Mercy Care Advantage (HMO SNP)

2023 Formulary (List of Covered Drugs)

Formulario para 2023 (Lista de Medicamentos Cubiertos)

mercy care advantage HMO SNP

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

Formulary ID 00023086, Version 19

This formulary was updated on 12/01/2023. 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 **www.MercyCareAZ.org**.

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

Identificación del Formulario 00023086, Versión 19

Este formulario fue actualizado en 12/01/2023. 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 **www.MercyCareAZ.org**.

Mercy Care Advantage (HMO SNP)

2023 Formulary (List of Covered Drugs)

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

Formulary ID 00023086, Version 19

This formulary was updated on 12/01/2023. 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 **www.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 list of the drugs (formulary) for our plan which is current as of 12/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Mercy Care Advantage (HMO SNP) Formulary?

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 (drug list) change?

Most changes in drug coverage happen on January 1, but Mercy Care Advantage may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Mercy Care Advantage (HMO SNP)’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. 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 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2023. 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. If we update the formulary during 2023 due to a non-maintenance formulary change, an updated version of the formulary and the notice issued to affected members will be posted on our website at **www.MercyCareAZ.org**. 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 page 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 60. 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 cost less than brand-name drugs.

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 physician 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 provides 30 tablets per prescription for rosuvastatin. 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 IV for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that 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 him or her 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 coverage restrictions or limits 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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, 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. 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 60.

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/$1.45/$4.15 copay
All other drugs	$0/$4.30/$10.35 copay

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.
LA	**Limited Access.** This prescription may be available only at certain pharmacies. For more information consult the Pharmacy Directory.
NDS	**Non-Extended Days Supply.** Medications listed with NDS have a supply limit of 30 days.
NM	**Not available at our mail-order pharmacy.**
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.
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.
ST	**Step Therapy.** In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Mercy Care Advantage (HMO SNP)

Formulario para 2023 (Lista de Medicamentos Cubiertos)

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

Identificación del Formulario 00023086, Versión 19

Este formulario fue actualizado el 12/01/2023. Para la información más reciente o para otras preguntas, por favor llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (los usuarios de TTY deberían llamar al **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **www.MercyCareAZ.org**.

Nota para los miembros actuales: Este formulario cambió desde el año pasado. Por favor revisen este documento para asegurarse de que todavía contenga los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros" o a "nuestros", esto significa Mercy Care. Cuando se refiere al "plan" o a "nuestro plan", esto significa Mercy Care Advantage.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual está actualizada a la fecha de 12/01/2023. Para un formulario actualizado, por favor contáctenos. Nuestra información de contacto, junto con la fecha en la que actualizamos por último el formulario, aparece en la portada y la contraportada.

Por lo general, usted debe usar farmacias de la red para usar su beneficio de medicamentos de prescripción. Los beneficios, el formulario, la red de farmacias, y/o los copagos/el coseguro pueden cambiar el 1º de enero de 2023, y de tiempo en tiempo durante el año.

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

Un formulario es una lista de medicamentos cubiertos seleccionados por Mercy Care Advantage en consulta con un equipo de proveedores del cuidado de la salud, el cual representa las terapias de prescripción/receta que se considera son una parte necesaria de un programa de tratamiento de calidad. Por lo general, Mercy Care Advantage cubrirá los medicamentos listados en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la prescripción/receta sea surtida en una farmacia de la red de Mercy Care Advantage, y se sigan otras reglas del plan. Para más información sobre cómo surtir sus prescripciones/recetas, por favor revise su Evidencia de Cobertura.

¿El Formulario (lista de medicamentos) puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1º de enero, pero Mercy Care Advantage puede agregar o eliminar medicamentos en la Lista de Medicamentos durante el año, cambiarlos a niveles de costo compartido distintos o agregar nuevas restricciones. Nosotros debemos seguir las reglas de Medicare para hacer estos cambios.

Cambios que pueden afectarle este año: En los casos a continuación, usted se verá afectado/a por los cambios a la cobertura durante el año:

- **Nuevos medicamentos genéricos.** Nosotros podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de Medicamentos si lo estamos reemplazando con un medicamento genérico nuevo que aparecerá en el mismo nivel o en un nivel más bajo de costo compartido y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, nosotros podemos decidir retener el medicamento de marca en nuestra Lista de Medicamentos, pero cambiarlo inmediatamente a un nivel de costo compartido distinto o agregar nuevas restricciones. Si actualmente usted está tomando dicho medicamento de marca, es posible que nosotros no le informemos por adelantado que haremos dicho cambio, pero más tarde le proveeremos información sobre el/los cambio/s específico/s que hayamos hecho.
    - Si nosotros hacemos dicho cambio, usted o la persona prescribiéndole pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento de marca para usted. El aviso que nosotros le proveeremos también incluirá información sobre cómo solicitar una excepción, y usted puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Mercy Care Advantage (HMO SNP)?”
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro, o si el fabricante del medicamento retira el medicamento del mercado, nosotros inmediatamente retiraremos el medicamento de nuestro formulario y les proveeremos un aviso a los miembros que estén tomando dicho medicamento.
- **Otros cambios.** Nosotros podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, nosotros podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel de costo compartido distinto o ambas cosas. O podemos hacer cambios basados en nuevas directrices clínicas. Si retiramos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y/o restricciones de terapia a pasos a un medicamento, nosotros debemos notificárselo a los miembros afectados por el cambio por lo menos 30 días antes de que el cambio entre en vigor, ó cuando el miembro pida que se le vuelva a surtir el medicamento, en cuyo momento, el/la miembro recibirá un suministro para 31 días del medicamento.

- Si nosotros hacemos estos otros cambios, usted o la persona prescribiéndole pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento de marca para usted. El aviso que le proveeremos también incluirá información sobre cómo solicitar una excepción, y usted también 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 usted está tomando actualmente el medicamento. Por lo general, si usted está tomando un medicamento listado en nuestro Formulario de 2023 que fue cubierto a principios de año, nosotros no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2023 excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de la cobertura. Este año usted no recibirá un aviso directo sobre los cambios que no le afecten a usted. Sin embargo, el 1º de enero del próximo año, dichos cambios le afectarían a usted, y es importante que revise la Lista de Medicamentos del nuevo año de beneficios para cualquier cambio a los medicamentos.

El formulario adjunto entra en vigor a partir de 12/01/2023. Para obtener información actualizada sobre los medicamentos cubiertos por Mercy Care Advantage, por favor póngase en contacto con nosotros. Nuestra información de contacto aparece en la portada y la contraportada. Si nosotros actualizamos el formulario durante 2023 debido a un cambio al formulario que no sea de mantenimiento, se publicará una versión actualizada del formulario y se emitirá un aviso a los miembros afectados en nuestro sitio web **www.MercyCareAZ.org**. Los cambios a los formularios impresos se actualizarán por medio de un aviso de erratas.

¿Cómo uso el Formulario?

Hay dos formas de encontrar su medicamento dentro del formulario:

Condición Médica

El formulario empieza en la página 1. Los medicamentos en este formulario están agrupados en categorías, dependiendo del tipo de condiciones médicas para cuyo tratamiento se usan. Por ejemplo, los medicamentos usados para tratar una condición cardíaca están listados bajo la categoría de "Agentes Cardiovasculares". Si usted sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Después busque en esa categoría el nombre de su medicamento.

Listado Alfabético

Si usted no está seguro/a bajo qué categoría buscar, debería buscar su medicamento en el Índice que empieza en la página 60. El Índice provee una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos están listados en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, usted encontrará el número de la página en la que podrá encontrar información sobre la cobertura. Pase a la página listada en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Mercy Mercy Care Advantage cubre tanto a los medicamentos de marca como a los medicamentos genéricos. medicamento genérico es aprobado por la Administración de Alimentos y Medicamentos (FDA por sus siglas en inglés) por contar con el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden contar con requerimientos adicionales o límites en la cobertura. Dichos requerimientos y límites pueden incluir:

- **Autorización Previa:** Mercy Care Advantage requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que usted necesitará obtener la aprobación de Mercy Care Advantage antes de surtir sus prescripciones/recetas. Si usted no obtiene la aprobación, Mercy Care Advantage puede no cubrir el costo del medicamento.
- **Límites de Cantidades:** Para ciertos medicamentos, Mercy Care Advantage limita la cantidad del medicamento que Mercy Care Advantage cubrirá. Por ejemplo, Mercy Care Advantage provee 30 tabletas por cada prescripción de rosuvastatin. Esto puede ser en adición al suministro estándar para un mes o tres meses.
- **Terapia a Pasos:** En algunos casos, Mercy Care Advantage requiere que usted pruebe primero ciertos medicamentos para tratar su condición médica antes de cubrir otro medicamento para dicha condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan ambos su condición médica, Mercy Care Advantage puede no cubrir el Medicamento B a menos que usted pruebe primero el Medicamento A. Si el Medicamento A no le funciona, entonces Mercy Care Advantage cubrirá el Medicamento B.

Usted puede informarse si hay cualquier requerimiento o límite adicional para sus medicamentos consultando el formulario que empieza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Nosotros hemos publicado un documento en línea que explica nuestras restricciones sobre la autorización previa y la terapia a pasos. Usted también puede pedirnos que le enviemos a usted una copia. Nuestra información de contacto, junto con la fecha de la última vez que actualizamos el formulario, aparece en la portada y la contraportada.

