Neighborhood Health Plan OF RHODE ISLAND™

Neighborhood Dual CONNECT (HMO D-SNP)

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

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

Approved Formulary ID: 00026453

This formulary was updated on 10/06/2025. For more recent information or other questions, please contact Neighborhood Dual CONNECT Member Services at 1-844-812-6896 (TTY users should call 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays) or visit www.nhpri.org/DualCONNECT.

Last Updated: 10/06/2025
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Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to "we," "us", or "our," it means Neighborhood Health Plan of Rhode Island (Neighborhood). When it refers to "plan" or "our plan," it means Neighborhood Dual CONNECT.

This document includes a Drug List (formulary) for our plan which is current as of **10/06/2025**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Neighborhood Dual CONNECT formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Neighborhood Dual CONNECT 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. Neighborhood Dual CONNECT will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Neighborhood Dual CONNECT network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Neighborhood Dual CONNECT’s formulary?”

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

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

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

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

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

The enclosed formulary is current as of **10/06/2025**. To get updated information about the drugs covered by Neighborhood Dual CONNECT please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year formulary changes, a revised Comprehensive Formulary for Neighborhood Dual CONNECT will be posted to www.nhpri.org/DualCONNECT/member-materials/.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **84**. 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?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Neighborhood Dual CONNECT requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Neighborhood Dual CONNECT before you fill your prescriptions. If you don't get approval, Neighborhood Dual CONNECT may not cover the drug.

- **Quantity Limits:** For certain drugs, Neighborhood Dual CONNECT limits the amount of the drug that we will cover. For example, Neighborhood Dual CONNECT covers 30 tablets of FARXIGA every 30 days.

- **Step Therapy:** In some cases, Neighborhood Dual CONNECT 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, Neighborhood Dual CONNECT may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Neighborhood Dual CONNECT will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page **8**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Neighborhood Dual CONNECT 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 Neighborhood Dual CONNECT's formulary?" on page **6** 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 Neighborhood Dual CONNECT does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Neighborhood Dual CONNECT. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Neighborhood Dual CONNECT.

- You can ask Neighborhood Dual CONNECT 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 Neighborhood Dual CONNECT's formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Neighborhood Dual CONNECT 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, Neighborhood Dual CONNECT will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

Level of Care transitions are allowed if you have left a long-term care facility within the past 30 days. We will cover a cumulative 30-day supply of the drug you need whether or not you are a new Neighborhood Dual CONNECT member.

Level of Care transitions are also allowed if you have been admitted to a long-term care facility within the past 30 days. We will cover a cumulative 31-day supply of the drug you need (fill limits are applicable for certain brand name drugs), whether or not you are a new Neighborhood Dual CONNECT member.

For more information

For more detailed information about your Neighborhood Dual CONNECT prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Neighborhood Dual CONNECT, 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.

Neighborhood Dual CONNECT formulary

The formulary below provides coverage information about the drugs covered by Neighborhood Dual CONNECT. If you have trouble finding your drug in the list, turn to the Index that begins on page **84**.

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 Neighborhood Dual CONNECT has any special requirements for coverage of your drug.

Here are the meanings of the codes used in the “Requirements/Limits” column:

PA = Prior Authorization: you must have approval from our plan before you can get this drug.

ST = Step Therapy: you must try another drug before you can get this one.

QL = Quantity Limit: Neighborhood Dual CONNECT limits the amount of this drug you can get.

B/D = This drug may be covered either by Medicare Part B or D. Depending upon the circumstances, a prior authorization may be required. Information may need to be submitted describing why and where (in what setting) you are using this drug.

Neighborhood Health Plan of Rhode Island's Dual CONNECT (HMO D-SNP) is a health plan that contracts with Medicare and the Rhode Island Medicaid Program. Enrollment in Neighborhood Health Plan of Rhode Island's Dual CONNECT plan depends on contract renewal.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
Gout		
allopurinol oral tablet 100 mg, 300 mg	Tier 1 ($5.10-$12.65)	
colchicine oral tablet 0.6 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
probenecid oral tablet 500 mg	Tier 1 ($5.10-$12.65)	
probenecid-colchicine oral tablet 500-0.5 mg	Tier 1 ($5.10-$12.65)	
Miscellaneous		
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 5 mg/ml (0.5 %)	Tier 1 ($5.10-$12.65)	B/D
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	Tier 1 ($5.10-$12.65)	B/D
Nsaids		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	Tier 1 ($5.10-$12.65)	QL; 60 caps every 30 days
celecoxib oral capsule 400 mg	Tier 1 ($5.10-$12.65)	QL; 30 caps every 30 days
diclofenac potassium oral tablet 50 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 1 ($5.10-$12.65)	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	
diflunisal oral tablet 500 mg	Tier 1 ($5.10-$12.65)	
etodolac oral capsule 200 mg, 300 mg	Tier 1 ($5.10-$12.65)	
etodolac oral tablet 400 mg, 500 mg	Tier 1 ($5.10-$12.65)	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	Tier 1 ($5.10-$12.65)	
flurbiprofen oral tablet 100 mg	Tier 1 ($5.10-$12.65)	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1 ($5.10-$12.65)	
ibuprofen oral suspension 100 mg/5 ml	Tier 1 ($5.10-$12.65)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1 ($5.10-$12.65)	
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	
nabumetone oral tablet 500 mg, 750 mg	Tier 1 ($5.10-$12.65)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1 ($5.10-$12.65)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
naproxen sodium oral tablet 275 mg, 550 mg	Tier 1 ($5.10-$12.65)	
piroxicam oral capsule 10 mg, 20 mg	Tier 1 ($5.10-$12.65)	
sulindac oral tablet 150 mg, 200 mg	Tier 1 ($5.10-$12.65)	
Opioid Analgesics, Long-Acting		
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1 ($5.10-$12.65)	PA; QL; 4 patches every 28 days
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	Tier 1 ($5.10-$12.65)	PA; QL; 10 patches every 30 days

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 90 mL every 30 days
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1 ($5.10-$12.65)	PA; QL; 450 mL every 30 days
methadone oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5 ml	Tier 1 ($5.10-$12.65)	QL; 2700 mL every 30 days
acetaminophen-codeine oral tablet 300-15 mg	Tier 1 ($5.10-$12.65)	QL; 400 tabs every 30 days
acetaminophen-codeine oral tablet 300-30 mg	Tier 1 ($5.10-$12.65)	QL; 360 tabs every 30 days
acetaminophen-codeine oral tablet 300-60 mg	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1 ($5.10-$12.65)	
ENDOCET ORAL TABLET 10-325 MG	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	Tier 1 ($5.10-$12.65)	QL; 360 tabs every 30 days
ENDOCET ORAL TABLET 7.5-325 MG	Tier 1 ($5.10-$12.65)	QL; 240 tabs every 30 days
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1 ($5.10-$12.65)	QL; 2700 mL every 30 days
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
hydrocodone-acetaminophen oral tablet 5-325 mg	Tier 1 ($5.10-$12.65)	QL; 240 tabs every 30 days
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 1 ($5.10-$12.65)	QL; 150 tabs every 30 days
hydromorphone oral liquid 1 mg/ml	Tier 1 ($5.10-$12.65)	QL; 600 mL every 30 days
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1 ($5.10-$12.65)	QL; 180 mL every 30 days
morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	Tier 1 ($5.10-$12.65)	B/D
morphine intravenous syringe 2 mg/ml	Tier 1 ($5.10-$12.65)	B/D
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1 ($5.10-$12.65)	QL; 900 mL every 30 days
morphine oral tablet 15 mg, 30 mg	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
oxycodone oral concentrate 20 mg/ml	Tier 1 ($5.10-$12.65)	QL; 180 mL every 30 days
oxycodone oral solution 5 mg/5 ml	Tier 1 ($5.10-$12.65)	QL; 900 mL every 30 days
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
oxycodone-acetaminophen oral tablet 10-325 mg	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Tier 1 ($5.10-$12.65)	QL; 360 tabs every 30 days
oxycodone-acetaminophen oral tablet 7.5-325 mg	Tier 1 ($5.10-$12.65)	QL; 240 tabs every 30 days
tramadol oral tablet 50 mg	Tier 1 ($5.10-$12.65)	QL; 240 tabs every 30 days
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1 ($5.10-$12.65)	QL; 240 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
Antifungals		
amphotericin b injection recon soln 50 mg	Tier 1 ($5.10-$12.65)	B/D
amphotericin b liposome intravenous suspension for reconstitution 50 mg	Tier 1 ($5.10-$12.65)	B/D
caspofungin intravenous recon soln 50 mg, 70 mg	Tier 1 ($5.10-$12.65)	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 1 ($5.10-$12.65)	PA
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	Tier 1 ($5.10-$12.65)	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 1 ($5.10-$12.65)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1 ($5.10-$12.65)	
flucytosine oral capsule 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	PA
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1 ($5.10-$12.65)	
griseofulvin microsize oral tablet 500 mg	Tier 1 ($5.10-$12.65)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1 ($5.10-$12.65)	
itraconazole oral capsule 100 mg	Tier 1 ($5.10-$12.65)	QL; 120 caps every 30 days
ketoconazole oral tablet 200 mg	Tier 1 ($5.10-$12.65)	PA
micafungin intravenous recon soln 100 mg, 50 mg	Tier 1 ($5.10-$12.65)	
nystatin oral tablet 500,000 unit	Tier 1 ($5.10-$12.65)	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 1 ($5.10-$12.65)	PA; QL; 93 tabs every 30 days
terbinafine hcl oral tablet 250 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
voriconazole intravenous recon soln 200 mg	Tier 1 ($5.10-$12.65)	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 1 ($5.10-$12.65)	PA; QL; 600 mL every 28 days
voriconazole oral tablet 200 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
voriconazole oral tablet 50 mg	Tier 1 ($5.10-$12.65)	QL; 480 tabs every 30 days
Anti-Infectives - Miscellaneous		
albendazole oral tablet 200 mg	Tier 1 ($5.10-$12.65)	PA; QL; 672 tabs every year
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	Tier 1 ($5.10-$12.65)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 1 ($5.10-$12.65)	PA
atovaquone oral suspension 750 mg/5 ml	Tier 1 ($5.10-$12.65)	PA; QL; 300 mL every 30 days
aztreonam injection recon soln 1 gram, 2 gram	Tier 1 ($5.10-$12.65)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 1 ($5.10-$12.65)	PA
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1 ($5.10-$12.65)	
clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	Tier 1 ($5.10-$12.65)	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1 ($5.10-$12.65)	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	Tier 1 ($5.10-$12.65)	
colistin (colistimethate na) injection recon soln 150 mg	Tier 1 ($5.10-$12.65)	
dapsone oral tablet 100 mg, 25 mg	Tier 1 ($5.10-$12.65)	
daptomycin intravenous recon soln 350 mg, 500 mg	Tier 1 ($5.10-$12.65)	
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 1 ($5.10-$12.65)	QL; 12 tabs every year
ertapenem injection recon soln 1 gram	Tier 1 ($5.10-$12.65)	
fosfomycin tromethamine oral packet 3 gram	Tier 1 ($5.10-$12.65)	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	Tier 1 ($5.10-$12.65)	
gentamicin injection solution 40 mg/ml	Tier 1 ($5.10-$12.65)	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	Tier 1 ($5.10-$12.65)	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 1 ($5.10-$12.65)	PA
ivermectin oral tablet 3 mg	Tier 1 ($5.10-$12.65)	PA; QL; 20 tabs every 90 days
ivermectin oral tablet 6 mg	Tier 1 ($5.10-$12.65)	PA; QL; 10 tabs every 90 days
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	Tier 1 ($5.10-$12.65)	
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 1 ($5.10-$12.65)	QL; 1800 mL every 30 days
linezolid oral tablet 600 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	Tier 1 ($5.10-$12.65)	
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 1 ($5.10-$12.65)	
methenamine hippurate oral tablet 1 gram	Tier 1 ($5.10-$12.65)	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	Tier 1 ($5.10-$12.65)	
metronidazole oral tablet 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
neomycin oral tablet 500 mg	Tier 1 ($5.10-$12.65)	
nitazoxanide oral tablet 500 mg	Tier 1 ($5.10-$12.65)	QL; 6 tabs every 30 days
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1 ($5.10-$12.65)	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1 ($5.10-$12.65)	
pentamidine inhalation recon soln 300 mg	Tier 1 ($5.10-$12.65)	B/D
pentamidine injection recon soln 300 mg	Tier 1 ($5.10-$12.65)	
polymyxin b sulfate injection recon soln 500,000 unit	Tier 1 ($5.10-$12.65)	
praziquantel oral tablet 600 mg	Tier 1 ($5.10-$12.65)	
pyrimethamine oral tablet 25 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
streptomycin intramuscular recon soln 1 gram	Tier 1 ($5.10-$12.65)	
sulfadiazine oral tablet 500 mg	Tier 1 ($5.10-$12.65)	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	Tier 1 ($5.10-$12.65)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1 ($5.10-$12.65)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1 ($5.10-$12.65)	
tinidazole oral tablet 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 1 ($5.10-$12.65)	PA
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 1 ($5.10-$12.65)	PA
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	Tier 1 ($5.10-$12.65)	
trimethoprim oral tablet 100 mg	Tier 1 ($5.10-$12.65)	
vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml	Tier 1 ($5.10-$12.65)	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg	Tier 1 ($5.10-$12.65)	
vancomycin oral capsule 125 mg	Tier 1 ($5.10-$12.65)	QL; 80 caps every 180 days
vancomycin oral capsule 250 mg	Tier 1 ($5.10-$12.65)	QL; 160 caps every 180 days
Antimalarials		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 1 ($5.10-$12.65)	
chloroquine phosphate oral tablet 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
COARTEM ORAL TABLET 20-120 MG	Tier 1 ($5.10-$12.65)	
mefloquine oral tablet 250 mg	Tier 1 ($5.10-$12.65)	
primaquine oral tablet 26.3 mg (15 mg base)	Tier 1 ($5.10-$12.65)	
quinine sulfate oral capsule 324 mg	Tier 1 ($5.10-$12.65)	PA
Antiretroviral Agents		
abacavir oral solution 20 mg/ml	Tier 1 ($5.10-$12.65)	
abacavir oral tablet 300 mg	Tier 1 ($5.10-$12.65)	
APTIVUS ORAL CAPSULE 250 MG	Tier 1 ($5.10-$12.65)	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	Tier 1 ($5.10-$12.65)	
darunavir oral tablet 600 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
darunavir oral tablet 800 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
EDURANT ORAL TABLET 25 MG	Tier 1 ($5.10-$12.65)	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	Tier 1 ($5.10-$12.65)	
efavirenz oral tablet 600 mg	Tier 1 ($5.10-$12.65)	
emtricitabine oral capsule 200 mg	Tier 1 ($5.10-$12.65)	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
etravirine oral tablet 100 mg, 200 mg	Tier 1 ($5.10-$12.65)	
fosamprenavir oral tablet 700 mg	Tier 1 ($5.10-$12.65)	
INTELENCE ORAL TABLET 25 MG	Tier 1 ($5.10-$12.65)	
ISENTRESS HD ORAL TABLET 600 MG	Tier 1 ($5.10-$12.65)	
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 1 ($5.10-$12.65)	
ISENTRESS ORAL TABLET 400 MG	Tier 1 ($5.10-$12.65)	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 1 ($5.10-$12.65)	
lamivudine oral solution 10 mg/ml	Tier 1 ($5.10-$12.65)	
lamivudine oral tablet 150 mg, 300 mg	Tier 1 ($5.10-$12.65)	
maraviroc oral tablet 150 mg, 300 mg	Tier 1 ($5.10-$12.65)	
nevirapine oral suspension 50 mg/5 ml	Tier 1 ($5.10-$12.65)	
nevirapine oral tablet 200 mg	Tier 1 ($5.10-$12.65)	
nevirapine oral tablet extended release 24 hr 400 mg	Tier 1 ($5.10-$12.65)	
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 1 ($5.10-$12.65)	
PIFELTRO ORAL TABLET 100 MG	Tier 1 ($5.10-$12.65)	
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 1 ($5.10-$12.65)	QL; 400 mL every 30 days
PREZISTA ORAL TABLET 150 MG	Tier 1 ($5.10-$12.65)	QL; 240 tabs every 30 days
PREZISTA ORAL TABLET 75 MG	Tier 1 ($5.10-$12.65)	QL; 480 tabs every 30 days
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 1 ($5.10-$12.65)	
ritonavir oral tablet 100 mg	Tier 1 ($5.10-$12.65)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 1 ($5.10-$12.65)	
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 1 ($5.10-$12.65)	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	Tier 1 ($5.10-$12.65)	
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1 ($5.10-$12.65)	
TIVICAY ORAL TABLET 50 MG	Tier 1 ($5.10-$12.65)	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 1 ($5.10-$12.65)	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	Tier 1 ($5.10-$12.65)	
TYBOST ORAL TABLET 150 MG	Tier 1 ($5.10-$12.65)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 1 ($5.10-$12.65)	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 1 ($5.10-$12.65)	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 1 ($5.10-$12.65)	
zidovudine oral capsule 100 mg	Tier 1 ($5.10-$12.65)	
zidovudine oral syrup 10 mg/ml	Tier 1 ($5.10-$12.65)	
zidovudine oral tablet 300 mg	Tier 1 ($5.10-$12.65)	
Antiretroviral Combination Agents		
abacavir-lamivudine oral tablet 600-300 mg	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 1 ($5.10-$12.65)	
CIMDUO ORAL TABLET 300-300 MG	Tier 1 ($5.10-$12.65)	
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 1 ($5.10-$12.65)	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Tier 1 ($5.10-$12.65)	
DOVATO ORAL TABLET 50-300 MG	Tier 1 ($5.10-$12.65)	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	Tier 1 ($5.10-$12.65)	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1 ($5.10-$12.65)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Tier 1 ($5.10-$12.65)	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	Tier 1 ($5.10-$12.65)	
EVOTAZ ORAL TABLET 300-150 MG	Tier 1 ($5.10-$12.65)	
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 1 ($5.10-$12.65)	
JULUCA ORAL TABLET 50-25 MG	Tier 1 ($5.10-$12.65)	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Tier 1 ($5.10-$12.65)	
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1 ($5.10-$12.65)	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	Tier 1 ($5.10-$12.65)	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 1 ($5.10-$12.65)	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	Tier 1 ($5.10-$12.65)	
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 1 ($5.10-$12.65)	
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 1 ($5.10-$12.65)	
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 1 ($5.10-$12.65)	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 1 ($5.10-$12.65)	
Antitubercular Agents		
cycloserine oral capsule 250 mg	Tier 1 ($5.10-$12.65)	
ethambutol oral tablet 100 mg, 400 mg	Tier 1 ($5.10-$12.65)	
isoniazid oral solution 50 mg/5 ml	Tier 1 ($5.10-$12.65)	
isoniazid oral tablet 100 mg, 300 mg	Tier 1 ($5.10-$12.65)	
PRIFTIN ORAL TABLET 150 MG	Tier 1 ($5.10-$12.65)	
pyrazinamide oral tablet 500 mg	Tier 1 ($5.10-$12.65)	
rifabutin oral capsule 150 mg	Tier 1 ($5.10-$12.65)	
rifampin intravenous recon soln 600 mg	Tier 1 ($5.10-$12.65)	
rifampin oral capsule 150 mg, 300 mg	Tier 1 ($5.10-$12.65)	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 1 ($5.10-$12.65)	PA
Antivirals		
acyclovir oral capsule 200 mg	Tier 1 ($5.10-$12.65)	
acyclovir oral suspension 200 mg/5 ml	Tier 1 ($5.10-$12.65)	
acyclovir oral tablet 400 mg, 800 mg	Tier 1 ($5.10-$12.65)	
acyclovir sodium intravenous solution 50 mg/ml	Tier 1 ($5.10-$12.65)	B/D

