



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 Version 16

This formulary was updated on 9/28/2026. 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: 9/28/2026
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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 **9/28/2026**. 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 **9/28/2026**. 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 **86**. 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."

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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.

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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 **86**.

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.

EFFECTIVE DATE: 10/1/2026

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
Gout		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>colchicine oral tablet 0.6 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>probenecid oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
Miscellaneous		
JOURNAVX ORAL TABLET 50 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 29 tabs every 14 days
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	Tier 1 (\$5.10-\$12.65)	B/D
Nsaids		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
<i>celecoxib oral capsule 400 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 caps every 30 days
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>diflunisal oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1 (\$5.10-\$12.65)	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1 (\$5.10-\$12.65)	
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>naproxen oral tablet delayed release 375 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 patches every 28 days
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 10 patches every 30 days

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D
 Last Updated: 9/28/2026

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
Antifungals		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	Tier 1 (\$5.10-\$12.65)	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 1 (\$5.10-\$12.65)	PA
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>itraconazole oral capsule 100 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 caps every 30 days
<i>ketoconazole oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>micalfungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nystatin oral tablet 500000 unit</i>	Tier 1 (\$5.10-\$12.65)	
<i>posaconazole oral tablet delayed release 100 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 93 tabs every 30 days
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>voriconazole intravenous solution reconstituted 200 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 600 mL every 28 days
<i>voriconazole oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>voriconazole oral tablet 50 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 480 tabs every 30 days
Anti-Infectives - Miscellaneous		
<i>albendazole oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 672 tabs every year
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 1 (\$5.10-\$12.65)	PA
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 300 mL every 30 days
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	Tier 1 (\$5.10-\$12.65)	
BLUJEPAL ORAL TABLET 750 MG	Tier 1 (\$5.10-\$12.65)	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 1 (\$5.10-\$12.65)	PA
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D
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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 1 (\$5.10-\$12.65)	QL; 12 tabs every year
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>fosfomycin tromethamine oral packet 3 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ivermectin oral tablet 3 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 20 tabs every 90 days
<i>ivermectin oral tablet 6 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 10 tabs every 90 days
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 1800 mL every 30 days
<i>linezolid oral tablet 600 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>metronidazole intravenous solution 500 mg/100ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 6 tabs every 30 days
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	Tier 1 (\$5.10-\$12.65)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D
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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	Tier 1 (\$5.10-\$12.65)	
<i>praziquantel oral tablet 600 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 1 (\$5.10-\$12.65)	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>vancomycin hcl oral capsule 125 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 80 caps every 180 days
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 160 caps every 180 days
Antimalarials		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
COARTEM ORAL TABLET 20-120 MG	Tier 1 (\$5.10-\$12.65)	
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
Antiretroviral Agents		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
APTIVUS ORAL CAPSULE 250 MG	Tier 1 (\$5.10-\$12.65)	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>darunavir oral tablet 600 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>darunavir oral tablet 800 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
EDURANT ORAL TABLET 25 MG	Tier 1 (\$5.10-\$12.65)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D
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Drug Name	Drug Tier	Requirements/Limits
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Tier 1 (\$5.10-\$12.65)	
<i>efavirenz oral tablet 600 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>emtricitabine oral capsule 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 1 (\$5.10-\$12.65)	
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>fosamprenavir calcium oral tablet 700 mg</i>	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 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)	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>nevirapine oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
NORVIR ORAL 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 PACKET 50 MG	Tier 1 (\$5.10-\$12.65)	
<i>rilpivirine hcl oral tablet 25 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ritonavir oral tablet 100 mg</i>	Tier 1 (\$5.10-\$12.65)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 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	Tier 1 (\$5.10-\$12.65)	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Tier 1 (\$5.10-\$12.65)	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
TIVICAY ORAL TABLET 50 MG	Tier 1 (\$5.10-\$12.65)	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 1 (\$5.10-\$12.65)	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	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/GM	Tier 1 (\$5.10-\$12.65)	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral capsule 100 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>zidovudine oral tablet 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
Antiretroviral Combination Agents		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1 (\$5.10-\$12.65)	
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)	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>emtricitab- rilpivir-tenofov df oral tablet 200-25-300 mg</i>	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)	
IDVYNZO ORAL TABLET 100-0.25 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/5ML	Tier 1 (\$5.10-\$12.65)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	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	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)	
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>	Tier 1 (\$5.10-\$12.65)	
Antitubercular Agents		
<i>cycloserine oral capsule 250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
PRIFTIN ORAL TABLET 150 MG	Tier 1 (\$5.10-\$12.65)	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>rifabutin oral capsule 150 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>rifampin intravenous solution reconstituted 600 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
<i>rifapentine oral tablet 150 mg</i>	Tier 1 (\$5.10-\$12.65)	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 1 (\$5.10-\$12.65)	PA
Antivirals		
<i>acyclovir oral capsule 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1 (\$5.10-\$12.65)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 1 (\$5.10-\$12.65)	ST
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1 (\$5.10-\$12.65)	
EPCLUSA ORAL 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
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>lamivudine oral tablet 100 mg</i>	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 PACKET 50-20 MG	Tier 1 (\$5.10-\$12.65)	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 1 (\$5.10-\$12.65)	PA
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 168 caps every year
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 84 caps every year
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 1080 mL every year
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 1 (\$5.10-\$12.65)	QL; 40 tabs every 90 days
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 1 (\$5.10-\$12.65)	QL; 22 tabs every 90 days
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	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 SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	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 AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 6 inhalers every year
<i>ribavirin oral capsule 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ribavirin oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1 (\$5.10-\$12.65)	
VOSEVI ORAL TABLET 400-100-100 MG	Tier 1 (\$5.10-\$12.65)	PA

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Drug Name	Drug Tier	Requirements/Limits
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 1 (\$5.10-\$12.65)	QL; 1 tab every 180 days
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 1 (\$5.10-\$12.65)	QL; 1 tab every 180 days
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefadroxil oral capsule 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefdinir oral capsule 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefixime oral capsule 400 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 1 (\$5.10-\$12.65)	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	Tier 1 (\$5.10-\$12.65)	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	Tier 1 (\$5.10-\$12.65)	
Erythromycins/Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 1 (\$5.10-\$12.65)	
E.E.S. 400 ORAL TABLET 400 MG	Tier 1 (\$5.10-\$12.65)	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 1 (\$5.10-\$12.65)	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>fidaxomicin oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
Fluoroquinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>levofloxacin intravenous solution 25 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1 (\$5.10-\$12.65)	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ampicillin oral capsule 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	Tier 1 (\$5.10-\$12.65)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	Tier 1 (\$5.10-\$12.65)	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	Tier 1 (\$5.10-\$12.65)	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	Tier 1 (\$5.10-\$12.65)	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 1 (\$5.10-\$12.65)	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 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
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
ANTINEOPLASTIC AGENTS		
Alkylating Agents		
<i>bendamustine hcl intravenous solution 100 mg/4ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	Tier 1 (\$5.10-\$12.65)	B/D
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>cyclophosphamide intravenous solution 1 gm/2ml, 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 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
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	Tier 1 (\$5.10-\$12.65)	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>vivimusta intravenous solution 100 mg/4ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
Antimetabolites		
<i>azacitidine injection suspension reconstituted 100 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>cytarabine injection solution 20 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	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
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	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
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
TABLOID ORAL TABLET 40 MG	Tier 1 (\$5.10-\$12.65)	PA
Hormonal Antineoplastic Agents		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 tabs every 30 days
<i>abiraterone acetate oral tablet 500 mg</i>	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
<i>anastrozole oral tablet 1 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>bicalutamide oral tablet 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	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)	
<i>exemestane oral tablet 25 mg</i>	Tier 1 (\$5.10-\$12.65)	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 1 (\$5.10-\$12.65)	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 1 (\$5.10-\$12.65)	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
INLURIYO ORAL TABLET 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 56 tabs every 28 days
<i>letrozole oral tablet 2.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1 (\$5.10-\$12.65)	PA
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 18 caps every 28 days
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 27 caps every 28 days
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Tier 1 (\$5.10-\$12.65)	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Tier 1 (\$5.10-\$12.65)	PA
LYSODREN ORAL TABLET 500 MG	Tier 1 (\$5.10-\$12.65)	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nilutamide oral tablet 150 mg</i>	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 10 MG/5ML	Tier 1 (\$5.10-\$12.65)	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>toremifene citrate oral tablet 60 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
VEPPANU ORAL TABLET 100 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
VEPPANU ORAL TABLET 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
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		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 28 caps every 28 days
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 21 caps every 28 days
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	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 PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 pens every 28 days
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 syringes every 28 days