Usted le puede pedir a Mercy Care Advantage que haga una excepción a estas restricciones o límites, o pedirle una lista de otros medicamentos similares que puedan tratar su condición de salud. Vea la sección “¿Cómo solicito una excepción al formulario de Mercy Care Advantage?” en la página X para información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero usted debería comunicarse con Servicios al Miembro y preguntar si su medicamento está cubierto.

Si usted descubre que Mercy Care Advantage no cubre su medicamento, tiene dos opciones:

- Usted le puede pedir a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por Mercy Care Advantage. Cuando usted reciba la lista, muéstresela a su doctor y pídale que le prescriba un medicamento similar que esté cubierto por Mercy Care Advantage.
- Usted puede solicitar que Mercy Care Advantage haga una excepción y cubra su medicamento. Vea abajo cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Mercy Care Advantage (HMO SNP)?

Usted le puede pedir a Mercy Care Advantage que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que usted puede pedir que hagamos.

- Usted nos puede pedir que cubramos un medicamento, aún si no está en nuestro formulario. Si es aprobado, dicho medicamento será cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le proveamos dicho medicamento a un nivel de costo compartido más bajo.
- Usted puede pedir que no apliquemos las restricciones o los límites a la cobertura en su medicamento. Por ejemplo, para ciertos medicamentos, Mercy Care Advantage limita la cantidad del medicamento

que nosotros cubriremos. Si su medicamento tiene un límite de cantidad, usted puede pedirnos que no apliquemos el límite y que cubramos una cantidad más alta.

Por lo general, Mercy Care Advantage sólo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan o las restricciones adicionales para su uso no serían tan efectivos tratando su condición y/o podrían ocasionarle efectos médicos adversos.

Usted se debería comunicar con nosotros para pedirnos una decisión inicial de cobertura para una excepción al formulario, o a la restricción de uso. **Cuando usted solicite una excepción al formulario o a la restricción de uso, debería presentar una declaración de su médico o de la persona emitiendo la prescripción respaldando su solicitud.** En general, nosotros debemos tomar nuestra decisión dentro de 72 horas después de recibir la declaración de respaldo de la persona emitiendo la prescripción. Usted puede solicitar una excepción expedita (rápida) si usted o su doctor creen que su salud podría verse seriamente dañada por esperar 72 horas para una decisión. Si se le concede su solicitud de excepción expedita, nosotros debemos darle una decisión no más tarde de 24 horas después de recibir la declaración de respaldo de su doctor o de la otra persona emitiendo la prescripción.

¿Qué hago antes de que pueda hablar con mi doctor sobre cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o continuando en nuestro plan, usted puede estar tomando medicamentos que no estén en nuestro formulario. O usted puede estar tomando un medicamento que esté en nuestro formulario pero su capacidad para obtenerlo puede ser limitada. Por ejemplo, usted puede necesitar nuestra autorización previa antes de poder surtir su prescripción/receta. Usted debería hablar con su doctor para decidir si debería cambiar a un medicamento apropiado que nosotros cubramos, o solicitar una excepción al formulario para que nosotros cubramos el medicamento que usted toma. Mientras habla con su doctor para determinar el curso de acción apropiado para usted, en ciertos casos, nosotros podemos cubrir su medicamento durante los primeros 90 días en los que usted sea miembro de nuestro plan.

Para cada medicamento que no esté en nuestro formulario, o si su capacidad para obtener dicho medicamento es limitada, nosotros cubriremos un suministro temporal para 31 días. Si su prescripción ha sido emitida para menos días, nosotros permitiremos que la vuelva a surtir hasta que se le provea medicamento con un suministro máximo de 31 días. Después de su primer suministro para 31 días, nosotros ya no pagaremos por dichos medicamentos, aún si usted ha sido miembro del plan durante menos de 90 días.

Si usted es residente de una instalación de cuidado a largo plazo y necesita un medicamento que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días como miembro de nuestro plan, nosotros cubriremos un suministro de emergencia de dicho medicamento para 31 días, mientras usted trata de obtener una excepción al formulario.

Si a usted se le admite o se le da de alta de una instalación de cuidado a largo plazo, se le permitirá que se le surta una prescripción ante su admisión o dada de alta.

Para más información

Para información más detallada sobre su cobertura de medicamentos de prescripción/receta de Mercy Care Advantage, por favor lea su Evidencia de Cobertura y otros materiales del plan.

Si tiene usted preguntas sobre Mercy Care Advantage, por favor contáctenos. Nuestra información de contacto, junto con la fecha en la que actualizamos por último el formulario, aparece en la portada y en la contraportada.

Si tiene usted preguntas generales sobre la cobertura de medicamentos de prescripción/receta de Medicare, por favor llame a Medicare al 1-800-MEDICARE (1-800-633-4227) 24 horas al día, siete días de la semana. Los usuarios de TTY deberían llamar al 1-877-486-2048. Ó visite http://www.medicare.gov.

Formulario de Mercy Care Advantage

El formulario que empieza en la siguiente página provee información de cobertura sobre algunos de los medicamentos cubiertos por Mercy Care Advantage. Si usted tiene problemas para encontrar su medicamento en la lista, regrese al Índice que empieza en la página 60.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (ejem.: SYNTHROID) y los medicamentos genéricos están escritos en cursivas minúsculas (ejem.: *levothyroxine*).

La información en la columna de Requerimientos/Límites le indica si Mercy Care Advantage tiene cualquier requerimiento especial para la cobertura de su medicamento.

Sus cantidades de costo compartido dependen de la categoría en la que se encuentre el medicamento:

Categoría	Cantidad del costo compartido
Medicamentos genéricos (incluyendo medicamentos de marca tratados como genéricos)	Copago de $0/$1.45/$4.15
El resto de los otros medicamentos	Copago de $0/$4.30/$10.35

Sus copagos pueden ser más bajos, dependiendo del nivel de "Ayuda Extra" que usted esté recibiendo. La Evidencia de Cobertura para Personas que Reciben Ayuda Extra para el Pago de Sus Medicamentos de Prescripción (Cláusula LIS) lista la cantidad que usted pagará por sus medicamentos de prescripción. Usted también puede llamar a Servicios al Miembro para informarse sobre la cantidad de su costo compartido. Los números telefónicos de Servicios al Miembro están en la portada y la contraportada.

La información en la columna de Requerimientos/Límites le indica si Mercy Care Advantage tiene cualquier requerimiento especial para la cobertura de su medicamento.

Abreviatura en Inglés	Requerimientos/Límites
B/D	**Cubierto/a bajo la Parte B o la Parte D de Medicare.** Este medicamento puede estar cubierto bajo la Parte B o la Parte D de Medicare dependiendo de las circunstancias. Es posible que se requiera que se envíe información describiendo el uso y el entorno del medicamento para tomar una determinación.
EA	***Each* / Cada Uno/a.** Los medicamentos listados con EA indican el número de píldoras despachadas.
LA	***Limited Access* / Acceso Limitado.** Esta prescripción puede estar disponible sólo en ciertas farmacias. Para más información consulte el Directorio de Farmacias.
NDS	**Suministro Sin Extensión de Días.** Los medicamentos listados con la abreviatura NDS tienen un límite de suministro de 30 días.
NM	**No está disponible en pedidos a la farmacia por correo postal.**
PA	***Prior Authorization* / Autorización Previa.** Nuestro plan requiere que usted o su proveedor obtengan autorización previa para ciertos medicamentos. Esto significa que usted necesita obtener nuestra aprobación antes de surtir sus prescripciones. Si usted no recibe la aprobación, es posible que no cubramos el medicamento.
QL	***Quantity Limits* / Límites de Cantidad.** En ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan provee 30 tabletas para cada 30 días por prescripción de simvastatin.
ST	***Step Therapy* / Terapia a Pasos.** En algunos casos, nuestro plan requiere que usted pruebe primero ciertos medicamentos para tratar su condición médica, antes de que nosotros cubramos otro medicamento para dicha condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan ambos su condición médica, es posible que nosotros no cubramos el Medicamento B a menos que usted pruebe primero el Medicamento A. Si el Medicamento A no le funciona, entonces nosotros cubriremos el Medicamento B.