Drug Name	Drug Tier	Requirements/Limits
adefovir oral tablet 10 mg	Tier 1 ($5.10-$12.65)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 1 ($5.10-$12.65)	ST
entecavir oral tablet 0.5 mg, 1 mg	Tier 1 ($5.10-$12.65)	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 1 ($5.10-$12.65)	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 1 ($5.10-$12.65)	PA
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
ganciclovir sodium intravenous recon soln 500 mg	Tier 1 ($5.10-$12.65)	B/D
lamivudine oral tablet 100 mg	Tier 1 ($5.10-$12.65)	
LIVTENCITY ORAL TABLET 200 MG	Tier 1 ($5.10-$12.65)	PA; QL; 336 tabs every 28 days
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 1 ($5.10-$12.65)	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 1 ($5.10-$12.65)	PA
oseltamivir oral capsule 30 mg	Tier 1 ($5.10-$12.65)	QL; 168 caps every year
oseltamivir oral capsule 45 mg, 75 mg	Tier 1 ($5.10-$12.65)	QL; 84 caps every year
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 1 ($5.10-$12.65)	QL; 1080 mL every year
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	Tier 1 ($5.10-$12.65)	QL; 40 tabs every 90 days
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	Tier 1 ($5.10-$12.65)	QL; 22 tabs every 90 days
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 90 days
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 1 ($5.10-$12.65)	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 1 ($5.10-$12.65)	PA; QL; 28 tabs every 28 days
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 6 inhalers every year
ribavirin oral capsule 200 mg	Tier 1 ($5.10-$12.65)	
ribavirin oral tablet 200 mg	Tier 1 ($5.10-$12.65)	
rimantadine oral tablet 100 mg	Tier 1 ($5.10-$12.65)	
valacyclovir oral tablet 1 gram, 500 mg	Tier 1 ($5.10-$12.65)	
valganciclovir oral recon soln 50 mg/ml	Tier 1 ($5.10-$12.65)	
valganciclovir oral tablet 450 mg	Tier 1 ($5.10-$12.65)	
VOSEVI ORAL TABLET 400-100-100 MG	Tier 1 ($5.10-$12.65)	PA
XOFLUZA ORAL TABLET 40 MG, 80 MG	Tier 1 ($5.10-$12.65)	QL; 1 tab every 180 days
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
cefadroxil oral capsule 500 mg	Tier 1 ($5.10-$12.65)	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1 ($5.10-$12.65)	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/150 ml, 3 gram/50 ml	Tier 1 ($5.10-$12.65)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D
Last Updated: **10/06/2025**

Drug Name	Drug Tier	Requirements/Limits
cefazolin injection recon soln 1 gram, 10 gram, 2 gram, 3 gram, 500 mg	Tier 1 ($5.10-$12.65)	
cefazolin intravenous recon soln 1 gram, 2 gram, 3 gram	Tier 1 ($5.10-$12.65)	
cefdinir oral capsule 300 mg	Tier 1 ($5.10-$12.65)	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1 ($5.10-$12.65)	
cefepime injection recon soln 1 gram, 2 gram	Tier 1 ($5.10-$12.65)	
cefixime oral capsule 400 mg	Tier 1 ($5.10-$12.65)	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1 ($5.10-$12.65)	
cefotetan injection recon soln 1 gram, 2 gram	Tier 1 ($5.10-$12.65)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	Tier 1 ($5.10-$12.65)	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1 ($5.10-$12.65)	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1 ($5.10-$12.65)	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1 ($5.10-$12.65)	
cefprozil oral tablet 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	Tier 1 ($5.10-$12.65)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
ceftriaxone intravenous recon soln 1 gram, 2 gram	Tier 1 ($5.10-$12.65)	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
cefuroxime sodium injection recon soln 750 mg	Tier 1 ($5.10-$12.65)	
cefuroxime sodium intravenous recon soln 1.5 gram	Tier 1 ($5.10-$12.65)	
cephalexin oral capsule 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1 ($5.10-$12.65)	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	Tier 1 ($5.10-$12.65)	
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM	Tier 1 ($5.10-$12.65)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	Tier 1 ($5.10-$12.65)	
Erythromycins/Macrolides		
azithromycin intravenous recon soln 500 mg	Tier 1 ($5.10-$12.65)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1 ($5.10-$12.65)	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	Tier 1 ($5.10-$12.65)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1 ($5.10-$12.65)	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1 ($5.10-$12.65)	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 1 ($5.10-$12.65)	
DIFICID ORAL TABLET 200 MG	Tier 1 ($5.10-$12.65)	
E.E.S. 400 ORAL TABLET 400 MG	Tier 1 ($5.10-$12.65)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	Tier 1 ($5.10-$12.65)	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1 ($5.10-$12.65)	
erythromycin lactobionate intravenous recon soln 500 mg	Tier 1 ($5.10-$12.65)	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1 ($5.10-$12.65)	
erythromycin oral tablet 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	Tier 1 ($5.10-$12.65)	
fidaxomicin oral tablet 200 mg	Tier 1 ($5.10-$12.65)	
Fluoroquinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1 ($5.10-$12.65)	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	Tier 1 ($5.10-$12.65)	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	Tier 1 ($5.10-$12.65)	
levofloxacin intravenous solution 25 mg/ml	Tier 1 ($5.10-$12.65)	
levofloxacin oral solution 250 mg/10 ml	Tier 1 ($5.10-$12.65)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1 ($5.10-$12.65)	
moxifloxacin oral tablet 400 mg	Tier 1 ($5.10-$12.65)	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	Tier 1 ($5.10-$12.65)	
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1 ($5.10-$12.65)	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1 ($5.10-$12.65)	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1 ($5.10-$12.65)	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 1 ($5.10-$12.65)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1 ($5.10-$12.65)	
ampicillin oral capsule 500 mg	Tier 1 ($5.10-$12.65)	
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	Tier 1 ($5.10-$12.65)	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	Tier 1 ($5.10-$12.65)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	Tier 1 ($5.10-$12.65)	
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	Tier 1 ($5.10-$12.65)	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	Tier 1 ($5.10-$12.65)	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	Tier 1 ($5.10-$12.65)	
penicillin g sodium injection recon soln 5 million unit	Tier 1 ($5.10-$12.65)	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1 ($5.10-$12.65)	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT	Tier 1 ($5.10-$12.65)	
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	Tier 1 ($5.10-$12.65)	
Tetracyclines		
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	Tier 1 ($5.10-$12.65)	
doxycycline hyclate intravenous recon soln 100 mg	Tier 1 ($5.10-$12.65)	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1 ($5.10-$12.65)	
doxycycline hyclate oral tablet 100 mg, 20 mg	Tier 1 ($5.10-$12.65)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1 ($5.10-$12.65)	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1 ($5.10-$12.65)	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	Tier 1 ($5.10-$12.65)	
NUZYRA ORAL TABLET 150 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 14 days
tetracycline oral capsule 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
tigecycline intravenous recon soln 50 mg	Tier 1 ($5.10-$12.65)	
ANTINEOPLASTIC AGENTS		
Alkylating Agents		
bendamustine intravenous solution 25 mg/ml	Tier 1 ($5.10-$12.65)	B/D
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	Tier 1 ($5.10-$12.65)	B/D
carboplatin intravenous solution 10 mg/ml	Tier 1 ($5.10-$12.65)	B/D
cisplatin intravenous solution 1 mg/ml	Tier 1 ($5.10-$12.65)	B/D
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 1 ($5.10-$12.65)	B/D

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml	Tier 1 ($5.10-$12.65)	B/D
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	B/D
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	B/D
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML	Tier 1 ($5.10-$12.65)	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 1 ($5.10-$12.65)	
LEUKERAN ORAL TABLET 2 MG	Tier 1 ($5.10-$12.65)	PA
oxaliplatin intravenous recon soln 100 mg, 50 mg	Tier 1 ($5.10-$12.65)	B/D
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	Tier 1 ($5.10-$12.65)	B/D
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	Tier 1 ($5.10-$12.65)	B/D
Antimetabolites		
azacitidine injection recon soln 100 mg	Tier 1 ($5.10-$12.65)	B/D
cytarabine injection solution 20 mg/ml	Tier 1 ($5.10-$12.65)	B/D
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	Tier 1 ($5.10-$12.65)	B/D
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	Tier 1 ($5.10-$12.65)	B/D
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	Tier 1 ($5.10-$12.65)	B/D
INQOVI ORAL TABLET 35-100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 5 tabs every 28 days
LONSURF ORAL TABLET 15-6.14 MG	Tier 1 ($5.10-$12.65)	PA; QL; 100 tabs every 28 days
LONSURF ORAL TABLET 20-8.19 MG	Tier 1 ($5.10-$12.65)	PA; QL; 80 tabs every 28 days
mercaptopurine oral suspension 20 mg/ml	Tier 1 ($5.10-$12.65)	
mercaptopurine oral tablet 50 mg	Tier 1 ($5.10-$12.65)	
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1 ($5.10-$12.65)	B/D
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1 ($5.10-$12.65)	B/D
methotrexate sodium injection solution 25 mg/ml	Tier 1 ($5.10-$12.65)	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 1 ($5.10-$12.65)	PA; QL; 14 tabs every 28 days
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	Tier 1 ($5.10-$12.65)	B/D
TABLOID ORAL TABLET 40 MG	Tier 1 ($5.10-$12.65)	PA
Hormonal Antineoplastic Agents		
abiraterone oral tablet 250 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
abiraterone oral tablet 500 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
ABIRTEGA ORAL TABLET 250 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
anastrozole oral tablet 1 mg	Tier 1 ($5.10-$12.65)	
bicalutamide oral tablet 50 mg	Tier 1 ($5.10-$12.65)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 1 ($5.10-$12.65)	PA

Drug Name	Drug Tier	Requirements/Limits
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 1 ($5.10-$12.65)	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 1 ($5.10-$12.65)	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 1 ($5.10-$12.65)	PA
ERLEADA ORAL TABLET 240 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
ERLEADA ORAL TABLET 60 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
EULEXIN ORAL CAPSULE 125 MG	Tier 1 ($5.10-$12.65)	
exemestane oral tablet 25 mg	Tier 1 ($5.10-$12.65)	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	Tier 1 ($5.10-$12.65)	PA
fulvestrant intramuscular syringe 250 mg/5 ml	Tier 1 ($5.10-$12.65)	B/D
letrozole oral tablet 2.5 mg	Tier 1 ($5.10-$12.65)	
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1 ($5.10-$12.65)	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 1 ($5.10-$12.65)	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 1 ($5.10-$12.65)	PA
LYSODREN ORAL TABLET 500 MG	Tier 1 ($5.10-$12.65)	
megestrol oral tablet 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	
nilutamide oral tablet 150 mg	Tier 1 ($5.10-$12.65)	
NUBEQA ORAL TABLET 300 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
ORGOVYX ORAL TABLET 120 MG	Tier 1 ($5.10-$12.65)	PA
ORSERDU ORAL TABLET 345 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
ORSERDU ORAL TABLET 86 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 1 ($5.10-$12.65)	
tamoxifen oral tablet 10 mg, 20 mg	Tier 1 ($5.10-$12.65)	
toremifene oral tablet 60 mg	Tier 1 ($5.10-$12.65)	PA
XTANDI ORAL CAPSULE 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
XTANDI ORAL TABLET 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
XTANDI ORAL TABLET 80 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
YONSA ORAL TABLET 125 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
Immunomodulators		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 28 caps every 28 days
lenalidomide oral capsule 20 mg, 25 mg	Tier 1 ($5.10-$12.65)	PA; QL; 21 caps every 28 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 1 ($5.10-$12.65)	PA; QL; 21 caps every 28 days
THALOMID ORAL CAPSULE 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 112 caps every 28 days
THALOMID ORAL CAPSULE 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 84 caps every 28 days
Miscellaneous		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 2 syringes every 28 days
bexarotene oral capsule 75 mg	Tier 1 ($5.10-$12.65)	PA; QL; 300 caps every 30 days

Drug Name	Drug Tier	Requirements/Limits
doxorubicin intravenous solution 2 mg/ml	Tier 1 ($5.10-$12.65)	B/D
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	Tier 1 ($5.10-$12.65)	B/D
hydroxyurea oral capsule 500 mg	Tier 1 ($5.10-$12.65)	
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	Tier 1 ($5.10-$12.65)	B/D
IWILFIN ORAL TABLET 192 MG	Tier 1 ($5.10-$12.65)	PA; QL; 240 tabs every 30 days
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	Tier 1 ($5.10-$12.65)	B/D
leucovorin calcium injection solution 10 mg/ml	Tier 1 ($5.10-$12.65)	B/D
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1 ($5.10-$12.65)	
MATULANE ORAL CAPSULE 50 MG	Tier 1 ($5.10-$12.65)	
mesna oral tablet 400 mg	Tier 1 ($5.10-$12.65)	
MODEYSO ORAL CAPSULE 125 MG	Tier 1 ($5.10-$12.65)	PA; QL; 20 caps every 28 days
tretinoin (antineoplastic) oral capsule 10 mg	Tier 1 ($5.10-$12.65)	
WELIREG ORAL TABLET 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
Mitotic Inhibitors		
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	Tier 1 ($5.10-$12.65)	B/D
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML)	Tier 1 ($5.10-$12.65)	B/D
etoposide intravenous solution 20 mg/ml	Tier 1 ($5.10-$12.65)	B/D
paclitaxel intravenous concentrate 6 mg/ml	Tier 1 ($5.10-$12.65)	B/D
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	Tier 1 ($5.10-$12.65)	B/D
vincristine intravenous solution 1 mg/ml	Tier 1 ($5.10-$12.65)	B/D
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	Tier 1 ($5.10-$12.65)	B/D
Molecular Target Agents		
ALECENSA ORAL CAPSULE 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 240 caps every 30 days
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
ALUNBRIG ORAL TABLET 30 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
AUGTYRO ORAL CAPSULE 160 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
AUGTYRO ORAL CAPSULE 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 240 caps every 30 days
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	Tier 1 ($5.10-$12.65)	PA; QL; 1 pack every 28 days
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
BALVERSA ORAL TABLET 3 MG	Tier 1 ($5.10-$12.65)	PA; QL; 84 tabs every 28 days
BALVERSA ORAL TABLET 4 MG	Tier 1 ($5.10-$12.65)	PA; QL; 56 tabs every 28 days

Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 28 tabs every 28 days
bortezomib injection recon soln 1 mg, 2.5 mg, 3.5 mg	Tier 1 ($5.10-$12.65)	PA
BOSULIF ORAL CAPSULE 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 300 caps every 30 days
BOSULIF ORAL CAPSULE 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
BOSULIF ORAL TABLET 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
BRAFTOVI ORAL CAPSULE 75 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 caps every 30 days
BRUKINSA ORAL CAPSULE 80 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
CAPRELSA ORAL TABLET 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
CAPRELSA ORAL TABLET 300 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	Tier 1 ($5.10-$12.65)	PA; QL; 56 caps every 28 days
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	Tier 1 ($5.10-$12.65)	PA; QL; 112 caps every 28 days
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	Tier 1 ($5.10-$12.65)	PA; QL; 84 caps every 28 days
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 1 ($5.10-$12.65)	PA; QL; 56 caps every 28 days
COTELLIC ORAL TABLET 20 MG	Tier 1 ($5.10-$12.65)	PA; QL; 63 tabs every 28 days
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 1 ($5.10-$12.65)	PA; QL; 112 tabs every 28 days
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
dasatinib oral tablet 20 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
DAURISMO ORAL TABLET 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
DAURISMO ORAL TABLET 25 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
ERIVEDGE ORAL CAPSULE 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
erlotinib oral tablet 100 mg, 150 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
erlotinib oral tablet 25 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
everolimus (antineoplastic) oral tablet for suspension 2 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
everolimus (antineoplastic) oral tablet for suspension 3 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 1 ($5.10-$12.65)	PA; QL; 21 caps every 28 days
FRUZAQLA ORAL CAPSULE 1 MG	Tier 1 ($5.10-$12.65)	PA; QL; 84 caps every 28 days
FRUZAQLA ORAL CAPSULE 5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 21 caps every 28 days
GAVRETO ORAL CAPSULE 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
gefitinib oral tablet 250 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
GOMEKLI ORAL CAPSULE 1 MG	Tier 1 ($5.10-$12.65)	PA; QL; 168 caps every 28 days