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Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene oral capsule 75 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 300 caps every 30 days
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	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
<i>leucovorin calcium injection solution 500 mg/50ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
MATULANE ORAL CAPSULE 50 MG	Tier 1 (\$5.10-\$12.65)	
<i>mesna oral tablet 400 mg</i>	Tier 1 (\$5.10-\$12.65)	
MODEYSO ORAL CAPSULE 125 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 20 caps every 28 days
<i>tretinoin oral capsule 10 mg</i>	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		
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	Tier 1 (\$5.10-\$12.65)	B/D
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	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 TABLET THERAPY PACK 90 & 180 MG	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 CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pack every 28 days

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Drug Name	Drug Tier	Requirements/Limits
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
BALVERSA ORAL TABLET 5 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 28 tabs every 28 days
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	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
<i>bosutinib oral tablet 100 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 tabs every 30 days
<i>bosutinib oral tablet 400 mg, 500 mg</i>	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
BRUKINSA ORAL TABLET 160 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs 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 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
CAVHANZA ORAL TABLET DISPERSIBLE 60 MG, 80 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 112 tabs every 28 days
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 56 caps every 28 days
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 112 caps every 28 days
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	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
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>dasatinib oral tablet 20 mg</i>	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
ENSACOVE ORAL CAPSULE 100 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 caps every 30 days
ENSACOVE ORAL CAPSULE 25 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 270 caps every 30 days
ERIVEDGE ORAL CAPSULE 150 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 caps every 30 days
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i>everolimus oral tablet soluble 3 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D
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Drug Name	Drug Tier	Requirements/Limits
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
<i>gefitinib oral tablet 250 mg</i>	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
GOMEKLI ORAL CAPSULE 2 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 84 caps every 28 days
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 168 tabs every 28 days
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	Tier 1 (\$5.10-\$12.65)	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 1 (\$5.10-\$12.65)	PA
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 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 SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 1 (\$5.10-\$12.65)	PA
HYRNUO ORAL TABLET 10 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 tabs every 30 days
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
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
<i>imatinib mesylate oral tablet 400 mg</i>	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
<i>imkeldi oral solution 80 mg/ml</i>	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
JIDEYTRO ORAL TABLET 100 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D
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Drug Name	Drug Tier	Requirements/Limits
JIDEYTRO ORAL TABLET 25 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	Tier 1 (\$5.10-\$12.65)	B/D
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 1 (\$5.10-\$12.65)	PA
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	Tier 1 (\$5.10-\$12.65)	PA
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 vial every 21 days
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 790-9600 MG -UNT/4.8ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 vial every 42 days
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 21 tabs every 28 days
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 42 tabs every 28 days
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 63 tabs every 28 days
KOMZIFTI ORAL CAPSULE 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 caps every 30 days
KOSELUGO ORAL CAPSULE 10 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 240 caps every 30 days
KOSELUGO ORAL CAPSULE 25 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 caps every 30 days
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 600 caps every 30 days
KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 360 caps every 30 days
KRAZATI ORAL TABLET 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 tabs every 30 days
<i>lapatinib ditosylate oral tablet 250 mg</i>	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 (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 caps every 30 days
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 caps every 30 days
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 caps every 30 days
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 caps every 30 days
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 caps every 30 days
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 caps every 30 days
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 caps every 30 days
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	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

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Drug Name	Drug Tier	Requirements/Limits
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 (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 84 tabs every 28 days
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 112 tabs every 28 days
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 140 tabs every 28 days
MEKINIST ORAL SOLUTION RECONSTITUTED 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 SOLUTION RECONSTITUTED 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
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 112 caps every 28 days
<i>nilotinib hcl oral capsule 50 mg</i>	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 SOLUTION RECONSTITUTED 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
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 96 mL every 28 days
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	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 SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 1 (\$5.10-\$12.65)	PA
<i>pazopanib hcl oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 tabs every 30 days
<i>pazopanib hcl oral tablet 400 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 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 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	Tier 1 (\$5.10-\$12.65)	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 28 tabs every 28 days
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 56 tabs every 28 days
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	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

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Drug Name	Drug Tier	Requirements/Limits
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 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
<i>sorafenib tosylate oral tablet 200 mg</i>	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
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	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 SOLUBLE 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
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 vial every 21 days
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	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
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 SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 1 (\$5.10-\$12.65)	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 64 tabs every 28 days
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 packs every 28 days
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	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

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Drug Name	Drug Tier	Requirements/Limits
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 TABLET THERAPY PACK 10 & 50 & 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 CAPSULE SPRINKLE 150 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 caps every 30 days
XALKORI ORAL CAPSULE SPRINKLE 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 (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 tabs every 28 days
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 16 tabs every 28 days
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 tabs every 28 days
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 tabs every 28 days
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 tabs every 28 days
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 24 tabs every 28 days
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 tabs every 28 days
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 tabs every 28 days
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 32 tabs every 28 days
YULITHIRA 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
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 100 MG/4ML, 400 MG/16ML	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

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

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 1 (\$5.10-\$12.65)	QL; 240 caps every 30 days
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>olmesartan-amlodipine-hctz 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</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 180 tabs every 30 days
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>candesartan cilexetil oral tablet 32 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>valsartan oral tablet 320 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
Antiarrhythmics		
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	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)	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	

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Drug Name	Drug Tier	Requirements/Limits
sotalol hcl 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 oral tablet 145 mg, 160 mg, 48 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 calcium 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 sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
rosuvastatin calcium 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 light oral packet 4 gm	Tier 1 (\$5.10-\$12.65)	
cholestyramine light oral powder 4 gm/dose	Tier 1 (\$5.10-\$12.65)	
cholestyramine oral packet 4 gm	Tier 1 (\$5.10-\$12.65)	
cholestyramine oral powder 4 gm/dose	Tier 1 (\$5.10-\$12.65)	
colesevelam hcl oral packet 3.75 gm	Tier 1 (\$5.10-\$12.65)	
colesevelam hcl oral tablet 625 mg	Tier 1 (\$5.10-\$12.65)	
colestipol hcl oral granules 5 gm	Tier 1 (\$5.10-\$12.65)	
colestipol hcl oral packet 5 gm	Tier 1 (\$5.10-\$12.65)	
colestipol hcl oral tablet 1 gm	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 er (antihyperlipidemic) oral tablet extended release 1000 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 gm	Tier 1 (\$5.10-\$12.65)	
PREVALITE ORAL PACKET 4 GM	Tier 1 (\$5.10-\$12.65)	
PREVALITE ORAL POWDER 4 GM/DOSE	Tier 1 (\$5.10-\$12.65)	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 6 syringes every 28 days
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 6 autoinjectors every 28 days
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	Tier 1 (\$5.10-\$12.65)	
Beta-Blocker/Diuretic Combinations		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1 (\$5.10-\$12.65)	

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1 (\$5.10-\$12.65)	
Beta-Blockers		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>nebivolol hcl oral tablet 20 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
Calcium Channel Blockers		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1 (\$5.10-\$12.65)	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nimodipine oral capsule 30 mg</i>	Tier 1 (\$5.10-\$12.65)	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1 (\$5.10-\$12.65)	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	
Diuretics		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>furosemide injection solution 10 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1 (\$5.10-\$12.65)	
Miscellaneous		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 1 (\$5.10-\$12.65)	
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 1 (\$5.10-\$12.65)	QL; 450 mL every 30 days
<i>digoxin injection solution 0.25 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>droxidopa oral capsule 100 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 caps every 30 days
<i>droxidopa oral capsule 200 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 caps every 30 days
<i>epinephrine injection solution 1 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>hydralazine hcl injection solution 20 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>metyrosine oral capsule 250 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	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
VYNDAMAX ORAL CAPSULE 61 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 caps every 30 days
Nitrates		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1 (\$5.10-\$12.65)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 1 (\$5.10-\$12.65)	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nitroglycerin transdermal ointment 2 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1 (\$5.10-\$12.65)	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	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
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i>bosentan oral tablet soluble 32 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 tabs every 30 days
<i>macitentan oral tablet 10 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
OPSUMIT ORAL TABLET 10 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 360 tabs every 30 days