2023 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	
MITIGARE CAPS .6mg	Tier 1	QL (60 caps/30 days)
probenecid TABS 500mg	Tier 1	
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	
ec-naproxen TBEC 375mg	Tier 1	QL (120 tabs/30 days)
ec-naproxen TBEC 500mg	Tier 1	QL (90 tabs/30 days)
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 TBEC 500mg	Tier 1	QL (90 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		
fentanyl PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	Tier 1	QL (10 patches/30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Tier 1	QL (30 tabs/30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Tier 1	QL (30 tabs/30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	Tier 1	QL (450 mL/30 days), PA
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)

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine tab 300-30 mg	Tier 1	QL (360 tabs/30 days)
acetaminophen w/ codeine tab 300-60 mg	Tier 1	QL (180 tabs/30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	Tier 1	
endocet tab 2.5-325mg	Tier 1	QL (360 tabs/30 days)
endocet tab 5-325mg	Tier 1	QL (360 tabs/30 days)
endocet tab 7.5-325mg	Tier 1	QL (240 tabs/30 days)
endocet tab 10-325mg	Tier 1	QL (180 tabs/30 days)
fentanyl citrate LPOP 200mcg	Tier 1	QL (120 lozenges/30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	Tier 1	NDS, QL (120 lozenges/30 days), PA
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, 5mg/ml, 8mg/ml, 10mg/ml	Tier 1	B/D
morphine sulfate SOLN 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 20mg/ml	Tier 1	QL (180 mL/30 days)
morphine sulfate TABS 15mg, 30mg	Tier 1	QL (180 tabs/30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	Tier 1	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	Tier 1	
oxycodone hcl CAPS 5mg	Tier 1	QL (180 caps/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)
ANESTHETICS – DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	Tier 1	B/D
ANTI-INFECTIVES – DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES – MISCELLANEOUS		
albendazole TABS 200mg	Tier 1	NDS
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	Tier 1	
atovaquone SUSP 750mg/5ml	Tier 1	
aztreonam SOLR 1gm, 2gm	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
CAYSTON SOLR 75mg	Tier 1	NDS, NM, LA, 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, 9000mg/60ml	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
EMVERM CHEW 100mg	Tier 1	NDS, QL (12 tabs/year)
ertapenem sodium SOLR 1gm	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	
ivermectin TABS 3mg	Tier 1	QL (12 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, 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	
paromomycin sulfate CAPS 250mg	Tier 1	
pentamidine isethionate inh SOLR 300mg	Tier 1	B/D
pentamidine isethionate inj SOLR 300mg	Tier 1	
praziquantel TABS 600mg	Tier 1	
SIVEXTRO SOLR 200mg; TABS 200mg	Tier 1	NDS
streptomycin sulfate SOLR 1gm	Tier 1	
sulfadiazine TABS 500mg	Tier 1	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
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	
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, 5gm, 10gm, 500mg, 750mg	Tier 1	
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	
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	PA
ketoconazole TABS 200mg	Tier 1	PA
micafungin sodium SOLR 50mg, 100mg	Tier 1	NDS
NOXAFIL SUSP 40mg/ml	Tier 1	NDS, QL (630 mL/30 days), PA
nystatin TABS 500000unit	Tier 1	
posaconazole SUSP 40mg/ml	Tier 1	NDS, QL (630 mL/30 days), PA
posaconazole TBEC 100mg	Tier 1	NDS, QL (93 tabs/30 days), PA
terbinafine hcl TABS 250mg	Tier 1	QL (90 tabs/year)
voriconazole SOLR 200mg; SUSR 40mg/ml	Tier 1	NDS, PA
voriconazole TABS 50mg	Tier 1	QL (480 tabs/30 days), PA
voriconazole TABS 200mg	Tier 1	QL (120 tabs/30 days), PA
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

Drug Name	Drug Tier	Requirements/Limits
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	NDS, QL (60 tabs/30 days), NM
darunavir TABS 800mg	Tier 1	NDS, QL (30 tabs/30 days), NM
EDURANT TABS 25mg	Tier 1	NDS, NM
efavirenz CAPS 50mg, 200mg; TABS 600mg	Tier 1	NM
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
FUZEON SOLR 90mg	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
LEXIVA SUSP 50mg/ml	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
PREZISTA TABS 600mg	Tier 1	NDS, QL (60 tabs/30 days), NM
PREZISTA TABS 800mg	Tier 1	NDS, QL (30 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; TABS 75mg	Tier 1	NDS, NM
SELZENTRY TABS 25mg	Tier 1	NM
SUNLENCA TBPK 300mg	Tier 1	NDS, NM, LA
tenofovir disoproxil fumarate TABS 300mg	Tier 1	NM
TIVICAY TABS 10mg	Tier 1	NM
TIVICAY TABS 25mg, 50mg	Tier 1	NDS, NM
TIVICAY PD TBSO 5mg	Tier 1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	Tier 1	NDS, NM, LA
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

Drug Name	Drug Tier	Requirements/Limits
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
COMPLERA TAB	Tier 1	NDS, NM
DELSTRIGO TAB	Tier 1	NDS, NM
DESCOVY TAB 120-15MG	Tier 1	NDS, QL (30 tabs/30 days), NM
DESCOVY TAB 200/25MG	Tier 1	NDS, QL (30 tabs/30 days), NM
DOVATO TAB 50-300MG	Tier 1	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	NDS, 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-tenofovir disoproxil fumarate tab 100-150 mg	Tier 1	NDS, QL (30 tabs/30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	NDS, QL (30 tabs/30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	NDS, QL (30 tabs/30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 1	NDS, QL (30 tabs/30 days), NM
EVOTAZ TAB 300-150	Tier 1	NDS, NM
GENVOYA TAB	Tier 1	NDS, NM
JULUCA TAB 50-25MG	Tier 1	NDS, NM
lamivudine-zidovudine tab 150-300 mg	Tier 1	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	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	NDS, NM
TRIUMEQ TAB	Tier 1	NDS, NM
TRIZIVIR 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, LA, PA
TRECATOR TABS 250mg	Tier 1	
ANTIVIRALS – DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
acyclovir sodium SOLN 50mg/ml	Tier 1	B/D
adefovir dipivoxil TABS 10mg	Tier 1	NDS, NM
BARACLUDE SOLN .05mg/ml	Tier 1	NDS, NM
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
EPIVIR HBV SOLN 5mg/ml	Tier 1	NM
famciclovir TABS 125mg, 250mg, 500mg	Tier 1	
ganciclovir sodium SOLR 500mg	Tier 1	B/D
HARVONI PAK 33.75-150MG	Tier 1	NDS, NM, PA
HARVONI PAK 45-200MG	Tier 1	NDS, NM, PA
HARVONI TAB 45-200MG	Tier 1	NDS, NM, PA
HARVONI TAB 90-400MG	Tier 1	NDS, NM, PA
lamivudine (hbv) TABS 100mg	Tier 1	NM
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)
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	
VEMLIDY TABS 25mg	Tier 1	NDS, NM
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; SUSR 250mg/5ml	Tier 1	
CEFACLOR ER TB12 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, 10gm, 500mg	Tier 1	
CEFAZOLIN SOLN 2GM/100ML-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	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
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 PACK 1gm; 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	
ery-tab TBEC 250mg, 333mg, 500mg	Tier 1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 1	
erythrocin stearate TABS 250mg	Tier 1	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1	
erythromycin ethylsuccinate TABS 400mg	Tier 1	
erythromycin lactobionate SOLR 500mg	Tier 1	
FLUOROQUINOLONES – DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml	Tier 1	
ciprofloxacin 200 mg/100ml in d5w	Tier 1	
ciprofloxacin 400 mg/200ml in d5w	Tier 1	
ciprofloxacin hcl TABS 100mg, 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	
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 chew tab 200-28.5 mg	Tier 1	
amoxicillin & k clavulanate chew tab 400-57 mg	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	

Drug Name	Drug Tier	Requirements/Limits
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	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 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, 125mg, 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	
PEN GK/DEXTR INJ 40000/ML	Tier 1	
PEN GK/DEXTR INJ 60000/ML	Tier 1	
penicillin g potassium SOLR 5000000unit, 20000000unit	Tier 1	
PENICILLIN G PROCAINE SUSP 600000unit/ml	Tier 1	
penicillin g sodium SOLR 5000000unit	Tier 1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
pfizerpen SOLR 5000000unit, 20000000unit	Tier 1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 1	
TETRACYCLINES – DRUGS TO TREAT INFECTIONS		
doxy 100 SOLR 100mg	Tier 1	
doxycycline (monohydrate) CAPS 50mg, 100mg; 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; TABS 150mg	Tier 1	NDS, NM, LA
tetracycline hcl CAPS 250mg, 500mg	Tier 1	PA
tigecycline SOLR 50mg	Tier 1	NDS
TIGECYCLINE SOLR 50mg	Tier 1	NDS

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC AGENTS – DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	Tier 1	NDS, B/D, NM, LA
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	Tier 1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	Tier 1	NDS, B/D
cyclophosphamide SOLR 1gm, 2gm, 500mg	Tier 1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 1	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	Tier 1	NM
GLEOSTINE CAPS 100mg	Tier 1	NDS, NM
LEUKERAN TABS 2mg	Tier 1	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	Tier 1	B/D
oxaliplatin SOLR 50mg, 100mg	Tier 1	NDS, B/D
paraplatin SOLN 1000mg/100ml	Tier 1	B/D
ANTIBIOTICS		
doxorubicin hcl SOLN 2mg/ml	Tier 1	B/D
doxorubicin hcl liposomal INJ 2mg/ml	Tier 1	NDS, B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	Tier 1	B/D
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, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D
INQOVI TAB 35-100MG	Tier 1	NDS, NM, LA, PA
LONSURF TAB 15-6.14	Tier 1	NDS, NM, LA, PA
LONSURF TAB 20-8.19	Tier 1	NDS, NM, LA, PA
mercaptopurine TABS 50mg	Tier 1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D
ONUREG TABS 200mg, 300mg	Tier 1	NDS, NM, LA, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	Tier 1	NDS, NM
TABLOID TABS 40mg	Tier 1	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	Tier 1	NDS, NM, PA
anastrozole TABS 1mg	Tier 1	
bicalutamide TABS 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 1	NM, PA
EMCYT CAPS 140mg	Tier 1	NDS
ERLEADA TABS 60mg, 240mg	Tier 1	NDS, NM, LA, PA
EULEXIN CAPS 125mg	Tier 1	NDS
exemestane TABS 25mg	Tier 1	
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, NM, LA, PA
ORGOVYX TABS 120mg	Tier 1	NDS, NM, LA, PA
ORSERDU TABS 86mg, 345mg	Tier 1	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	Tier 1	NDS
tamoxifen citrate TABS 10mg, 20mg	Tier 1	
toremifene citrate TABS 60mg	Tier 1	NDS
XTANDI CAPS 40mg; TABS 40mg, 80mg	Tier 1	NDS, NM, LA, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 1	NDS, QL (28 caps/28 days), NM, LA, PA
lenalidomide CAPS 20mg, 25mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 1	NDS, QL (28 caps/28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	Tier 1	NDS, QL (28 caps/28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	Tier 1	NDS, QL (56 caps/28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	Tier 1	NDS, NM, LA, PA
bexarotene CAPS 75mg	Tier 1	NDS, NM, PA
hydroxyurea CAPS 500mg	Tier 1	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D
KISQALI 200 PAK FEMARA	Tier 1	NDS, QL (49 tabs/28 days), NM, PA
KISQALI 400 PAK FEMARA	Tier 1	NDS, QL (70 tabs/28 days), NM, PA
KISQALI 600 PAK FEMARA	Tier 1	NDS, QL (91 tabs/28 days), NM, PA
MATULANE CAPS 50mg	Tier 1	NDS, NM, LA