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL CAPSULE 2 MG	Tier 1 ($5.10-$12.65)	PA; QL; 84 caps every 28 days
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Tier 1 ($5.10-$12.65)	PA; QL; 168 tabs every 28 days
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 1 ($5.10-$12.65)	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	Tier 1 ($5.10-$12.65)	PA
HERNEXEOS ORAL TABLET 60 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 1 ($5.10-$12.65)	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 1 ($5.10-$12.65)	PA; QL; 21 caps every 28 days
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 1 ($5.10-$12.65)	PA; QL; 21 tabs every 28 days
IBTROZI ORAL CAPSULE 200 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 caps every 30 days
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
imatinib oral tablet 100 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
imatinib oral tablet 400 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
IMBRUVICA ORAL CAPSULE 140 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
IMBRUVICA ORAL CAPSULE 70 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 216 mL every 27 days
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 280 mL every 28 days
INLYTA ORAL TABLET 1 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
INLYTA ORAL TABLET 5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
INREBIC ORAL CAPSULE 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
ITOVEBI ORAL TABLET 3 MG	Tier 1 ($5.10-$12.65)	PA; QL; 56 tabs every 28 days
ITOVEBI ORAL TABLET 9 MG	Tier 1 ($5.10-$12.65)	PA; QL; 28 tabs every 28 days
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
JAYPIRCA ORAL TABLET 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
JAYPIRCA ORAL TABLET 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 1 ($5.10-$12.65)	B/D
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 1 ($5.10-$12.65)	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 1 ($5.10-$12.65)	PA
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 70 tabs every 28 days
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 91 tabs every 28 days
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 1 ($5.10-$12.65)	PA; QL; 21 tabs every 28 days
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	Tier 1 ($5.10-$12.65)	PA; QL; 42 tabs every 28 days
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	Tier 1 ($5.10-$12.65)	PA; QL; 63 tabs every 28 days
KOSELUGO ORAL CAPSULE 10 MG	Tier 1 ($5.10-$12.65)	PA; QL; 240 caps every 30 days

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO ORAL CAPSULE 25 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
KRAZATI ORAL TABLET 200 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
lapatinib oral tablet 250 mg	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
LAZCLUZE ORAL TABLET 240 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
LAZCLUZE ORAL TABLET 80 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	Tier 1 ($5.10-$12.65)	PA; QL; 90 caps every 30 days
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
LORBRENA ORAL TABLET 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
LORBRENA ORAL TABLET 25 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
LUMAKRAS ORAL TABLET 120 MG	Tier 1 ($5.10-$12.65)	PA; QL; 240 tabs every 30 days
LUMAKRAS ORAL TABLET 240 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
LUMAKRAS ORAL TABLET 320 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	Tier 1 ($5.10-$12.65)	PA; QL; 84 tabs every 28 days
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	Tier 1 ($5.10-$12.65)	PA; QL; 112 tabs every 28 days
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	Tier 1 ($5.10-$12.65)	PA; QL; 140 tabs every 28 days
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1260 mL every 30 days
MEKINIST ORAL TABLET 0.5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
MEKINIST ORAL TABLET 2 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
MEKTOVI ORAL TABLET 15 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
MONJUVI INTRAVENOUS RECON SOLN 200 MG	Tier 1 ($5.10-$12.65)	PA
NERLYNX ORAL TABLET 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
nilotinib hcl oral capsule 150 mg, 200 mg	Tier 1 ($5.10-$12.65)	PA; QL; 112 caps every 28 days
nilotinib hcl oral capsule 50 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 1 ($5.10-$12.65)	PA; QL; 3 caps every 28 days
ODOMZO ORAL CAPSULE 200 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 1 ($5.10-$12.65)	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 56 tabs every 28 days
OGSIVEO ORAL TABLET 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 96 mL every 28 days
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 1 ($5.10-$12.65)	PA; QL; 24 tabs every 28 days
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 1 ($5.10-$12.65)	PA

Drug Name	Drug Tier	Requirements/Limits
pazopanib oral tablet 200 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 1 ($5.10-$12.65)	PA; QL; 28 tabs every 28 days
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	Tier 1 ($5.10-$12.65)	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 1 ($5.10-$12.65)	PA; QL; 28 tabs every 28 days
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 1 ($5.10-$12.65)	PA; QL; 56 tabs every 28 days
QINLOCK ORAL TABLET 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
RETEVMO ORAL TABLET 120 MG, 160 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
RETEVMO ORAL TABLET 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
RETEVMO ORAL TABLET 80 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
REVUFORJ ORAL TABLET 110 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
REVUFORJ ORAL TABLET 160 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
REVUFORJ ORAL TABLET 25 MG	Tier 1 ($5.10-$12.65)	PA; QL; 240 tabs every 30 days
REZLIDHIA ORAL CAPSULE 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 1 ($5.10-$12.65)	PA; QL; 8 caps every 28 days
ROZLYTREK ORAL CAPSULE 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 caps every 30 days
ROZLYTREK ORAL CAPSULE 200 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 caps every 30 days
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 336 packets every 28 days
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
RYDAPT ORAL CAPSULE 25 MG	Tier 1 ($5.10-$12.65)	PA; QL; 224 caps every 28 days
SCEMBLIX ORAL TABLET 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
SCEMBLIX ORAL TABLET 20 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
SCEMBLIX ORAL TABLET 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 300 tabs every 30 days
sorafenib oral tablet 200 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
STIVARGA ORAL TABLET 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 84 tabs every 28 days
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 1 ($5.10-$12.65)	PA; QL; 112 tabs every 28 days
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 1 ($5.10-$12.65)	PA; QL; 840 tabs every 28 days
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
TALZENNA ORAL CAPSULE 0.25 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 caps every 30 days
TAZVERIK ORAL TABLET 200 MG	Tier 1 ($5.10-$12.65)	PA; QL; 240 tabs every 30 days
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 vial every 21 days
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	Tier 1 ($5.10-$12.65)	PA
TEPMETKO ORAL TABLET 225 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
TIBSOVO ORAL TABLET 250 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 1 ($5.10-$12.65)	PA
TRUQAP 160 MG TABLET	Tier 1 ($5.10-$12.65)	PA; QL; 4 packs every 28 days
TRUQAP 200 MG TABLET	Tier 1 ($5.10-$12.65)	PA; QL; 4 packs every 28 days
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	Tier 1 ($5.10-$12.65)	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
TURALIO ORAL CAPSULE 125 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 56 tabs every 28 days
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 112 tabs every 28 days
VENCLEXTA ORAL TABLET 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 42 tabs every 28 days
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 56 tabs every 28 days
VITRAKVI ORAL CAPSULE 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
VITRAKVI ORAL CAPSULE 25 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 caps every 30 days
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 300 mL every 30 days
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
VONJO ORAL CAPSULE 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
VORANIGO ORAL TABLET 10 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
VORANIGO ORAL TABLET 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
XALKORI ORAL PELLET 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 caps every 30 days
XALKORI ORAL PELLET 20 MG, 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
XOSPATA ORAL TABLET 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	Tier 1 ($5.10-$12.65)	PA; QL; 8 tabs every 28 days
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	Tier 1 ($5.10-$12.65)	PA; QL; 16 tabs every 28 days
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	Tier 1 ($5.10-$12.65)	PA; QL; 4 tabs every 28 days
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	Tier 1 ($5.10-$12.65)	PA; QL; 24 tabs every 28 days
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	Tier 1 ($5.10-$12.65)	PA; QL; 32 tabs every 28 days
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
ZELBORAF ORAL TABLET 240 MG	Tier 1 ($5.10-$12.65)	PA; QL; 240 tabs every 30 days
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	Tier 1 ($5.10-$12.65)	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
ZYKADIA ORAL TABLET 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 84 tabs every 28 days

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
Ace Inhibitor Combinations		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1 ($5.10-$12.65)	QL; 30 caps every 30 days
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1 ($5.10-$12.65)	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1 ($5.10-$12.65)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1 ($5.10-$12.65)	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1 ($5.10-$12.65)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1 ($5.10-$12.65)	
Ace Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1 ($5.10-$12.65)	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1 ($5.10-$12.65)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1 ($5.10-$12.65)	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1 ($5.10-$12.65)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1 ($5.10-$12.65)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1 ($5.10-$12.65)	
Aldosterone Receptor Antagonists		
eplerenone oral tablet 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
Alpha Blockers		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1 ($5.10-$12.65)	
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1 ($5.10-$12.65)	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1 ($5.10-$12.65)	
Angiotensin Ii Receptor Antagonist Combinations		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	Tier 1 ($5.10-$12.65)	QL; 240 caps every 30 days
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1 ($5.10-$12.65)	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
Angiotensin Ii Receptor Antagonists		
candesartan oral tablet 16 mg, 4 mg, 8 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
candesartan oral tablet 32 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
olmesartan oral tablet 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
olmesartan oral tablet 5 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
valsartan oral tablet 160 mg, 40 mg, 80 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
valsartan oral tablet 320 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
Antiarrhythmics		
amiodarone intravenous solution 50 mg/ml	Tier 1 ($5.10-$12.65)	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1 ($5.10-$12.65)	
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1 ($5.10-$12.65)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1 ($5.10-$12.65)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1 ($5.10-$12.65)	
MULTAQ ORAL TABLET 400 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1 ($5.10-$12.65)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 1 ($5.10-$12.65)	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1 ($5.10-$12.65)	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 1 ($5.10-$12.65)	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1 ($5.10-$12.65)	
Antilipemics, Fibrates		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 1 ($5.10-$12.65)	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1 ($5.10-$12.65)	
fenofibrate oral tablet 160 mg, 54 mg	Tier 1 ($5.10-$12.65)	
gemfibrozil oral tablet 600 mg	Tier 1 ($5.10-$12.65)	
Antilipemics, Hmg-Coa Reductase Inhibitors		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
Antilipemics, Miscellaneous		
cholestyramine (with sugar) oral powder 4 gram	Tier 1 ($5.10-$12.65)	
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1 ($5.10-$12.65)	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1 ($5.10-$12.65)	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1 ($5.10-$12.65)	
colesevelam oral powder in packet 3.75 gram	Tier 1 ($5.10-$12.65)	
colesevelam oral tablet 625 mg	Tier 1 ($5.10-$12.65)	
colestipol oral granules 5 gram	Tier 1 ($5.10-$12.65)	
colestipol oral packet 5 gram	Tier 1 ($5.10-$12.65)	
colestipol oral tablet 1 gram	Tier 1 ($5.10-$12.65)	
ezetimibe oral tablet 10 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
NEXLETOL ORAL TABLET 180 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
NEXLIZET ORAL TABLET 180-10 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
omega-3 acid ethyl esters oral capsule 1 gram	Tier 1 ($5.10-$12.65)	PA
PREVALITE ORAL POWDER 4 GRAM	Tier 1 ($5.10-$12.65)	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1 ($5.10-$12.65)	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 autoinjectors every 28 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 syringes every 28 days
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
Beta-Blocker/Diuretic Combinations		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1 ($5.10-$12.65)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1 ($5.10-$12.65)	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1 ($5.10-$12.65)	
Beta-Blockers		
acebutolol oral capsule 200 mg, 400 mg	Tier 1 ($5.10-$12.65)	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
betaxolol oral tablet 10 mg, 20 mg	Tier 1 ($5.10-$12.65)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1 ($5.10-$12.65)	
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1 ($5.10-$12.65)	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
metoprolol tartrate intravenous solution 5 mg/5 ml	Tier 1 ($5.10-$12.65)	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1 ($5.10-$12.65)	
nebivolol oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
nebivolol oral tablet 20 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
pindolol oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 1 ($5.10-$12.65)	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1 ($5.10-$12.65)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1 ($5.10-$12.65)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1 ($5.10-$12.65)	
Calcium Channel Blockers		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1 ($5.10-$12.65)	
diltiazem hcl intravenous solution 5 mg/ml	Tier 1 ($5.10-$12.65)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1 ($5.10-$12.65)	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1 ($5.10-$12.65)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1 ($5.10-$12.65)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1 ($5.10-$12.65)	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	
nicardipine oral capsule 20 mg, 30 mg	Tier 1 ($5.10-$12.65)	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 1 ($5.10-$12.65)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 1 ($5.10-$12.65)	
nimodipine oral capsule 30 mg	Tier 1 ($5.10-$12.65)	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1 ($5.10-$12.65)	
verapamil intravenous solution 2.5 mg/ml	Tier 1 ($5.10-$12.65)	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 1 ($5.10-$12.65)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1 ($5.10-$12.65)	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1 ($5.10-$12.65)	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1 ($5.10-$12.65)	
Diuretics		
acetazolamide oral capsule, extended release 500 mg	Tier 1 ($5.10-$12.65)	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1 ($5.10-$12.65)	
amiloride oral tablet 5 mg	Tier 1 ($5.10-$12.65)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1 ($5.10-$12.65)	
bumetanide injection solution 0.25 mg/ml	Tier 1 ($5.10-$12.65)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1 ($5.10-$12.65)	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
furosemide injection solution 10 mg/ml	Tier 1 ($5.10-$12.65)	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 1 ($5.10-$12.65)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1 ($5.10-$12.65)	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1 ($5.10-$12.65)	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1 ($5.10-$12.65)	
methazolamide oral tablet 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1 ($5.10-$12.65)	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1 ($5.10-$12.65)	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1 ($5.10-$12.65)	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous		
aliskiren oral tablet 150 mg, 300 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1 ($5.10-$12.65)	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 1 ($5.10-$12.65)	
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 1 ($5.10-$12.65)	QL; 450 mL every 30 days
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	Tier 1 ($5.10-$12.65)	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 1 ($5.10-$12.65)	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
droxidopa oral capsule 100 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 caps every 30 days
droxidopa oral capsule 200 mg, 300 mg	Tier 1 ($5.10-$12.65)	PA; QL; 180 caps every 30 days
epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)	Tier 1 ($5.10-$12.65)	
guanfacine oral tablet 1 mg, 2 mg	Tier 1 ($5.10-$12.65)	PA
hydralazine injection solution 20 mg/ml	Tier 1 ($5.10-$12.65)	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
ivabradine oral tablet 5 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
metyrosine oral capsule 250 mg	Tier 1 ($5.10-$12.65)	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1 ($5.10-$12.65)	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	Tier 1 ($5.10-$12.65)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
Nitrates		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 1 ($5.10-$12.65)	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1 ($5.10-$12.65)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 1 ($5.10-$12.65)	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 1 ($5.10-$12.65)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1 ($5.10-$12.65)	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	Tier 1 ($5.10-$12.65)	
Pulmonary Arterial Hypertension		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
ALYQ ORAL TABLET 20 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
ambrisentan oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
bosentan oral tablet 125 mg, 62.5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
bosentan oral tablet for suspension 32 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
OPSUMIT ORAL TABLET 10 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 1 ($5.10-$12.65)	PA; QL; 360 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	Tier 1 ($5.10-$12.65)	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
UPTRAVI ORAL TABLET 200 MCG	Tier 1 ($5.10-$12.65)	PA; QL; 140 tabs every 28 days
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 1 ($5.10-$12.65)	PA; QL; 1 pack every 28 days
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	Tier 1 ($5.10-$12.65)	PA; QL; 2 vials every 21 days
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG	Tier 1 ($5.10-$12.65)	PA; QL; 224 caps every 28 days
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 26.5 MCG, 53 MCG, 79.5 MCG	Tier 1 ($5.10-$12.65)	PA; QL; 140 caps every 28 days
CENTRAL NERVOUS SYSTEM		
Antianxiety		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1 ($5.10-$12.65)	QL; 150 tabs every 30 days
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
lorazepam injection solution 2 mg/ml, 4 mg/ml	Tier 1 ($5.10-$12.65)	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1 ($5.10-$12.65)	QL; 150 mL every 30 days
lorazepam oral concentrate 2 mg/ml	Tier 1 ($5.10-$12.65)	QL; 150 mL every 30 days
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1 ($5.10-$12.65)	QL; 150 tabs every 30 days
Antidementia		
donepezil oral tablet 10 mg	Tier 1 ($5.10-$12.65)	
donepezil oral tablet 5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
donepezil oral tablet,disintegrating 10 mg	Tier 1 ($5.10-$12.65)	
donepezil oral tablet,disintegrating 5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1 ($5.10-$12.65)	QL; 30 caps every 30 days
galantamine oral solution 4 mg/ml	Tier 1 ($5.10-$12.65)	QL; 200 mL every 30 days
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 1 ($5.10-$12.65)	PA
memantine oral solution 2 mg/ml	Tier 1 ($5.10-$12.65)	PA
memantine oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA
memantine oral tablets,dose pack 5-10 mg	Tier 1 ($5.10-$12.65)	PA
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	Tier 1 ($5.10-$12.65)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1 ($5.10-$12.65)	QL; 60 caps every 30 days
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 1 ($5.10-$12.65)	QL; 30 patches every 30 days
Antidepressants		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	PA
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	PA
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1 ($5.10-$12.65)	
bupropion hcl oral tablet extended release 24 hr 150 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
bupropion hcl oral tablet extended release 24 hr 300 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
citalopram oral solution 10 mg/5 ml	Tier 1 ($5.10-$12.65)	
citalopram oral tablet 10 mg, 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	PA
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	PA
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	PA
doxepin oral concentrate 10 mg/ml	Tier 1 ($5.10-$12.65)	PA
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1 ($5.10-$12.65)	QL; 60 caps every 30 days
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 1 ($5.10-$12.65)	PA; QL; 30 patches every 30 days
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1 ($5.10-$12.65)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1 ($5.10-$12.65)	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 1 ($5.10-$12.65)	PA; QL; 2 packs every year
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG, 40 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1 ($5.10-$12.65)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	PA
MARPLAN ORAL TABLET 10 MG	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	Tier 1 ($5.10-$12.65)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1 ($5.10-$12.65)	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	
nortriptyline oral solution 10 mg/5 ml	Tier 1 ($5.10-$12.65)	
paroxetine hcl oral suspension 10 mg/5 ml	Tier 1 ($5.10-$12.65)	PA; QL; 900 mL every 30 days
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1 ($5.10-$12.65)	PA
phenelzine oral tablet 15 mg	Tier 1 ($5.10-$12.65)	
protriptyline oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	
RALDESY ORAL SOLUTION 10 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1800 mL every 30 days
sertraline oral concentrate 20 mg/ml	Tier 1 ($5.10-$12.65)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
tranylcypromine oral tablet 10 mg	Tier 1 ($5.10-$12.65)	
trazodone oral tablet 100 mg, 150 mg, 50 mg	Tier 1 ($5.10-$12.65)	
trimipramine oral capsule 100 mg	Tier 1 ($5.10-$12.65)	QL; 60 caps every 30 days
trimipramine oral capsule 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	QL; 120 caps every 30 days
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1 ($5.10-$12.65)	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 1 ($5.10-$12.65)	PA; QL; 28 caps every 14 days
ZURZUVAE ORAL CAPSULE 30 MG	Tier 1 ($5.10-$12.65)	PA; QL; 14 caps every 14 days
Antiparkinsonian Agents		
amantadine hcl oral capsule 100 mg	Tier 1 ($5.10-$12.65)	QL; 120 caps every 30 days
amantadine hcl oral solution 50 mg/5 ml	Tier 1 ($5.10-$12.65)	
amantadine hcl oral tablet 100 mg	Tier 1 ($5.10-$12.65)	
benztropine injection solution 1 mg/ml	Tier 1 ($5.10-$12.65)	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1 ($5.10-$12.65)	PA
bromocriptine oral capsule 5 mg	Tier 1 ($5.10-$12.65)	
bromocriptine oral tablet 2.5 mg	Tier 1 ($5.10-$12.65)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1 ($5.10-$12.65)	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1 ($5.10-$12.65)	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1 ($5.10-$12.65)	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1 ($5.10-$12.65)	
entacapone oral tablet 200 mg	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 1 ($5.10-$12.65)	PA; QL; 300 caps every 30 days
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1 ($5.10-$12.65)	
rasagiline oral tablet 0.5 mg, 1 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1 ($5.10-$12.65)	
selegiline hcl oral capsule 5 mg	Tier 1 ($5.10-$12.65)	
selegiline hcl oral tablet 5 mg	Tier 1 ($5.10-$12.65)	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1 ($5.10-$12.65)	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1 ($5.10-$12.65)	
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	Tier 1 ($5.10-$12.65)	QL; 1 syringe every 56 days
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 1 ($5.10-$12.65)	QL; 1 injection every 28 days
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 1 ($5.10-$12.65)	QL; 1 syringe every 28 days
aripiprazole oral solution 1 mg/ml	Tier 1 ($5.10-$12.65)	QL; 900 mL every 30 days
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	Tier 1 ($5.10-$12.65)	ST; QL; 60 tabs every 30 days
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 1 ($5.10-$12.65)	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 1 ($5.10-$12.65)	QL; 1 syringe every 56 days
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	Tier 1 ($5.10-$12.65)	QL; 1 syringe every 28 days
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 1 ($5.10-$12.65)	QL; 30 caps every 30 days
chlorpromazine injection solution 25 mg/ml	Tier 1 ($5.10-$12.65)	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1 ($5.10-$12.65)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
clozapine oral tablet 100 mg	Tier 1 ($5.10-$12.65)	QL; 270 tabs every 30 days
clozapine oral tablet 200 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
clozapine oral tablet 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
clozapine oral tablet,disintegrating 100 mg	Tier 1 ($5.10-$12.65)	PA; QL; 270 tabs every 30 days
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	Tier 1 ($5.10-$12.65)	PA

Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet,disintegrating 150 mg	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
clozapine oral tablet,disintegrating 200 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 1 ($5.10-$12.65)	PA; QL; 2 packs every year
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 1 ($5.10-$12.65)	QL; 1 syringe every 28 days
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	Tier 1 ($5.10-$12.65)	QL; 2 syringes every year
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 1 ($5.10-$12.65)	PA; QL; 2 packs every year
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	Tier 1 ($5.10-$12.65)	PA; QL; 2 packs every year
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Tier 1 ($5.10-$12.65)	PA; QL; 2 packs every year
fluphenazine decanoate injection solution 25 mg/ml	Tier 1 ($5.10-$12.65)	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 1 ($5.10-$12.65)	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1 ($5.10-$12.65)	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1 ($5.10-$12.65)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	Tier 1 ($5.10-$12.65)	
haloperidol lactate injection solution 5 mg/ml	Tier 1 ($5.10-$12.65)	
haloperidol lactate oral concentrate 2 mg/ml	Tier 1 ($5.10-$12.65)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1 ($5.10-$12.65)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	Tier 1 ($5.10-$12.65)	QL; 1 injection every 180 days
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 1 ($5.10-$12.65)	QL; 1 syringe every 28 days
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	Tier 1 ($5.10-$12.65)	QL; 1 syringe every 90 days
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1 ($5.10-$12.65)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
lurasidone oral tablet 80 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
molindone oral tablet 10 mg, 25 mg, 5 mg	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL CAPSULE 34 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
NUPLAZID ORAL TABLET 10 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
olanzapine intramuscular recon soln 10 mg	Tier 1 ($5.10-$12.65)	QL; 3 vials every 1 day
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
olanzapine oral tablet,disintegrating 10 mg	Tier 1 ($5.10-$12.65)	ST; QL; 60 tabs every 30 days
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	Tier 1 ($5.10-$12.65)	ST; QL; 30 tabs every 30 days
OPIPZA ORAL FILM 10 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 films every 30 days
OPIPZA ORAL FILM 2 MG, 5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 films every 30 days
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
paliperidone oral tablet extended release 24hr 6 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1 ($5.10-$12.65)	
pimozide oral tablet 1 mg, 2 mg	Tier 1 ($5.10-$12.65)	
quetiapine oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1 ($5.10-$12.65)	QL; 90 tabs every 30 days
quetiapine oral tablet 25 mg	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
quetiapine oral tablet 300 mg, 400 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
REXULTI ORAL TABLET 3 MG, 4 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	Tier 1 ($5.10-$12.65)	QL; 2 injections every 28 days
risperidone oral solution 1 mg/ml	Tier 1 ($5.10-$12.65)	QL; 240 mL every 30 days
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1 ($5.10-$12.65)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg	Tier 1 ($5.10-$12.65)	ST; QL; 90 tabs every 30 days
risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg	Tier 1 ($5.10-$12.65)	ST; QL; 60 tabs every 30 days
risperidone oral tablet,disintegrating 4 mg	Tier 1 ($5.10-$12.65)	ST; QL; 120 tabs every 30 days
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 1 ($5.10-$12.65)	QL; 30 patches every 30 days
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1 ($5.10-$12.65)	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1 ($5.10-$12.65)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 600 mL every 30 days
VRAYLAR ORAL CAPSULE 1.5 MG	Tier 1 ($5.10-$12.65)	QL; 60 caps every 30 days
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	Tier 1 ($5.10-$12.65)	QL; 30 caps every 30 days
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1 ($5.10-$12.65)	QL; 60 caps every 30 days

