SOLR 100mg	Tier 1	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	Tier 1	NDS, QL (28 syringes/28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	Tier 1	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	Tier 1	QL (1 syringe/28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
REMICADE SOLR 100mg	Tier 1	NDS, NM, PA
RENFLEXIS SOLR 100mg	Tier 1	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
RINVOQ TB24 45mg	Tier 1	NDS, QL (168 tabs/year), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLN 1mg/ml	Tier 1	NDS, QL (360 mL/30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	Tier 1	NDS, QL (1 cartridge/56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	Tier 1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	Tier 1	NDS, QL (6 syringes/365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	Tier 1	NDS, QL (6 pens/365 days), NM, PA
SOTYKTU TABS 6mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
STELARA SOLN 45mg/0.5ml	Tier 1	NDS, QL (1 vial/28 days), NM, PA
STELARA SOLN 130mg/26ml	Tier 1	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
TREMFYA SOAJ 100mg/ml	Tier 1	NDS, QL (1 pen/28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	Tier 1	NDS, QL (2 pens/28 days), NM, PA
TREMFYA SOLN 200mg/20ml	Tier 1	NDS, NM, PA
TREMFYA SOSY 100mg/ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
TREMFYA SOSY 200mg/2ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	Tier 1	NDS, QL (2 pens/28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	Tier 1	NDS, QL (4 syringes/28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	Tier 1	NDS, QL (1 vial/28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	Tier 1	NDS, NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
VELSIPITY TABS 2mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
XELJANZ SOLN 1mg/ml	Tier 1	NDS, QL (480 mL/24 days), NM, PA
XELJANZ TABS 5mg, 10mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	Tier 1	NDS, QL (30 tabs/30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	Tier 1	QL (1 vial/28 days), NM, PA
YESINTEK SOLN 130mg/26ml	Tier 1	NM, PA
YESINTEK SOSY 45mg/0.5ml	Tier 1	QL (1 syringe/28 days), NM, PA
YESINTEK SOSY 90mg/ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) – DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate TABS 200mg	Tier 1	
JYLAMVO SOLN 2mg/ml	Tier 1	B/D
leflunomide TABS 10mg, 20mg	Tier 1	QL (30 tabs/30 days)
methotrexate sodium TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	Tier 1	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 1	NDS, NM, PA
GAMASTAN INJ	Tier 1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 1	NDS, NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA SUS	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXCHIQ INJ	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml	Tier 1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA SUSY .5ml	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS – VITAMINS AND SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	Tier 1	
D10W/NACL INJ 0.2%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
dextrose 2.5% w/ sodium chloride 0.45%	Tier 1	
dextrose 5% in lactated ringers	Tier 1	
dextrose 5% w/ sodium chloride 0.2%	Tier 1	
dextrose 5% w/ sodium chloride 0.3%	Tier 1	
dextrose 5% w/ sodium chloride 0.9%	Tier 1	
dextrose 5% w/ sodium chloride 0.45%	Tier 1	
dextrose 5% w/ sodium chloride 0.225%	Tier 1	
dextrose 10% w/ sodium chloride 0.45%	Tier 1	
ISOLYTE-P INJ /D5W	Tier 1	
ISOLYTE-S INJ PH 7.4	Tier 1	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 1	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 1	
lactated ringer's solution	Tier 1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 1	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	Tier 1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 1	
multiple electrolytes ph 5.5	Tier 1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 1	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 1	
TPN ELECTROL INJ	Tier 1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 1	
klor-con 8 TBCR 8meq	Tier 1	
klor-con 10 TBCR 10meq	Tier 1	
klor-con m10 TBCR 10meq	Tier 1	
klor-con m15 TBCR 15meq	Tier 1	
klor-con m20 TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	Tier 1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 1	
PRENATAL TAB PLUS	Tier 1	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 1	B/D
CLINIMIX INJ 4.25/D10	Tier 1	B/D
CLINIMIX INJ 5%/D15W	Tier 1	B/D
CLINIMIX INJ 5%/D20W	Tier 1	B/D
CLINIMIX INJ 6/5	Tier 1	B/D
CLINIMIX INJ 8/10	Tier 1	B/D