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO SOLR 3.5mg	Tier 1	NDS, NM, PA
tretinoin (chemotherapy) CAPS 10mg	Tier 1	NDS
WELIREG TABS 40mg	Tier 1	NDS, NM, LA, 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
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 protein-bound particles for iv susp 100 mg	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, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	Tier 1	NDS, NM, LA, PA
ALUNBRIG PAK	Tier 1	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	Tier 1	NDS, NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	Tier 1	NDS, NM, PA
bortezomib SOLR 3.5mg	Tier 1	NDS, NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	Tier 1	NDS, NM, PA
BRAFTOVI CAPS 75mg	Tier 1	NDS, NM, LA, PA
BRUKINSA CAPS 80mg	Tier 1	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
CALQUENCE CAPS 100mg	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
CALQUENCE TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	Tier 1	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	Tier 1	NDS, NM, LA, PA
COMETRIQ KIT 100MG	Tier 1	NDS, NM, LA, PA
COMETRIQ KIT 140MG	Tier 1	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	Tier 1	NDS, NM, LA, PA
COTELLIC TABS 20mg	Tier 1	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	Tier 1	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	Tier 1	NDS, NM, LA, 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

Drug Name	Drug Tier	Requirements/Limits
everolimus TBSO 2mg	Tier 1	NDS, QL (150 tabs/30 days), NM, PA
everolimus TBSO 3mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
everolimus TBSO 5mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
EXKIVITY CAPS 40mg	Tier 1	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA
GAVRETO CAPS 100mg	Tier 1	NDS, NM, LA, PA
gefitinib TABS 250mg	Tier 1	NDS, NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 1	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	Tier 1	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	Tier 1	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	Tier 1	NDS, NM, LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	Tier 1	NDS, QL (21 caps/28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	Tier 1	NDS, QL (21 tabs/28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
imatinib mesylate TABS 100mg	Tier 1	NDS, 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, LA, PA
IMBRUVICA CAPS 140mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	Tier 1	NDS, QL (216 mL/27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
INLYTA TABS 1mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
INLYTA TABS 5mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
INREBIC CAPS 100mg	Tier 1	NDS, NM, LA, PA
IRESSA TABS 250mg	Tier 1	NDS, NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
JAYPIRCA TABS 50mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
JAYPIRCA TABS 100mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	Tier 1	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	Tier 1	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	Tier 1	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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 600 DOSE TBPK 200mg	Tier 1	NDS, QL (63 tabs/28 days), NM, PA
KRAZATI TABS 200mg	Tier 1	NDS, NM, LA, PA
lapatinib ditosylate TABS 250mg	Tier 1	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
LENVIMA CAP 14 MG	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
LENVIMA CAP 18 MG	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
LENVIMA CAP 24 MG	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	Tier 1	NDS, NM, LA, PA
LUMAKRAS TABS 120mg, 320mg	Tier 1	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
LYTGOBI TBPK 4mg	Tier 1	NDS, NM, LA, PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	Tier 1	NDS, NM, LA, PA
MEKTOVI TABS 15mg	Tier 1	NDS, NM, LA, PA
MONJUVI SOLR 200mg	Tier 1	NDS, NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	Tier 1	NDS, NM, LA, PA
NERLYNX TABS 40mg	Tier 1	NDS, NM, LA, PA
NEXAVAR TABS 200mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 1	NDS, QL (3 caps/28 days), NM, PA
ODOMZO CAPS 200mg	Tier 1	NDS, NM, LA, PA
OGIVRI SOLR 150mg	Tier 1	NDS, NM, LA, PA
OGIVRI INJ 420MG	Tier 1	NDS, NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	Tier 1	NDS, NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 1	NDS, NM, LA, PA
PHESGO SOL	Tier 1	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 1	NDS, NM, PA
PIQRAY 250MG TAB DOSE	Tier 1	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 1	NDS, NM, PA
QINLOCK TABS 50mg	Tier 1	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	Tier 1	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA CAPS 150mg	Tier 1	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	Tier 1	NDS, NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, PA
RYDAPT CAPS 25mg	Tier 1	NDS, 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
sorafenib tosylate TABS 200mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	Tier 1	NDS, NM, PA
STIVARGA TABS 40mg	Tier 1	NDS, NM, LA, 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, NM, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	Tier 1	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
TALZENNA CAPS .25mg	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	Tier 1	NDS, NM, PA
TAZVERIK TABS 200mg	Tier 1	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 1	NDS, NM, LA, PA
TEPMETKO TABS 225mg	Tier 1	NDS, NM, LA, PA
TIBSOVO TABS 250mg	Tier 1	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	Tier 1	NDS, NM, PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	Tier 1	NDS, LA, PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	Tier 1	NDS, LA, PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	Tier 1	NDS, LA, PA
TRUSELTIQ 125MG DAILY DOSE	Tier 1	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	Tier 1	NDS, NM, LA, PA
TURALIO CAPS 125mg, 200mg	Tier 1	NDS, NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	Tier 1	NDS, NM, LA, PA
VENCLEXTA TABS 10mg	Tier 1	QL (112 tabs/28 days), NM, LA, PA
VENCLEXTA TABS 50mg	Tier 1	NDS, QL (112 tabs/28 days), NM, LA, PA
VENCLEXTA TABS 100mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
VENCLEXTA TAB START PK	Tier 1	NDS, QL (42 tabs/28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 1	NDS, QL (56 tabs/28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	Tier 1	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 1	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VONJO CAPS 100mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
VOTRIENT TABS 200mg	Tier 1	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	Tier 1	NDS, NM, LA, PA
XOSPATA TABS 40mg	Tier 1	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	Tier 1	NDS, QL (4 tabs/28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	Tier 1	NDS, QL (8 tabs/28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	Tier 1	NDS, QL (4 tabs/28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	Tier 1	NDS, QL (24 tabs/28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	Tier 1	NDS, QL (8 tabs/28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	Tier 1	NDS, QL (32 tabs/28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	Tier 1	NDS, QL (8 tabs/28 days), NM, LA, PA
ZEJULA CAPS 100mg	Tier 1	NDS, QL (90 caps/30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
ZELBORAF TABS 240mg	Tier 1	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 1	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	Tier 1	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	Tier 1	NDS, NM, LA, PA
ZYKADIA TABS 150mg	Tier 1	NDS, NM, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 1	
MESNEX TABS 400mg	Tier 1	NDS
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)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
quinapril-hydrochlorothiazide tab 10-12.5 mg	Tier 1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	Tier 1	
quinapril-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)
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)

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	Tier 1	QL (30 tabs/30 days)
ENTRESTO TAB 24-26MG	Tier 1	
ENTRESTO TAB 49-51MG	Tier 1	
ENTRESTO TAB 97-103MG	Tier 1	
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)
ANTIARRHYTHMICS – DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	Tier 1	
disopyramide phosphate CAPS 100mg, 150mg	Tier 1	
dofetilide CAPS 125mcg, 250mcg, 500mcg	Tier 1	NM

Drug Name	Drug Tier	Requirements/Limits
flecainide acetate TABS 50mg, 100mg, 150mg	Tier 1	
MULTAQ TABS 400mg	Tier 1	
NORPACE CR CP12 100mg, 150mg	Tier 1	
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	
sorine TABS 80mg, 120mg, 160mg, 240mg	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	
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)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	Tier 1	QL (60 tabs/30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	Tier 1	NM, PA
prevalite PACK 4gm; POWD 4gm/dose	Tier 1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
NYMALIZE SOLN 6mg/ml	Tier 1	NDS
taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	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	