Drug Name	Drug Tier	Requirements/Limits
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	Tier 1 ($5.10-$12.65)	QL; 6 injections every 3 days
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 1 ($5.10-$12.65)	PA; QL; 2 vials every 28 days
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 1 ($5.10-$12.65)	PA; QL; 1 vial every 28 days
Antiseizure Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 600 mL every 30 days
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1 ($5.10-$12.65)	
carbamazepine oral suspension 100 mg/5 ml	Tier 1 ($5.10-$12.65)	
carbamazepine oral tablet 200 mg	Tier 1 ($5.10-$12.65)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1 ($5.10-$12.65)	
carbamazepine oral tablet,chewable 100 mg, 200 mg	Tier 1 ($5.10-$12.65)	
clobazam oral suspension 2.5 mg/ml	Tier 1 ($5.10-$12.65)	PA; QL; 480 mL every 30 days
clobazam oral tablet 10 mg, 20 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
clonazepam oral tablet 0.5 mg, 1 mg	Tier 1 ($5.10-$12.65)	QL; 90 tabs every 30 days
clonazepam oral tablet 2 mg	Tier 1 ($5.10-$12.65)	QL; 300 tabs every 30 days
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	Tier 1 ($5.10-$12.65)	QL; 90 tabs every 30 days
clonazepam oral tablet,disintegrating 2 mg	Tier 1 ($5.10-$12.65)	QL; 300 tabs every 30 days
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
DIACOMIT ORAL CAPSULE 250 MG	Tier 1 ($5.10-$12.65)	PA; QL; 360 caps every 30 days
DIACOMIT ORAL CAPSULE 500 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 caps every 30 days
DIACOMIT ORAL POWDER IN PACKET 250 MG	Tier 1 ($5.10-$12.65)	PA; QL; 360 packets every 30 days
DIACOMIT ORAL POWDER IN PACKET 500 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 packets every 30 days
diazepam injection solution 5 mg/ml	Tier 1 ($5.10-$12.65)	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 240 mL every 30 days
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1 ($5.10-$12.65)	PA; QL; 1200 mL every 30 days
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1 ($5.10-$12.65)	
DILANTIN ORAL CAPSULE 30 MG	Tier 1 ($5.10-$12.65)	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1 ($5.10-$12.65)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 600 mL every 30 days
eslicarbazepine oral tablet 200 mg, 400 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
eslicarbazepine oral tablet 600 mg, 800 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
ethosuximide oral capsule 250 mg	Tier 1 ($5.10-$12.65)	
ethosuximide oral solution 250 mg/5 ml	Tier 1 ($5.10-$12.65)	
felbamate oral suspension 600 mg/5 ml	Tier 1 ($5.10-$12.65)	
felbamate oral tablet 400 mg, 600 mg	Tier 1 ($5.10-$12.65)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 360 mL every 30 days
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 680 mL every 28 days
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
FYCOMPA ORAL TABLET 2 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
gabapentin oral capsule 100 mg, 300 mg	Tier 1 ($5.10-$12.65)	QL; 360 caps every 30 days
gabapentin oral capsule 400 mg	Tier 1 ($5.10-$12.65)	QL; 270 caps every 30 days
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	Tier 1 ($5.10-$12.65)	QL; 2160 mL every 30 days
gabapentin oral tablet 600 mg	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
gabapentin oral tablet 800 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
lacosamide intravenous solution 200 mg/20 ml	Tier 1 ($5.10-$12.65)	
lacosamide oral solution 10 mg/ml	Tier 1 ($5.10-$12.65)	QL; 1200 mL every 30 days
lacosamide oral tablet 100 mg, 150 mg, 200 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
lacosamide oral tablet 50 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1 ($5.10-$12.65)	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Tier 1 ($5.10-$12.65)	ST
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1 ($5.10-$12.65)	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	Tier 1 ($5.10-$12.65)	
levetiracetam intravenous solution 500 mg/5 ml	Tier 1 ($5.10-$12.65)	
levetiracetam oral solution 100 mg/ml	Tier 1 ($5.10-$12.65)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1 ($5.10-$12.65)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1 ($5.10-$12.65)	
levetiracetam oral tablet for suspension 250 mg	Tier 1 ($5.10-$12.65)	QL; 360 ea every 30 days
methsuximide oral capsule 300 mg	Tier 1 ($5.10-$12.65)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 1 ($5.10-$12.65)	QL; 10 nasal units every 30 days
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1 ($5.10-$12.65)	
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
perampanel oral tablet 2 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1 ($5.10-$12.65)	PA; QL; 1500 mL every 30 days
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	Tier 1 ($5.10-$12.65)	PA
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1 ($5.10-$12.65)	
phenytoin oral suspension 125 mg/5 ml	Tier 1 ($5.10-$12.65)	
phenytoin oral tablet,chewable 50 mg	Tier 1 ($5.10-$12.65)	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1 ($5.10-$12.65)	
phenytoin sodium intravenous solution 50 mg/ml	Tier 1 ($5.10-$12.65)	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
pregabalin oral capsule 200 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 caps every 30 days
pregabalin oral capsule 225 mg, 300 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
pregabalin oral solution 20 mg/ml	Tier 1 ($5.10-$12.65)	PA; QL; 900 mL every 30 days
primidone oral tablet 125 mg, 250 mg, 50 mg	Tier 1 ($5.10-$12.65)	
ROWEEPRA ORAL TABLET 500 MG	Tier 1 ($5.10-$12.65)	
rufinamide oral suspension 40 mg/ml	Tier 1 ($5.10-$12.65)	PA; QL; 2400 mL every 30 days
rufinamide oral tablet 200 mg	Tier 1 ($5.10-$12.65)	PA; QL; 480 tabs every 30 days
rufinamide oral tablet 400 mg	Tier 1 ($5.10-$12.65)	PA; QL; 240 tabs every 30 days
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	Tier 1 ($5.10-$12.65)	QL; 90 ea every 30 days
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	Tier 1 ($5.10-$12.65)	QL; 360 tabs every 30 days
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	Tier 1 ($5.10-$12.65)	QL; 120 ea every 30 days
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1 ($5.10-$12.65)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 films every 30 days
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 1 ($5.10-$12.65)	
topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
topiramate oral solution 25 mg/ml	Tier 1 ($5.10-$12.65)	PA; QL; 480 mL every 30 days
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	Tier 1 ($5.10-$12.65)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
valproic acid oral capsule 250 mg	Tier 1 ($5.10-$12.65)	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 1 ($5.10-$12.65)	QL; 10 blister packs every 30 days
vigabatrin oral powder in packet 500 mg	Tier 1 ($5.10-$12.65)	PA; QL; 180 packets every 30 days
vigabatrin oral tablet 500 mg	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 packets every 30 days
VIGADRONE ORAL TABLET 500 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 900 mL every 30 days
VIGPODER ORAL POWDER IN PACKET 500 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 packets every 30 days
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 1 ($5.10-$12.65)	QL; 56 tabs every 28 days
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
XCOPRI ORAL TABLET 150 MG, 200 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 1 ($5.10-$12.65)	QL; 28 tabs every 28 days
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 1 ($5.10-$12.65)	PA; QL; 900 mL every 30 days
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1100 mL every 30 days
Attention Deficit Hyperactivity Disorder		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg	Tier 1 ($5.10-$12.65)	QL; 120 caps every 30 days
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	Tier 1 ($5.10-$12.65)	QL; 30 caps every 30 days
atomoxetine oral capsule 40 mg	Tier 1 ($5.10-$12.65)	QL; 60 caps every 30 days
dexmethylphenidate oral tablet 10 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
dexmethylphenidate oral tablet 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
dextroamphetamine-amphetamine oral tablet 20 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
guanfacine oral tablet extended release 24 hr 3 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
methylphenidate hcl oral solution 10 mg/5 ml	Tier 1 ($5.10-$12.65)	PA; QL; 900 mL every 30 days
methylphenidate hcl oral solution 5 mg/5 ml	Tier 1 ($5.10-$12.65)	PA; QL; 1800 mL every 30 days
methylphenidate hcl oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days
methylphenidate hcl oral tablet 20 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 180 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
Hypnotics		
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
doxepin oral tablet 3 mg, 6 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
ramelteon oral tablet 8 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
tasimelteon oral capsule 20 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
temazepam oral capsule 15 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
temazepam oral capsule 30 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
zaleplon oral capsule 10 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
zaleplon oral capsule 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
zolpidem oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
Migraine		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 pen every 30 days
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 1 ($5.10-$12.65)	PA; QL; 8 mL every 30 days
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 2 pens every 30 days
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 2 syringes every 30 days
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 1 ($5.10-$12.65)	PA; QL; 3 syringes every 30 days
ergotamine-caffeine oral tablet 1-100 mg	Tier 1 ($5.10-$12.65)	PA; QL; 40 tabs every 28 days
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1 ($5.10-$12.65)	QL; 12 tabs every 30 days
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 1 ($5.10-$12.65)	PA; QL; 16 tabs every 30 days
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
rizatriptan oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 18 tabs every 30 days
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 18 tabs every 30 days
sumatriptan nasal spray,non-aerosol 20 mg/actuation	Tier 1 ($5.10-$12.65)	QL; 12 units every 30 days
sumatriptan nasal spray,non-aerosol 5 mg/actuation	Tier 1 ($5.10-$12.65)	QL; 24 units every 30 days
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	QL; 12 tabs every 30 days
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml	Tier 1 ($5.10-$12.65)	QL; 18 injections every 30 days
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	Tier 1 ($5.10-$12.65)	QL; 12 injections every 30 days
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	Tier 1 ($5.10-$12.65)	QL; 18 injections every 30 days
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	Tier 1 ($5.10-$12.65)	QL; 12 injections every 30 days
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1 ($5.10-$12.65)	QL; 12 injections every 30 days
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 16 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
AUSTEDO ORAL TABLET 6 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 1 ($5.10-$12.65)	PA; QL; 2 packs every year
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1 ($5.10-$12.65)	
lithium carbonate oral tablet 300 mg	Tier 1 ($5.10-$12.65)	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1 ($5.10-$12.65)	
lithium citrate oral solution 8 meq/5 ml	Tier 1 ($5.10-$12.65)	
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
pyridostigmine bromide oral tablet 60 mg	Tier 1 ($5.10-$12.65)	
riluzole oral tablet 50 mg	Tier 1 ($5.10-$12.65)	
tetrabenazine oral tablet 12.5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
tetrabenazine oral tablet 25 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 1 ($5.10-$12.65)	PA; QL; 120 caps every 30 days
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 1 ($5.10-$12.65)	PA; QL; 14 kits every 28 days
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 30 syringes every 30 days
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 12 syringes every 28 days
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
fingolimod oral capsule 0.5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 caps every 30 days
glatiramer subcutaneous syringe 20 mg/ml	Tier 1 ($5.10-$12.65)	PA; QL; 30 syringes every 30 days
glatiramer subcutaneous syringe 40 mg/ml	Tier 1 ($5.10-$12.65)	PA; QL; 12 syringes every 28 days
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 30 syringes every 30 days
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 12 syringes every 28 days
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 1 ($5.10-$12.65)	PA; QL; 16 pens every 365 days
Musculoskeletal Therapy Agents		
baclofen oral tablet 10 mg, 20 mg	Tier 1 ($5.10-$12.65)	
baclofen oral tablet 5 mg	Tier 1 ($5.10-$12.65)	QL; 90 tabs every 30 days
carisoprodol oral tablet 350 mg	Tier 1 ($5.10-$12.65)	PA; QL; 120 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
dantrolene oral capsule 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
methocarbamol oral tablet 500 mg	Tier 1 ($5.10-$12.65)	PA; QL; 360 tabs every 30 days
methocarbamol oral tablet 750 mg	Tier 1 ($5.10-$12.65)	PA; QL; 240 tabs every 30 days
tizanidine oral tablet 2 mg, 4 mg	Tier 1 ($5.10-$12.65)	
Narcolepsy/Cataplexy		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
armodafinil oral tablet 50 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
modafinil oral tablet 100 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
modafinil oral tablet 200 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
sodium oxybate oral solution 500 mg/ml	Tier 1 ($5.10-$12.65)	PA; QL; 540 mL every 30 days
Psychotherapeutic-Misc		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1 ($5.10-$12.65)	
buprenorphine hcl sublingual tablet 2 mg	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
buprenorphine hcl sublingual tablet 8 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
buprenorphine-naloxone sublingual film 12-3 mg, 4-1 mg	Tier 1 ($5.10-$12.65)	QL; 90 films every 30 days
buprenorphine-naloxone sublingual film 2-0.5 mg	Tier 1 ($5.10-$12.65)	QL; 180 films every 30 days
buprenorphine-naloxone sublingual film 8-2 mg	Tier 1 ($5.10-$12.65)	QL; 120 films every 30 days
buprenorphine-naloxone sublingual tablet 2-0.5 mg	Tier 1 ($5.10-$12.65)	QL; 180 tabs every 30 days
buprenorphine-naloxone sublingual tablet 8-2 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
disulfiram oral tablet 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	Tier 1 ($5.10-$12.65)	
naloxone injection solution 0.4 mg/ml	Tier 1 ($5.10-$12.65)	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	Tier 1 ($5.10-$12.65)	
naloxone nasal spray,non-aerosol 4 mg/actuation	Tier 1 ($5.10-$12.65)	
naltrexone oral tablet 50 mg	Tier 1 ($5.10-$12.65)	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	Tier 1 ($5.10-$12.65)	
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	Tier 1 ($5.10-$12.65)	QL; 56 tabs every 28 days
varenicline tartrate oral tablets,dose pack 0.5 mg (11)-1 mg (42)	Tier 1 ($5.10-$12.65)	QL; 2 packs every year
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	Tier 1 ($5.10-$12.65)	
ENDOCRINE AND METABOLIC		
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Tier 1 ($5.10-$12.65)	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	Tier 1 ($5.10-$12.65)	PA
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1 ($5.10-$12.65)	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	Tier 1 ($5.10-$12.65)	PA; QL; 300 gm every 30 days
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	Tier 1 ($5.10-$12.65)	PA; QL; 150 gm every 30 days
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	Tier 1 ($5.10-$12.65)	PA; QL; 300 gm every 30 days
Antidiabetics, Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 1 ($5.10-$12.65)	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1 ($5.10-$12.65)	B/D
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 1 ($5.10-$12.65)	PA
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 1 ($5.10-$12.65)	PA
CEQUR SIMPLICITY 2 UNIT 3-DAY PATCH	Tier 1 ($5.10-$12.65)	PA; QL; 10 patches every 30 days
CEQUR SIMPLICITY 2 UNIT 4-DAY PATCH	Tier 1 ($5.10-$12.65)	PA; QL; 8 patches every 24 days
CEQUR SIMPLICITY INSERTER	Tier 1 ($5.10-$12.65)	PA; QL; 2 inserters every year
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1 ($5.10-$12.65)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 1 ($5.10-$12.65)	
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 1 ($5.10-$12.65)	B/D
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1 ($5.10-$12.65)	B/D
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	Tier 1 ($5.10-$12.65)	PA
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 1 ($5.10-$12.65)	B/D
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 1 ($5.10-$12.65)	
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge	Tier 1 ($5.10-$12.65)	PA
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1 ($5.10-$12.65)	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1 ($5.10-$12.65)	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 1 ($5.10-$12.65)	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1 ($5.10-$12.65)	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1 ($5.10-$12.65)	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1 ($5.10-$12.65)	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 1 ($5.10-$12.65)	B/D
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1 ($5.10-$12.65)	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 1 ($5.10-$12.65)	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 1 ($5.10-$12.65)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 1 ($5.10-$12.65)	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1 ($5.10-$12.65)	B/D
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 1 ($5.10-$12.65)	PA; QL; 15 pods every 30 days
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 1 ($5.10-$12.65)	PA; QL; 1 kit every year
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 1 ($5.10-$12.65)	PA; QL; 15 pods every 30 days
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 1 ($5.10-$12.65)	PA; QL; 1 kit every year
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 1 ($5.10-$12.65)	PA; QL; 1 kit every year
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 1 ($5.10-$12.65)	PA; QL; 15 pods every 30 days
pen needle, diabetic needle 29 gauge x 1/2"	Tier 1 ($5.10-$12.65)	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 1 ($5.10-$12.65)	QL; 5 pens every 25 days
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 1 ($5.10-$12.65)	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 1 ($5.10-$12.65)	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 1 ($5.10-$12.65)	QL; 5 pens every 30 days
Antidiabetics		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	
dapagliflozin propanediol oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
glimepiride oral tablet 1 mg, 2 mg	Tier 1 ($5.10-$12.65)	QL; 90 tabs every 30 days
glimepiride oral tablet 4 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
glipizide oral tablet 10 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
glipizide oral tablet 5 mg	Tier 1 ($5.10-$12.65)	QL; 240 tabs every 30 days
glipizide oral tablet extended release 24hr 10 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 90 tabs every 30 days
glipizide-metformin oral tablet 2.5-250 mg	Tier 1 ($5.10-$12.65)	QL; 240 tabs every 30 days
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 1 ($5.10-$12.65)	ST; QL; 30 tabs every 30 days
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
metformin oral tablet 1,000 mg	Tier 1 ($5.10-$12.65)	QL; 75 tabs every 30 days
metformin oral tablet 500 mg	Tier 1 ($5.10-$12.65)	QL; 150 tabs every 30 days
metformin oral tablet 850 mg	Tier 1 ($5.10-$12.65)	QL; 90 tabs every 30 days
metformin oral tablet extended release 24 hr 500 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
metformin oral tablet extended release 24 hr 750 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 1 ($5.10-$12.65)	PA; QL; 4 pens every 28 days
nateglinide oral tablet 120 mg, 60 mg	Tier 1 ($5.10-$12.65)	QL; 90 tabs every 30 days
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 1 ($5.10-$12.65)	PA; QL; 1 pen every 28 days
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1 ($5.10-$12.65)	QL; 90 tabs every 30 days
repaglinide oral tablet 0.5 mg, 1 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
repaglinide oral tablet 2 mg	Tier 1 ($5.10-$12.65)	QL; 240 tabs every 30 days
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
TRADJENTA ORAL TABLET 5 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 1 ($5.10-$12.65)	PA; QL; 4 pens every 28 days
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
Calcium Regulators		
alendronate oral solution 70 mg/75 ml	Tier 1 ($5.10-$12.65)	ST
alendronate oral tablet 10 mg, 35 mg, 70 mg	Tier 1 ($5.10-$12.65)	
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	Tier 1 ($5.10-$12.65)	PA; QL; 1 pen every 28 days
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1 ($5.10-$12.65)	B/D
ibandronate oral tablet 150 mg	Tier 1 ($5.10-$12.65)	B/D
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	Tier 1 ($5.10-$12.65)	B/D
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 1 ($5.10-$12.65)	QL; 1 syringe every 180 days
risedronate oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	Tier 1 ($5.10-$12.65)	
risedronate oral tablet,delayed release (dr/ec) 35 mg	Tier 1 ($5.10-$12.65)	ST
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	Tier 1 ($5.10-$12.65)	PA; QL; 1 pen every 28 days
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 1 ($5.10-$12.65)	PA
zoledronic acid intravenous solution 4 mg/5 ml	Tier 1 ($5.10-$12.65)	B/D
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	Tier 1 ($5.10-$12.65)	B/D
Chelating Agents		
CHEMET ORAL CAPSULE 100 MG	Tier 1 ($5.10-$12.65)	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 1 ($5.10-$12.65)	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	PA
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1 ($5.10-$12.65)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 1 ($5.10-$12.65)	
penicillamine oral tablet 250 mg	Tier 1 ($5.10-$12.65)	
sodium polystyrene sulfonate oral powder 15 gram	Tier 1 ($5.10-$12.65)	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 1 ($5.10-$12.65)	
trientine oral capsule 250 mg	Tier 1 ($5.10-$12.65)	PA
Contraceptives		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1 ($5.10-$12.65)	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	Tier 1 ($5.10-$12.65)	
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	Tier 1 ($5.10-$12.65)	
APRI ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1 ($5.10-$12.65)	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1 ($5.10-$12.65)	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 1 ($5.10-$12.65)	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
AYUNA ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1 ($5.10-$12.65)	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1 ($5.10-$12.65)	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 1 ($5.10-$12.65)	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 1 ($5.10-$12.65)	
CAMILA ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	Tier 1 ($5.10-$12.65)	
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1 ($5.10-$12.65)	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	Tier 1 ($5.10-$12.65)	
CYRED EQ ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1 ($5.10-$12.65)	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1 ($5.10-$12.65)	
DEBLITANE ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 1 ($5.10-$12.65)	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1 ($5.10-$12.65)	
DOLISHALE ORAL TABLET 90-20 MCG (28)	Tier 1 ($5.10-$12.65)	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	Tier 1 ($5.10-$12.65)	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 1 ($5.10-$12.65)	
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1 ($5.10-$12.65)	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1 ($5.10-$12.65)	
EMZAHH ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1 ($5.10-$12.65)	
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
ERRIN ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
ESTARYLLA ORAL TABLET 0.25-0.035 MG	Tier 1 ($5.10-$12.65)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	Tier 1 ($5.10-$12.65)	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 1 ($5.10-$12.65)	
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Tier 1 ($5.10-$12.65)	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 1 ($5.10-$12.65)	
HAILEY ORAL TABLET 1.5-30 MG-MCG	Tier 1 ($5.10-$12.65)	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1 ($5.10-$12.65)	
HEATHER ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 1 ($5.10-$12.65)	
INCASSIA ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 1 ($5.10-$12.65)	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1 ($5.10-$12.65)	
JASMIEL (28) ORAL TABLET 3-0.02 MG	Tier 1 ($5.10-$12.65)	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 1 ($5.10-$12.65)	
JULEBER ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1 ($5.10-$12.65)	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 1 ($5.10-$12.65)	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Tier 1 ($5.10-$12.65)	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1 ($5.10-$12.65)	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1 ($5.10-$12.65)	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 1 ($5.10-$12.65)	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1 ($5.10-$12.65)	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 1 ($5.10-$12.65)	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1 ($5.10-$12.65)	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)	Tier 1 ($5.10-$12.65)	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1 ($5.10-$12.65)	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 1 ($5.10-$12.65)	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	Tier 1 ($5.10-$12.65)	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1 ($5.10-$12.65)	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
LORYNA (28) ORAL TABLET 3-0.02 MG	Tier 1 ($5.10-$12.65)	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	Tier 1 ($5.10-$12.65)	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
LYLEQ ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
LYZA ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
medroxyprogesterone intramuscular suspension 150 mg/ml	Tier 1 ($5.10-$12.65)	
medroxyprogesterone intramuscular syringe 150 mg/ml	Tier 1 ($5.10-$12.65)	
MELEYA ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 1 ($5.10-$12.65)	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1 ($5.10-$12.65)	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
MILI ORAL TABLET 0.25-0.035 MG	Tier 1 ($5.10-$12.65)	
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	Tier 1 ($5.10-$12.65)	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1 ($5.10-$12.65)	
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 1 ($5.10-$12.65)	
NIKKI (28) ORAL TABLET 3-0.02 MG	Tier 1 ($5.10-$12.65)	
NORA-BE ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	Tier 1 ($5.10-$12.65)	
norethindrone (contraceptive) oral tablet 0.35 mg	Tier 1 ($5.10-$12.65)	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 1 ($5.10-$12.65)	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 1 ($5.10-$12.65)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	Tier 1 ($5.10-$12.65)	
NORLYROC ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1 ($5.10-$12.65)	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 1 ($5.10-$12.65)	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	Tier 1 ($5.10-$12.65)	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1 ($5.10-$12.65)	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1 ($5.10-$12.65)	
OCELLA ORAL TABLET 3-0.03 MG	Tier 1 ($5.10-$12.65)	
ORQUIDEA ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 1 ($5.10-$12.65)	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1 ($5.10-$12.65)	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 1 ($5.10-$12.65)	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 1 ($5.10-$12.65)	
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 1 ($5.10-$12.65)	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 1 ($5.10-$12.65)	
SHAROBEL ORAL TABLET 0.35 MG	Tier 1 ($5.10-$12.65)	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1 ($5.10-$12.65)	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1 ($5.10-$12.65)	
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	Tier 1 ($5.10-$12.65)	
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
SYEDA ORAL TABLET 3-0.03 MG	Tier 1 ($5.10-$12.65)	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 1 ($5.10-$12.65)	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1 ($5.10-$12.65)	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 1 ($5.10-$12.65)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 1 ($5.10-$12.65)	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 1 ($5.10-$12.65)	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 1 ($5.10-$12.65)	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 1 ($5.10-$12.65)	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 1 ($5.10-$12.65)	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 1 ($5.10-$12.65)	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 1 ($5.10-$12.65)	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 1 ($5.10-$12.65)	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 1 ($5.10-$12.65)	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 1 ($5.10-$12.65)	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	Tier 1 ($5.10-$12.65)	
VALTYA ORAL TABLET 1-50 MG-MCG	Tier 1 ($5.10-$12.65)	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 1 ($5.10-$12.65)	
VESTURA (28) ORAL TABLET 3-0.02 MG	Tier 1 ($5.10-$12.65)	
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 1 ($5.10-$12.65)	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1 ($5.10-$12.65)	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1 ($5.10-$12.65)	
VYLIBRA ORAL TABLET 0.25-0.035 MG	Tier 1 ($5.10-$12.65)	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1 ($5.10-$12.65)	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 1 ($5.10-$12.65)	
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 1 ($5.10-$12.65)	
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 1 ($5.10-$12.65)	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 1 ($5.10-$12.65)	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 1 ($5.10-$12.65)	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1 ($5.10-$12.65)	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Tier 1 ($5.10-$12.65)	
Estrogens		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 1 ($5.10-$12.65)	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 1 ($5.10-$12.65)	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1 ($5.10-$12.65)	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1 ($5.10-$12.65)	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1 ($5.10-$12.65)	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1 ($5.10-$12.65)	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 1 ($5.10-$12.65)	
estradiol vaginal tablet 10 mcg	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 1 ($5.10-$12.65)	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1 ($5.10-$12.65)	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1 ($5.10-$12.65)	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1 ($5.10-$12.65)	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1 ($5.10-$12.65)	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1 ($5.10-$12.65)	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1 ($5.10-$12.65)	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1 ($5.10-$12.65)	
Glucocorticoids		
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 1 ($5.10-$12.65)	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1 ($5.10-$12.65)	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1 ($5.10-$12.65)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1 ($5.10-$12.65)	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	Tier 1 ($5.10-$12.65)	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml	Tier 1 ($5.10-$12.65)	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	Tier 1 ($5.10-$12.65)	
dexamethasone sodium phosphate injection syringe 4 mg/ml	Tier 1 ($5.10-$12.65)	
fludrocortisone oral tablet 0.1 mg	Tier 1 ($5.10-$12.65)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1 ($5.10-$12.65)	
hydrocortisone sod succinate injection recon soln 100 mg	Tier 1 ($5.10-$12.65)	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	Tier 1 ($5.10-$12.65)	B/D
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1 ($5.10-$12.65)	B/D
methylprednisolone oral tablets,dose pack 4 mg	Tier 1 ($5.10-$12.65)	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	Tier 1 ($5.10-$12.65)	B/D
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	Tier 1 ($5.10-$12.65)	B/D
prednisolone oral solution 15 mg/5 ml	Tier 1 ($5.10-$12.65)	B/D
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Tier 1 ($5.10-$12.65)	B/D