CLINIMIX INJ 8/14	Tier 1	B/D
clinisol sf 15%	Tier 1	B/D
CLINOLIPID EMU 20%	Tier 1	B/D
dextrose SOLN 5%, 10%	Tier 1	
dextrose SOLN 50%, 70%	Tier 1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 1	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 1	B/D
plenamine	Tier 1	B/D
PREMASOL SOL 10%	Tier 1	NDS, B/D
PROSOL INJ 20%	Tier 1	B/D
TRAVASOL INJ 10%	Tier 1	B/D
TROPHAMINE INJ 10%	Tier 1	B/D
OPHTHALMIC – DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY – DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
neo-polycin hc ophth oint 1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
neomycin-polymyxin-hc ophth susp	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 1	
ANTI-INFECTIVES – DRUGS TO TREAT INFECTIONS		
bacitracin (ophthalmic) OINT 500unit/gm	Tier 1	
bacitracin-polymyxin b ophth oint	Tier 1	
BESIVANCE SUSP .6%	Tier 1	
CILOXAN OINT .3%	Tier 1	
ciprofloxacin hcl (ophth) SOLN .3%	Tier 1	
erythromycin (ophth) OINT 5mg/gm	Tier 1	
gatifloxacin (ophth) SOLN .5%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate (ophth) SOLN .3%	Tier 1	
moxifloxacin hcl (ophth) SOLN .5%	Tier 1	QL (12 mL/30 days)
NATACYN SUSP 5%	Tier 1	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml ,	Tier 1	
ofloxacin (ophth) SOLN .3%	Tier 1	
polycin ophth oint	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	Tier 1	
tobramycin (ophth) SOLN .3%	Tier 1	
trifluridine SOLN 1%	Tier 1	
XDEMVY SOLN .25%	Tier 1	NDS, NM, PA
ZIRGAN GEL .15%	Tier 1	
ANTI-INFLAMMATORIES – DRUGS TO TREAT INFLAMMATION		
azelastine hcl (ophth) SOLN .05%	Tier 1	
cromolyn sodium (ophth) SOLN 4%	Tier 1	
ZERVIATE SOLN .24%	Tier 1	
ANTIGLAUCOMA – DRUGS TO TREAT GLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	Tier 1	
brimonidine tartrate SOLN .2%	Tier 1	
brinzolamide SUSP 1%	Tier 1	ST
carteolol hcl (ophth) SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 1	
dorzolamide hcl SOLN 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	Tier 1	
latanoprost SOLN .005%	Tier 1	
levobunolol hcl SOLN .5%	Tier 1	
LUMIGAN SOLN .01%	Tier 1	
pilocarpine hcl SOLN 1%, 2%, 4%	Tier 1	
RHOPRESSA SOLN .02%	Tier 1	
ROCKLATAN DRO	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 1	
atropine sulfate (ophthalmic) SOLN 1%	Tier 1	
CYSTADROPS SOLN .37%	Tier 1	NDS, NM, PA
CYSTARAN SOLN .44%	Tier 1	NDS, NM, PA
EYSUVIS SUSP .25%	Tier 1	
MIEBO SOLN 1.338gm/ml	Tier 1	
proparacaine hcl SOLN .5%	Tier 1	
RESTASIS EMUL .05%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE EMUL .05%	Tier 1	
XIIDRA SOLN 5%	Tier 1	
OTIC – DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	Tier 1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 1	
flac OIL .01%	Tier 1	
fluocinolone acetonide (otic) OIL .01%	Tier 1	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 1	
neomycin-polymyxin-hc otic soln 1%	Tier 1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 1	
ofloxacin (otic) SOLN .3%	Tier 1	
RESPIRATORY – DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS – DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	Tier 1	QL (60 blisters/30 days)
BEVESPI AER 9-4.8MCG	Tier 1	QL (1 inhaler/30 days)
BREZTRI AERO AER SPHERE	Tier 1	QL (1 inhaler/30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 1	QL (4 inhalers/28 days)
COMBIVENT AER 20-100	Tier 1	QL (2 inhalers/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 1	QL (60 blisters/30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 1	QL (60 blisters/30 days)
ANTICHOLINERGICS – DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act	Tier 1	QL (2 inhalers/30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 1	QL (30 blisters/30 days)
ipratropium bromide SOLN .02%	Tier 1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 1	
SPIRIVA RESPIMAT AERS 1.25mcg/act	Tier 1	QL (1 inhaler/30 days)
ANTIHISTAMINES – DRUGS TO TREAT ALLERGIES		
azelastine hcl SOLN .1%	Tier 1	
cetirizine hcl SOLN 5mg/5ml	Tier 1	QL (300 mL/30 days)
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	Tier 1	PA; PA applies if 65 years and older after a 30-day supply in a calendar year
diphenhydramine hcl SOLN 50mg/ml	Tier 1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	Tier 1	PA; PA applies if 65 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 1	PA; PA applies if 65 years and older after a 30-day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	Tier 1	PA; PA applies if 65 years and older after a 30-day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	Tier 1	QL (300 mL/30 days)