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Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 1 (\$5.10-\$12.65)	PA
UPTRAVI ORAL TABLET 100 MCG, 150 MCG	Tier 1 (\$5.10-\$12.65)	PA; QL; 280 tabs every 28 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 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 TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pack every 28 days
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 vials every 21 days
YUTREPIA INHALATION CAPSULE 106 MCG	Tier 1 (\$5.10-\$12.65)	PA; QL; 224 caps every 28 days
YUTREPIA INHALATION CAPSULE 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		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 150 tabs every 30 days
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	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
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 150 mL every 30 days
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 150 tabs every 30 days
Antidementia		
<i>donepezil hcl oral tablet 10 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>donepezil hcl oral tablet 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>donepezil hcl oral tablet dispersible 10 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 caps every 30 days
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 200 mL every 30 days
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	Tier 1 (\$5.10-\$12.65)	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Tier 1 (\$5.10-\$12.65)	

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 patches every 30 days
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG	Tier 1 (\$5.10-\$12.65)	QL; 2 packs every year
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 caps every 30 days
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 caps every 30 days
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 caps every 30 days
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 patches every 30 days
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 packs every year

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 caps every 30 days
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 caps every 30 days
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 packs every year
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
MARPLAN ORAL TABLET 10 MG	Tier 1 (\$5.10-\$12.65)	QL; 180 tabs every 30 days
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 900 mL every 30 days
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	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
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>tranlycypromine sulfate oral tablet 10 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>trimipramine maleate oral capsule 100 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	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
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	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		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 caps every 30 days
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>benztropine mesylate injection solution 1 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (\$5.10-\$12.65)	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>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</i>	Tier 1 (\$5.10-\$12.65)	
<i>entacapone oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
INBRIJA INHALATION CAPSULE 42 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 300 caps every 30 days
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	Tier 1 (\$5.10-\$12.65)	QL; 1 syringe every 56 days
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 1 (\$5.10-\$12.65)	QL; 1 syringe every 28 days
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 1 (\$5.10-\$12.65)	QL; 1 injection every 28 days
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 900 mL every 30 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1 (\$5.10-\$12.65)	ST; QL; 60 tabs every 30 days
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Tier 1 (\$5.10-\$12.65)	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	Tier 1 (\$5.10-\$12.65)	QL; 1 syringe every 56 days
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	Tier 1 (\$5.10-\$12.65)	QL; 1 syringe every 28 days
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
BYSANTI 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

Drug Name	Drug Tier	Requirements/Limits
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 packs every year
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 packs every year
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 packs every year
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 caps every 30 days
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>clozapine oral tablet 100 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 270 tabs every 30 days
<i>clozapine oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>clozapine oral tablet 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>clozapine oral tablet dispersible 100 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 270 tabs every 30 days
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 tabs every 30 days
<i>clozapine oral tablet dispersible 200 mg</i>	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)	QL; 60 caps every 30 days
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 1 (\$5.10-\$12.65)	QL; 2 packs every year
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	QL; 1 syringe every 28 days
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	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 TABLET 1 & 2 & 4 & 6 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 packs every year
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 packs every year
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 packs every year
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	Tier 1 (\$5.10-\$12.65)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 1 (\$5.10-\$12.65)	QL; 1 injection every 180 days
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	QL; 1 syringe every 28 days
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 1 (\$5.10-\$12.65)	QL; 1 syringe every 90 days
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>lurasidone hcl oral tablet 80 mg</i>	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
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
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
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 3 vials every 1 day
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>olanzapine oral tablet dispersible 10 mg</i>	Tier 1 (\$5.10-\$12.65)	ST; QL; 60 tabs every 30 days
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	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
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
<i>quetiapine fumarate oral tablet 25 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 180 tabs every 30 days
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Tier 1 (\$5.10-\$12.65)	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

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Drug Name	Drug Tier	Requirements/Limits
REXULTI ORAL TABLET 3 MG, 4 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 2 injections every 28 days
<i>risperidone oral solution 1 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 240 mL every 30 days
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	Tier 1 (\$5.10-\$12.65)	ST; QL; 90 tabs every 30 days
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg</i>	Tier 1 (\$5.10-\$12.65)	ST; QL; 60 tabs every 30 days
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 1 (\$5.10-\$12.65)	ST; QL; 120 tabs every 30 days
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 1 (\$5.10-\$12.65)	QL; 30 patches every 30 days
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	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 0.5 MG, 0.75 MG, 3 MG, 4.5 MG, 6 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 caps every 30 days
VRAYLAR ORAL CAPSULE 1.5 MG	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 6 injections every 3 days
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 vials every 28 days
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 vial every 28 days
Antiseizure Agents		
APTOM ORAL TABLET 200 MG, 400 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
APTOM ORAL TABLET 600 MG, 800 MG	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>brivaracetam oral solution 10 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 600 mL every 30 days
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; 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
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 480 mL every 30 days
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
<i>clonazepam oral tablet 2 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 300 tabs every 30 days
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
<i>clonazepam oral tablet dispersible 2 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 300 tabs every 30 days
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	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 PACKET 250 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 360 packets every 30 days
DIACOMIT ORAL PACKET 500 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 packets every 30 days
<i>diazepam injection solution 5 mg/ml</i>	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
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 1200 mL every 30 days
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 tabs every 30 days
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1 (\$5.10-\$12.65)	
DILANTIN ORAL CAPSULE 30 MG	Tier 1 (\$5.10-\$12.65)	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	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
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>ethosuximide oral capsule 250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	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
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 360 caps every 30 days
<i>gabapentin oral capsule 400 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 270 caps every 30 days
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 2160 mL every 30 days
<i>gabapentin oral tablet 600 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 180 tabs every 30 days
<i>gabapentin oral tablet 800 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>lacosamide intravenous solution 200 mg/20ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 1200 mL every 30 days

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<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>lacosamide oral tablet 50 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 360 tabs every 30 days
<i>levetiracetam oral tablet disintegrating soluble 500 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 180 tabs every 30 days
<i>methsuximide oral capsule 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 1 (\$5.10-\$12.65)	QL; 10 nasal units every 30 days
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>perampanel oral suspension 0.5 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 680 mL every 28 days
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>perampanel oral tablet 2 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 1500 mL every 30 days
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 tabs every 30 days
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1 (\$5.10-\$12.65)	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>phenytoin sodium injection solution 50 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 caps every 30 days
<i>pregabalin oral capsule 200 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 caps every 30 days
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 900 mL every 30 days
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
RELGAABI ORAL CAPSULE 300 MG	Tier 1 (\$5.10-\$12.65)	QL; 360 caps every 30 days
RELGAABI ORAL CAPSULE 400 MG	Tier 1 (\$5.10-\$12.65)	QL; 270 caps every 30 days

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ROWEEPRA ORAL TABLET 500 MG	Tier 1 (\$5.10-\$12.65)	
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 2400 mL every 30 days
<i>rufinamide oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 480 tabs every 30 days
<i>rufinamide oral tablet 400 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 240 tabs every 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	Tier 1 (\$5.10-\$12.65)	QL; 360 tabs every 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	Tier 1 (\$5.10-\$12.65)	QL; 180 tabs every 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 1 (\$5.10-\$12.65)	ST
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
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>topiramate oral solution 25 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 480 mL every 30 days
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>valproate sodium intravenous solution 100 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>valproic acid oral capsule 250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 1 (\$5.10-\$12.65)	QL; 10 blister packs every 30 days
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 1 (\$5.10-\$12.65)	QL; 10 blister packs every 30 days
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 1 (\$5.10-\$12.65)	QL; 10 blister packs every 30 days
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 1 (\$5.10-\$12.65)	QL; 10 blister packs every 30 days
<i>vigabatrin oral packet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 packets every 30 days
<i>vigabatrin oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 tabs every 30 days
VIGADRONE ORAL 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
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 1 (\$5.10-\$12.65)	QL; 56 tabs every 28 days
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	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 ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 1 (\$5.10-\$12.65)	QL; 28 tabs every 28 days

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Drug Name	Drug Tier	Requirements/Limits
ZONISADE ORAL SUSPENSION 100 MG/5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 900 mL every 30 days
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	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		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 caps every 30 days
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 caps every 30 days
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 caps every 30 days
<i>atomoxetine hcl oral capsule 40 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 tabs every 30 days
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 900 mL every 30 days
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 1800 mL every 30 days
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 tabs every 30 days
<i>methylphenidate hcl oral tablet 20 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 tabs every 30 days
Hypnotics		
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>ramelteon oral tablet 8 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>tasimelteon oral capsule 20 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 caps every 30 days
<i>temazepam oral capsule 15 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 caps every 30 days
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 caps every 30 days
<i>zaleplon oral capsule 10 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 caps every 30 days
<i>zaleplon oral capsule 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 caps every 30 days
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
Migraine		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 30 days
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 mL every 30 days
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 3 syringes every 30 days

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EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 pens every 30 days
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 syringes every 30 days
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 40 tabs every 28 days
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 12 tabs every 30 days
NURTEC ORAL TABLET DISPERSIBLE 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
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 18 tabs every 30 days
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 18 tabs every 30 days
<i>sumatriptan nasal solution 20 mg/act</i>	Tier 1 (\$5.10-\$12.65)	QL; 12 units every 30 days
<i>sumatriptan nasal solution 5 mg/act</i>	Tier 1 (\$5.10-\$12.65)	QL; 24 units every 30 days
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 12 tabs every 30 days
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 12 injections every 30 days
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	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
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 HOUR 12 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 tabs every 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 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 HOUR 24 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 packs every year
<i>dextromethorphan-quinidine oral capsule 20-10 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 caps every 30 days
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>lithium oral solution 8 meq/5ml</i>	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
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>riluzole oral tablet 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D
Last Updated: **9/28/2026**

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine oral tablet 25 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 tabs every 30 days
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 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 SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 syringes every 30 days
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 12 syringes every 28 days
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i> fingolimod hcl oral capsule 0.5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 caps every 30 days
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 syringes every 30 days
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 12 syringes every 28 days
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 syringes every 30 days
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 12 syringes every 28 days
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 16 pens every 365 days
Musculoskeletal Therapy Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>baclofen oral tablet 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
<i>carisoprodol oral tablet 350 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 tabs every 30 days
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 360 tabs every 30 days
<i>methocarbamol oral tablet 750 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 240 tabs every 30 days
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 1 (\$5.10-\$12.65)	
Narcolepsy/Cataplexy		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>armodafinil oral tablet 50 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i>modafinil oral tablet 100 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>modafinil oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 540 mL every 30 days
Psychotherapeutic-Misc		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 180 tabs every 30 days
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 films every 30 days

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 180 films every 30 days
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 films every 30 days
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 180 tabs every 30 days
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 1 (\$5.10-\$12.65)	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 1 (\$5.10-\$12.65)	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	Tier 1 (\$5.10-\$12.65)	QL; 2 packs every year
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 56 tabs every 28 days
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 56 tabs every 28 days
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 1 (\$5.10-\$12.65)	
ENDOCRINE AND METABOLIC		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	Tier 1 (\$5.10-\$12.65)	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 300 gm every 30 days
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 150 gm every 30 days
Antidiabetics, Insulins		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	B/D
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 1 (\$5.10-\$12.65)	PA
CEQUR SIMPL EXT WEAR INSERTER	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 inserters every year
CEQUR SIMPLICITY 1U EXTND WEAR DEVICE	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 patches every 24 days
CEQUR SIMPLICITY 2U DEVICE	Tier 1 (\$5.10-\$12.65)	PA; QL; 10 patches every 30 days
CEQUR SIMPLICITY 2U DEVICE	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 patches every 24 days

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Drug Name	Drug Tier	Requirements/Limits
CEQUR SIMPLICITY 2U EXTND WEAR DEVICE	Tier 1 (\$5.10-\$12.65)	PA; QL; 10 patches every 30 days
CEQUR SIMPLICITY INSERTER	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 inserters every year
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 1 (\$5.10-\$12.65)	PA
<i>cvs gauze sterile pad 2"x2"</i>	Tier 1 (\$5.10-\$12.65)	PA
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 1 (\$5.10-\$12.65)	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	B/D
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	B/D
<i>global alcohol prep ease pad 70 %</i>	Tier 1 (\$5.10-\$12.65)	PA
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 1 (\$5.10-\$12.65)	B/D
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	B/D
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	B/D
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Tier 1 (\$5.10-\$12.65)	B/D
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 kit every year

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 1 (\$5.10-\$12.65)	PA; QL; 15 pods every 30 days
OMNIPOD 5 LIBRE INTRO KIT	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 kit every year
OMNIPOD 5 LIBRE PODS	Tier 1 (\$5.10-\$12.65)	PA; QL; 15 pods every 30 days
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 kit every year
OMNIPOD DASH PODS (GEN 4)	Tier 1 (\$5.10-\$12.65)	PA; QL; 15 pods every 30 days
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	Tier 1 (\$5.10-\$12.65)	PA
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 1 (\$5.10-\$12.65)	PA
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 1 (\$5.10-\$12.65)	QL; 5 pens every 25 days
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 1 (\$5.10-\$12.65)	QL; 5 pens every 30 days
Antidiabetics		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>glimepiride oral tablet 1 mg, 2 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
<i>glimepiride oral tablet 4 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
<i>glipizide oral tablet 10 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>glipizide oral tablet 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 240 tabs every 30 days
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 240 tabs every 30 days
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	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 50-1000 MG, 50-500 MG	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 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)	QL; 30 tabs every 30 days
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 75 tabs every 30 days
<i>metformin hcl oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 150 tabs every 30 days
<i>metformin hcl oral tablet 850 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 pens every 28 days
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 28 days
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 28 days
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 28 days
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>repaglinide oral tablet 2 mg</i>	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
<i>sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
TRADJENTA ORAL TABLET 5 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 pens every 28 days
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
Calcium Regulators		
<i>alendronate sodium oral solution 70 mg/75ml</i>	Tier 1 (\$5.10-\$12.65)	ST
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	Tier 1 (\$5.10-\$12.65)	
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 1 (\$5.10-\$12.65)	QL; 1 syringe every 180 days
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 28 days
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 1 (\$5.10-\$12.65)	QL; 1 syringe every 180 days
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 1 (\$5.10-\$12.65)	QL; 1 syringe every 180 days
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Tier 1 (\$5.10-\$12.65)	ST
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 28 days
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 30 days
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 1 (\$5.10-\$12.65)	PA
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 1 (\$5.10-\$12.65)	PA
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
Chelating Agents		
CHEMET ORAL CAPSULE 100 MG	Tier 1 (\$5.10-\$12.65)	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Tier 1 (\$5.10-\$12.65)	
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 1 (\$5.10-\$12.65)	
<i>penicillamine oral tablet 250 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1 (\$5.10-\$12.65)	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Tier 1 (\$5.10-\$12.65)	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 1 (\$5.10-\$12.65)	
<i>trientine hcl oral capsule 250 mg</i>	Tier 1 (\$5.10-\$12.65)	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D
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Drug Name	Drug Tier	Requirements/Limits
Contraceptives		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Tier 1 (\$5.10-\$12.65)	
AMETHYST ORAL TABLET 90-20 MCG	Tier 1 (\$5.10-\$12.65)	
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1 (\$5.10-\$12.65)	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1 (\$5.10-\$12.65)	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
AYUNA ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1 (\$5.10-\$12.65)	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1 (\$5.10-\$12.65)	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Tier 1 (\$5.10-\$12.65)	
CAMILA ORAL TABLET 0.35 MG	Tier 1 (\$5.10-\$12.65)	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1 (\$5.10-\$12.65)	
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1 (\$5.10-\$12.65)	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
CRYSSELLE ORAL TABLET 0.3-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	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 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1 (\$5.10-\$12.65)	
DEBLITANE ORAL TABLET 0.35 MG	Tier 1 (\$5.10-\$12.65)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 1 (\$5.10-\$12.65)	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 1 (\$5.10-\$12.65)	
DOLISHALE ORAL TABLET 90-20 MCG	Tier 1 (\$5.10-\$12.65)	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	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/24HR	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/24HR	Tier 1 (\$5.10-\$12.65)	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
ERRIN ORAL TABLET 0.35 MG	Tier 1 (\$5.10-\$12.65)	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Tier 1 (\$5.10-\$12.65)	
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1 (\$5.10-\$12.65)	
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 1 (\$5.10-\$12.65)	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1 (\$5.10-\$12.65)	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
HEATHER ORAL TABLET 0.35 MG	Tier 1 (\$5.10-\$12.65)	
ICLEVIA ORAL TABLET 0.15-0.03 MG	Tier 1 (\$5.10-\$12.65)	
INCASSIA ORAL TABLET 0.35 MG	Tier 1 (\$5.10-\$12.65)	
INTROVALE ORAL TABLET 0.15-0.03 MG	Tier 1 (\$5.10-\$12.65)	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1 (\$5.10-\$12.65)	
JASMIEL ORAL TABLET 3-0.02 MG	Tier 1 (\$5.10-\$12.65)	
JENCYCLA ORAL TABLET 0.35 MG	Tier 1 (\$5.10-\$12.65)	
JOLESSA ORAL TABLET 0.15-0.03 MG	Tier 1 (\$5.10-\$12.65)	
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1 (\$5.10-\$12.65)	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 1 (\$5.10-\$12.65)	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1 (\$5.10-\$12.65)	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
KURVELO ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1 (\$5.10-\$12.65)	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 1 (\$5.10-\$12.65)	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	Tier 1 (\$5.10-\$12.65)	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 1 (\$5.10-\$12.65)	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	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 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1 (\$5.10-\$12.65)	
LORYNA ORAL TABLET 3-0.02 MG	Tier 1 (\$5.10-\$12.65)	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
LUTERA 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)	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
MELEYA ORAL TABLET 0.35 MG	Tier 1 (\$5.10-\$12.65)	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1 (\$5.10-\$12.65)	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	