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1 ($5.10-$12.65)	B/D
prednisone oral solution 5 mg/5 ml	Tier 1 ($5.10-$12.65)	B/D
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1 ($5.10-$12.65)	B/D
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	Tier 1 ($5.10-$12.65)	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 1 ($5.10-$12.65)	
Glucose Elevating Agents		
diazoxide oral suspension 50 mg/ml	Tier 1 ($5.10-$12.65)	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 1 ($5.10-$12.65)	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 1 ($5.10-$12.65)	
Miscellaneous		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	Tier 1 ($5.10-$12.65)	PA
betaine oral powder 1 gram/scoop	Tier 1 ($5.10-$12.65)	
cabergoline oral tablet 0.5 mg	Tier 1 ($5.10-$12.65)	
carglumic acid oral tablet, dispersible 200 mg	Tier 1 ($5.10-$12.65)	PA
CERDELGA ORAL CAPSULE 84 MG	Tier 1 ($5.10-$12.65)	PA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 1 ($5.10-$12.65)	PA
cinacalcet oral tablet 30 mg, 60 mg	Tier 1 ($5.10-$12.65)	B/D; QL; 60 tabs every 30 days
cinacalcet oral tablet 90 mg	Tier 1 ($5.10-$12.65)	B/D; QL; 120 tabs every 30 days
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 1 ($5.10-$12.65)	PA
desmopressin injection solution 4 mcg/ml	Tier 1 ($5.10-$12.65)	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1 ($5.10-$12.65)	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 1 ($5.10-$12.65)	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 1 ($5.10-$12.65)	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 1 ($5.10-$12.65)	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 1 ($5.10-$12.65)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 1 ($5.10-$12.65)	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 1 ($5.10-$12.65)	PA
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 1 ($5.10-$12.65)	PA

Drug Name	Drug Tier	Requirements/Limits
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	Tier 1 ($5.10-$12.65)	PA
lanreotide subcutaneous syringe 120 mg/0.5 ml	Tier 1 ($5.10-$12.65)	PA
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 1 ($5.10-$12.65)	B/D
levocarnitine oral tablet 330 mg	Tier 1 ($5.10-$12.65)	B/D
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 1 ($5.10-$12.65)	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 1 ($5.10-$12.65)	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 1 ($5.10-$12.65)	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 1 ($5.10-$12.65)	PA
mifepristone oral tablet 300 mg	Tier 1 ($5.10-$12.65)	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	Tier 1 ($5.10-$12.65)	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 1 ($5.10-$12.65)	PA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 1 ($5.10-$12.65)	PA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 1 ($5.10-$12.65)	PA
raloxifene oral tablet 60 mg	Tier 1 ($5.10-$12.65)	
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 1 ($5.10-$12.65)	PA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
sapropterin oral powder in packet 100 mg, 500 mg	Tier 1 ($5.10-$12.65)	PA
sapropterin oral tablet,soluble 100 mg	Tier 1 ($5.10-$12.65)	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 1 ($5.10-$12.65)	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	Tier 1 ($5.10-$12.65)	PA
sodium phenylbutyrate oral tablet 500 mg	Tier 1 ($5.10-$12.65)	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	Tier 1 ($5.10-$12.65)	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 1 ($5.10-$12.65)	PA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 1 ($5.10-$12.65)	PA
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	Tier 1 ($5.10-$12.65)	PA
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	Tier 1 ($5.10-$12.65)	PA
Progestins		
GALLIFREY ORAL TABLET 5 MG	Tier 1 ($5.10-$12.65)	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1 ($5.10-$12.65)	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1 ($5.10-$12.65)	PA
norethindrone acetate oral tablet 5 mg	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1 ($5.10-$12.65)	
Thyroid Agents		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1 ($5.10-$12.65)	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1 ($5.10-$12.65)	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1 ($5.10-$12.65)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1 ($5.10-$12.65)	
methimazole oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	
propylthiouracil oral tablet 50 mg	Tier 1 ($5.10-$12.65)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1 ($5.10-$12.65)	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1 ($5.10-$12.65)	
Vitamin D Analogs		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1 ($5.10-$12.65)	B/D
calcitriol oral solution 1 mcg/ml	Tier 1 ($5.10-$12.65)	B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1 ($5.10-$12.65)	B/D
GASTROINTESTINAL		
Antiemetics		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	Tier 1 ($5.10-$12.65)	B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 1 ($5.10-$12.65)	B/D
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1 ($5.10-$12.65)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	B/D; QL; 60 caps every 30 days
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	Tier 1 ($5.10-$12.65)	
granisetron hcl intravenous solution 1 mg/ml	Tier 1 ($5.10-$12.65)	
granisetron hcl oral tablet 1 mg	Tier 1 ($5.10-$12.65)	B/D
meclizine oral tablet 12.5 mg, 25 mg	Tier 1 ($5.10-$12.65)	PA
metoclopramide hcl injection solution 5 mg/ml	Tier 1 ($5.10-$12.65)	
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1 ($5.10-$12.65)	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	
ondansetron hcl (pf) injection solution 4 mg/2 ml	Tier 1 ($5.10-$12.65)	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	Tier 1 ($5.10-$12.65)	
ondansetron hcl intravenous solution 2 mg/ml	Tier 1 ($5.10-$12.65)	
ondansetron hcl oral solution 4 mg/5 ml	Tier 1 ($5.10-$12.65)	B/D
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1 ($5.10-$12.65)	B/D
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1 ($5.10-$12.65)	B/D

Drug Name	Drug Tier	Requirements/Limits
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	Tier 1 ($5.10-$12.65)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	
prochlorperazine rectal suppository 25 mg	Tier 1 ($5.10-$12.65)	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1 ($5.10-$12.65)	PA
promethazine oral syrup 6.25 mg/5 ml	Tier 1 ($5.10-$12.65)	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	PA
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1 ($5.10-$12.65)	QL; 10 patches every 30 days
Antispasmodics		
dicyclomine oral capsule 10 mg	Tier 1 ($5.10-$12.65)	PA
dicyclomine oral solution 10 mg/5 ml	Tier 1 ($5.10-$12.65)	PA
dicyclomine oral tablet 20 mg	Tier 1 ($5.10-$12.65)	PA
glycopyrrolate oral tablet 1 mg	Tier 1 ($5.10-$12.65)	QL; 90 tabs every 30 days
glycopyrrolate oral tablet 2 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
H2-Receptor Antagonists		
famotidine (pf) intravenous solution 20 mg/2 ml	Tier 1 ($5.10-$12.65)	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	Tier 1 ($5.10-$12.65)	
famotidine intravenous solution 10 mg/ml	Tier 1 ($5.10-$12.65)	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	Tier 1 ($5.10-$12.65)	
famotidine oral tablet 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	
nizatidine oral capsule 150 mg, 300 mg	Tier 1 ($5.10-$12.65)	
Inflammatory Bowel Disease		
balsalazide oral capsule 750 mg	Tier 1 ($5.10-$12.65)	
budesonide oral capsule,delayed,extend.release 3 mg	Tier 1 ($5.10-$12.65)	QL; 90 caps every 30 days
budesonide oral tablet,delayed and ext.release 9 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
hydrocortisone rectal enema 100 mg/60 ml	Tier 1 ($5.10-$12.65)	
mesalamine oral capsule (with del rel tablets) 400 mg	Tier 1 ($5.10-$12.65)	QL; 180 caps every 30 days
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 1 ($5.10-$12.65)	QL; 120 caps every 30 days
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
mesalamine rectal enema 4 gram/60 ml	Tier 1 ($5.10-$12.65)	QL; 1680 mL every 28 days
mesalamine rectal suppository 1,000 mg	Tier 1 ($5.10-$12.65)	QL; 30 suppositories every 30 days
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1 ($5.10-$12.65)	QL; 28 bottles every 28 days
sulfasalazine oral tablet 500 mg	Tier 1 ($5.10-$12.65)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1 ($5.10-$12.65)	
Laxatives		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1 ($5.10-$12.65)	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1 ($5.10-$12.65)	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1 ($5.10-$12.65)	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 1 ($5.10-$12.65)	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 1 ($5.10-$12.65)	
lactulose oral solution 10 gram/15 ml	Tier 1 ($5.10-$12.65)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	Tier 1 ($5.10-$12.65)	
peg-electrolyte soln oral recon soln 420 gram	Tier 1 ($5.10-$12.65)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 1 ($5.10-$12.65)	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	Tier 1 ($5.10-$12.65)	
Miscellaneous		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 1 ($5.10-$12.65)	
cromolyn oral concentrate 100 mg/5 ml	Tier 1 ($5.10-$12.65)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1 ($5.10-$12.65)	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 1 ($5.10-$12.65)	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 1 ($5.10-$12.65)	QL; 30 caps every 30 days
loperamide oral capsule 2 mg	Tier 1 ($5.10-$12.65)	
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1 ($5.10-$12.65)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 1 ($5.10-$12.65)	PA; QL; 28 vials every 28 days
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 1 ($5.10-$12.65)	PA; QL; 28 syringes every 28 days
sucralfate oral tablet 1 gram	Tier 1 ($5.10-$12.65)	
ursodiol oral capsule 300 mg	Tier 1 ($5.10-$12.65)	
ursodiol oral tablet 250 mg, 500 mg	Tier 1 ($5.10-$12.65)	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 1 ($5.10-$12.65)	PA; QL; 2 kits every year
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 1 ($5.10-$12.65)	PA; QL; 2 kits every year
VOWST ORAL CAPSULE	Tier 1 ($5.10-$12.65)	PA; QL; 12 caps every 30 days
XERMELO ORAL TABLET 250 MG	Tier 1 ($5.10-$12.65)	PA; QL; 84 tabs every 28 days
XIFAXAN ORAL TABLET 550 MG	Tier 1 ($5.10-$12.65)	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 1 ($5.10-$12.65)	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	ST; QL; 30 caps every 30 days
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1 ($5.10-$12.65)	QL; 60 caps every 30 days
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	
pantoprazole intravenous recon soln 40 mg	Tier 1 ($5.10-$12.65)	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1 ($5.10-$12.65)	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
GENITOURINARY		
Benign Prostatic Hyperplasia		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
dutasteride oral capsule 0.5 mg	Tier 1 ($5.10-$12.65)	QL; 30 caps every 30 days
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 1 ($5.10-$12.65)	QL; 30 caps every 30 days
finasteride oral tablet 5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
tadalafil oral tablet 5 mg	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
tamsulosin oral capsule 0.4 mg	Tier 1 ($5.10-$12.65)	QL; 60 caps every 30 days
Miscellaneous		
acetic acid irrigation solution 0.25 %	Tier 1 ($5.10-$12.65)	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1 ($5.10-$12.65)	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1 ($5.10-$12.65)	
Urinary Antispasmodics		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
GEMTESA ORAL TABLET 75 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 1 ($5.10-$12.65)	QL; 300 mL every 28 days
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1 ($5.10-$12.65)	QL; 600 mL every 30 days
oxybutynin chloride oral tablet 5 mg	Tier 1 ($5.10-$12.65)	QL; 120 tabs every 30 days
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
oxybutynin chloride oral tablet extended release 24hr 5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
solifenacin oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1 ($5.10-$12.65)	QL; 30 caps every 30 days
tolterodine oral tablet 1 mg, 2 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
trospium oral tablet 20 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
Vaginal Anti-Infectives		
clindamycin phosphate vaginal cream 2 %	Tier 1 ($5.10-$12.65)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	Tier 1 ($5.10-$12.65)	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1 ($5.10-$12.65)	
terconazole vaginal suppository 80 mg	Tier 1 ($5.10-$12.65)	
HEMATOLOGIC		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg	Tier 1 ($5.10-$12.65)	QL; 120 caps every 30 days
dabigatran etexilate oral capsule 150 mg, 75 mg	Tier 1 ($5.10-$12.65)	QL; 60 caps every 30 days
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 1 ($5.10-$12.65)	QL; 74 tabs every 30 days
ELIQUIS ORAL TABLET 2.5 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
ELIQUIS ORAL TABLET 5 MG	Tier 1 ($5.10-$12.65)	QL; 74 tabs every 30 days
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 1 ($5.10-$12.65)	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	Tier 1 ($5.10-$12.65)	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	Tier 1 ($5.10-$12.65)	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1 ($5.10-$12.65)	B/D
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml	Tier 1 ($5.10-$12.65)	
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1 ($5.10-$12.65)	B/D
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1 ($5.10-$12.65)	
rivaroxaban oral suspension for reconstitution 1 mg/ml	Tier 1 ($5.10-$12.65)	QL; 620 mL every 30 days
rivaroxaban oral tablet 2.5 mg	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 1 ($5.10-$12.65)	QL; 51 tabs every 30 days
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
XARELTO ORAL TABLET 2.5 MG	Tier 1 ($5.10-$12.65)	QL; 60 tabs every 30 days
Hematopoietic Growth Factors		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 1 ($5.10-$12.65)	PA; QL; 2 syringes every 28 days
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 1 ($5.10-$12.65)	PA

Drug Name	Drug Tier	Requirements/Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 1 ($5.10-$12.65)	PA
Miscellaneous		
ALVAIZ ORAL TABLET 18 MG, 36 MG	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
ALVAIZ ORAL TABLET 54 MG, 9 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1 ($5.10-$12.65)	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 1 ($5.10-$12.65)	PA; QL; 24 boxes every 30 days
cilostazol oral tablet 100 mg, 50 mg	Tier 1 ($5.10-$12.65)	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 1 ($5.10-$12.65)	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 1 ($5.10-$12.65)	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 1 ($5.10-$12.65)	PA
glutamine (sickle cell) oral powder in packet 5 gram	Tier 1 ($5.10-$12.65)	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	Tier 1 ($5.10-$12.65)	PA; QL; 30 vials every 30 days
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	Tier 1 ($5.10-$12.65)	PA; QL; 20 vials every 30 days
icatibant subcutaneous syringe 30 mg/3 ml	Tier 1 ($5.10-$12.65)	PA; QL; 9 syringes every 30 days
pentoxifylline oral tablet extended release 400 mg	Tier 1 ($5.10-$12.65)	
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 1 ($5.10-$12.65)	PA; QL; 9 syringes every 30 days
SIKLOS ORAL TABLET 1,000 MG, 100 MG	Tier 1 ($5.10-$12.65)	
TAVNEOS ORAL CAPSULE 10 MG	Tier 1 ($5.10-$12.65)	PA; QL; 180 caps every 30 days
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	Tier 1 ($5.10-$12.65)	
tranexamic acid oral tablet 650 mg	Tier 1 ($5.10-$12.65)	
Platelet Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 1 ($5.10-$12.65)	
clopidogrel oral tablet 75 mg	Tier 1 ($5.10-$12.65)	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1 ($5.10-$12.65)	PA
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 1 ($5.10-$12.65)	
ticagrelor oral tablet 60 mg, 90 mg	Tier 1 ($5.10-$12.65)	
IMMUNOLOGIC AGENTS		
Autoimmune Agents		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 1 ($5.10-$12.65)	PA; QL; 2 pens every 28 days
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 1 ($5.10-$12.65)	PA; QL; 2 syringes every 28 days
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 1 ($5.10-$12.65)	PA; QL; 4 pens every 28 days
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 1 ($5.10-$12.65)	PA; QL; 4 syringes every 28 days
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 1 ($5.10-$12.65)	PA; QL; 8 cartridges every 28 days

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 1 ($5.10-$12.65)	PA; QL; 16 vials every 28 days
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 1 ($5.10-$12.65)	PA; QL; 16 syringes every 28 days
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	Tier 1 ($5.10-$12.65)	PA; QL; 8 syringes every 28 days
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 1 ($5.10-$12.65)	PA; QL; 8 pens every 28 days
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 autoinjectors every 28 days
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 syringes every 28 days
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 autoinjectors every 28 days
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 syringes every 28 days
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 pens every 28 days
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 syringes every 28 days
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 1 ($5.10-$12.65)	PA; QL; 3 pens every 28 days
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 1 ($5.10-$12.65)	PA; QL; 3 pens every 28 days
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 pens every 28 days
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 1 ($5.10-$12.65)	PA; QL; 4 pens every 28 days
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML	Tier 1 ($5.10-$12.65)	PA; QL; 2 syringes every 28 days
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	Tier 1 ($5.10-$12.65)	PA; QL; 4 syringes every 28 days
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 syringes every 28 days
infliximab intravenous recon soln 100 mg	Tier 1 ($5.10-$12.65)	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 1 ($5.10-$12.65)	PA; QL; 28 syringes every 28 days
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML, 90 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 pen every 28 days
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 1 ($5.10-$12.65)	PA
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 vial every 28 days
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 syringe every 28 days
REMICADE INTRAVENOUS RECON SOLN 100 MG	Tier 1 ($5.10-$12.65)	PA

Drug Name	Drug Tier	Requirements/Limits
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 1 ($5.10-$12.65)	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 360 mL every 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	Tier 1 ($5.10-$12.65)	PA; QL; 168 tabs every year
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	Tier 1 ($5.10-$12.65)	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 pens every 365 days
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 6 syringes every 365 days
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 1 ($5.10-$12.65)	PA; QL; 1 cartridge every 56 days
SOTYKTU ORAL TABLET 6 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 1 ($5.10-$12.65)	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 vial every 28 days
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 syringe every 28 days
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	Tier 1 ($5.10-$12.65)	PA
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 1 ($5.10-$12.65)	PA; QL; 2 pens every 28 days
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 1 ($5.10-$12.65)	PA; QL; 2 pens every 28 days
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 pen every 28 days
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 syringe every 28 days
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	Tier 1 ($5.10-$12.65)	PA; QL; 2 syringes every 28 days
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 1 ($5.10-$12.65)	PA; QL; 4 pens every 28 days
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 1 ($5.10-$12.65)	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 1 ($5.10-$12.65)	PA; QL; 4 syringes every 28 days
ustekinumab intravenous solution 130 mg/26 ml	Tier 1 ($5.10-$12.65)	PA
ustekinumab subcutaneous solution 45 mg/0.5 ml	Tier 1 ($5.10-$12.65)	PA; QL; 1 vial every 28 days
ustekinumab subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	Tier 1 ($5.10-$12.65)	PA; QL; 1 syringe every 28 days
VELSIPITY ORAL TABLET 2 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 480 mL every 24 days
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 1 ($5.10-$12.65)	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 vial every 28 days
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 syringe every 28 days
Disease-Modifying Anti-Rheumatic Drugs (Dmards)		
hydroxychloroquine oral tablet 200 mg	Tier 1 ($5.10-$12.65)	
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 1 ($5.10-$12.65)	B/D
leflunomide oral tablet 10 mg, 20 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
methotrexate sodium oral tablet 2.5 mg	Tier 1 ($5.10-$12.65)	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 1 ($5.10-$12.65)	B/D
Immunoglobulins		
ALYGLO INTRAVENOUS SOLUTION 10 %	Tier 1 ($5.10-$12.65)	PA
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 1 ($5.10-$12.65)	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	Tier 1 ($5.10-$12.65)	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 1 ($5.10-$12.65)	B/D
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 1 ($5.10-$12.65)	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 1 ($5.10-$12.65)	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 1 ($5.10-$12.65)	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	Tier 1 ($5.10-$12.65)	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	Tier 1 ($5.10-$12.65)	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 1 ($5.10-$12.65)	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	Tier 1 ($5.10-$12.65)	PA
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	Tier 1 ($5.10-$12.65)	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 1 ($5.10-$12.65)	PA
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 1 ($5.10-$12.65)	PA