levocetirizine dihydrochloride TABS 5mg	Tier 1	QL (30 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS – DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate AERS 108mcg/act	Tier 1	QL (2 inhalers/30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	Tier 1	QL (2 inhalers/30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	Tier 1	QL (2 inhalers/30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 1	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	Tier 1	B/D
levalbuterol tartrate AERO 45mcg/act	Tier 1	QL (2 inhalers/30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	Tier 1	QL (60 inhalations/30 days)
terbutaline sulfate TABS 2.5mg, 5mg	Tier 1	
VENTOLIN HFA AERS 108mcg/act	Tier 1	QL (2 inhalers/30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	Tier 1	QL (6 inhalers/30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	Tier 1	
zafirlukast TABS 10mg, 20mg	Tier 1	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 1	B/D
ALYFTREK TAB 4-20-50	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
ALYFTREK TAB 10-50-125	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	Tier 1	NDS, NM, PA
cromolyn sodium NEBU 20mg/2ml	Tier 1	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	Tier 1	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	Tier 1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	Tier 1	NDS, QL (1 pen/28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	Tier 1	NDS, QL (56 packets/28 days), NM, PA
KALYDECO TABS 150mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
OFEV CAPS 100mg, 150mg	Tier 1	NDS, QL (60 caps/30 days), NM, PA
ORKAMBI GRA 75-94MG	Tier 1	NDS, QL (56 packets/28 days), NM, PA
ORKAMBI GRA 100-125	Tier 1	NDS, QL (56 packets/28 days), NM, PA
ORKAMBI GRA 150-188	Tier 1	NDS, QL (56 packets/28 days), NM, PA
ORKAMBI TAB 100-125	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
ORKAMBI TAB 200-125	Tier 1	NDS, QL (112 tabs/28 days), NM, PA
pirfenidone CAPS 267mg	Tier 1	NDS, QL (270 caps/30 days), NM, PA
pirfenidone TABS 267mg	Tier 1	NDS, QL (270 tabs/30 days), NM, PA
pirfenidone TABS 534mg, 801mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME SOLN 2.5mg/2.5ml	Tier 1	NDS, NM, PA
roflumilast TABS 250mcg	Tier 1	QL (56 tabs/year)
roflumilast TABS 500mcg	Tier 1	QL (30 tabs/30 days)
SYMDEKO TAB 50-75MG	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
SYMDEKO TAB 100-150	Tier 1	NDS, QL (56 tabs/28 days), NM, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 1	
TRIKAFTA PAK 59.5MG	Tier 1	NDS, QL (56 packs/28 days), NM, PA
TRIKAFTA PAK 75MG	Tier 1	NDS, QL (56 packs/28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 1	NDS, QL (84 tabs/28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
XOLAIR SOAJ 150mg/ml	Tier 1	NDS, QL (8 pens/28 days), NM, PA
XOLAIR SOLR 150mg	Tier 1	NDS, QL (8 vials/28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	Tier 1	NDS, QL (4 syringes/28 days), NM, PA
XOLAIR SOSY 150mg/ml	Tier 1	NDS, QL (8 syringes/28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 1	NDS, NM, PA
NASAL STEROIDS – DRUGS TO TREAT ALLERGIES		
flunisolide (nasal) SOLN .025%	Tier 1	QL (3 bottles/30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	Tier 1	QL (1 bottle/30 days)
XHANCE EXHU 93mcg/act	Tier 1	QL (32 mL/30 days), PA
STEROID INHALANTS – DRUGS TO TREAT ASTHMA		
ALVESCO AERS 80mcg/act	Tier 1	QL (3 inhalers/30 days)
ALVESCO AERS 160mcg/act	Tier 1	QL (2 inhalers/30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Tier 1	QL (30 inhalations/30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	Tier 1	B/D
STEROID/BETA-AGONIST COMBINATIONS – DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	Tier 1	QL (1 inhaler/30 days)
ADVAIR HFA AER 115/21	Tier 1	QL (1 inhaler/30 days)
ADVAIR HFA AER 230/21	Tier 1	QL (1 inhaler/30 days)
AIRSUPRA AER 90-80MCG	Tier 1	QL (3 inhalers/30 days)
BREO ELLIPTA INH 50-25MCG	Tier 1	QL (60 blisters/30 days)
BREO ELLIPTA INH 100-25	Tier 1	QL (60 blisters/30 days)
BREO ELLIPTA INH 200-25	Tier 1	QL (60 blisters/30 days)
breyna	Tier 1	QL (3 inhalers/30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	Tier 1	QL (3 inhalers/30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	Tier 1	QL (3 inhalers/30 days)
DULERA AER 50-5MCG	Tier 1	QL (3 inhalers/30 days)
DULERA AER 100-5MCG	Tier 1	QL (3 inhalers/30 days)
DULERA AER 200-5MCG	Tier 1	QL (3 inhalers/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	Tier 1	QL (60 inhalations/30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	Tier 1	QL (60 inhalations/30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	Tier 1	QL (60 inhalations/30 days); (generic PRASCO not covered)

Drug Name	Drug Tier	Requirements/Limits
wixela inhub	Tier 1	QL (60 inhalations/30 days)
TOPICAL – DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
benzoyl peroxide-erythromycin gel 5-3%	Tier 1	QL (46.6 gm/30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Tier 1	QL (45 gm/30 days)
clindamycin phosphate (topical) GEL 1%	Tier 1	QL (75 mL/30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	Tier 1	QL (60 mL/30 days)
ery PADS 2%	Tier 1	QL (60 pledgets/30 days)
erythromycin (acne aid) GEL 2%	Tier 1	QL (60 gm/30 days)
erythromycin (acne aid) SOLN 2%	Tier 1	QL (60 mL/30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
neuac	Tier 1	QL (45 gm/30 days)
sulfacetamide sodium (acne) LOTN 10%	Tier 1	QL (118 mL/30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	Tier 1	QL (45 gm/30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	Tier 1	QL (60 gm/30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	Tier 1	QL (30 gm/30 days)
mupirocin OINT 2%	Tier 1	QL (220 gm/30 days)
silver sulfadiazine CREA 1%	Tier 1	
ssd CREA 1%	Tier 1	
SULFAMYLON CREA 85mg/gm	Tier 1	QL (453.6 gm/30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1%	Tier 1	QL (120 mL/30 days)
ciclopirox olamine CREA .77%	Tier 1	QL (90 gm/30 days)
ciclopirox olamine SUSP .77%	Tier 1	QL (60 mL/30 days)
clotrimazole (topical) CREA 1%	Tier 1	QL (45 gm/30 days)
clotrimazole (topical) SOLN 1%	Tier 1	QL (60 mL/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	QL (45 gm/30 days)
econazole nitrate CREA 1%	Tier 1	QL (85 gm/30 days)
ketoconazole (topical) CREA 2%	Tier 1	QL (60 gm/30 days)
ketoconazole (topical) SHAM 2%	Tier 1	QL (120 mL/30 days)
klayesta POWD 100000unit/gm	Tier 1	QL (60 gm/30 days)
nyamyc POWD 100000unit/gm	Tier 1	QL (60 gm/30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	Tier 1	QL (30 gm/30 days)
nystatin (topical) POWD 100000unit/gm	Tier 1	QL (60 gm/30 days)
nystop POWD 100000unit/gm	Tier 1	QL (60 gm/30 days)
selenium sulfide LOTN 2.5%	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
calcipotriene CREA .005%; OINT .005%	Tier 1	QL (120 gm/30 days), PA
calcipotriene SOLN .005%	Tier 1	QL (120 mL/30 days), PA

Drug Name	Drug Tier	Requirements/Limits
calcitrene OINT .005%	Tier 1	QL (120 gm/30 days), PA
ENSTILAR AER	Tier 1	NDS, QL (120 gm/30 days), PA
tazarotene CREA .05%, .1%	Tier 1	QL (60 gm/30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	Tier 1	
alclometasone dipropionate CREA .05%; OINT .05%	Tier 1	QL (60 gm/30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	Tier 1	QL (120 gm/30 days)
betamethasone dipropionate (topical) LOTN .05%	Tier 1	QL (120 mL/30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	Tier 1	QL (120 gm/30 days)
betamethasone dipropionate augmented LOTN .05%	Tier 1	QL (120 mL/30 days)
betamethasone valerate CREA .1%; OINT .1%	Tier 1	QL (120 gm/30 days)
betamethasone valerate LOTN .1%	Tier 1	QL (120 mL/30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	Tier 1	QL (120 gm/30 days)
clobetasol propionate SHAM .05%	Tier 1	QL (236 mL/30 days)
clobetasol propionate SOLN .05%	Tier 1	QL (100 mL/30 days)
clobetasol propionate e CREA .05%	Tier 1	QL (120 gm/30 days)
clodan SHAM .05%	Tier 1	QL (236 mL/30 days)
fluocinolone acetonide CREA .01%	Tier 1	QL (60 gm/30 days)
fluocinolone acetonide CREA .025%; OINT .025%	Tier 1	QL (120 gm/30 days)
fluocinolone acetonide OIL .01%	Tier 1	QL (118.28 mL/30 days)
fluocinolone acetonide SOLN .01%	Tier 1	QL (60 mL/30 days)
fluocinonide CREA .05%, .1%	Tier 1	QL (120 gm/30 days)
fluocinonide GEL .05%; OINT .05%	Tier 1	QL (60 gm/30 days)
fluocinonide SOLN .05%	Tier 1	QL (60 mL/30 days)
fluocinonide emulsified base CREA .05%	Tier 1	QL (120 gm/30 days)
fluticasone propionate CREA .05%; OINT .005%	Tier 1	
halobetasol propionate CREA .05%; OINT .05%	Tier 1	QL (50 gm/30 days)
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
hydrocortisone (topical) OINT 1%	Tier 1	QL (30 gm/30 days)
hydrocortisone valerate CREA .2%	Tier 1	QL (60 gm/30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	Tier 1	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	Tier 1	QL (454 gm/30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	Tier 1	
triderm CREA .5%	Tier 1	QL (454 gm/30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	Tier 1	QL (60 mL/30 days), PA
lidocaine OINT 5%	Tier 1	QL (50 gm/30 days), PA
lidocaine PTCH 5%	Tier 1	QL (3 patches/1 day), PA
lidocaine hcl SOLN 4%	Tier 1	QL (50 mL/30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	B/D, QL (30 gm/30 days)
lidocan PTCH 5%	Tier 1	QL (3 patches/1 day), PA
tridacaine ii PTCH 5%	Tier 1	QL (3 patches/1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	Tier 1	NDS, QL (60 gm/30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium (topical) SOLN 1.5%	Tier 1	QL (300 mL/28 days)
EUCRISA OINT 2%	Tier 1	QL (120 gm/30 days), PA
fluorouracil (topical) CREA 5%	Tier 1	QL (40 gm/30 days)
fluorouracil (topical) SOLN 2%, 5%	Tier 1	QL (10 mL/30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	Tier 1	
imiquimod CREA 5%	Tier 1	QL (24 packets/30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	Tier 1	
metronidazole (topical) CREA .75%; GEL .75%	Tier 1	QL (45 gm/30 days)
metronidazole (topical) LOTN .75%	Tier 1	QL (59 mL/30 days)
nitroglycerin (intra-anal) OINT .4%	Tier 1	QL (30 gm/30 days)
PANRETIN GEL .1%	Tier 1	NDS, QL (60 gm/30 days), PA
pimecrolimus CREA 1%	Tier 1	QL (100 gm/30 days), PA
podofilox SOLN .5%	Tier 1	QL (7 mL/28 days)
procto-med hc CREA 2.5%	Tier 1	
proctocort CREA 1%	Tier 1	
proctosol hc CREA 2.5%	Tier 1	
proctozone-hc CREA 2.5%	Tier 1	
tacrolimus (topical) OINT .03%, .1%	Tier 1	QL (100 gm/30 days), PA
VALCHLOR GEL .016%	Tier 1	NDS, QL (60 gm/30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	Tier 1	QL (59 mL/30 days)
permethrin CREA 5%	Tier 1	QL (60 gm/30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	Tier 1	NDS, QL (30 gm/30 days), PA
SANTYL OINT 250unit/gm	Tier 1	QL (180 gm/30 days), PA
sodium chloride (gu irrigant) SOLN .9%	Tier 1	
water for irrigation, sterile irrigation soln	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	Tier 1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	Tier 1	
clotrimazole TROC 10mg	Tier 1	QL (150 lozenges/30 days)
kourzeq PSTE .1%	Tier 1	
lidocaine hcl (mouth-throat) SOLN 2%	Tier 1	
nystatin (mouth-throat) SUSP 100000unit/ml	Tier 1	
periogard SOLN .12%	Tier 1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	Tier 1	
triamcinolone acetonide (mouth) PSTE .1%	Tier 1	