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Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	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 SUBCUTANEOUS IMPLANT 68 MG	Tier 1 (\$5.10-\$12.65)	
NIKKI 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)	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Tier 1 (\$5.10-\$12.65)	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Tier 1 (\$5.10-\$12.65)	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>norethindrone oral tablet 0.35 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	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	Tier 1 (\$5.10-\$12.65)	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	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 ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1 (\$5.10-\$12.65)	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	Tier 1 (\$5.10-\$12.65)	
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	Tier 1 (\$5.10-\$12.65)	
SETLAKIN ORAL TABLET 0.15-0.03 MG	Tier 1 (\$5.10-\$12.65)	
SHAROBEL ORAL TABLET 0.35 MG	Tier 1 (\$5.10-\$12.65)	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1 (\$5.10-\$12.65)	
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1 (\$5.10-\$12.65)	

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Drug Name	Drug Tier	Requirements/Limits
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	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 1-20 MG-MCG(24)	Tier 1 (\$5.10-\$12.65)	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Tier 1 (\$5.10-\$12.65)	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1 (\$5.10-\$12.65)	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1 (\$5.10-\$12.65)	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1 (\$5.10-\$12.65)	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1 (\$5.10-\$12.65)	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1 (\$5.10-\$12.65)	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1 (\$5.10-\$12.65)	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1 (\$5.10-\$12.65)	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1 (\$5.10-\$12.65)	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1 (\$5.10-\$12.65)	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1 (\$5.10-\$12.65)	
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 1 (\$5.10-\$12.65)	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	Tier 1 (\$5.10-\$12.65)	
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	Tier 1 (\$5.10-\$12.65)	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1 (\$5.10-\$12.65)	
VESTURA 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)	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 1 (\$5.10-\$12.65)	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1 (\$5.10-\$12.65)	

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Drug Name	Drug Tier	Requirements/Limits
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1 (\$5.10-\$12.65)	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1 (\$5.10-\$12.65)	
ZUMANDIMINE 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 TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1 (\$5.10-\$12.65)	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1 (\$5.10-\$12.65)	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1 (\$5.10-\$12.65)	
<i>estradiol vaginal cream 0.01 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	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 TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1 (\$5.10-\$12.65)	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1 (\$5.10-\$12.65)	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1 (\$5.10-\$12.65)	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1 (\$5.10-\$12.65)	
Glucocorticoids		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 1 (\$5.10-\$12.65)	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1 (\$5.10-\$12.65)	B/D
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1 (\$5.10-\$12.65)	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	Tier 1 (\$5.10-\$12.65)	
Glucose Elevating Agents		
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 1 (\$5.10-\$12.65)	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 1 (\$5.10-\$12.65)	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 1 (\$5.10-\$12.65)	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 1 (\$5.10-\$12.65)	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	Tier 1 (\$5.10-\$12.65)	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	Tier 1 (\$5.10-\$12.65)	
Miscellaneous		
ALDURAZyme INTRAVENOUS SOLUTION 2.9 MG/5ML	Tier 1 (\$5.10-\$12.65)	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>betaine oral powder</i>	Tier 1 (\$5.10-\$12.65)	
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>carglumic acid oral tablet soluble 200 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
CERDELGA ORAL CAPSULE 84 MG	Tier 1 (\$5.10-\$12.65)	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Tier 1 (\$5.10-\$12.65)	PA
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D; QL; 60 tabs every 30 days
<i>cinacalcet hcl oral tablet 90 mg</i>	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
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1 (\$5.10-\$12.65)	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Tier 1 (\$5.10-\$12.65)	PA
GENOTROPIN MINISUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 1 (\$5.10-\$12.65)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Tier 1 (\$5.10-\$12.65)	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 1 (\$5.10-\$12.65)	PA
JAVYGTOR ORAL PACKET 100 MG, 500 MG	Tier 1 (\$5.10-\$12.65)	PA
JAVYGTOR ORAL TABLET 100 MG	Tier 1 (\$5.10-\$12.65)	PA
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>levocarnitine oral tablet 330 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 1 (\$5.10-\$12.65)	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Tier 1 (\$5.10-\$12.65)	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	Tier 1 (\$5.10-\$12.65)	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 1 (\$5.10-\$12.65)	PA
<i>mifepristone oral tablet 300 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	Tier 1 (\$5.10-\$12.65)	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 1 (\$5.10-\$12.65)	

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Drug Name	Drug Tier	Requirements/Limits
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	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
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 1 (\$5.10-\$12.65)	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Tier 1 (\$5.10-\$12.65)	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 1 (\$5.10-\$12.65)	PA
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 1 (\$5.10-\$12.65)	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
ZELVYSIA ORAL PACKET 100 MG, 500 MG	Tier 1 (\$5.10-\$12.65)	PA
Progestins		
GALLIFREY ORAL TABLET 5 MG	Tier 1 (\$5.10-\$12.65)	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
Thyroid Agents		
<i>levothyroxine sodium 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</i>	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)	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 1 (\$5.10-\$12.65)	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1 (\$5.10-\$12.65)	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>propylthiouracil oral tablet 50 mg</i>	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)	

Drug Name	Drug Tier	Requirements/Limits
Vitamin D Analogs		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1 (\$5.10-\$12.65)	B/D
GASTROINTESTINAL		
Antiemetics		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>aprepitant oral capsule therapy pack 80 & 125 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1 (\$5.10-\$12.65)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D; QL; 60 caps every 30 days
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1 (\$5.10-\$12.65)	QL; 10 patches every 30 days
Antispasmodics		
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>glycopyrrolate oral tablet 1 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 tabs every 30 days
<i>glycopyrrolate oral tablet 2 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
H2-Receptor Antagonists		
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	Tier 1 (\$5.10-\$12.65)	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
Inflammatory Bowel Disease		
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 caps every 30 days
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 caps every 30 days
<i>mesalamine oral capsule delayed release 400 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 180 caps every 30 days
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>mesalamine rectal enema 4 gm</i>	Tier 1 (\$5.10-\$12.65)	QL; 1680 mL every 28 days
<i>mesalamine rectal suppository 1000 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 suppositories every 30 days
<i>mesalamine-cleanser rectal kit 4 gm</i>	Tier 1 (\$5.10-\$12.65)	QL; 28 bottles every 28 days
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
Laxatives		
<i>constulose oral solution 10 gm/15ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>enulose oral solution 10 gm/15ml</i>	Tier 1 (\$5.10-\$12.65)	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 1 (\$5.10-\$12.65)	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 1 (\$5.10-\$12.65)	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 1 (\$5.10-\$12.65)	
<i>generlac oral solution 10 gm/15ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>lactulose oral solution 10 gm/15ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	Tier 1 (\$5.10-\$12.65)	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1 (\$5.10-\$12.65)	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	Tier 1 (\$5.10-\$12.65)	
Miscellaneous		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 1 (\$5.10-\$12.65)	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1 (\$5.10-\$12.65)	
GATTEX 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
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	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/0.6ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 28 vials every 28 days
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 28 syringes every 28 days
<i>sucralfate oral tablet 1 gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>ursodiol oral capsule 300 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1 (\$5.10-\$12.65)	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 kits every year
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 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
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 1 (\$5.10-\$12.65)	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	ST; QL; 30 caps every 30 days
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
Benign Prostatic Hyperplasia		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 caps every 30 days
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 caps every 30 days
<i>finasteride oral tablet 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>tadalafil oral tablet 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days
Miscellaneous		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1 (\$5.10-\$12.65)	
Urinary Antispasmodics		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	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 RECONSTITUTED ER 8 MG/ML	Tier 1 (\$5.10-\$12.65)	QL; 300 mL every 28 days
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 600 mL every 30 days
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 tabs every 30 days
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 caps every 30 days
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>tropium chloride oral tablet 20 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
Vaginal Anti-Infectives		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1 (\$5.10-\$12.65)	
HEMATOLOGIC		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 caps every 30 days
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 caps every 30 days

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D
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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	Tier 1 (\$5.10-\$12.65)	QL; 591 tabs every 29 days
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	Tier 1 (\$5.10-\$12.65)	QL; 592 tabs every 30 days
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 1 (\$5.10-\$12.65)	QL; 74 tabs every 30 days
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	Tier 1 (\$5.10-\$12.65)	QL; 56 caps every 21 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
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	Tier 1 (\$5.10-\$12.65)	QL; 588 tabs every 29 days
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/500ml-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	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)	
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	QL; 620 mL every 30 days
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 tabs every 30 days
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
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
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 1 (\$5.10-\$12.65)	QL; 51 tabs every 30 days
Hematopoietic Growth Factors		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 syringes every 28 days
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 1 (\$5.10-\$12.65)	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	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
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1 (\$5.10-\$12.65)	
BERINERT INTRAVENOUS KIT 500 UNIT	Tier 1 (\$5.10-\$12.65)	PA; QL; 24 boxes every 30 days

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Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
DOPTelet ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	Tier 1 (\$5.10-\$12.65)	PA
DOPTelet SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	Tier 1 (\$5.10-\$12.65)	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 1 (\$5.10-\$12.65)	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 vials every 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	Tier 1 (\$5.10-\$12.65)	PA; QL; 20 vials every 30 days
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 9 syringes every 30 days
<i>l-glutamine oral packet 5 gm</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1 (\$5.10-\$12.65)	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 9 syringes every 30 days
SIKLOS ORAL TABLET 100 MG, 1000 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
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1 (\$5.10-\$12.65)	
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 1 (\$5.10-\$12.65)	
IMMUNOLOGIC AGENTS		
Autoimmune Agents		
<i>adalimumab-bwwd subcutaneous solution auto-injector 40 mg/0.4ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 6 autoinjectors every 28 days
<i>adalimumab-bwwd subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 6 syringes every 28 days
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 pens every 28 days
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 syringes every 28 days
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 pens every 28 days
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 syringes every 28 days
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 20 pens every 365 days
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 20 syringes every 365 days

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Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 cartridges every 28 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 16 vials every 28 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 16 syringes every 28 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 syringes every 28 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 pens every 28 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 6 autoinjectors every 28 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 6 syringes every 28 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 6 pens every 28 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 pens every 28 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 syringes every 28 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 syringes every 28 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 6 syringes every 28 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 3 pens every 28 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 3 pens every 28 days
<i>infliximab intravenous solution reconstituted 100 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 28 syringes every 28 days
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 1 (\$5.10-\$12.65)	PA
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 vial every 28 days
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 28 days
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 syringe every 28 days
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 1 (\$5.10-\$12.65)	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 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

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 168 tabs every year
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 1 (\$5.10-\$12.65)	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 6 pens every 365 days
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 cartridge every 56 days
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 55 MG/0.37ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 6 syringes every 365 days
SOTYKTU ORAL TABLET 6 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 1 (\$5.10-\$12.65)	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 vial every 28 days
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 syringe every 28 days
<i>tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
<i>tofacitinib citrate oral solution 1 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 480 mL every 24 days
<i>tofacitinib citrate oral tablet 10 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 tabs every 30 days
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 1 (\$5.10-\$12.65)	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 28 days
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 28 days
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 pens every 28 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 syringe every 28 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 syringes every 28 days
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 2 pens every 28 days
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 1 (\$5.10-\$12.65)	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 pens every 28 days
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 syringes every 28 days
<i>ustekinumab intravenous solution 130 mg/26ml</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 vial every 28 days
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	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

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Drug Name	Drug Tier	Requirements/Limits
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
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 30 tabs every 30 days
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Tier 1 (\$5.10-\$12.65)	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 vial every 28 days
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 syringe every 28 days
Disease-Modifying Anti-Rheumatic Drugs (Dmards)		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1 (\$5.10-\$12.65)	
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 1 (\$5.10-\$12.65)	B/D
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
<i>methotrexate sodium oral tablet 2.5 mg</i>	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 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 1 (\$5.10-\$12.65)	PA
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 1 (\$5.10-\$12.65)	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	Tier 1 (\$5.10-\$12.65)	PA
GAMASTAN INTRAMUSCULAR SOLUTION	Tier 1 (\$5.10-\$12.65)	B/D
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 1 (\$5.10-\$12.65)	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 1 (\$5.10-\$12.65)	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 1 (\$5.10-\$12.65)	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 1 (\$5.10-\$12.65)	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 1 (\$5.10-\$12.65)	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 1 (\$5.10-\$12.65)	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 1 (\$5.10-\$12.65)	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 1 (\$5.10-\$12.65)	PA

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Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 1 (\$5.10-\$12.65)	PA
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 1 (\$5.10-\$12.65)	PA
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Tier 1 (\$5.10-\$12.65)	B/D
<i>azathioprine oral tablet 50 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Tier 1 (\$5.10-\$12.65)	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 pens every 28 days
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 syringes every 28 days
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1 (\$5.10-\$12.65)	B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 1 (\$5.10-\$12.65)	B/D
PROGRAF ORAL 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
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1 (\$5.10-\$12.65)	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 1 (\$5.10-\$12.65)	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	Tier 1 (\$5.10-\$12.65)	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA
<i>bcg vaccine injection solution reconstituted 50 mg</i>	Tier 1 (\$5.10-\$12.65)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1 (\$5.10-\$12.65)	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 1 (\$5.10-\$12.65)	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 1 (\$5.10-\$12.65)	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 1 (\$5.10-\$12.65)	B/D
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 1 (\$5.10-\$12.65)	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1 (\$5.10-\$12.65)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1 (\$5.10-\$12.65)	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	Tier 1 (\$5.10-\$12.65)	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 1 (\$5.10-\$12.65)	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	Tier 1 (\$5.10-\$12.65)	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 1 (\$5.10-\$12.65)	
IPOLE INJECTION SUSPENSION	Tier 1 (\$5.10-\$12.65)	
IXIARO INTRAMUSCULAR SUSPENSION	Tier 1 (\$5.10-\$12.65)	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	Tier 1 (\$5.10-\$12.65)	B/D
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1 (\$5.10-\$12.65)	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	Tier 1 (\$5.10-\$12.65)	
MENVEO INTRAMUSCULAR SOLUTION	Tier 1 (\$5.10-\$12.65)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1 (\$5.10-\$12.65)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 1 (\$5.10-\$12.65)	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1 (\$5.10-\$12.65)	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	

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Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 1 (\$5.10-\$12.65)	
<i>penmenvy intramuscular suspension reconstituted</i>	Tier 1 (\$5.10-\$12.65)	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 1 (\$5.10-\$12.65)	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1 (\$5.10-\$12.65)	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1 (\$5.10-\$12.65)	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 1 (\$5.10-\$12.65)	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1 (\$5.10-\$12.65)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 1 (\$5.10-\$12.65)	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	B/D
ROTARIX ORAL SUSPENSION	Tier 1 (\$5.10-\$12.65)	
ROTATEQ ORAL SOLUTION	Tier 1 (\$5.10-\$12.65)	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	QL; 2 syringes per lifetime
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	QL; 2 vials per lifetime
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	Tier 1 (\$5.10-\$12.65)	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1 (\$5.10-\$12.65)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 1 (\$5.10-\$12.65)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 1 (\$5.10-\$12.65)	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	Tier 1 (\$5.10-\$12.65)	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	Tier 1 (\$5.10-\$12.65)	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Tier 1 (\$5.10-\$12.65)	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	Tier 1 (\$5.10-\$12.65)	

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Drug Name	Drug Tier	Requirements/Limits
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Tier 1 (\$5.10-\$12.65)	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1 (\$5.10-\$12.65)	
NUTRITIONAL/SUPPLEMENTS		
Electrolytes/Minerals, Injectable		
<i>dextrose in lactated ringers intravenous solution 5 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>	Tier 1 (\$5.10-\$12.65)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 1 (\$5.10-\$12.65)	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Tier 1 (\$5.10-\$12.65)	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>lactated ringers intravenous solution</i>	Tier 1 (\$5.10-\$12.65)	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 1 (\$5.10-\$12.65)	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	Tier 1 (\$5.10-\$12.65)	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	Tier 1 (\$5.10-\$12.65)	
<i>sodium chloride injection solution 2.5 meq/ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 1 (\$5.10-\$12.65)	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 1 (\$5.10-\$12.65)	B/D
Electrolytes/Minerals/Vitamins, Oral		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1 (\$5.10-\$12.65)	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1 (\$5.10-\$12.65)	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1 (\$5.10-\$12.65)	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1 (\$5.10-\$12.65)	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1 (\$5.10-\$12.65)	
<i>m-natal plus oral tablet 27-1 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>potassium chloride cys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	Tier 1 (\$5.10-\$12.65)	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1 (\$5.10-\$12.65)	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1 (\$5.10-\$12.65)	
<i>potassium chloride oral packet 20 meq</i>	Tier 1 (\$5.10-\$12.65)	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 1 (\$5.10-\$12.65)	
<i>prenatal oral tablet 27-1 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>westab plus oral tablet 27-1 mg</i>	Tier 1 (\$5.10-\$12.65)	
Iv Nutrition		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	Tier 1 (\$5.10-\$12.65)	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	Tier 1 (\$5.10-\$12.65)	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Tier 1 (\$5.10-\$12.65)	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	Tier 1 (\$5.10-\$12.65)	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	Tier 1 (\$5.10-\$12.65)	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	Tier 1 (\$5.10-\$12.65)	B/D
<i>clinimix/dextrose (6/5) intravenous solution 6 %</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>clinimix/dextrose (8/10) intravenous solution 8 %</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>clinimix/dextrose (8/14) intravenous solution 8 %</i>	Tier 1 (\$5.10-\$12.65)	B/D
CLINISOL SF INTRAVENOUS SOLUTION 15 %	Tier 1 (\$5.10-\$12.65)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	Tier 1 (\$5.10-\$12.65)	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>dextrose intravenous solution 50 %, 70 %</i>	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 SOLUTION 15 %	Tier 1 (\$5.10-\$12.65)	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 1 (\$5.10-\$12.65)	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	Tier 1 (\$5.10-\$12.65)	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	Tier 1 (\$5.10-\$12.65)	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 1 (\$5.10-\$12.65)	B/D

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC		
Antiallergics		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1 (\$5.10-\$12.65)	
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	Tier 1 (\$5.10-\$12.65)	
Antiglaucoma		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>brinzolamide ophthalmic suspension 1 %</i>	Tier 1 (\$5.10-\$12.65)	ST
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1 (\$5.10-\$12.65)	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Tier 1 (\$5.10-\$12.65)	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 1 (\$5.10-\$12.65)	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1 (\$5.10-\$12.65)	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 1 (\$5.10-\$12.65)	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 1 (\$5.10-\$12.65)	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 1 (\$5.10-\$12.65)	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Tier 1 (\$5.10-\$12.65)	
Anti-Infective/Anti-Inflammatory		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1 (\$5.10-\$12.65)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1 (\$5.10-\$12.65)	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 1 (\$5.10-\$12.65)	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1 (\$5.10-\$12.65)	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 1 (\$5.10-\$12.65)	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1 (\$5.10-\$12.65)	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
Anti-Infectives		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>besifloxacin hcl ophthalmic suspension 0.6 %</i>	Tier 1 (\$5.10-\$12.65)	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 1 (\$5.10-\$12.65)	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Tier 1 (\$5.10-\$12.65)	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1 (\$5.10-\$12.65)	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 12 mL every 30 days
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 1 (\$5.10-\$12.65)	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 1 (\$5.10-\$12.65)	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1 (\$5.10-\$12.65)	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1 (\$5.10-\$12.65)	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1 (\$5.10-\$12.65)	
XDEMVI OPHTHALMIC SOLUTION 0.25 %	Tier 1 (\$5.10-\$12.65)	PA
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 1 (\$5.10-\$12.65)	
Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 1 (\$5.10-\$12.65)	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 1 (\$5.10-\$12.65)	
Miscellaneous		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1 (\$5.10-\$12.65)	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Tier 1 (\$5.10-\$12.65)	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 1 (\$5.10-\$12.65)	PA
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Tier 1 (\$5.10-\$12.65)	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 1 (\$5.10-\$12.65)	

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<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 1 (\$5.10-\$12.65)	
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 1 (\$5.10-\$12.65)	
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 1 (\$5.10-\$12.65)	
OTIC		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 1 (\$5.10-\$12.65)	
FLAC OTIC OIL 0.01 %	Tier 1 (\$5.10-\$12.65)	
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1 (\$5.10-\$12.65)	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1 (\$5.10-\$12.65)	
RESPIRATORY		
Anticholinergic/Beta Agonist Combinations		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 60 blisters every 30 days
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 1 inhaler every 30 days
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	Tier 1 (\$5.10-\$12.65)	QL; 1 inhaler every 30 days
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	Tier 1 (\$5.10-\$12.65)	QL; 4 inhalers every 28 days
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 1 inhaler every 30 days
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 2 inhalers every 30 days
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 60 blisters every 30 days
Anticholinergics		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 2 inhalers every 30 days
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 30 blisters every 30 days
<i>ipratropium bromide hfa inhalation aerosol solution 17 mcg/act</i>	Tier 1 (\$5.10-\$12.65)	QL; 2 inhalers every 30 days
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1 (\$5.10-\$12.65)	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 1 inhaler every 30 days
Antihistamines		
azelastine hcl nasal solution 0.1 %	Tier 1 (\$5.10-\$12.65)	
cetirizine hcl oral solution 5 mg/5ml	Tier 1 (\$5.10-\$12.65)	QL; 300 mL every 30 days
cyproheptadine hcl oral syrup 2 mg/5ml	Tier 1 (\$5.10-\$12.65)	PA
cyproheptadine hcl 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 syrup 10 mg/5ml	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 dihydrochloride oral solution 2.5 mg/5ml	Tier 1 (\$5.10-\$12.65)	QL; 300 mL every 30 days
levocetirizine dihydrochloride oral tablet 5 mg	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
Beta Agonists		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)	Tier 1 (\$5.10-\$12.65)	QL; 2 inhalers every 30 days
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	Tier 1 (\$5.10-\$12.65)	B/D
albuterol sulfate oral syrup 2 mg/5ml	Tier 1 (\$5.10-\$12.65)	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1 (\$5.10-\$12.65)	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Tier 1 (\$5.10-\$12.65)	B/D
levalbuterol tartrate inhalation aerosol 45 mcg/act	Tier 1 (\$5.10-\$12.65)	ST; QL; 2 inhalers every 30 days
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 60 inhalations every 30 days
terbutaline sulfate oral tablet 2.5 mg, 5 mg	Tier 1 (\$5.10-\$12.65)	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Tier 1 (\$5.10-\$12.65)	QL; 2 inhalers every 30 days
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Tier 1 (\$5.10-\$12.65)	QL; 6 inhalers every 30 days
Leukotriene Modulators		
montelukast sodium oral packet 4 mg	Tier 1 (\$5.10-\$12.65)	
montelukast sodium oral tablet 10 mg	Tier 1 (\$5.10-\$12.65)	
montelukast sodium 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 inhalation solution 10 %, 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

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Drug Name	Drug Tier	Requirements/Limits
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Tier 1 (\$5.10-\$12.65)	PA
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1 (\$5.10-\$12.65)	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 pen every 28 days
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 1 syringe every 28 days
KALYDECO ORAL 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
<i>nintedanib esylate oral capsule 100 mg, 150 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 caps 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 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
<i>pirfenidone oral capsule 267 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 270 caps every 30 days
<i>pirfenidone oral tablet 267 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 270 tabs every 30 days
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 90 tabs every 30 days
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 1 (\$5.10-\$12.65)	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 1 (\$5.10-\$12.65)	PA
<i>roflumilast oral tablet 250 mcg</i>	Tier 1 (\$5.10-\$12.65)	QL; 56 tabs every year
<i>roflumilast oral tablet 500 mcg</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 tabs every 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 56 tabs every 28 days
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1 (\$5.10-\$12.65)	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1 (\$5.10-\$12.65)	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 84 tabs every 28 days
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 56 packs every 28 days
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 pens every 28 days
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 pens every 28 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 syringes every 28 days

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XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 75 MG/0.5ML	Tier 1 (\$5.10-\$12.65)	PA; QL; 4 syringes every 28 days
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 1 (\$5.10-\$12.65)	PA; QL; 8 vials every 28 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	Tier 1 (\$5.10-\$12.65)	PA
Nasal Steroids		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1 (\$5.10-\$12.65)	QL; 3 bottles every 30 days
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1 (\$5.10-\$12.65)	QL; 1 bottle every 30 days
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Tier 1 (\$5.10-\$12.65)	PA; QL; 32 mL every 30 days
Steroid Inhalants		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 2 inhalers every 30 days
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 3 inhalers every 30 days
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 30 inhalations every 30 days
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1 (\$5.10-\$12.65)	B/D
Steroid/Beta-Agonist Combinations		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 1 inhaler every 30 days
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 3 inhalers every 30 days
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 1 (\$5.10-\$12.65)	QL; 60 blisters every 30 days
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 3 inhalers every 30 days
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Tier 1 (\$5.10-\$12.65)	QL; 3 inhalers every 30 days
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 3 inhalers every 30 days
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 inhalations every 30 days
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1 (\$5.10-\$12.65)	QL; 60 inhalations every 30 days
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

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Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 46.6 gm every 30 days
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1 (\$5.10-\$12.65)	PA
<i>clindamycin phos (once-daily) external gel 1 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 75 mL every 30 days
<i>clindamycin phos (twice-daily) external gel 1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 45 gm every 30 days
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 mL every 30 days
<i>clindamycin phosphate external solution 1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 mL every 30 days
<i>ery external pad 2 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 pledgets every 30 days
<i>erythromycin external gel 2 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
<i>erythromycin external solution 2 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 mL every 30 days
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
NEUAC EXTERNAL GEL 1.2-5 %	Tier 1 (\$5.10-\$12.65)	QL; 45 gm every 30 days
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 118 mL every 30 days
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 45 gm every 30 days
<i>tretinoin external gel 0.01 %, 0.025 %</i>	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		
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 gm every 30 days
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 gm every 30 days
<i>mupirocin external ointment 2 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 220 gm every 30 days
<i>silver sulfadiazine external cream 1 %</i>	Tier 1 (\$5.10-\$12.65)	
SSD EXTERNAL CREAM 1 %	Tier 1 (\$5.10-\$12.65)	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 1 (\$5.10-\$12.65)	QL; 453.6 gm every 30 days
Dermatology, Antifungals		
<i>ciclopirox external shampoo 1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 mL every 30 days
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 90 gm every 30 days
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 mL every 30 days
<i>clotrimazole external cream 1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 45 gm every 30 days
<i>clotrimazole external solution 1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 mL every 30 days
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 45 gm every 30 days
<i>econazole nitrate external cream 1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 85 gm every 30 days
<i>ketoconazole external cream 2 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
<i>ketoconazole external shampoo 2 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 mL every 30 days
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
<i>nystatin external cream 100000 unit/gm</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 gm every 30 days
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 gm every 30 days
<i>nystatin external powder 100000 unit/gm</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1 (\$5.10-\$12.65)	

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Dermatology, Antipsoriatics		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1 (\$5.10-\$12.65)	PA
<i>calcipotriene external cream 0.005 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 gm every 30 days
<i>calcipotriene external ointment 0.005 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 gm every 30 days
<i>calcipotriene external solution 0.005 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 mL every 30 days
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 gm every 30 days
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 gm every 30 days
PELLIX EXTERNAL SOLUTION 0.005 %	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 mL every 30 days
<i>tazarotene external cream 0.05 %, 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 gm every 30 days
Dermatology, Corticosteroids		
<i>ala-cort external cream 1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 mL every 30 days
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 mL every 30 days
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 mL every 30 days
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>clobetasol propionate external gel 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 236 mL every 30 days
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 100 mL every 30 days
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 1 (\$5.10-\$12.65)	QL; 236 mL every 30 days
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 118.28 mL every 30 days
<i>fluocinolone acetonide external cream 0.01 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
<i>fluocinolone acetonide external cream 0.025 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 mL every 30 days
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 118.28 mL every 30 days
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 120 gm every 30 days
<i>fluocinonide external gel 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days

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<i>fluocinonide external ointment 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
<i>fluocinonide external solution 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 mL every 30 days
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 50 gm every 30 days
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 50 gm every 30 days
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>hydrocortisone external ointment 1 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 gm every 30 days
<i>hydrocortisone external ointment 2.5 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
<i>mometasone furoate external cream 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>mometasone furoate external solution 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 454 gm every 30 days
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	
TRIDERM EXTERNAL CREAM 0.5 %	Tier 1 (\$5.10-\$12.65)	QL; 454 gm every 30 days
Dermatology, Local Anesthetics		
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 mL every 30 days
<i>lidocaine external ointment 5 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 50 gm every 30 days
<i>lidocaine external patch 5 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 3 patches every 1 day
<i>lidocaine hcl external solution 4 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 50 mL every 30 days
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 mL every 30 days
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1 (\$5.10-\$12.65)	B/D; QL; 30 gm every 30 days
LIDOCAN EXTERNAL PATCH 5 %	Tier 1 (\$5.10-\$12.65)	PA; QL; 3 patches every 1 day
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1 (\$5.10-\$12.65)	PA; QL; 3 patches every 1 day
Dermatology, Miscellaneous Skin And Mucous Membrane		
<i>ammonium lactate external cream 12 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>ammonium lactate external lotion 12 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>bexarotene external gel 1 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 gm every 30 days
<i>diclofenac sodium external solution 1.5 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 300 mL every 28 days
EUCRISA EXTERNAL OINTMENT 2 %	Tier 1 (\$5.10-\$12.65)	PA; QL; 120 gm every 30 days
<i>fluorouracil external cream 5 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 40 gm every 30 days
<i>fluorouracil external solution 2 %, 5 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 10 mL every 30 days
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>imiquimod external cream 5 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 24 packets every 30 days
<i>metronidazole external cream 0.75 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 45 gm every 30 days

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D
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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole external gel 0.75 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 45 gm every 30 days
<i>metronidazole external lotion 0.75 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 59 mL every 30 days
<i>nitroglycerin rectal ointment 0.4 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 30 gm every 30 days
PANRETIN EXTERNAL GEL 0.1 %	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 gm every 30 days
<i>pimecrolimus external cream 1 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 100 gm every 30 days
<i>podofilox external solution 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 7 mL every 28 days
PROCTOCORT EXTERNAL CREAM 1 %	Tier 1 (\$5.10-\$12.65)	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 1 (\$5.10-\$12.65)	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 1 (\$5.10-\$12.65)	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 1 (\$5.10-\$12.65)	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1 (\$5.10-\$12.65)	PA; QL; 100 gm every 30 days
VALCHLOR EXTERNAL GEL 0.016 %	Tier 1 (\$5.10-\$12.65)	PA; QL; 60 gm every 30 days
Dermatology, Scabicides And Pediculides		
<i>malathion external lotion 0.5 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 59 mL every 30 days
<i>permethrin external cream 5 %</i>	Tier 1 (\$5.10-\$12.65)	QL; 60 gm every 30 days
Dermatology, Wound Care Agents		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 1 (\$5.10-\$12.65)	PA; QL; 180 gm every 30 days
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>sterile water for irrigation irrigation solution</i>	Tier 1 (\$5.10-\$12.65)	
Mouth/Throat/Dental Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1 (\$5.10-\$12.65)	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1 (\$5.10-\$12.65)	QL; 150 lozenges every 30 days
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Tier 1 (\$5.10-\$12.65)	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1 (\$5.10-\$12.65)	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1 (\$5.10-\$12.65)	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 1 (\$5.10-\$12.65)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1 (\$5.10-\$12.65)	
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Last Updated: 9/28/2026

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**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 **9/28/2026**. 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.



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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).

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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>

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.



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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.

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ការយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ

សេវាជំនួយភាសាភតិកត្តាមានផ្តល់ជូនដល់អ្នក។ ក៏មានការផ្តល់ការគាំទ្រ

និងសេវាកម្មជំនួយសមស្របដោយភតិកត្តាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានផងដែរ។ 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.