Drug Name	Drug Tier	Requirements/Limits
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 1 ($5.10-$12.65)	B/D
azathioprine oral tablet 50 mg	Tier 1 ($5.10-$12.65)	B/D
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	Tier 1 ($5.10-$12.65)	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 8 pens every 28 days
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 8 syringes every 28 days
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	B/D
cyclosporine modified oral solution 100 mg/ml	Tier 1 ($5.10-$12.65)	B/D
cyclosporine oral capsule 100 mg, 25 mg	Tier 1 ($5.10-$12.65)	B/D
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1 ($5.10-$12.65)	B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1 ($5.10-$12.65)	B/D
mycophenolate mofetil oral capsule 250 mg	Tier 1 ($5.10-$12.65)	B/D
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1 ($5.10-$12.65)	B/D
mycophenolate mofetil oral tablet 500 mg	Tier 1 ($5.10-$12.65)	B/D
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 1 ($5.10-$12.65)	B/D
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 1 ($5.10-$12.65)	B/D
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 1 ($5.10-$12.65)	B/D
REZUROCK ORAL TABLET 200 MG	Tier 1 ($5.10-$12.65)	PA; QL; 30 tabs every 30 days
sirolimus oral solution 1 mg/ml	Tier 1 ($5.10-$12.65)	B/D
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1 ($5.10-$12.65)	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1 ($5.10-$12.65)	B/D
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	PA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 1 ($5.10-$12.65)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 1 ($5.10-$12.65)	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	PA
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	Tier 1 ($5.10-$12.65)	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	Tier 1 ($5.10-$12.65)	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 1 ($5.10-$12.65)	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Tier 1 ($5.10-$12.65)	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	Tier 1 ($5.10-$12.65)	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 1 ($5.10-$12.65)	B/D
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 1 ($5.10-$12.65)	B/D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	B/D
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1 ($5.10-$12.65)	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1 ($5.10-$12.65)	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Tier 1 ($5.10-$12.65)	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	B/D
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Tier 1 ($5.10-$12.65)	B/D
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 1 ($5.10-$12.65)	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 1 ($5.10-$12.65)	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	Tier 1 ($5.10-$12.65)	B/D
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 1 ($5.10-$12.65)	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 1 ($5.10-$12.65)	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	PA

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 1 ($5.10-$12.65)	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	Tier 1 ($5.10-$12.65)	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	Tier 1 ($5.10-$12.65)	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Tier 1 ($5.10-$12.65)	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 1 ($5.10-$12.65)	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1 ($5.10-$12.65)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1 ($5.10-$12.65)	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Tier 1 ($5.10-$12.65)	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	B/D
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 1 ($5.10-$12.65)	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 1 ($5.10-$12.65)	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	QL; 2 vials per lifetime
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 1 ($5.10-$12.65)	B/D
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 1 ($5.10-$12.65)	B/D
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 1 ($5.10-$12.65)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	Tier 1 ($5.10-$12.65)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 1 ($5.10-$12.65)	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 1 ($5.10-$12.65)	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 1 ($5.10-$12.65)	
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	Tier 1 ($5.10-$12.65)	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 1 ($5.10-$12.65)	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	Tier 1 ($5.10-$12.65)	
NUTRITIONAL/SUPPLEMENTS		
Electrolytes/Minerals, Injectable		
d10 %-0.45 % sodium chloride intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
d5 %-0.45 % sodium chloride intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
dextrose 5 %-lactated ringers intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
electrolyte-a intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	Tier 1 ($5.10-$12.65)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 1 ($5.10-$12.65)	
lactated ringers intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml	Tier 1 ($5.10-$12.65)	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	Tier 1 ($5.10-$12.65)	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	Tier 1 ($5.10-$12.65)	
magnesium sulfate injection solution 500 mg/ml (50 %)	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate injection syringe 500 mg/ml (50 %)	Tier 1 ($5.10-$12.65)	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	Tier 1 ($5.10-$12.65)	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	Tier 1 ($5.10-$12.65)	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	Tier 1 ($5.10-$12.65)	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	Tier 1 ($5.10-$12.65)	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	Tier 1 ($5.10-$12.65)	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	Tier 1 ($5.10-$12.65)	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	Tier 1 ($5.10-$12.65)	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	Tier 1 ($5.10-$12.65)	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 1 ($5.10-$12.65)	
sodium chloride 0.9 % intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	Tier 1 ($5.10-$12.65)	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	Tier 1 ($5.10-$12.65)	
sodium chloride intravenous solution 2.5 meq/ml	Tier 1 ($5.10-$12.65)	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	Tier 1 ($5.10-$12.65)	B/D
Electrolytes/Minerals/Vitamins, Oral		
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	Tier 1 ($5.10-$12.65)	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1 ($5.10-$12.65)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1 ($5.10-$12.65)	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 1 ($5.10-$12.65)	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Tier 1 ($5.10-$12.65)	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 1 ($5.10-$12.65)	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1 ($5.10-$12.65)	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1 ($5.10-$12.65)	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1 ($5.10-$12.65)	
potassium chloride oral packet 20 meq	Tier 1 ($5.10-$12.65)	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1 ($5.10-$12.65)	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1 ($5.10-$12.65)	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 1 ($5.10-$12.65)	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1 ($5.10-$12.65)	
Iv Nutrition		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 1 ($5.10-$12.65)	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 1 ($5.10-$12.65)	B/D
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 1 ($5.10-$12.65)	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 1 ($5.10-$12.65)	B/D
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	Tier 1 ($5.10-$12.65)	B/D
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	Tier 1 ($5.10-$12.65)	B/D
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	Tier 1 ($5.10-$12.65)	B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 1 ($5.10-$12.65)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	Tier 1 ($5.10-$12.65)	B/D
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	Tier 1 ($5.10-$12.65)	
dextrose 5 % in water (d5w) intravenous parenteral solution	Tier 1 ($5.10-$12.65)	
dextrose 50 % in water (d50w) intravenous syringe	Tier 1 ($5.10-$12.65)	B/D
dextrose 70 % in water (d70w) intravenous parenteral solution	Tier 1 ($5.10-$12.65)	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	Tier 1 ($5.10-$12.65)	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	Tier 1 ($5.10-$12.65)	B/D
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 1 ($5.10-$12.65)	B/D
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 1 ($5.10-$12.65)	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	Tier 1 ($5.10-$12.65)	B/D
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 1 ($5.10-$12.65)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 1 ($5.10-$12.65)	B/D

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC		
Antiallergics		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1 ($5.10-$12.65)	
cromolyn ophthalmic (eye) drops 4 %	Tier 1 ($5.10-$12.65)	
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 1 ($5.10-$12.65)	
Antiglaucoma		
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1 ($5.10-$12.65)	
brimonidine ophthalmic (eye) drops 0.2 %	Tier 1 ($5.10-$12.65)	
brinzolamide ophthalmic (eye) drops,suspension 1 %	Tier 1 ($5.10-$12.65)	ST
carteolol ophthalmic (eye) drops 1 %	Tier 1 ($5.10-$12.65)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 1 ($5.10-$12.65)	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1 ($5.10-$12.65)	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1 ($5.10-$12.65)	
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1 ($5.10-$12.65)	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1 ($5.10-$12.65)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 1 ($5.10-$12.65)	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1 ($5.10-$12.65)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 1 ($5.10-$12.65)	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 1 ($5.10-$12.65)	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 1 ($5.10-$12.65)	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1 ($5.10-$12.65)	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Tier 1 ($5.10-$12.65)	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 1 ($5.10-$12.65)	
Anti-Infective/Anti-Inflammatory		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1 ($5.10-$12.65)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 1 ($5.10-$12.65)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 1 ($5.10-$12.65)	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1 ($5.10-$12.65)	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1 ($5.10-$12.65)	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1 ($5.10-$12.65)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 1 ($5.10-$12.65)	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 1 ($5.10-$12.65)	
Anti-Infectives		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1 ($5.10-$12.65)	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1 ($5.10-$12.65)	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 1 ($5.10-$12.65)	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 1 ($5.10-$12.65)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1 ($5.10-$12.65)	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1 ($5.10-$12.65)	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1 ($5.10-$12.65)	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1 ($5.10-$12.65)	
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 1 ($5.10-$12.65)	QL; 12 mL every 30 days
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 1 ($5.10-$12.65)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1 ($5.10-$12.65)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1 ($5.10-$12.65)	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 1 ($5.10-$12.65)	
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 1 ($5.10-$12.65)	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1 ($5.10-$12.65)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1 ($5.10-$12.65)	
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1 ($5.10-$12.65)	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1 ($5.10-$12.65)	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1 ($5.10-$12.65)	
trifluridine ophthalmic (eye) drops 1 %	Tier 1 ($5.10-$12.65)	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 1 ($5.10-$12.65)	PA
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 1 ($5.10-$12.65)	
Anti-Inflammatories		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1 ($5.10-$12.65)	
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1 ($5.10-$12.65)	
difluprednate ophthalmic (eye) drops 0.05 %	Tier 1 ($5.10-$12.65)	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 1 ($5.10-$12.65)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1 ($5.10-$12.65)	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	Tier 1 ($5.10-$12.65)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 1 ($5.10-$12.65)	

Drug Name	Drug Tier	Requirements/Limits
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1 ($5.10-$12.65)	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1 ($5.10-$12.65)	
Miscellaneous		
atropine ophthalmic (eye) drops 1 %	Tier 1 ($5.10-$12.65)	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 1 ($5.10-$12.65)	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 1 ($5.10-$12.65)	PA
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 1 ($5.10-$12.65)	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 1 ($5.10-$12.65)	
proparacaine ophthalmic (eye) drops 0.5 %	Tier 1 ($5.10-$12.65)	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 1 ($5.10-$12.65)	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 1 ($5.10-$12.65)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 1 ($5.10-$12.65)	
OTIC		
Otic Agents		
acetic acid otic (ear) solution 2 %	Tier 1 ($5.10-$12.65)	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 1 ($5.10-$12.65)	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	Tier 1 ($5.10-$12.65)	
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 1 ($5.10-$12.65)	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 1 ($5.10-$12.65)	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1 ($5.10-$12.65)	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1 ($5.10-$12.65)	
ofloxacin otic (ear) drops 0.3 %	Tier 1 ($5.10-$12.65)	
RESPIRATORY		
Anticholinergic/Beta Agonist Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 60 blisters every 30 days
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 1 ($5.10-$12.65)	QL; 1 inhaler every 30 days
BREZTRI AEROSPHERE INHALER 160-9-4.8 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 4 inhalers every 28 days
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 2 inhalers every 30 days
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1 ($5.10-$12.65)	B/D
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	Tier 1 ($5.10-$12.65)	QL; 60 blisters every 30 days

Drug Name	Drug Tier	Requirements/Limits
Anticholinergics		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 2 inhalers every 30 days
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 30 blisters every 30 days
ipratropium bromide inhalation solution 0.02 %	Tier 1 ($5.10-$12.65)	B/D
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	Tier 1 ($5.10-$12.65)	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 1 inhaler every 30 days
Antihistamines		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	Tier 1 ($5.10-$12.65)	
cetirizine oral solution 1 mg/ml	Tier 1 ($5.10-$12.65)	QL; 300 mL every 30 days
cyproheptadine oral syrup 2 mg/5 ml	Tier 1 ($5.10-$12.65)	PA
cyproheptadine oral tablet 4 mg	Tier 1 ($5.10-$12.65)	PA
diphenhydramine hcl injection solution 50 mg/ml	Tier 1 ($5.10-$12.65)	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	Tier 1 ($5.10-$12.65)	PA
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1 ($5.10-$12.65)	PA
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	Tier 1 ($5.10-$12.65)	PA
levocetirizine oral solution 2.5 mg/5 ml	Tier 1 ($5.10-$12.65)	QL; 300 mL every 30 days
levocetirizine oral tablet 5 mg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
Beta Agonists		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation, 90 mcg/actuation (nda020503), 90 mcg/actuation (nda020983)	Tier 1 ($5.10-$12.65)	QL; 2 inhalers every 30 days
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	Tier 1 ($5.10-$12.65)	B/D
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1 ($5.10-$12.65)	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1 ($5.10-$12.65)	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 1 ($5.10-$12.65)	B/D
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	Tier 1 ($5.10-$12.65)	ST; QL; 2 inhalers every 30 days
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 1 ($5.10-$12.65)	QL; 60 inhalations every 30 days
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1 ($5.10-$12.65)	
VENTOLIN HFA 90 MCG INHALER 90 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 6 inhalers every 30 days
Leukotriene Modulators		
montelukast oral granules in packet 4 mg	Tier 1 ($5.10-$12.65)	
montelukast oral tablet 10 mg	Tier 1 ($5.10-$12.65)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D
Last Updated: **10/06/2025**

Drug Name	Drug Tier	Requirements/Limits
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1 ($5.10-$12.65)	
zafirlukast oral tablet 10 mg, 20 mg	Tier 1 ($5.10-$12.65)	
Miscellaneous		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1 ($5.10-$12.65)	B/D
ALYFTREK ORAL TABLET 10-50-125 MG	Tier 1 ($5.10-$12.65)	PA; QL; 56 tabs every 28 days
ALYFTREK ORAL TABLET 4-20-50 MG	Tier 1 ($5.10-$12.65)	PA; QL; 84 tabs every 28 days
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 1 ($5.10-$12.65)	PA
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1 ($5.10-$12.65)	B/D
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1 ($5.10-$12.65)	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 pen every 28 days
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 1 syringe every 28 days
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 1 ($5.10-$12.65)	PA; QL; 56 packets every 28 days
KALYDECO ORAL TABLET 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 tabs every 30 days
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 60 caps every 30 days
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 1 ($5.10-$12.65)	PA; QL; 56 packets every 28 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 1 ($5.10-$12.65)	PA; QL; 112 tabs every 28 days
pirfenidone oral capsule 267 mg	Tier 1 ($5.10-$12.65)	PA; QL; 270 caps every 30 days
pirfenidone oral tablet 267 mg	Tier 1 ($5.10-$12.65)	PA; QL; 270 tabs every 30 days
pirfenidone oral tablet 534 mg, 801 mg	Tier 1 ($5.10-$12.65)	PA; QL; 90 tabs every 30 days
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 1 ($5.10-$12.65)	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 1 ($5.10-$12.65)	PA
roflumilast oral tablet 250 mcg	Tier 1 ($5.10-$12.65)	QL; 56 tabs every year
roflumilast oral tablet 500 mcg	Tier 1 ($5.10-$12.65)	QL; 30 tabs every 30 days
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 1 ($5.10-$12.65)	PA; QL; 56 tabs every 28 days
theophylline oral elixir 80 mg/15 ml	Tier 1 ($5.10-$12.65)	
theophylline oral solution 80 mg/15 ml	Tier 1 ($5.10-$12.65)	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1 ($5.10-$12.65)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1 ($5.10-$12.65)	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 1 ($5.10-$12.65)	PA; QL; 56 packs every 28 days
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 1 ($5.10-$12.65)	PA; QL; 84 tabs every 28 days

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 8 pens every 28 days
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML, 75 MG/0.5 ML	Tier 1 ($5.10-$12.65)	PA; QL; 4 pens every 28 days
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 1 ($5.10-$12.65)	PA; QL; 8 vials every 28 days
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 1 ($5.10-$12.65)	PA; QL; 8 syringes every 28 days
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML, 75 MG/0.5 ML	Tier 1 ($5.10-$12.65)	PA; QL; 4 syringes every 28 days
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	Tier 1 ($5.10-$12.65)	PA
Nasal Steroids		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1 ($5.10-$12.65)	QL; 3 bottles every 30 days
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 1 ($5.10-$12.65)	QL; 1 bottle every 30 days
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	PA; QL; 32 mL every 30 days
Steroid Inhalants		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 2 inhalers every 30 days
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 3 inhalers every 30 days
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 30 inhalations every 30 days
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	Tier 1 ($5.10-$12.65)	B/D
Steroid/Beta-Agonist Combinations		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 1 inhaler every 30 days
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 3 inhalers every 30 days
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	Tier 1 ($5.10-$12.65)	QL; 60 blisters every 30 days
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 3 inhalers every 30 days
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	Tier 1 ($5.10-$12.65)	QL; 3 inhalers every 30 days
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 1 ($5.10-$12.65)	QL; 3 inhalers every 30 days
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1 ($5.10-$12.65)	QL; 60 inhalations every 30 days
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1 ($5.10-$12.65)	QL; 60 inhalations every 30 days