Drug Name	Drug Tier	Requirements/Limits
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	
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		
ADRENALIN SOLN 1mg/ml	Tier 1	
aliskiren fumarate TABS 150mg, 300mg	Tier 1	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 1	
clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	Tier 1	
digoxin SOLN .05mg/ml, .25mg/ml	Tier 1	
digoxin TABS 125mcg, 250mcg	Tier 1	QL (30 tabs/30 days)
droxidopa CAPS 100mg	Tier 1	NDS, 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 if 70 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
metyrosine CAPS 250mg	Tier 1	NDS, 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	
NITRATES – DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	Tier 1	
isosorbide mononitrate TABS 10mg, 20mg; 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, LA, PA
ambrisentan TABS 5mg, 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
bosentan TABS 62.5mg, 125mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
OPSUMIT TABS 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	Tier 1	QL (360 tabs/30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 1	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 1	NDS, NM, LA, 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 2mg/ml, 4mg/ml	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)
ANTICONVULSANTS – DRUGS TO TREAT SEIZURES		
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 SOLN 50mg/5ml	Tier 1	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 1	NDS, QL (60 tabs/30 days), PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
CELONTIN CAPS 300mg	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 if 65 years and older
DIACOMIT CAPS 250mg	Tier 1	NDS, QL (360 caps/30 days), NM, LA, PA
DIACOMIT CAPS 500mg	Tier 1	NDS, QL (180 caps/30 days), NM, LA, PA
DIACOMIT PACK 250mg	Tier 1	NDS, QL (360 packets/30 days), NM, LA, PA
DIACOMIT PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, LA, PA
diazepam CONC 5mg/ml	Tier 1	QL (240 mL/30 days), PA; PA if 65 years and older
diazepam SOLN 5mg/5ml	Tier 1	QL (1200 mL/30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
diazepam TABS 2mg, 5mg, 10mg	Tier 1	QL (120 tabs/30 days), PA; PA if 65 years and older
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 1	
diazepam inj SOLN 5mg/ml	Tier 1	
DILANTIN CAPS 30mg, 100mg	Tier 1	
DILANTIN INFATABS CHEW 50mg	Tier 1	
DILANTIN-125 SUSP 125mg/5ml	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, LA, PA
epitol TABS 200mg	Tier 1	
EPRONTIA SOLN 25mg/ml	Tier 1	QL (480 mL/30 days), PA
ethosuximide CAPS 250mg; SOLN 250mg/5ml	Tier 1	
felbamate SUSP 600mg/5ml	Tier 1	NDS
felbamate TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml	Tier 1	NDS, QL (360 mL/30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	Tier 1	NDS, QL (720 mL/30 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, 400mg	Tier 1	QL (180 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	NDS
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; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	
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	
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
phenobarbital ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Tier 1	PA; PA if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	Tier 1	PA; PA if 70 years and older
phenytek CAPS 200mg, 300mg	Tier 1	
phenytoin CHEW 50mg; SUSP 125mg/5ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
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
pregabalin CAPS 200mg	Tier 1	QL (90 caps/30 days), PA
pregabalin CAPS 225mg, 300mg	Tier 1	QL (60 caps/30 days), PA
pregabalin SOLN 20mg/ml	Tier 1	QL (900 mL/30 days), PA
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; TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
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	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 1	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 1	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 1	
vigabatrin PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, LA, PA
vigabatrin TABS 500mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
vigadrone PACK 500mg	Tier 1	NDS, QL (180 packets/30 days), NM, LA, PA
vigadrone TABS 500mg	Tier 1	NDS, QL (180 tabs/30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	Tier 1	NDS, QL (1200 mL/30 days)
XCOPRI TABS 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	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, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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	
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 if < 30 yrs
memantine hcl tab 28x5 mg & 21x10 mg titration pack	Tier 1	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	Tier 1	
NAMZARIC CAP 14-10MG	Tier 1	
NAMZARIC CAP 21-10MG	Tier 1	
NAMZARIC CAP 28-10MG	Tier 1	
NAMZARIC CAP PACK	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	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	Tier 1	
AUVELITY TAB 45-105MG	Tier 1	QL (60 tabs/30 days), PA
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	Tier 1	
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	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	Tier 1	QL (30 tabs/30 days), PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 1	
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	PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	Tier 1	
imipramine hcl TABS 10mg, 25mg, 50mg	Tier 1	
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	

Drug Name	Drug Tier	Requirements/Limits
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
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	Tier 1	
phenelzine sulfate TABS 15mg	Tier 1	
protriptyline hcl TABS 5mg, 10mg	Tier 1	
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)
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	
VIIBRYD KIT STARTER	Tier 1	
vilazodone hcl TABS 10mg, 20mg, 40mg	Tier 1	QL (30 tabs/30 days)
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 if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	Tier 1	
carb/levo orally disintegrating tab 10-100mg	Tier 1	
carb/levo orally disintegrating tab 25-100mg	Tier 1	
carb/levo orally disintegrating tab 25-250mg	Tier 1	
carbidopa & levodopa tab 10-100 mg	Tier 1	
carbidopa & levodopa tab 25-100 mg	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	
carbidopa & levodopa tab er 25-100 mg	Tier 1	
carbidopa & levodopa tab er 50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 1	
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, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 1	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
rasagiline mesylate TABS .5mg, 1mg	Tier 1	QL (30 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
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	PA; PA if 70 years and older
ANTIPSYCHOTICS – DRUGS TO TREAT PSYCHOSES		
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	NDS, QL (60 tabs/30 days)
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	NDS, QL (120 tabs/30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	NDS, QL (60 tabs/30 days), PA
FANAPT PAK	Tier 1	PA
fluphenazine decanoate SOLN 25mg/ml	Tier 1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	Tier 1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	Tier 1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	Tier 1	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)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	Tier 1	NDS, QL (30 tabs/30 days)
LATUDA TABS 80mg	Tier 1	NDS, QL (60 tabs/30 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)
molindone hcl TABS 5mg, 10mg, 25mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPS 34mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
NUPLAZID TABS 10mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
olanzapine SOLR 10mg	Tier 1	QL (3 vials/1 day)
olanzapine TABS 2.5mg, 5mg, 10mg; TBDP 10mg	Tier 1	QL (60 tabs/30 days)
olanzapine TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	Tier 1	QL (30 tabs/30 days)
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	
PERSERIS PRSY 90mg, 120mg	Tier 1	NDS, QL (1 syringe/30 days)
pimozide TABS 1mg, 2mg	Tier 1	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	Tier 1	
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)
RISPERDAL CONSTA SRER 12.5mg, 25mg	Tier 1	QL (2 injections/28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	Tier 1	NDS, QL (2 injections/28 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)
risperidone TBDP 4mg	Tier 1	QL (120 tabs/30 days)
risperidone TBDP .25mg, .5mg	Tier 1	QL (90 tabs/30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	Tier 1	QL (30 patches/30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
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)
VRAYLAR CAP 1.5-3MG	Tier 1	
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	Tier 1	QL (60 caps/30 days)
ziprasidone mesylate SOLR 20mg	Tier 1	QL (6 injections/3 days)
ZYPREXA RELPREVV SUSR 210mg	Tier 1	QL (2 vials/28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	Tier 1	NDS, QL (2 vials/28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	Tier 1	NDS, QL (1 vial/28 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
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

Drug Name	Drug Tier	Requirements/Limits
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 if 70 years and older
guanfacine hcl (adhd) TB24 3mg	Tier 1	QL (60 tabs/30 days), PA; PA if 70 years and older
metadate er TBCR 20mg	Tier 1	QL (90 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 5mg, 10mg	Tier 1	QL (180 tabs/30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	Tier 1	QL (90 tabs/30 days), PA
HYPNOTICS – DRUGS TO TREAT INSOMNIA		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	Tier 1	QL (30 tabs/30 days)
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 70 years and older after a 90-day supply in a calendar year
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 if 65 years and older
temazepam CAPS 15mg	Tier 1	QL (60 caps/30 days), PA; PA if 65 years and older
zaleplon CAPS 5mg	Tier 1	QL (30 caps/30 days), PA; PA applies if 70 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 70 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 70 years and older after a 90-day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE – DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	Tier 1	QL (1 pen/30 days), NM, PA
dihydroergotamine mesylate SOLN 1mg/ml	Tier 1	NDS
dihydroergotamine mesylate SOLN 4mg/ml	Tier 1	NDS, QL (8 mL/30 days), 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
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)
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	Tier 1	QL (12 tabs/30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	Tier 1	NDS, QL (120 tabs/30 days), NM, LA, 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 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
INGREZZA CAPS 40mg, 60mg, 80mg	Tier 1	NDS, QL (30 caps/30 days), NM, LA, PA
INGREZZA CAP 40-80MG	Tier 1	NDS, QL (28 caps/28 days), NM, LA, 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	QL (60 caps/30 days), PA
pyridostigmine bromide TABS 60mg	Tier 1	
riluzole TABS 50mg	Tier 1	
tetrabenazine TABS 12.5mg	Tier 1	NDS, QL (90 tabs/30 days), NM, PA
tetrabenazine TABS 25mg	Tier 1	NDS, QL (120 tabs/30 days), NM, PA
BAFIERTAM CPDR 95mg	Tier 1	NDS, QL (120 caps/30 days), NM, LA, PA
BETASERON KIT .3mg	Tier 1	NDS, QL (14 syringes/28 days), NM, PA
dalfampridine TB12 10mg	Tier 1	NM, PA
fingolimod hcl CAPS .5mg	Tier 1	NDS, QL (28 caps/28 days), NM, PA
glatiramer acetate SOSY 20mg/ml	Tier 1	NDS, QL (30 syringes/30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate SOSY 40mg/ml	Tier 1	NDS, QL (12 syringes/28 days), NM, PA
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/year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS – DRUGS TO TREAT MUSCLE SPASMS		
baclofen TABS 10mg, 20mg	Tier 1	
carisoprodol TABS 350mg	Tier 1	QL (120 tabs/30 days), PA; PA if 70 years and older
cyclobenzaprine hcl TABS 5mg, 10mg	Tier 1	PA; PA if 70 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	Tier 1	
methocarbamol TABS 500mg, 750mg	Tier 1	PA; PA if 70 years and older
tizanidine hcl TABS 2mg, 4mg	Tier 1	
vanadom TABS 350mg	Tier 1	QL (120 tabs/30 days), PA; PA if 70 years and older
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
SODIUM OXYBATE SOLN 500mg/ml	Tier 1	NDS, QL (540 mL/30 days), NM, LA, PA
XYREM SOLN 500mg/ml	Tier 1	NDS, QL (540 mL/30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	Tier 1	
buprenorphine hcl SUBL 2mg, 8mg	Tier 1	QL (90 tabs/30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	QL (90 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 (90 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 1	QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 1	QL (90 tabs/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 1	QL (90 tabs/30 days)
bupropion hcl (smoking deterrent) TB12 150mg	Tier 1	
disulfiram TABS 250mg, 500mg	Tier 1	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 1	
naltrexone hcl TABS 50mg	Tier 1	
NICOTROL INHALER INHA 10mg	Tier 1	
NICOTROL NS SOLN 10mg/ml	Tier 1	
varenicline tartrate TABS .5mg, 1mg	Tier 1	QL (56 tabs/28 days), PA
varenicline tartrate tab 11x0.5 mg & 42x1 mg start pack	Tier 1	PA
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		
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 GEL 1.62%	Tier 1	QL (150 gm/30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 1	PA
testosterone enanthate SOLN 200mg/ml	Tier 1	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 1	
BYDUREON BCISE AUIJ 2mg/0.85ml	Tier 1	QL (4 pens/28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	Tier 1	QL (1 pen/30 days), PA
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 xl TB24 2.5mg, 5mg	Tier 1	QL (90 tabs/30 days)
glipizide xl 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	Tier 1	QL (60 tabs/30 days)
JARDIANCE TABS 25mg	Tier 1	QL (30 tabs/30 days)
JENTADUETO TAB 2.5-500	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB 2.5-850	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB 2.5-1000	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB XR 2.5-1000MG	Tier 1	QL (60 tabs/30 days)
JENTADUETO TAB XR 5-1000MG	Tier 1	QL (30 tabs/30 days)
metformin hcl TABS 500mg	Tier 1	QL (150 tabs/30 days)
metformin hcl TABS 850mg	Tier 1	QL (90 tabs/30 days)
metformin hcl TABS 1000mg	Tier 1	QL (75 tabs/30 days)
metformin hcl TB24 500mg	Tier 1	QL (120 tabs/30 days); (generic of GLUCOPHAGE XR)

Drug Name	Drug Tier	Requirements/Limits
metformin hcl TB24 750mg	Tier 1	QL (60 tabs/30 days); (generic of GLUCOPHAGE XR)
nateglinide TABS 60mg, 120mg	Tier 1	QL (90 tabs/30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	Tier 1	QL (1 pen/28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	Tier 1	QL (1 pen/28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	Tier 1	QL (1 pen/28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	Tier 1	QL (30 tabs/30 days)
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
SYNJARDY TAB 5-500MG	Tier 1	QL (120 tabs/30 days)
SYNJARDY TAB 5-1000MG	Tier 1	QL (60 tabs/30 days)
SYNJARDY TAB 12.5-500	Tier 1	QL (60 tabs/30 days)
SYNJARDY TAB 12.5-1000MG	Tier 1	QL (60 tabs/30 days)
SYNJARDY XR TAB 5-1000MG	Tier 1	QL (60 tabs/30 days)
SYNJARDY XR TAB 10-1000	Tier 1	QL (60 tabs/30 days)
SYNJARDY XR TAB 12.5-1000MG	Tier 1	QL (60 tabs/30 days)
SYNJARDY XR TAB 25-1000	Tier 1	QL (30 tabs/30 days)
TRADJENTA TABS 5mg	Tier 1	QL (30 tabs/30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 1	QL (60 tabs/30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 1	QL (30 tabs/30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 1	QL (60 tabs/30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 1	QL (30 tabs/30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Tier 1	QL (4 pens/28 days), PA
VICTOZA SOPN 18mg/3ml	Tier 1	QL (3 pens/30 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		
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 1	
BD ALCOHOL SWABS	Tier 1	
FIASP FLEX INJ TOUCH	Tier 1	
FIASP INJ 100/ML	Tier 1	
FIASP PENFIL INJ U-100	Tier 1	
FIASP PMPCRT INJ U-100	Tier 1	B/D
GAUZE PADS 2"x2"	Tier 1	
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: BD/NOVO	Tier 1	
INSULIN SAFETY NEEDLES	Tier 1	
INSULIN SYRINGES: BD	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLN 100unit/ml	Tier 1	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 1	
LEVEMIR SOLN 100unit/ml	Tier 1	
LEVEMIR FLEXPEN SOPN 100unit/ml	Tier 1	
LEVEMIR FLEXTOUCH 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	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 1	(brand RELION not covered)
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	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	Tier 1	QL (1 kit/year), PA
OMNIPOD 5 G6 MIS PODS	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
OMNIPOD GO KIT 10UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 15UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 20UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 25UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 30UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 35UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD GO KIT 40UNT/DY	Tier 1	QL (15 pods/30 days), PA
OMNIPOD MIS CLASSIC	Tier 1	QL (15 pods/30 days), PA
OMNIPOD PDM KIT CLASSIC	Tier 1	QL (1 kit/year), 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	
TRESIBA SOLN 100unit/ml	Tier 1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 1	
V-GO 20 KIT	Tier 1	QL (1 kit/30 days), PA
V-GO 30 KIT	Tier 1	QL (1 kit/30 days), PA
V-GO 40 KIT	Tier 1	QL (1 kit/30 days), PA
XULTOPHY INJ 100/3.6	Tier 1	QL (5 pens/30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	Tier 1	
calcitonin (salmon) spray SOLN 200unit/act	Tier 1	B/D
FORTEO SOPN 600mcg/2.4ml	Tier 1	NDS, NM, PA
ibandronate sodium TABS 150mg	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 1	NDS, LA, PA
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; TBEC 35mg	Tier 1	
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	Tier 1	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	Tier 1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 1	
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	Tier 1	NDS, NM, PA
deferasirox TABS 90mg	Tier 1	NM, PA
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	
trientine hcl CAPS 250mg	Tier 1	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 1	
CONTRACEPTIVES – DRUGS FOR BIRTH CONTROL		
afirmelle	Tier 1	
altavera	Tier 1	
alyacen 1/35	Tier 1	
alyacen 7/7/7	Tier 1	
amethia	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	Tier 1	
cryselle-28	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
cyred eq	Tier 1	
dasetta 1/35	Tier 1	
dasetta 7/7/7	Tier 1	
daysee	Tier 1	
deblitane TABS .35mg	Tier 1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	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	
emoquette	Tier 1	
enilloring	Tier 1	
enpresse-28	Tier 1	
enskyce	Tier 1	
errin TABS .35mg	Tier 1	
estarylla	Tier 1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 1	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 1	
falmina	Tier 1	
femynor	Tier 1	
finzala	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
layolis fe	Tier 1	
leena	Tier 1	
lessina	Tier 1	
levonest	Tier 1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	Tier 1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 1	
levonorg-eth est tab 0.15-0.03mg(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 & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	
levora 0.15/30-28	Tier 1	
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	
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	
mibelas 24 fe	Tier 1	
microgestin 1.5/30	Tier 1	
microgestin 1/20	Tier 1	
microgestin 24 fe	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	
nikki	Tier 1	
nora-be TABS .35mg	Tier 1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 1	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 1	
norethindrone (contraceptive) TABS .35mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	Tier 1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	Tier 1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 1	
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	
nymyo	Tier 1	
ocella	Tier 1	
philith	Tier 1	
pimtrea	Tier 1	
pirmella 1/35	Tier 1	
portia-28	Tier 1	
reclipsen	Tier 1	
rivelsa	Tier 1	
setlakin	Tier 1	
sharobel TABS .35mg	Tier 1	
simliya	Tier 1	
simpesse	Tier 1	
sprintec 28	Tier 1	
sronyx	Tier 1	
syeda	Tier 1	
tarina 24 fe	Tier 1	
tarina fe 1/20 eq	Tier 1	
tilia fe	Tier 1	
tri-estarylla	Tier 1	
tri-legest fe	Tier 1	
tri-linyah	Tier 1	
tri-lo-estarylla	Tier 1	
tri-lo-marzia	Tier 1	
tri-lo-mili	Tier 1	
tri-lo-sprintec	Tier 1	
tri-mili	Tier 1	
tri-nymyo	Tier 1	
tri-sprintec	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
tri-vylibra	Tier 1	
tri-vylibra lo	Tier 1	
trivora-28	Tier 1	
tydemy	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	
xulane	Tier 1	
zafemy	Tier 1	
zovia 1/35	Tier 1	
zumandimine	Tier 1	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	Tier 1	
SYNAREL SOLN 2mg/ml	Tier 1	NDS
ESTROGENS – DRUGS TO REGULATE FEMALE HORMONES		
amabelz	Tier 1	
DELESTROGEN OIL 10mg/ml	Tier 1	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	Tier 1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 1	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	Tier 1	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1	
fyavolv tab 0.5mg-2.5mcg	Tier 1	
fyavolv tab 1mg-5mcg	Tier 1	
jinteli	Tier 1	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
mimvey	Tier 1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 1	
yuvafem TABS 10mcg	Tier 1	
GLUCOCORTICOIDS – DRUGS TO TREAT INFLAMMATORY RESPONSE		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 1	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 1	
fludrocortisone acetate TABS .1mg	Tier 1	
hydrocortisone TABS 5mg, 10mg, 20mg	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, 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 100mg, 250mg, 500mg, 1000mg	Tier 1	
GLUCOSE ELEVATING AGENTS – DRUGS TO TREAT LOW BLOOD SUGAR		
diazoxide SUSP 50mg/ml	Tier 1	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 1	
GVOKE KIT SOLN 1mg/0.2ml	Tier 1	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	Tier 1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 1	NDS, NM, LA, PA
betaine powder for oral solution	Tier 1	NDS, NM, LA
cabergoline TABS .5mg	Tier 1	
carglumic acid TBSO 200mg	Tier 1	NDS, NM, LA, PA
CERDELGA CAPS 84mg	Tier 1	NDS, NM, LA, PA
CEREZYME SOLR 400unit	Tier 1	NDS, NM, LA, PA
cinacalcet hcl TABS 30mg	Tier 1	B/D, QL (60 tabs/30 days), NM
cinacalcet hcl TABS 60mg	Tier 1	NDS, B/D, QL (60 tabs/30 days), NM
cinacalcet hcl TABS 90mg	Tier 1	NDS, B/D, QL (120 tabs/30 days), NM
CYSTAGON CAPS 50mg, 150mg	Tier 1	NM, LA, PA
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, LA, PA
GENOTROPIN CART 5mg, 12mg	Tier 1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .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, LA, PA

Drug Name	Drug Tier	Requirements/Limits
javygtor PACK 100mg, 500mg; TABS 100mg	Tier 1	NDS, NM, LA, PA
KORLYM TABS 300mg	Tier 1	NDS, NM, LA, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	Tier 1	B/D
LUMIZYME SOLR 50mg	Tier 1	NDS, NM, LA, 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
miglustat CAPS 100mg	Tier 1	NDS, QL (90 caps/30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	Tier 1	NDS, NM, LA, 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	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	Tier 1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 1	NDS, NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	Tier 1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 1	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 1	NDS, NM, LA, PA
PHOSPHATE BINDER AGENTS – DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) CAPS 667mg	Tier 1	QL (360 caps/30 days)
calcium acetate (phosphate binder) TABS 667mg	Tier 1	QL (360 tabs/30 days)
sevelamer carbonate PACK 2.4gm	Tier 1	NDS, QL (180 packets/30 days)
sevelamer carbonate PACK .8gm	Tier 1	NDS, QL (540 packets/30 days)
sevelamer carbonate TABS 800mg	Tier 1	QL (540 tabs/30 days)
VELPHORO CHEW 500mg	Tier 1	NDS, QL (180 tabs/30 days)
PROGESTINS – DRUGS TO REGULATE FEMALE HORMONES		
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	
THYROID AGENTS – DRUGS TO REGULATE THYROID LEVELS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
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
RAYALDEE CPCR 30mcg	Tier 1	NDS
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	
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 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	Tier 1	PA; PA if 70 years and older
scopolamine PT72 1mg/3days	Tier 1	QL (10 patches/30 days), PA; PA if 70 years and older
ANTISPASMODICS – DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	Tier 1	
glycopyrrolate TABS 1mg, 2mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS – DRUGS FOR ULCERS AND STOMACH ACID		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 1	
famotidine SUSR 40mg/5ml	Tier 1	QL (300 mL/30 days)
famotidine TABS 20mg	Tier 1	QL (120 tabs/30 days)
famotidine TABS 40mg	Tier 1	QL (60 tabs/30 days)
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), PA
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; SUPP 1000mg	Tier 1	
mesalamine TBEC 1.2gm	Tier 1	QL (120 tabs/30 days)
mesalamine w/ cleanser KIT 4gm	Tier 1	
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	
generlac SOLN 10gm/15ml	Tier 1	
GOLYTELY SOL	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	
SUPREP BOWEL SOL PREP KIT	Tier 1	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	Tier 1	NDS, QL (60 tabs/30 days), PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	Tier 1	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Tier 1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 1	
GATTEX KIT 5mg	Tier 1	NDS, NM, LA, 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)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 1	NDS, PA
sucralfate TABS 1gm	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ursodiol CAPS 300mg; TABS 250mg, 500mg	Tier 1	
XERMELO TABS 250mg	Tier 1	NDS, QL (90 tabs/30 days), NM, LA, PA
XIFAXAN TABS 550mg	Tier 1	NDS, PA
PANCREATIC ENZYMES		
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	
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	
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	
tamsulosin hcl CAPS .4mg	Tier 1	
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)
MYRBETRIQ SRER 8mg/ml	Tier 1	QL (300 mL/28 days)
MYRBETRIQ TB24 25mg, 50mg	Tier 1	QL (30 tabs/30 days)
oxybutynin chloride SOLN 5mg/5ml; TABS 5mg	Tier 1	
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)

Drug Name	Drug Tier	Requirements/Limits
tolterodine tartrate CP24 2mg, 4mg	Tier 1	QL (30 caps/30 days), ST
tolterodine tartrate TABS 1mg, 2mg	Tier 1	QL (60 tabs/30 days)
trospium chloride TABS 20mg	Tier 1	QL (60 tabs/30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	Tier 1	
metronidazole vaginal GEL .75%	Tier 1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	Tier 1	
HEMATOLOGIC – DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS – BLOOD THINNERS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	Tier 1	QL (60 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/D5W INJ 20000UNT	Tier 1	
HEP SOD/D5W INJ 25000UNT	Tier 1	
HEP SOD/NACL INJ 12500UNT	Tier 1	
HEP SOD/NACL INJ 25000UNT	Tier 1	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	B/D
HEPARIN/NACL INJ 25000UNT	Tier 1	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
PRADAXA CAPS 75mg, 150mg	Tier 1	QL (60 caps/30 days)
PRADAXA CAPS 110mg	Tier 1	QL (120 caps/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		
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
ZIEXTENZO SOSY 6mg/0.6ml	Tier 1	NDS, NM, PA
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	Tier 1	
BERINERT KIT 500unit	Tier 1	NDS, QL (24 boxes/30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 1	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 1	
ENDARI PACK 5gm	Tier 1	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	Tier 1	NDS, QL (30 vials/30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	Tier 1	NDS, QL (20 vials/30 days), NM, LA, PA
icatibant acetate SOSY 30mg/3ml	Tier 1	NDS, QL (9 syringes/30 days), NM, PA
pentoxifylline TBCR 400mg	Tier 1	
PROMACTA PACK 12.5mg	Tier 1	NDS, QL (360 packets/30 days), NM, LA, PA
PROMACTA PACK 25mg	Tier 1	NDS, QL (180 packets/30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	Tier 1	NDS, QL (30 tabs/30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
sajazir SOSY 30mg/3ml	Tier 1	NDS, QL (9 syringes/30 days), NM, LA, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 1	
BRILINTA TABS 60mg, 90mg	Tier 1	
clopidogrel bisulfate TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg	Tier 1	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	Tier 1	
IMMUNOLOGIC AGENTS – DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Tier 1	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	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
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	NDS, QL (6 syringes/28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	Tier 1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Tier 1	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	NDS, QL (6 pens/28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	Tier 1	NDS, QL (4 pens/28 days), NM, PA
HUMIRA PEN KIT PS/UV	Tier 1	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	Tier 1	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Tier 1	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Tier 1	NDS, NM, PA
INFLIXIMAB SOLR 100mg	Tier 1	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	Tier 1	NDS, QL (2 pens/28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	Tier 1	NDS, QL (2 syringes/28 days), NM, PA
OTEZLA TABS 30mg	Tier 1	NDS, QL (60 tabs/30 days), NM, PA
OTEZLA TAB 10/20/30	Tier 1	NDS, QL (110 tabs/year), NM, PA
REMICADE SOLR 100mg	Tier 1	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	Tier 1	NDS, NM, LA, 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
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, QL (6 vials/year), 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
STELARA SOLN 45mg/0.5ml	Tier 1	NDS, QL (1 vial/28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	Tier 1	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	Tier 1	NDS, QL (1 syringe/28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	Tier 1	NDS, QL (3 syringes/28 days), NM, LA, 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
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) – DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate TABS 200mg	Tier 1	
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		
BIVIGAM SOLN 5gm/50ml, 10%	Tier 1	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 1	NDS, NM, PA
GAMASTAN INJ	Tier 1	B/D, NM, LA

Drug Name	Drug Tier	Requirements/Limits
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
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, LA, 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, 25gm/500ml, 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 2000000unit/0.5ml	Tier 1	NDS, NM, LA, PA
ARCALYST SOLR 220mg	Tier 1	NDS, NM, LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	Tier 1	NDS, B/D, NM, LA
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	Tier 1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	Tier 1	NDS, QL (8 syringes/28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	Tier 1	NDS, NM, LA, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	Tier 1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 1	NDS, B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	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, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	Tier 1	B/D, NM
sirolimus SOLN 1mg/ml	Tier 1	NDS, B/D, NM
sirolimus 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	
ACTHIB INJ	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
DIP/TET PED INJ 25-5LFU	Tier 1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENACTRA INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENTACEL INJ	Tier 1	
PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL 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)
TDVAX INJ 2-2 LF	Tier 1	B/D
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA INJ	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 INJ 1350pfu/0.5ml	Tier 1	
YF-VAX INJ	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL/SUPPLEMENTS – VITAMINS AND SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	Tier 1	
D5W/LYTES INJ #48	Tier 1	
D10W/NACL INJ 0.2%	Tier 1	
dextrose 2.5% w/ sodium chloride 0.45%	Tier 1	
dextrose 5% in lactated ringers	Tier 1	
dextrose 5% w/ sodium chloride 0.2%	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	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 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	
MG SO4/D5W INJ 10MG/ML	Tier 1	
multiple electrolytes ph 5.5	Tier 1	
multiple electrolytes ph 7.4	Tier 1	
PLASMA-LYTE INJ -148	Tier 1	
PLASMA-LYTE INJ -A	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, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 1	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 1	
TOBRADEX ST SUS 0.3-0.05	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	
gentak OINT .3%	Tier 1	
gentamicin sulfate (ophth) SOLN .3%	Tier 1	
moxifloxacin hcl (ophth) SOLN .5%	Tier 1	
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	
ZIRGAN GEL .15%	Tier 1	
ANTI-INFLAMMATORIES – DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	Tier 1	
BROMSITE SOLN .075%	Tier 1	
dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 1	
diclofenac sodium (ophth) SOLN .1%	Tier 1	
difluprednate EMUL .05%	Tier 1	
EYSUVIS SUSP .25%	Tier 1	
FLAREX SUSP .1%	Tier 1	
fluorometholone (ophth) SUSP .1%	Tier 1	
flurbiprofen sodium SOLN .03%	Tier 1	
ILEVRO SUSP .3%	Tier 1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	Tier 1	
LOTEMAX OINT .5%	Tier 1	
prednisolone acetate (ophth) SUSP 1%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 1	
PROLENSA SOLN .07%	Tier 1	
ANTIALLERGICS – DRUGS TO TREAT ALLERGIES		
azelastine hcl (ophth) SOLN .05%	Tier 1	
cromolyn sodium (ophth) SOLN 4%	Tier 1	
olopatadine hcl SOLN .1%	Tier 1	
ZERVIATE SOLN .24%	Tier 1	
ANTIGLAUCOMA – DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOLN .1%	Tier 1	
betaxolol hcl (ophth) SOLN .5%	Tier 1	
BETOPTIC-S SUSP .25%	Tier 1	
brimonidine tartrate SOLN .1%, .15%, .2%	Tier 1	
brinzolamide SUSP 1%	Tier 1	
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, LA, PA
CYSTARAN SOLN .44%	Tier 1	NDS, NM, LA, PA
proparacaine hcl SOLN .5%	Tier 1	
RESTASIS EMUL .05%	Tier 1	
RESTASIS MULTIDOSE EMUL .05%	Tier 1	
TYRVAYA SOLN .03mg/act	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	
neomycin-polymyxin-hc otic soln 1%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
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	
ANTIHISTAMINES – DRUGS TO TREAT ALLERGIES		
azelastine hcl SOLN .1%, .15%	Tier 1	
cetirizine hcl SOLN 1mg/ml	Tier 1	
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	Tier 1	PA; PA if 70 years and older
diphenhydramine hcl SOLN 50mg/ml	Tier 1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 1	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	Tier 1	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	Tier 1	
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)

Drug Name	Drug Tier	Requirements/Limits
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
ARALAST NP SOLR 500mg, 1000mg	Tier 1	NDS, NM, LA, 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 30mg/ml	Tier 1	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	Tier 1	NDS, NM, LA, PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
KALYDECO TABS 150mg	Tier 1	NDS, QL (60 tabs/30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	Tier 1	NDS, QL (60 caps/30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
ORKAMBI GRA 100-125	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
ORKAMBI GRA 150-188	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
ORKAMBI TAB 100-125	Tier 1	NDS, QL (112 tabs/28 days), NM, LA, PA
ORKAMBI TAB 200-125	Tier 1	NDS, QL (112 tabs/28 days), NM, LA, 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; SOLR 1000mg	Tier 1	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 1	NDS, NM, PA
roflumilast TABS 250mcg, 500mcg	Tier 1	
SYMDEKO TAB 50-75MG	Tier 1	NDS, QL (56 tabs/28 days), NM, LA, PA
SYMDEKO TAB 100-150	Tier 1	NDS, QL (56 tabs/28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Tier 1	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Tier 1	
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, LA, PA

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 75MG	Tier 1	NDS, QL (56 packs/28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 1	NDS, QL (84 tabs/28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 1	NDS, QL (84 tabs/28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 1	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	Tier 1	NDS, NM, LA, 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		
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
FLOVENT DISKUS AEPB 50mcg/blist	Tier 1	QL (180 inhalations/30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	Tier 1	QL (240 inhalations/30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	Tier 1	QL (2 inhalers/30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	Tier 1	QL (3 inhalers/30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	Tier 1	QL (2 inhalers/30 days)
STEROID/BETA-AGONIST COMBINATIONS – DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	Tier 1	QL (60 inhalations/30 days)
ADVAIR DISKU AER 250/50	Tier 1	QL (60 inhalations/30 days)
ADVAIR DISKU AER 500/50	Tier 1	QL (60 inhalations/30 days)
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)
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)
SYMBICORT AER 80-4.5	Tier 1	QL (3 inhalers/30 days)
SYMBICORT AER 160-4.5	Tier 1	QL (3 inhalers/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, 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 phosphate (topical) GEL 1%	Tier 1	QL (75 gm/30 days)
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) SOLN 2%	Tier 1	QL (60 mL/30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
sulfacetamide sodium (acne) LOTN 10%	Tier 1	QL (118 mL/30 days)

Drug Name	Drug Tier	Requirements/Limits
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	Tier 1	QL (45 gm/30 days), PA
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 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 (30 mL/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	QL (45 gm/30 days)
ketoconazole (topical) CREA 2%	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)
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
calcipotriene OINT .005%	Tier 1	QL (120 gm/30 days), PA
calcipotriene SOLN .005%	Tier 1	QL (120 mL/30 days), PA
calcitrene OINT .005%	Tier 1	QL (120 gm/30 days), PA
tazarotene CREA .1%	Tier 1	QL (60 gm/30 days), PA
TAZORAC CREA .05%	Tier 1	QL (60 gm/30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	Tier 1	QL (120 mL/30 days)
selenium sulfide LOTN 2.5%	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	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 (60 gm/30 days)
clobetasol propionate SOLN .05%	Tier 1	QL (50 mL/30 days)
clobetasol propionate e CREA .05%	Tier 1	QL (60 gm/30 days)
ENSTILAR AER	Tier 1	QL (120 gm/30 days), PA

Drug Name	Drug Tier	Requirements/Limits
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 (90 mL/30 days)
fluocinonide CREA .05%	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	
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	Tier 1	
triamcinolone acetonide (topical) CREA .1%	Tier 1	QL (454 gm/30 days)
triamcinolone acetonide (topical) CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	Tier 1	
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	QL (30 gm/30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	Tier 1	NDS, QL (60 gm/30 days), NM, PA
diclofenac sodium (topical) GEL 1%	Tier 1	QL (1000 gm/30 days)
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)
PANRETIN GEL .1%	Tier 1	NDS, QL (60 gm/30 days), PA
podofilox SOLN .5%	Tier 1	QL (7 mL/28 days)
procto-med hc CREA 2.5%	Tier 1	
proctosol hc CREA 2.5%	Tier 1	
proctozone-hc CREA 2.5%	Tier 1	
RECTIV OINT .4%	Tier 1	QL (30 gm/30 days)
tacrolimus (topical) OINT .03%, .1%	Tier 1	QL (100 gm/30 days)
VALCHLOR GEL .016%	Tier 1	NDS, QL (60 gm/30 days), NM, LA, 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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
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	

Index

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

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) 4500 E. Cotton Center Blvd. Phoenix, AZ 85040
Website	**www.MercyCareAZ.org**

This formulary was updated on 12/01/2023. 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 **www.MercyCareAZ.org**.

Servicios al Miembro de Mercy Care Advantage (HMO SNP)

Llame	**602-586-1730** o **1-877-436-5288** 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 interpretación de idiomas disponibles para personas que no hablan inglés.
TTY	**711** Las llamadas a este número son gratis. 8:00 a.m. a 8:00 p.m., 7 días de la semana.
Escriba	Mercy Care Advantage (HMO SNP) 4500 E. Cotton Center Blvd. Phoenix, AZ 85040
Sitio Web	**www.MercyCareAZ.org**

Este formulario fue actualizado en 12/01/2023. Para la información más reciente o para otras preguntas, por favor llame a Servicios al Miembro de Mercy Care Advantage (HMO SNP) al **602-586-1730** ó al **1-877-436-5288** (los usuarios de TTY deberían llamar al **711**), 7 días de la semana de 8:00 a.m. – 8:00 p.m., ó visite **www.MercyCareAZ.org**.