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Mercy Care Advantage (HMO SNP) Member Services

Call **602-586-1730** or **1-877-436-5288**
Calls to these numbers are free. 8:00 a.m. – 8:00 p.m., 7 days a week.

Member Services also has free language interpreter services available for non-English speakers.

TTY **711**
Calls to this number are free. 8:00 a.m. – 8:00 p.m., 7 days a week.

Write Mercy Care Advantage (HMO SNP)
4750 S. 44th Place, Suite 150
Phoenix, AZ 85040

Website **mercycareaz.org**

This formulary was updated on 9/02/2025. For more recent information or other questions, contact Mercy Care Advantage (HMO SNP) Member Services at **602-586-1730** or **1-877-436-5288** (TTY **711**), 8:00 a.m. – 8:00 p.m., 7 days a week, or visit **mercycareaz.org**.

Servicios al Miembro de Mercy Care Advantage (HMO SNP)

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Las llamadas a estos números son gratis. 8:00 a.m. a 8:00 p.m., 7 días de la semana.

Servicios al Miembro también tiene servicios gratuitos de interpretaciónde idiomas disponibles para personas que no hablan inglés.

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Escriba Mercy Care Advantage (HMO SNP)
4750 S. 44th Place, Suite 150
Phoenix, AZ 85040

Sitio Web **mercycareaz.org**

Este formulario fue actualizado en 9/02/2025. Para la información más reciente o para otras preguntas, llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (TTY **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **mercycareaz.org**.