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
Dermatology, Acne		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1 ($5.10-$12.65)	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1 ($5.10-$12.65)	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1 ($5.10-$12.65)	PA
clindamycin phosphate topical gel 1 %	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
clindamycin phosphate topical gel, once daily 1 %	Tier 1 ($5.10-$12.65)	PA; QL; 75 mL every 30 days
clindamycin phosphate topical lotion 1 %	Tier 1 ($5.10-$12.65)	QL; 60 mL every 30 days
clindamycin phosphate topical solution 1 %	Tier 1 ($5.10-$12.65)	QL; 60 mL every 30 days
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	Tier 1 ($5.10-$12.65)	QL; 45 gm every 30 days
ERY PADS TOPICAL SWAB 2 %	Tier 1 ($5.10-$12.65)	QL; 60 pledgets every 30 days
erythromycin with ethanol topical gel 2 %	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
erythromycin with ethanol topical solution 2 %	Tier 1 ($5.10-$12.65)	QL; 60 mL every 30 days
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1 ($5.10-$12.65)	QL; 46.6 gm every 30 days
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1 ($5.10-$12.65)	PA
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 1 ($5.10-$12.65)	QL; 45 gm every 30 days
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1 ($5.10-$12.65)	QL; 118 mL every 30 days
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1 ($5.10-$12.65)	PA; QL; 45 gm every 30 days
tretinoin topical gel 0.01 %, 0.025 %	Tier 1 ($5.10-$12.65)	PA; QL; 45 gm every 30 days
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1 ($5.10-$12.65)	PA
Dermatology, Antibiotics		
gentamicin topical cream 0.1 %	Tier 1 ($5.10-$12.65)	QL; 30 gm every 30 days
gentamicin topical ointment 0.1 %	Tier 1 ($5.10-$12.65)	QL; 30 gm every 30 days
mupirocin topical ointment 2 %	Tier 1 ($5.10-$12.65)	QL; 220 gm every 30 days
silver sulfadiazine topical cream 1 %	Tier 1 ($5.10-$12.65)	
SSD TOPICAL CREAM 1 %	Tier 1 ($5.10-$12.65)	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 1 ($5.10-$12.65)	QL; 453.6 gm every 30 days
Dermatology, Antifungals		
ciclopirox topical cream 0.77 %	Tier 1 ($5.10-$12.65)	QL; 90 gm every 30 days
ciclopirox topical shampoo 1 %	Tier 1 ($5.10-$12.65)	QL; 120 mL every 30 days
ciclopirox topical suspension 0.77 %	Tier 1 ($5.10-$12.65)	QL; 60 mL every 30 days
clotrimazole topical cream 1 %	Tier 1 ($5.10-$12.65)	QL; 45 gm every 30 days
clotrimazole topical solution 1 %	Tier 1 ($5.10-$12.65)	QL; 60 mL every 30 days
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1 ($5.10-$12.65)	QL; 45 gm every 30 days
econazole nitrate topical cream 1 %	Tier 1 ($5.10-$12.65)	QL; 85 gm every 30 days
ketoconazole topical cream 2 %	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
ketoconazole topical shampoo 2 %	Tier 1 ($5.10-$12.65)	QL; 120 mL every 30 days

Drug Name	Drug Tier	Requirements/Limits
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
nystatin topical cream 100,000 unit/gram	Tier 1 ($5.10-$12.65)	QL; 30 gm every 30 days
nystatin topical ointment 100,000 unit/gram	Tier 1 ($5.10-$12.65)	QL; 30 gm every 30 days
nystatin topical powder 100,000 unit/gram	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
selenium sulfide topical lotion 2.5 %	Tier 1 ($5.10-$12.65)	
Dermatology, Antipsoriatics		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1 ($5.10-$12.65)	PA
calcipotriene scalp solution 0.005 %	Tier 1 ($5.10-$12.65)	PA; QL; 120 mL every 30 days
calcipotriene topical cream 0.005 %	Tier 1 ($5.10-$12.65)	PA; QL; 120 gm every 30 days
calcipotriene topical ointment 0.005 %	Tier 1 ($5.10-$12.65)	PA; QL; 120 gm every 30 days
CALCITRENE TOPICAL OINTMENT 0.005 %	Tier 1 ($5.10-$12.65)	PA; QL; 120 gm every 30 days
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 1 ($5.10-$12.65)	PA; QL; 120 gm every 30 days
tazarotene topical cream 0.05 %, 0.1 %	Tier 1 ($5.10-$12.65)	PA; QL; 60 gm every 30 days
Dermatology, Corticosteroids		
ALA-CORT TOPICAL CREAM 1 %	Tier 1 ($5.10-$12.65)	
alclometasone topical cream 0.05 %	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
alclometasone topical ointment 0.05 %	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
betamethasone dipropionate topical cream 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
betamethasone dipropionate topical lotion 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 mL every 30 days
betamethasone dipropionate topical ointment 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
betamethasone valerate topical cream 0.1 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
betamethasone valerate topical lotion 0.1 %	Tier 1 ($5.10-$12.65)	QL; 120 mL every 30 days
betamethasone valerate topical ointment 0.1 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
betamethasone, augmented topical cream 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
betamethasone, augmented topical gel 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
betamethasone, augmented topical lotion 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 mL every 30 days
betamethasone, augmented topical ointment 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
clobetasol scalp solution 0.05 %	Tier 1 ($5.10-$12.65)	QL; 100 mL every 30 days
clobetasol topical cream 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
clobetasol topical gel 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
clobetasol topical ointment 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
clobetasol topical shampoo 0.05 %	Tier 1 ($5.10-$12.65)	QL; 236 mL every 30 days
clobetasol-emollient topical cream 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
CLODAN TOPICAL SHAMPOO 0.05 %	Tier 1 ($5.10-$12.65)	QL; 236 mL every 30 days
fluocinolone and shower cap scalp oil 0.01 %	Tier 1 ($5.10-$12.65)	QL; 118.28 mL every 30 days
fluocinolone topical cream 0.01 %	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
fluocinolone topical cream 0.025 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
fluocinolone topical oil 0.01 %	Tier 1 ($5.10-$12.65)	QL; 118.28 mL every 30 days

Drug Name	Drug Tier	Requirements/Limits
fluocinolone topical ointment 0.025 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
fluocinolone topical solution 0.01 %	Tier 1 ($5.10-$12.65)	QL; 60 mL every 30 days
fluocinonide topical cream 0.05 %, 0.1 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
fluocinonide topical gel 0.05 %	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
fluocinonide topical ointment 0.05 %	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
fluocinonide topical solution 0.05 %	Tier 1 ($5.10-$12.65)	QL; 60 mL every 30 days
fluocinonide-emollient topical cream 0.05 %	Tier 1 ($5.10-$12.65)	QL; 120 gm every 30 days
fluticasone propionate topical cream 0.05 %	Tier 1 ($5.10-$12.65)	
fluticasone propionate topical ointment 0.005 %	Tier 1 ($5.10-$12.65)	
halobetasol propionate topical cream 0.05 %	Tier 1 ($5.10-$12.65)	QL; 50 gm every 30 days
halobetasol propionate topical ointment 0.05 %	Tier 1 ($5.10-$12.65)	QL; 50 gm every 30 days
hydrocortisone topical cream 1 %, 2.5 %	Tier 1 ($5.10-$12.65)	
hydrocortisone topical lotion 2.5 %	Tier 1 ($5.10-$12.65)	
hydrocortisone topical ointment 1 %	Tier 1 ($5.10-$12.65)	QL; 30 gm every 30 days
hydrocortisone topical ointment 2.5 %	Tier 1 ($5.10-$12.65)	
hydrocortisone valerate topical cream 0.2 %	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
mometasone topical cream 0.1 %	Tier 1 ($5.10-$12.65)	
mometasone topical ointment 0.1 %	Tier 1 ($5.10-$12.65)	
mometasone topical solution 0.1 %	Tier 1 ($5.10-$12.65)	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	Tier 1 ($5.10-$12.65)	QL; 454 gm every 30 days
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1 ($5.10-$12.65)	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1 ($5.10-$12.65)	
TRIDERM TOPICAL CREAM 0.5 %	Tier 1 ($5.10-$12.65)	QL; 454 gm every 30 days
Dermatology, Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1 ($5.10-$12.65)	PA; QL; 60 mL every 30 days
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	Tier 1 ($5.10-$12.65)	PA; QL; 50 mL every 30 days
lidocaine topical adhesive patch,medicated 5 %	Tier 1 ($5.10-$12.65)	PA; QL; 3 patches every 1 day
lidocaine topical ointment 5 %	Tier 1 ($5.10-$12.65)	PA; QL; 50 gm every 30 days
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1 ($5.10-$12.65)	B/D; QL; 30 gm every 30 days
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 1 ($5.10-$12.65)	PA; QL; 3 patches every 1 day
TRIDACAINE II TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 1 ($5.10-$12.65)	PA; QL; 3 patches every 1 day
Dermatology, Miscellaneous Skin And Mucous Membrane		
ammonium lactate topical cream 12 %	Tier 1 ($5.10-$12.65)	
ammonium lactate topical lotion 12 %	Tier 1 ($5.10-$12.65)	
bexarotene topical gel 1 %	Tier 1 ($5.10-$12.65)	PA; QL; 60 gm every 30 days
diclofenac sodium topical drops 1.5 %	Tier 1 ($5.10-$12.65)	QL; 300 mL every 28 days

Drug Name	Drug Tier	Requirements/Limits
EUCRISA TOPICAL OINTMENT 2 %	Tier 1 ($5.10-$12.65)	PA; QL; 120 gm every 30 days
fluorouracil topical cream 5 %	Tier 1 ($5.10-$12.65)	QL; 40 gm every 30 days
fluorouracil topical solution 2 %, 5 %	Tier 1 ($5.10-$12.65)	QL; 10 mL every 30 days
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1 ($5.10-$12.65)	
imiquimod topical cream in packet 5 %	Tier 1 ($5.10-$12.65)	QL; 24 packets every 30 days
metronidazole topical cream 0.75 %	Tier 1 ($5.10-$12.65)	QL; 45 gm every 30 days
metronidazole topical gel 0.75 %	Tier 1 ($5.10-$12.65)	QL; 45 gm every 30 days
metronidazole topical lotion 0.75 %	Tier 1 ($5.10-$12.65)	QL; 59 mL every 30 days
nitroglycerin rectal ointment 0.4 % (w/w)	Tier 1 ($5.10-$12.65)	QL; 30 gm every 30 days
PANRETIN TOPICAL GEL 0.1 %	Tier 1 ($5.10-$12.65)	PA; QL; 60 gm every 30 days
pimecrolimus topical cream 1 %	Tier 1 ($5.10-$12.65)	PA; QL; 100 gm every 30 days
podofilox topical solution 0.5 %	Tier 1 ($5.10-$12.65)	QL; 7 mL every 28 days
PROCTOCORT TOPICAL CREAM 1 %	Tier 1 ($5.10-$12.65)	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1 ($5.10-$12.65)	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1 ($5.10-$12.65)	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1 ($5.10-$12.65)	
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1 ($5.10-$12.65)	PA; QL; 100 gm every 30 days
VALCHLOR TOPICAL GEL 0.016 %	Tier 1 ($5.10-$12.65)	PA; QL; 60 gm every 30 days
Dermatology, Scabicides And Pediculides		
malathion topical lotion 0.5 %	Tier 1 ($5.10-$12.65)	QL; 59 mL every 30 days
permethrin topical cream 5 %	Tier 1 ($5.10-$12.65)	QL; 60 gm every 30 days
Dermatology, Wound Care Agents		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 1 ($5.10-$12.65)	PA; QL; 180 gm every 30 days
sodium chloride irrigation solution 0.9 %	Tier 1 ($5.10-$12.65)	
water for irrigation, sterile irrigation solution	Tier 1 ($5.10-$12.65)	
Mouth/Throat/Dental Agents		
cevimeline oral capsule 30 mg	Tier 1 ($5.10-$12.65)	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1 ($5.10-$12.65)	
clotrimazole mucous membrane troche 10 mg	Tier 1 ($5.10-$12.65)	QL; 150 lozenges every 30 days
KOURZEQ DENTAL PASTE 0.1 %	Tier 1 ($5.10-$12.65)	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1 ($5.10-$12.65)	
nystatin oral suspension 100,000 unit/ml	Tier 1 ($5.10-$12.65)	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1 ($5.10-$12.65)	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1 ($5.10-$12.65)	
triamcinolone acetonide dental paste 0.1 %	Tier 1 ($5.10-$12.65)	

Neighborhood Dual CONNECT (HMO D-SNP)

2026 Formulary

(List of Covered Drugs or "Drug List")

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

Approved Formulary ID: 00026453

This formulary was updated on **10/06/2025**. For more recent information or other questions, please contact Neighborhood Dual CONNECT Member Services at 1-844-812-6896 (TTY users should call 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays), or visit www.nhpri.org/DualCONNECT.

Notice of Non-Discrimination

Neighborhood Health Plan of Rhode Island (Neighborhood) does not discriminate or treat people differently because of race, color, national origin (including people who do not speak English as their primary language), age, disability, religion, or sex (such as sexual orientation, sexual stereotypes, gender identity, pregnancy or related conditions).

We're here for you!

Neighborhood offers FREE assistance such as:

- aids and services for people with disabilities
- qualified interpreters, translation services, and sign language interpreters
- written information in large print, braille, electronic and audio format

If you need any of these services, call the Member Services phone number on the back of your Neighborhood ID card. If you are not a Neighborhood member, please call us at 1-800-963-1001 (TTY 711).

Discrimination Complaints

If you feel like Neighborhood has failed to provide these services or has discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a grievance in person, by phone, mail, fax or email. Need help? Call your Neighborhood Civil Rights Coordinator at the phone number below.

PHONE:	1-401-427-7646 (TTY 711)
MAIL OR IN PERSON:	Neighborhood Health Plan of Rhode Island Attn: Civil Rights Coordinator 910 Douglas Pike Smithfield, RI 02917
FAX:	1-401-709-7005
EMAIL:	OCRCoordinator@nhpri.org
ONLINE:	https://www.nhpri.org/non-discrimination-language-assistance

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#3511 Approved 09/13/24

You can also file a complaint with the **U.S. Department of Health and Human Services**:

PHONE: Call 1-800-368-1019 (TTY 1-800-537-7697)

BY MAIL: Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

ONLINE: https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

For more information or to view this notice online, please visit the Neighborhood website at www.nhpri.org.

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

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-963-1001 (TTY 711) or speak to your provider.

تنبيه: إذا كنت تتحدث اللغة العربية، فستكون خدمات المساعدة اللغوية متاحة لك مجانًا. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات بديلة لأصحاب الإعاقات مجانًا. اتصل على 1-800-963-1001 (هاتف الصم وضعاف السمع 711) أو تحدث إلى مقدم الخدمة الخاص بك.

注意：若您使用粵語，我們將為您提供免費的語言協助服務。此外，我們也提供適當的輔助設備與服務，為您提供免費且易於閱讀的資訊。致電 1-800-963-1001 (TTY 711) 或與您的供應商商討。

请注意：如果您说普通话，我们可以为您提供免费的语言援助服务。还会以通俗易懂的形式，免费提供相应的辅助性帮助和服务。请致电 1-800-963-1001 (TTY 711) 或直接联系您的供应商。

À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-963-1001 (ATS 711) ou parlez à votre fournisseur.

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-800-963-1001 (TTY 711) oswa pale ak founisè w la.

ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlose Sprachassistenzdienste nutzen. Geeignete unterstützende Hilfen und Services, die Informationen in barrierefreien Formaten bereitstellen, sind ebenfalls kostenfrei. Rufen Sie 1-800-963-1001 (TTY 711) an oder kontaktieren Sie Ihren Anbieter.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायता और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-963-1001 (TTY 711) पर कॉल करें या अपने प्रदाता से बात करें।

ATTENZIONE: Se parlate italiano, avete a disposizione dei servizi di assistenza linguistica gratuiti. Sempre gratuitamente, sono disponibili anche supporti e servizi ausiliari appropriati per fornivi informazioni in formati accessibili. Potete chiamare il numero 1-800-963-1001 (TTY 711) o parlare con il vostro fornitore.

注意：日本語を話せる場合には、無料の言語サービスをご利用いただけます。利用できる形式で情報を提供するための適切な補助器具・サービスも無料でご利用いただけます。1-800-963-1001（テキスト電話（TTY）711）にお電話でお問い合わせになるか、提供者にご相談ください。

ការយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ
សេវាជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនដល់អ្នក។ ក៏មានការផ្តល់ការគាំទ្រ
និងសេវាកម្មជំនួយសមស្របដោយឥតគិតថ្លៃក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានផងដែរ។ សូមហៅទូរសព្ទទៅលេខ 1-800-963-1001 (TTY 711) ឬពិគ្រោះយោបល់ជាមួយអ្នកផ្តល់សេវារបស់អ្នក។

참조: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이해 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료 이용하실 수 있습니다. 1-800-963-1001(TTY 711)로 전화하시거나 서비스 제공업체에 문의하세요.

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług językowych. Dostępne są również bezpłatne pomoce i usługi, które zapewniają informacje w zrozumiałym formacie. Zadzwoń pod numer 1-800-963-1001 (TTY 711) lub skonsultuj się ze swoim świadczeniodawcą.

ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-800-963-1001 (TDD 711) ou fale com o seu prestador

ВНИМАНИЕ! Если вы говорите по-русски, то вам доступны бесплатные услуги языковой поддержки. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по телефону 1-800-963-1001 (телетайп 711) или обратитесь к своему поставщику услуг.

ATENCIÓN: Si habla español, se ofrecen servicios gratuitos de asistencia con el idioma. También se ofrecen ayudas y servicios auxiliares apropiados para brindar información en formatos accesibles sin cargo alguno. Llame al 1-800-963-1001 (TTY 711) o consulte con su proveedor.

PANSININ: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng tulong serbisyo sa lengguwahe. Ang mga naaangkop na dagdag na mga pantulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na porma ay magagamit din nang walang bayad. Tumawag sa 1-800-963-1001 (TTY 711) o makipag-usap sa iyong tagapagbigay.

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các biện pháp hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Hãy gọi số 1-800-963-1001 (TTY 711) hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị.