FirstChoice VIP CARE®
by Select Health of South Carolina

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Lista de medicamentos cubiertos 2027

(*Lista de medicamentos* o Formulario)

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Esta *Lista de medicamentos* se actualizó con fecha 01/01/2027. Para obtener información más reciente o si tiene otras preguntas, llámenos al **1-888-996-0499 (TTY 711)**, de 8 a.m. a 8 p.m., de lunes a viernes, del 1.º de abril al 30 de septiembre, y del 1.º de octubre al 31 de marzo, de 8 a.m. a 8 p.m., los siete días de la semana, o visite **www.firstchoicevipcare.com**.

First Choice VIP Care (HMO D-SNP) | Listado de medicamentos cubiertos para 2027 (Lista de medicamentos o Formulario)

ATENCIÓN: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

ID del formulario 27184, n.º de versión: 7

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Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también conocido como *Lista de medicamentos*). Le indica qué medicamentos están cubiertos por First Choice VIP Care. La *Lista de medicamentos* también le informa si hay restricciones o normas especiales para algún medicamento cubierto por First Choice VIP Care. Los términos clave y sus definiciones están en el último capítulo del *Manual del Miembro*.

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A. Descargo de responsabilidad

Esta es una lista de los medicamentos que los miembros pueden obtener en First Choice VIP Care. First Choice VIP Care es un plan HMO D-SNP con un contrato con Medicare y un contrato con el programa South Carolina Healthy Connections Medicaid. La inscripción en First Choice VIP Care depende de la renovación del contrato.

- Siempre puede revisar la Lista de medicamentos cubiertos actualizada de First Choice VIP Care en línea en www.firstchoicevipcare.com o llamando a Servicios al Miembro al 1-888-996-0499 (TTY 711), los siete días de la semana de 8 a.m. a 8 p.m. La llamada es gratuita.
- Este documento está disponible de manera gratuita en español.
- Puede obtener este documento sin cargo en otros formatos, como impresión en letra grande, braille, o audio. Llame a Servicios al Miembro al 1-888-996-0499 (TTY 711), los siete días de la semana de 8 a.m. a 8 p.m. Esta llamada es gratuita.
- Puede solicitar recibir este documento, ahora y en el futuro, en un idioma distinto del inglés o en otro formato, llamando a Servicios al Miembro al 1-888-996-0499 (TTY 711), los siete días de la semana, de 8 a. m. a 8 p. m.
- También le preguntaremos cuál es su preferencia en nuestra llamada de bienvenida y, más adelante en el año, cuando se comunique con el plan.
- El plan registrará su solicitud y en el futuro le seguirá enviando los documentos en el idioma o formato que haya indicado, a menos que usted cancele o modifique su solicitud.
- Puede cancelar o cambiar su solicitud en cualquier momento, simplemente llamando a Servicios al Miembro. Esta llamada es gratuita.

B. Preguntas frecuentes (FAQ)

Encuentre aquí las respuestas a las preguntas que tiene sobre esta *Lista de medicamentos cubiertos (Lista de medicamentos).* Puede leer todas las preguntas frecuentes para aprender más o buscar una pregunta y su respuesta.

B1. ¿Qué medicamentos bajo receta están en la *Lista de medicamentos cubiertos*? (Para abreviar, llamamos "Lista de medicamentos" a la Lista de medicamentos cubiertos.)

Los medicamentos en la *Lista de medicamentos* que comienza en la **Sección C** son los medicamentos cubiertos por First Choice VIP Care. Los medicamentos están disponibles en las farmacias de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ella para trabajar con nosotros y prestarle servicios a usted. Nos referimos a estas farmacias como "farmacias de la red".

- First Choice VIP Care cubrirá todos los medicamentos que sean médicamente necesarios de la *Lista de medicamentos* si:
  - su médico u otro profesional que receta los medicamentos dice que usted los necesita para mejorar o mantener la salud;
  - First Choice VIP Care acepta que el medicamento es médicamente necesario para usted, **y**
  - usted obtiene el medicamento recetado en una farmacia de la red de First Choice VIP Care.
- En algunos casos, usted debe hacer algo antes de poder obtener el medicamento. Consulte la pregunta B4 para obtener más información.

También puede encontrar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en www.firstchoicevipcare.com o llamando al número que aparece al final de la página.

B2. ¿Alguna vez cambia la *Lista de medicamentos*?

Sí, y First Choice VIP Care debe seguir las normas de Medicare y South Carolina Healthy Connections Medicaid al momento de hacer los cambios. Es posible que sumemos o eliminemos medicamentos de la *Lista de medicamentos* durante el año.

También es posible que cambiemos nuestras normas sobre los medicamentos. Por ejemplo, podemos hacer lo siguiente:

- Decidir si un medicamento requiere o no requiere autorización previa. (La autorización previa es el permiso que otorga First Choice VIP Care antes de que usted pueda obtener un medicamento.)
- Agregar o cambiar la cantidad que puede obtener de un medicamento (llamado límites de cantidades).
- Agregar o cambiar las restricciones de la terapia escalonada sobre un medicamento. (Terapia escalonada significa que usted debe probar un medicamento antes de que cubramos otro medicamento.)

Para obtener más información sobre estas normas sobre los medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que estaba cubierto al **comienzo** del año, en general no retiraremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

- se lance al mercado un medicamento nuevo más barato que funcione tan bien como un medicamento que se encuentre en ese momento en la *Lista de medicamentos*, **o**
- nos enteremos de que un medicamento no es seguro, **o**
- se retire un medicamento del mercado.

Las preguntas B3 y B6 tienen más información sobre lo que sucede cuando se modifica la *Lista de medicamentos*.

- Siempre puede revisar la *Lista de medicamentos* actualizada de First Choice VIP Care en **www.firstchoicevipcare.com**. Las actualizaciones a la *Lista de medicamentos* se publican mensualmente en el sitio web.
- También puede llamar a Servicios al Miembro al número que aparece en la parte inferior de la página para consultar la *Lista de medicamentos* actual.

B3. ¿Qué sucede cuando hay un cambio en la *Lista de medicamentos*?

Algunos cambios en la *Lista de medicamentos* se aplican **inmediatamente**. Por ejemplo:

- **Sustitución por algunas versiones nuevas de medicamentos.** Es posible que retiremos inmediatamente los medicamentos de la *Lista de medicamentos* si los reemplazamos con determinadas versiones nuevas de dicho medicamento, pero el coste del nuevo medicamento aparecerá en el mismo nivel de costo compartido o uno inferior con menos o iguales restricciones. Cuando agregamos una nueva versión de un medicamento, también podemos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero cambiar sus reglas o límites de cobertura.
  - Es posible que no le informemos previamente sobre este cambio, pero le enviaremos información sobre el cambio específico que hemos realizado cuando suceda.
  - Solo podemos realizar estos cambios si el medicamento que añadimos:
    - es una nueva versión genérica de un medicamento de marca, o
    - es una cierta versión biosimilar nueva de los productos biológicos originales incluidos en la *Lista de medicamentos* (por ejemplo, añadir un biosimilar intercambiable que puede sustituir a un producto biológico original sin necesidad de una nueva receta).
    - Algunos de estos tipos de medicamentos podrían ser nuevos para usted. Para obtener más información, vaya a la **Sección B14.**
  - Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos a seguir para pedir la excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.
- **Eliminar los medicamentos no seguros y otros medicamentos que se retiran del mercado.** A veces, un medicamento puede considerarse no seguro o retirarse del mercado por otro motivo. Si esto sucede, es posible que lo eliminemos inmediatamente de la *Lista de medicamentos.* Si está tomando el medicamento, le enviaremos un aviso después de realizar el cambio. Comuníquese con su proveedor para decidir qué hacer.

Es posible que realicemos otros cambios que afecten a los medicamentos que usted toma. Le avisaremos con anticipación sobre estas modificaciones a la *Lista de medicamentos.* Estos cambios pueden ocurrir en los siguientes casos:

- La FDA brinda nuevas guías o surgen guías clínicas nuevas sobre un medicamento.
- Eliminamos un medicamento de marca de la *Lista de medicamentos* cuando añadimos un medicamento genérico que no es nuevo en el mercado, o
- Eliminamos un producto biológico original cuando añadimos un biosimilar, o
- Cambiamos las normas o límites de cobertura del medicamento de marca.

Cuando estos cambios ocurran:

- le informaremos al menos 30 días antes de que hagamos el cambio en la *Lista de medicamentos*, **o**
- le informaremos y le daremos un suministro del medicamento para 30 días después de que solicite un nuevo surtido.

Esto le dará tiempo para hablar con su médico u otro profesional que recete el medicamento.

Le ayudarán a decidir:

- si hay un medicamento similar en la *Lista de medicamentos* con el que pueda reemplazarlo, **o**
- si debe pedir una excepción a estos cambios. Para saber más sobre las excepciones, consulte las preguntas B10 – B12.

B4. ¿Existen restricciones o límites en la cobertura de medicamentos o se debe tomar alguna medida para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen normas sobre la cobertura o los límites de cantidad que usted puede obtener. En algunos casos, usted, su médico u otro profesional que receta el medicamento deben hacer algo antes de poder obtener el medicamento. Por ejemplo:

- **Autorización previa:** para algunos medicamentos, usted, su médico u otro profesional que receta el medicamento primero deben obtener la aprobación de First Choice VIP Care antes de poder surtir su receta. La autorización previa es diferente a la derivación. Es posible que First Choice VIP Care no cubra el medicamento si usted no obtiene la autorización previa.
- **Límites a la cantidad:** a veces, First Choice VIP Care limita la cantidad que usted puede obtener de un medicamento.
- **Terapia escalonada:** a veces, First Choice VIP Care requiere que usted realice una terapia escalonada. Esto significa que usted tendrá que probar medicamentos en un cierto orden para su enfermedad. Es posible que tenga que probar un medicamento antes de que nosotros cubramos otro medicamento. Si el médico que le ha recetado el medicamento cree que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Puede averiguar si su medicamento tiene algún requisito o límite adicional consultando las tablas de la **Sección C**. También puede obtener más información visitando nuestro sitio web **www.firstchoicevipcare.com**. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia.

Usted puede solicitar una excepción a estos límites. Esto le dará tiempo para hablar con su médico u otro profesional que recete el medicamento. Podrán ayudarlo a decidir si existe un medicamento similar en la *Lista de medicamentos* que puede tomar en su lugar o si solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que deseo tiene límites o si es necesario tomar medidas para obtener el medicamento?

La tabla de la sección titulada "Lista de medicamentos por afección/tipo de medicamento" tiene una columna denominada "Medidas necesarias, restricciones o límites de uso".

B6. ¿Qué sucede si First Choice VIP Care cambia sus normas sobre la forma en que cubren algunos medicamentos (por ejemplo, autorización previa, límites en la cantidad y/o restricciones de terapia escalonada)?

En algunos casos, le avisaremos previamente si agregamos o cambiamos una autorización previa, límites de cantidad y/o restricciones de terapia escalonada para un medicamento. Consulte la pregunta B3 para obtener más información sobre esta notificación previa y sobre situaciones en las que tal vez no podamos avisarle antes de cambiar nuestras normas sobre medicamentos de la *Lista de medicamentos*.

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos*?

Hay dos formas de encontrar un medicamento:

- Puede buscar alfabéticamente, **o**
- puede buscarlo por afección o tipo de medicamento.

Para buscar **alfabéticamente**, busque su medicamento o tipo de medicamento en el Índice de la sección Medicamentos cubiertos. Lo puede encontrar después de la *Lista de medicamentos* en la **Sección D**. El Índice de medicamentos cubiertos es una lista alfabética de todos los medicamentos incluidos en la *Lista de medicamentos*. Los medicamentos de marca y los medicamentos genéricos, así como otros medicamentos de venta libre (OTC) están incluidos en el Índice.

Para buscar por **afección**, busque la **Sección C1** titulada “Lista de medicamentos por afección”. Los medicamentos de esta sección están agrupados en categorías según el tipo

de afección que tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Agentes cardiovasculares. Ahí es donde encontrará los medicamentos que tratan las afecciones cardíacas.

B8. ¿Qué pasa si el medicamento que quiero tomar no está en la *Lista de medicamentos*?

Si no encuentra su medicamento en la Lista de medicamentos, llame a Servicios al Miembro al número que aparece al final de la página para consultar. Si usted se entera de que First Choice VIP Care no cubrirá el medicamento, puede hacer alguna de estas cosas:

- Pedirle a Servicios al Miembro una lista de los medicamentos como el que usted quiere tomar. Luego mostrarle la lista a su médico o a otro profesional que receta el medicamento. El profesional puede recetarle un medicamento de la *Lista de medicamentos* que sea como el que usted quiere tomar. **O**
- Solicitar a First Choice VIP Care que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué sucede si soy un miembro nuevo de First Choice VIP Care y no puedo encontrar mi medicamento en la *Lista de medicamentos* o tengo problemas para obtener mi medicamento?

Podemos ayudar. Podemos cubrir temporalmente un suministro de 30 días de su medicamento durante los primeros 90 días en que usted sea miembro de First Choice VIP Care. Esto le dará tiempo para hablar con su médico u otro profesional que recete el medicamento. Podrán ayudarlo a decidir si existe un medicamento similar en la *Lista de medicamentos* que puede tomar en su lugar o si solicitar una excepción.

Si su receta es por menos días, permitiremos varias recargas para proporcionar hasta un máximo de 30 días de medicamento.

Cubriremos un suministro de 30 días de su medicamento si:

- está tomando un medicamento que no está en nuestra *Lista de medicamentos*, **o**
- nuestras normas del plan no le dejan obtener la cantidad indicada por su médico, **o**
- el medicamento requiere la autorización previa de First Choice VIP Care, **o**
- está tomando un medicamento que es parte de una restricción de terapia escalonada.

Si está en un hogar de ancianos o en otro centro médico de atención a largo plazo y necesita un medicamento que no está en la *Lista de medicamentos* o si no puede conseguir fácilmente el medicamento que necesita, podemos ayudarlo. Si ha estado en el plan por más de 90 días, vive en un centro médico de atención a largo plazo y necesita un medicamento de forma inmediata:

- Cubriremos un suministro de 31 días del medicamento que necesita (a menos que tenga una receta para menos días), sea o no miembro nuevo de First Choice VIP Care.
- Esto se suma al suministro temporal durante los primeros 90 días en que sea miembro de First Choice VIP Care.
- Un cambio del Nivel de atención sucede cuando usted cambia de un hospital a un centro médico de atención a largo plazo o de un hospital a su hogar. Si hace un cambio de Nivel de atención, es posible que pueda recibir un suministro temporal de un medicamento que no esté en el formulario (un medicamento que no esté en la *Lista de medicamentos*) o un medicamento que tenga normas especiales de cobertura.

Si necesita ayuda para obtener un medicamento de transición, pídale a la farmacia que llame a nuestros Servicios de farmacia para Miembros al **1-833-809-3767**, las 24 horas del día, los siete días de la semana.

B10. ¿Puedo pedir una excepción para cubrir mi medicamento?

Sí. Usted puede pedirle a First Choice VIP Care que haga una excepción para cubrir un medicamento que no está en la *Lista de medicamentos*.

También puede pedirnos que cambiemos las normas sobre su medicamento.

- Por ejemplo, First Choice VIP Care puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, usted puede pedirnos que cambiemos el límite y que cubramos más.
- Otros ejemplos: Puede solicitarnos que no apliquemos las restricciones de terapia escalonada o requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a Servicios al Miembro al número que aparece al final de la página.
Un representante de Servicios al Miembro trabajará con usted y quien le receta el medicamento para ayudarlos a solicitar una excepción. También puede leer el **Capítulo 9, Sección G2** del *Manual del Miembro* para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo lleva obtener una excepción?

Después de recibir una declaración del profesional que le receta el medicamento en apoyo de su solicitud de excepción, le informaremos de nuestra decisión en un plazo de 72 horas. Para obtener más información sobre cómo presentar su solicitud de excepción, llame al Servicios al Miembro al número que aparece al final de la página.

Si usted o el profesional que receta el medicamento creen que su salud podría verse afectada si tiene que esperar 72 horas por una decisión, puede pedir una excepción acelerada. Esta es una decisión más rápida. Si el profesional que receta el medicamento respalda su solicitud, le haremos conocer la decisión dentro de las 24 horas de recibir el informe del profesional que receta el medicamento.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos se hacen con los mismos ingredientes activos que los medicamentos de marca. En general, cuestan menos que los medicamentos de marca y tienen la misma eficacia. A menudo, no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos suelen poder sustituir a los de marca en la farmacia sin necesidad de una nueva receta dependiendo de las leyes estatales.

First Choice VIP Care cubre tanto medicamentos de marca como genéricos.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

Cuando nos referimos a medicamentos, podría tratarse de un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de contar con un genérico, hay formas que se denominan biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las legislaciones estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una receta nueva, al igual que los medicamentos genéricos pueden sustituirse por los de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el Capítulo 5 de su *Manual del Miembro.*

B15. ¿First Choice VIP Care cubre el suministro de recetas médicas a largo plazo?

- **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener un suministro de hasta 90 días de sus medicamentos enviados directamente a su hogar.
- **Programas de farmacias minoristas para suministros de 90 días.** Algunas farmacias mayoristas pueden ofrecer un suministro de hasta 90 días de medicamentos cubiertos.

B16. ¿La farmacia local puede enviarme los medicamentos a mi hogar?

Su farmacia local podría enviarle los medicamentos a su hogar. Puede llamar a su farmacia para averiguar si ofrecen envío a domicilio.

B17. ¿Cuál es mi copago?

Con First Choice VIP Care los miembros tienen copagos por medicamentos bajo receta siempre que el miembro siga las reglas del plan.

Los niveles son grupos de medicamentos de nuestra *Lista de medicamentos*.

- Nivel 1: Genérico preferido: $0
- Nivel 2: Genérico: $10/$20/$30
- Nivel 3: Medicamento de marca preferido: 25%
- Nivel 4: Medicamentos no preferidos: 25%
- Nivel 5*: Medicamentos de especialidad: 25%

* suministro de 60/90 días no disponible en el Nivel 5

Si tiene alguna pregunta, llame a Servicios al Miembro a los números que figuran al final de esta página.

C. Descripción general del Listado de medicamentos cubiertos

La *Lista de medicamentos cubiertos* le brinda información sobre los medicamentos que cubre First Choice VIP Care. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la **Sección D**. El índice enumera alfabéticamente todos los medicamentos cubiertos por First Choice VIP Care.

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

La información en la columna "Medidas necesarias, restricciones o límites de uso" le indica si First Choice VIP Care tiene normas para cubrir su medicamento.

A continuación, se explican los códigos usados en la columna "Medidas necesarias, restricciones o límites de uso":

B/D PA: este medicamento bajo receta puede estar cubierto por el beneficio médico o de farmacia, según cómo se use. La farmacia se comunicará con el plan médico y su proveedor para determinar si el medicamento debe ser autorizado bajo su cobertura médica o su cobertura de farmacia.

QL: límite de cantidad. Para ciertos medicamentos, limitamos la cantidad del medicamento que usted puede recibir. Por ejemplo, el plan puede limitar la cantidad de veces que puede recargar una determinada medicación o la cantidad de medicación que puede recibir cada vez que surte una receta. Por ejemplo, si en general no se considera seguro tomar más de un comprimido por día de cierto medicamento, podemos limitar la cobertura de su receta a no más de un comprimido por día.

ST: terapia escalonada. En algunos casos, First Choice VIP Care requiere que usted pruebe primero ciertos medicamentos para tratar su afección antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección, es posible que First Choice VIP Care no cubra el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no funciona para usted, First Choice VIP Care entonces cubrirá el medicamento B.

ST NSO: Terapia escalonada solo para el inicio del tratamiento. En algunos casos, First Choice VIP Care requiere que usted pruebe primero ciertos medicamentos para tratar su afección antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección, es posible que First Choice VIP Care no cubra el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no funciona para usted, First Choice VIP Care entonces cubrirá el medicamento B.

PA: autorización previa. First Choice VIP Care requiere que usted o su médico obtengan la autorización previa para ciertos medicamentos. Esto significa que usted necesitará conseguir la aprobación de First Choice VIP Care antes de surtir sus recetas médicas. Es posible que First Choice VIP Care no cubra el medicamento si usted no obtiene la aprobación.

PA NSO: Autorización previa solo para el inicio del tratamiento. First Choice VIP Care requiere que usted o su médico obtengan la autorización previa para ciertos medicamentos. Esto significa que usted necesitará conseguir la aprobación de First Choice VIP Care antes de surtir sus recetas médicas. Es posible que First Choice VIP Care no cubra el medicamento si usted no obtiene la aprobación.

NDS: Este medicamento está limitado a un suministro de 30 días.

C1. Lista de medicamentos por afección

Los medicamentos de esta sección están agrupados en categorías según el tipo de afección que tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Agentes cardiovasculares. Ahí es donde encontrará los medicamentos que tratan las afecciones cardíacas.

Clasificación de medicamento bajo receta	Afección
Analgésicos	**Tratamiento del dolor**
Anestésicos	**Tratamiento local del dolor**
Agentes para tratar adicciones/ consumo de sustancias tóxicas	**Tratamiento de trastornos causados por el consumo de sustancias tóxicas**
Antibacterianos	**Tratamiento de infecciones bacterianas**
Anticonvulsivos	**Tratamiento de convulsiones**
Agentes para tratar la demencia	**Tratamiento de la demencia**
Antidepresivos	**Tratamiento de la depresión**
Antieméticos	**Tratamiento de vómitos o náuseas**
Antimicóticos	**Tratamiento de infecciones fúngicas o candidiasis**
Agentes para la gota	**Tratamiento o prevención de artritis gotosa**
Agentes antiinflamatorios	**Tratamiento de la inflamación**
Agentes para la migraña	**Tratamiento de la migraña**
Agentes contra la miastenia	**Tratamiento de la miastenia**
Antimicobacterianos	**Tratamiento de infecciones por organismos tipo tuberculosis**
Antineoplásicos	**Tratamiento del cáncer**
Antiparasitarios	**Tratamiento de infecciones parasitarias**
Agentes antiparkinsonianos	**Tratamiento de la enfermedad de Parkinson**

Clasificación de medicamento bajo receta	Afección
Antipsicóticos	**Tratamiento de trastornos del comportamiento y emocionales**
Agentes antiespasmódicos	**Tratamiento de espasmos musculares**
Antivirales	**Tratamiento de infecciones víricas**
Ansiolíticos	**Tratamiento de la ansiedad o el nerviosismo**
Agentes para el trastorno bipolar	**Tratamiento del trastorno bipolar**
Reguladores de glucosa en sangre	**Control de la diabetes**
Hemoderivados/modificadores/ expansores del volumen sanguíneo	**Prevención de coagulación y aumento de producción de células sanguíneas**
Agentes cardiovasculares	**Tratamiento de enfermedades cardíacas y de los vasos sanguíneos**
Agentes para el sistema nervioso central	**Tratamiento de trastornos cerebrales y de la columna vertebral**
Agentes odontológicos y bucales	**Tratamiento de enfermedades bucales y de las encías**
Agentes dermatológicos	**Tratamiento de enfermedades de la piel**
Suministros para la diabetes	**Suministros usados para tratar la diabetes**
Reemplazo/modificadores de enzimas	**Medicamentos para reemplazar la carencia o deficiencia de la producción de enzimas**
Agentes gastrointestinales	**Tratamiento de enfermedades estomacales e intestinales**
Agentes genitourinarios	**Tratamiento de enfermedades de las vías urinarias y de la próstata**
Agentes hormonales, estimulantes/ reemplazantes/ modificadores (suprarrenales)	**Tratamiento de afecciones que requieren esteroides**

Clasificación de medicamento bajo receta	Afección
Medicamentos hormonales, estimulantes/ reemplazantes/ modificadores (pituitaria)	**Tratamiento de afecciones de la glándula pituitaria (hipófisis)**
Agentes hormonales, estimulantes/ reemplazantes/modificadores (hormonas sexuales/modificadores)	**Para el reemplazo o modificación de hormonas sexuales**
Agentes hormonales, estimulantes/ reemplazantes/ modificadores (tiroides)	**Tratamiento de enfermedades de la tiroides**
Agentes hormonales, supresores (suprarrenales)	**Tratamiento del cáncer de glándulas suprarrenales no operable**
Agentes hormonales, supresores (paratiroides)	**Tratamiento de enfermedades de la paratiroides**
Agentes hormonales, supresores (hipófisis)	**Tratamiento o modificación de la secreción de la hormona hipofisaria**
Agentes hormonales, supresores (tiroides)	**Tratamiento del hipertiroidismo**
Agentes inmunológicos	**Medicamentos que alteran el sistema inmunológico, incluso vacunas**
Agentes para enfermedades inflamatorias intestinales	**Tratamiento de la colitis ulcerosa o la enfermedad de Crohn**
Agentes para la osteopatía metabólica	**Tratamiento de osteopatías, incluso osteoporosis**
Agentes oftalmológicos	**Tratamiento de enfermedades oculares**
Agentes para enfermedades del oído	**Tratamiento de enfermedades del oído**
Agentes para las vías respiratorias	**Tratamiento de enfermedades respiratorias**
Agentes para los pulmones/ vías respiratorias	**Tratamiento de enfermedades respiratorias**

Clasificación de medicamento bajo receta	Afección
Relajantes del músculo esquelético	**Tratamiento de la tensión muscular**
Agentes para trastornos del sueño	**Tratamiento del insomnio**
Nutrientes/minerales/electrolitos terapéuticos	**Reemplazo o suplemento de minerales, nutrientes y vitaminas**

First Choice VIP Care (HMO D-SNP)

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
acetaminophen-codeine oral solution	3	
acetaminophen-codeine oral tablet	2	
buprenorphine transdermal patch weekly	4	QL (4 EA per 28 days)
celecoxib oral capsule	2	QL (60 EA per 30 days)
diclofenac potassium oral tablet 50 mg	3	
diclofenac sodium er oral tablet extended release 24 hour	3	
diclofenac sodium external solution 1.5 %	4	PA; QL (300 ML per 30 days)
diclofenac sodium oral tablet delayed release	2	
ec-naproxen oral tablet delayed release 375 mg	2	
ec-naproxen oral tablet delayed release 500 mg	4	
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	3	
endocet oral tablet 5-325 mg	2	
etodolac oral capsule	3	
etodolac oral tablet	3	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	
flurbiprofen oral tablet	2	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	3	
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	
hydromorphone hcl injection solution 2 mg/ml, 4 mg/ml	4	
hydromorphone hcl oral tablet 2 mg, 4 mg	2	
hydromorphone hcl oral tablet 8 mg	4	
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	4	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er oral capsule extended release	3	
indomethacin oral capsule	2	

Drug Name	Drug Tier	Requirements/Limits
JOURNAVX ORAL TABLET	4	QL (30 EA per 90 days)
ketorolac tromethamine +rfid injection solution	4	
ketorolac tromethamine injection solution 15 mg/ml	4	
ketorolac tromethamine intramuscular solution 60 mg/2ml	4	
ketorolac tromethamine oral tablet	4	QL (20 EA per 30 days)
ketorolac tromethamine solution 30 mg/ml injection	4	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	4	
meloxicam oral tablet	1	
methadone hcl intensol oral concentrate	3	
methadone hcl oral concentrate	3	
methadone hcl oral solution	3	
methadone hcl oral tablet	2	
morphine sulfate (concentrate) oral solution 100 mg/5ml	3	
morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml	2	
morphine sulfate er oral tablet extended release	3	
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml	2	
morphine sulfate oral solution	3	
morphine sulfate oral tablet	3	
nabumetone oral tablet	2	
naproxen dr oral tablet delayed release	4	
naproxen oral tablet	1	
naproxen oral tablet delayed release 375 mg	2	
naproxen oral tablet delayed release 500 mg	4	
naproxen sodium oral tablet 275 mg, 550 mg	3	
oxaprozin oral tablet	3	
oxycodone hcl oral solution	3	
oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg	2	
oxycodone hcl oral tablet 20 mg, 30 mg	3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	3	
oxycodone-acetaminophen oral tablet 5-325 mg	2	

Drug Name	Drug Tier	Requirements/Limits
piroxicam oral capsule	3	
sulindac oral tablet	2	
tramadol hcl oral tablet 50 mg	1	
tramadol-acetaminophen oral tablet	2	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	
Anesthetics		
lidocaine external ointment 5 %	3	PA; QL (150 GM per 30 days)
lidocaine external patch 5 %	4	PA; QL (90 EA per 30 days)
lidocaine-prilocaine external cream	2	PA; QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium oral tablet delayed release	4	
buprenorphine hcl sublingual tablet sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	3	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
bupropion hcl er (smoking det) oral tablet extended release 12 hour	2	QL (60 EA per 30 days)
disulfiram oral tablet	3	
KLOXXADO NASAL LIQUID	4	
naloxone hcl injection solution	2	
naloxone hcl injection solution cartridge	2	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	3	
naltrexone hcl oral tablet	2	
NICOTROL NS NASAL SOLUTION	4	QL (360 ML per 365 days)
OPVEE NASAL SOLUTION	3	
REXTOVY NASAL LIQUID	4	
varenicline tartrate (starter) oral tablet therapy pack	4	QL (504 EA per 365 days)
varenicline tartrate oral tablet	4	QL (504 EA per 365 days)
varenicline tartrate(continue) oral tablet	4	QL (504 EA per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	NDS
Antibacterials		
ALCOHOL PREP PAD 70 %	3	
ALCOHOL PREP PADS PAD , 70 %	3	

Drug Name	Drug Tier	Requirements/Limits
amikacin sulfate injection solution	4	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable	2	
amoxicillin trihydrate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour	4	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	4	
amoxicillin-potassium clavulanate oral tablet 250-125 mg	4	
amoxicillin-potassium clavulanate oral tablet 500-125 mg, 875-125 mg	2	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg	2	
amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg	2	
ampicillin oral capsule	2	
ampicillin sodium injection solution reconstituted	3	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	3	
ampicillin-sulbactam sodium injection solution reconstituted	3	
ampicillin-sulbactam sodium intravenous solution reconstituted	3	
ARIKAYCE INHALATION SUSPENSION	5	PA; QL (235.2 ML per 28 days); NDS
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	4	
AUM ALCOHOL PREP PADS PAD	3	
azithromycin intravenous solution reconstituted	3	
azithromycin oral suspension reconstituted	2	
azithromycin oral tablet	1	
aztreonam injection solution reconstituted	4	

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
cefaclor oral capsule	2	
cefaclor oral suspension reconstituted	4	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	4	
cefazolin sodium intravenous solution reconstituted	4	
cefdinir oral capsule	2	
cefdinir oral suspension reconstituted	2	
cefepime hcl injection solution reconstituted	4	
cefepime hcl intravenous solution	4	
cefepime hcl intravenous solution reconstituted	4	
cefepime-dextrose intravenous solution reconstituted	4	
cefixime oral capsule	4	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED	2	
cefotetan disodium injection solution reconstituted	4	
cefoxitin sodium intravenous solution reconstituted	3	
cefpodoxime proxetil oral suspension reconstituted	3	
cefpodoxime proxetil oral tablet	4	
cefprozil oral suspension reconstituted	3	
cefprozil oral tablet	2	
ceftaroline fosamil intravenous solution reconstituted	5	NDS
ceftazidime injection solution reconstituted	3	
ceftazidime intravenous solution reconstituted	3	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	3	
ceftriaxone sodium intravenous solution reconstituted 10 gm	3	
cefuroxime axetil oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
cefuroxime sodium injection solution reconstituted	3	
cefuroxime sodium intravenous solution reconstituted	3	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
ciprofloxacin hcl oral tablet	1	
ciprofloxacin in d5w intravenous solution	3	
clarithromycin er oral tablet extended release 24 hour	4	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
clindacin etz external swab	3	QL (69 EA per 30 days)
clindacin-p external swab	3	QL (69 EA per 30 days)
clindamycin hcl oral capsule	2	
clindamycin palmitate hcl oral solution reconstituted	4	
clindamycin phosphate external swab	3	QL (69 EA per 30 days)
clindamycin phosphate injection solution	3	
clindamycin phosphate vaginal cream	4	
colistimethate sodium (cba) injection solution reconstituted	4	
daptomycin intravenous solution reconstituted	4	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	4	
demeclocycline hcl oral tablet	4	
dicloxacillin sodium oral capsule	3	
doxycycline hyclate intravenous solution reconstituted	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	4	
doxycycline monohydrate oral tablet 100 mg, 50 mg	2	
doxycycline monohydrate oral tablet 150 mg, 75 mg	3	

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE ALCOHOL PREP PAD	3	
ertapenem sodium injection solution reconstituted	4	
erythromycin base oral tablet delayed release	4	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	4	
erythromycin oral tablet delayed release	4	
fidaxomicin oral tablet	5	QL (20 EA per 10 days); NDS
fosfomycin tromethamine oral packet	4	
gentamicin sulfate external cream	3	
gentamicin sulfate external ointment	3	
gentamicin sulfate injection solution	3	
GOODSENSE ALCOHOL SWABS PAD	3	
HUMATIN ORAL CAPSULE	5	NDS
imipenem-cilastatin intravenous solution reconstituted	3	
IMPAVIDO ORAL CAPSULE	5	NDS
levofloxacin in d5w intravenous solution	4	
levofloxacin intravenous solution	4	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
linezolid intravenous solution	4	
linezolid oral suspension reconstituted	5	QL (1800 ML per 28 days); NDS
linezolid oral tablet	4	QL (56 EA per 28 days)
meropenem intravenous solution reconstituted	3	
methenamine hippurate oral tablet	4	
metronidazole intravenous solution	2	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel	3	
minocycline hcl oral capsule	3	
moxifloxacin hcl in nacl intravenous solution	4	
moxifloxacin hcl oral tablet	3	
nafcillin sodium injection solution reconstituted	4	
nafcillin sodium intravenous solution reconstituted	4	
neomycin sulfate oral tablet	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin monohydrate macrocrystals oral capsule	2	
penicillin g sodium injection solution reconstituted	5	NDS
penicillin v potassium oral solution reconstituted	2	
penicillin v potassium oral tablet	2	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	QL (6 EA per 30 days); NDS
SIVEXTRO ORAL TABLET	5	QL (6 EA per 30 days); NDS
streptomycin sulfate intramuscular solution reconstituted	5	QL (60 EA per 30 days); NDS
sulfadiazine oral tablet	5	NDS
sulfamethoxazole-trimethoprim oral suspension	3	
sulfamethoxazole-trimethoprim oral tablet	1	
tazicef injection solution reconstituted	3	
tazicef intravenous solution reconstituted	3	
tetracycline hcl oral capsule	3	
tigecycline intravenous solution reconstituted	4	
tinidazole oral tablet	4	
tobramycin sulfate injection solution	4	
tobramycin sulfate injection solution reconstituted	4	
trimethoprim oral tablet	2	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 500 mg, 750 mg	3	
vancomycin hcl oral capsule 125 mg	4	QL (120 EA per 30 days)
vancomycin hcl oral capsule 250 mg	4	QL (240 EA per 30 days)
Anticonvulsants		
brivaracetam oral solution	4	PA NSO; QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg	4	PA NSO
brivaracetam oral tablet 100 mg, 25 mg, 50 mg, 75 mg	4	PA NSO; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour	4	

Drug Name	Drug Tier	Requirements/Limits
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral suspension	3	
carbamazepine oral tablet	3	
carbamazepine oral tablet chewable	2	
clobazam oral suspension 2.5 mg/ml	4	QL (480 ML per 30 days)
clobazam oral tablet	4	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	4	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	4	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE	5	PA NSO; NDS
DIACOMIT ORAL PACKET	5	PA NSO; NDS
diazepam rectal gel 10 mg	4	QL (5 EA per 30 days)
diazepam rectal gel 2.5 mg, 20 mg	4	
DILANTIN ORAL CAPSULE 30 MG	4	
divalproex sodium er oral tablet extended release 24 hour	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	2	
EPIDIOLEX ORAL SOLUTION	5	PA NSO; NDS
eslicarbazepine acetate oral tablet 200 mg	4	QL (30 EA per 30 days)
eslicarbazepine acetate oral tablet 400 mg	4	
eslicarbazepine acetate oral tablet 600 mg, 800 mg	4	QL (60 EA per 30 days)
ethosuximide oral capsule	3	
ethosuximide oral solution	3	
felbamate oral suspension	4	
felbamate oral tablet	4	
FINTEPLA ORAL SOLUTION	5	PA NSO; QL (360 ML per 30 days); NDS
gabapentin oral capsule 100 mg, 300 mg	1	QL (360 EA per 30 days)
gabapentin oral capsule 200 mg	5	PA NSO
gabapentin oral capsule 400 mg	1	QL (270 EA per 30 days)
gabapentin oral solution	4	QL (2160 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
gabapentin oral tablet 600 mg	2	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	2	QL (150 EA per 30 days)
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	4	
lacosamide oral tablet	4	
lamotrigine er oral tablet extended release 24 hour	4	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	2	
lamotrigine starter kit-blue oral kit	4	
lamotrigine starter kit-green oral kit	4	
lamotrigine starter kit-orange oral kit	4	
levetiracetam er oral tablet extended release 24 hour	3	
levetiracetam oral solution	2	
levetiracetam oral tablet	2	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	QL (60 EA per 30 days)
methsuximide oral capsule	4	
NAYZILAM NASAL SOLUTION	4	QL (10 EA per 30 days)
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
perampanel oral suspension	5	NDS
perampanel oral tablet	4	QL (30 EA per 30 days)
phenobarbital oral elixir	4	
phenobarbital oral tablet	4	
phenytek oral capsule	2	
phenytoin infatabs oral tablet chewable	2	
phenytoin oral suspension 125 mg/5ml	2	
phenytoin oral tablet chewable	2	
phenytoin sodium extended oral capsule	2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	2	QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	2	QL (60 EA per 30 days)
pregabalin oral solution	4	QL (900 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
primidone oral tablet	2	
roweepra oral tablet	2	
rufinamide oral suspension	5	NDS
rufinamide oral tablet 200 mg	4	
rufinamide oral tablet 400 mg	5	NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	QL (60 EA per 30 days)
SUBVENITE ORAL SUSPENSION	4	
subvenite oral tablet	1	
subvenite starter kit-blue oral kit	4	
subvenite starter kit-green oral kit	4	
subvenite starter kit-orange oral kit	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	NDS
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
tiagabine hcl oral tablet	4	
topiramate oral capsule sprinkle	3	
topiramate oral solution 25 mg/ml	4	
topiramate oral tablet	1	
valproic acid oral capsule	2	
valproic acid oral solution	2	
VALTOCO 10 MG DOSE NASAL LIQUID	5	QL (10 EA per 30 days); NDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days); NDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days); NDS
VALTOCO 5 MG DOSE NASAL LIQUID	5	QL (10 EA per 30 days); NDS
vigabatrin oral packet	5	PA NSO; NDS
vigabatrin oral tablet	5	PA NSO; QL (180 EA per 30 days); NDS
VIGADRONE ORAL PACKET	5	PA NSO; NDS
VIGADRONE ORAL TABLET	5	PA NSO; QL (180 EA per 30 days); NDS
VIGAFYDE ORAL SOLUTION	5	PA NSO; NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA NSO; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA NSO; QL (60 EA per 30 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 150 MG & 14 X200 MG	5	PA NSO; QL (56 EA per 28 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA NSO; QL (56 EA per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG	5	PA NSO; QL (56 EA per 365 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 150 & 200 MG	5	PA NSO; NDS
ZONISADE ORAL SUSPENSION	4	ST NSO
zonisamide oral capsule	2	
ZTALMY ORAL SUSPENSION	5	PA NSO; NDS
Antidementia Agents		
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	4	
donepezil hcl oral tablet dispersible	2	
galantamine hydrobromide er oral capsule extended release 24 hour	4	
galantamine hydrobromide oral solution	4	
galantamine hydrobromide oral tablet	4	
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (10 ML per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (7.2 ML per 28 days); NDS
memantine hcl er oral capsule extended release 24 hour	4	QL (30 EA per 30 days)
memantine hcl oral tablet	2	
rivastigmine tartrate oral capsule	4	
rivastigmine transdermal patch 24 hour	4	
Antidepressants		
amitriptyline hcl oral tablet	3	
amoxapine oral tablet	4	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	QL (60 EA per 30 days)
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK	4	QL (102 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	2	QL (90 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	2	QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	2	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg	2	QL (120 EA per 30 days)
bupropion hcl oral tablet 75 mg	2	QL (180 EA per 30 days)
citalopram hydrobromide oral solution	4	QL (600 ML per 30 days)
citalopram hydrobromide oral tablet	1	QL (30 EA per 30 days)
clomipramine hcl oral capsule	4	
desipramine hcl oral tablet	4	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	2	QL (120 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	2	QL (30 EA per 30 days)
doxepin hcl oral capsule	3	
doxepin hcl oral concentrate	4	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg	2	QL (30 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	2	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST NSO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST NSO; QL (56 EA per 365 days)
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	4	
fluvoxamine maleate oral tablet	2	
imipramine hcl oral tablet	4	
MARPLAN ORAL TABLET	4	
mirtazapine oral tablet	2	
mirtazapine oral tablet dispersible	3	
nefazodone hcl oral tablet	4	
nortriptyline hcl oral capsule	2	
nortriptyline hcl oral solution	4	
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
phenelzine sulfate oral tablet	3	
protriptyline hcl oral tablet	4	
RALDESY ORAL SOLUTION	4	
sertraline hcl oral concentrate	3	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA NSO; NDS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA NSO; NDS
tranylcypromine sulfate oral tablet	4	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trimipramine maleate oral capsule	4	
TRINTELLIX ORAL TABLET	4	QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour	2	
venlafaxine hcl oral tablet	2	
vilazodone hcl oral tablet	4	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; QL (28 EA per 14 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; QL (14 EA per 14 days); NDS

Drug Name	Drug Tier	Requirements/Limits
Antiemetics		
aprepitant oral capsule 125 mg	5	B/D PA; QL (2 EA per 30 days); NDS
aprepitant oral capsule 40 mg	4	B/D PA; QL (1 EA per 30 days)
aprepitant oral capsule 80 mg	4	B/D PA; QL (8 EA per 30 days)
aprepitant oral capsule therapy pack	4	B/D PA; QL (6 EA per 30 days)
COMPRO RECTAL SUPPOSITORY	4	
dronabinol oral capsule	4	PA; QL (60 EA per 30 days)
meclizine hcl oral tablet 12.5 mg, 25 mg	4	
ondansetron hcl oral solution 4 mg/5ml	4	B/D PA; QL (450 ML per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2	B/D PA
prochlorperazine maleate oral tablet	2	
prochlorperazine rectal suppository	4	
promethazine hcl oral solution	3	PA
promethazine hcl oral tablet	2	PA
promethazine hcl rectal suppository	4	PA
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	4	PA
scopolamine transdermal patch 72 hour	4	
Antifungals		
amphotericin b intravenous solution reconstituted	4	B/D PA
amphotericin b liposome intravenous suspension reconstituted	5	B/D PA; NDS
caspofungin acetate intravenous solution reconstituted	4	
clotrimazole external cream	2	QL (90 GM per 30 days)
clotrimazole external solution	2	QL (60 ML per 30 days)
clotrimazole mouth/throat troche	3	
CRESEMBA ORAL CAPSULE 186 MG	5	PA; QL (70 EA per 30 days); NDS
CRESEMBA ORAL CAPSULE 74.5 MG	5	PA; QL (175 EA per 30 days); NDS
econazole nitrate external cream	2	QL (85 GM per 30 days)
fluconazole in sodium chloride intravenous solution	3	
fluconazole oral suspension reconstituted	3	
fluconazole oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
flucytosine oral capsule	5	NDS
griseofulvin microsize oral suspension	4	
griseofulvin microsize oral tablet	4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
itraconazole oral capsule	4	PA
JUBLIA EXTERNAL SOLUTION	5	NDS
ketoconazole external cream	2	QL (90 GM per 30 days)
ketoconazole external shampoo	2	QL (120 ML per 30 days)
ketoconazole oral tablet	2	
klayesta external powder	2	QL (120 GM per 30 days)
micafungin sodium intravenous solution reconstituted	4	
nyamyc external powder 100000 unit/gm	2	QL (120 GM per 30 days)
nystatin external cream	2	QL (60 GM per 30 days)
nystatin external ointment	2	QL (60 GM per 30 days)
nystatin external powder	2	QL (120 GM per 30 days)
nystatin mouth/throat suspension	2	
nystatin oral tablet	3	
nystop external powder	2	QL (120 GM per 30 days)
posaconazole oral suspension	5	PA; QL (600 ML per 30 days); NDS
posaconazole oral tablet delayed release	5	PA; QL (93 EA per 30 days); NDS
terbinafine hcl oral tablet	2	QL (84 EA per 180 days)
terconazole vaginal cream	3	
voriconazole intravenous solution reconstituted	4	PA
voriconazole oral suspension reconstituted	5	QL (600 ML per 30 days); NDS
voriconazole oral tablet 200 mg	4	QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	4	QL (480 EA per 30 days)
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet	3	
colchicine-probenecid oral tablet	2	
febuxostat oral tablet	4	
probenecid oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 28 days)
AIMOVIG	3	PA; QL (2 ML per 28 days)
dihydroergotamine mesylate nasal solution	4	PA; QL (8 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days); NDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
ergotamine-caffeine oral tablet	3	QL (40 EA per 28 days)
naratriptan hcl oral tablet	3	QL (9 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	5	PA; QL (18 EA per 30 days); NDS
rizatriptan benzoate oral tablet	2	QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible	3	QL (18 EA per 30 days)
sumatriptan nasal solution	4	QL (12 EA per 30 days)
sumatriptan succinate oral tablet	2	QL (9 EA per 30 days)
sumatriptan succinate subcutaneous solution	4	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector	4	QL (5 ML per 30 days)
timolol maleate oral tablet	3	
UBRELVY ORAL TABLET	5	PA; QL (16 EA per 30 days); NDS
zolmitriptan oral tablet	3	QL (12 EA per 30 days)
Antimyasthenic Agents		
pyridostigmine bromide oral tablet 60 mg	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	5	PA; NDS
Antimycobacterials		
cycloserine oral capsule	5	NDS
dapsone oral tablet	3	
ethambutol hcl oral tablet	2	
isoniazid injection solution	4	
isoniazid oral syrup	4	
isoniazid oral tablet	1	
PRETOMANID ORAL TABLET	4	
pyrazinamide oral tablet	3	

Drug Name	Drug Tier	Requirements/Limits
rifabutin oral capsule	4	
rifampin intravenous solution reconstituted	4	
rifampin oral capsule	3	
rifapentine oral tablet	4	
SIRTURO ORAL TABLET	5	NDS
Antineoplastics		
abiraterone acetate oral tablet 250 mg	4	PA NSO
abiraterone acetate oral tablet 500 mg	5	PA NSO; NDS
abirtega oral tablet	4	PA NSO
AKEEGA ORAL TABLET	5	PA NSO; NDS
ALECENSA ORAL CAPSULE	5	PA NSO; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; QL (30 EA per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; QL (120 EA per 30 days); NDS
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA NSO; QL (60 EA per 365 days); NDS
anastrozole oral tablet	1	
AUGTYRO ORAL CAPSULE	5	PA NSO; NDS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	5	PA NSO; NDS
AYVAKIT ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
BALVERSA ORAL TABLET	5	PA NSO; NDS
bexarotene external gel	5	PA NSO; QL (60 GM per 30 days); NDS
bexarotene oral capsule	5	PA NSO; NDS
bicalutamide oral tablet	2	
BOSULIF ORAL CAPSULE	5	PA NSO; NDS
BOSULIF ORAL TABLET 100 MG, 500 MG	5	PA NSO; NDS
bosutinib oral tablet	5	PA NSO; NDS
BRAFTOVI ORAL CAPSULE	5	PA NSO; NDS
BRUKINSA ORAL CAPSULE	5	PA NSO; NDS
BRUKINSA ORAL TABLET	5	PA NSO; NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; QL (30 EA per 30 days); NDS
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; QL (60 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE ORAL TABLET	5	PA NSO; NDS
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; QL (60 EA per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; QL (30 EA per 30 days); NDS
CAVHANZA ORAL TABLET DISPERSIBLE	5	PA NSO; NDS
cisplatin intravenous solution 100 mg/100ml	4	
COMETRIQ ORAL KIT	5	PA NSO; NDS
COPIKTRA ORAL CAPSULE	5	PA NSO; NDS
COTELLIC ORAL TABLET	5	PA NSO; NDS
cyclophosphamide oral capsule	3	B/D PA
DANZITEN ORAL TABLET	5	PA NSO; NDS
dasatinib oral tablet 100 mg, 140 mg, 70 mg	5	PA NSO; QL (30 EA per 30 days); NDS
dasatinib oral tablet 20 mg, 50 mg	5	PA NSO; QL (90 EA per 30 days); NDS
dasatinib oral tablet 80 mg	5	PA NSO; QL (60 EA per 30 days); NDS
DAURISMO ORAL TABLET	5	PA NSO; NDS
DROXIA ORAL CAPSULE	3	
ENSACOVE ORAL CAPSULE	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE	5	PA NSO; NDS
ERLEADA ORAL TABLET	5	PA NSO; NDS
erlotinib hcl oral tablet	4	PA NSO
EULEXIN ORAL CAPSULE	4	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA NSO; QL (30 EA per 30 days); NDS
everolimus oral tablet soluble	5	PA NSO; NDS
exemestane oral tablet	4	
FOTIVDA ORAL CAPSULE	5	PA NSO; NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; QL (84 EA per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; QL (21 EA per 28 days); NDS
GAVRETO ORAL CAPSULE	5	PA NSO; NDS
gefitinib oral tablet	5	PA NSO; NDS
GILOTRIF ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL CAPSULE	5	PA NSO; NDS
GOMEKLI ORAL TABLET SOLUBLE	5	PA NSO; NDS
HERNEXEOS ORAL TABLET	5	PA NSO; NDS
hydroxyurea oral capsule	2	
HYRNUO ORAL TABLET	5	PA NSO; NDS
IBRANCE ORAL CAPSULE	5	PA NSO; NDS
IBRANCE ORAL TABLET	5	PA NSO; NDS
IBTROZI ORAL CAPSULE	5	PA NSO; NDS
ICLUSIG ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
IDHIFA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
imatinib mesylate oral tablet 100 mg	3	PA NSO
imatinib mesylate oral tablet 400 mg	4	PA NSO
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; QL (120 EA per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; QL (28 EA per 28 days); NDS
IMBRUVICA ORAL SUSPENSION	5	PA NSO; QL (240 ML per 30 days); NDS
IMBRUVICA ORAL TABLET	5	PA NSO; QL (28 EA per 28 days); NDS
IMKELDI ORAL SOLUTION	5	PA NSO; NDS
INLURIYO ORAL TABLET	5	PA NSO; NDS
INLYTA ORAL TABLET 1 MG	5	PA NSO; QL (180 EA per 30 days); NDS
INLYTA ORAL TABLET 5 MG	5	PA NSO; QL (120 EA per 30 days); NDS
INQOVI ORAL TABLET	5	PA NSO; NDS
INREBIC ORAL CAPSULE	5	PA NSO; NDS
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; QL (60 EA per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NDS
IWILFIN ORAL TABLET	5	PA NSO; NDS
JAKAFI ORAL TABLET	5	PA NSO; QL (60 EA per 30 days); NDS
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA NSO; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; QL (90 EA per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; QL (30 EA per 30 days); NDS
JIDEYTRO ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days)
JIDEYTRO ORAL TABLET 25 MG	5	PA NSO; QL (90 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (21 EA per 21 days); NDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (42 EA per 21 days); NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (63 EA per 21 days); NDS
KOMZIFTI ORAL CAPSULE	5	PA NSO; NDS
KOSELUGO ORAL CAPSULE	5	PA NSO; NDS
KOSELUGO ORAL CAPSULE SPRINKLE	5	PA NSO; NDS
KRAZATI ORAL TABLET	5	PA NSO; NDS
lapatinib ditosylate oral tablet	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; QL (60 EA per 30 days); NDS
lederle leucovorin oral tablet	3	
lenalidomide oral capsule	5	PA NSO; QL (30 EA per 30 days); NDS
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA NSO; NDS
letrozole oral tablet	2	
leucovorin calcium oral tablet	3	
LEUKERAN ORAL TABLET	5	NDS
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK	5	PA NSO; NDS
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK	5	PA NSO; NDS
lomustine oral capsule	4	
LONSURF ORAL TABLET	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 25 MG	5	PA NSO; QL (90 EA per 30 days); NDS
LUMAKRAS ORAL TABLET	5	PA NSO; NDS
LYNPARZA ORAL TABLET	5	PA NSO; QL (120 EA per 30 days); NDS
LYSODREN ORAL TABLET	5	NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; NDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; NDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; NDS
MATULANE ORAL CAPSULE	5	NDS
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA NSO; NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; QL (90 EA per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	5	PA NSO; QL (30 EA per 30 days); NDS
MEKTOVI ORAL TABLET	5	PA NSO; NDS
mercaptopurine oral suspension	5	NDS
mercaptopurine oral tablet	3	
mesna oral tablet	3	
MODEYSO ORAL CAPSULE	5	PA NSO; NDS
NERLYNX ORAL TABLET	5	PA NSO; QL (180 EA per 30 days); NDS
nilotinib hcl oral capsule 150 mg	5	PA NSO; QL (140 EA per 28 days); NDS
nilotinib hcl oral capsule 200 mg	5	PA NSO; QL (112 EA per 28 days); NDS
nilotinib hcl oral capsule 50 mg	5	PA NSO; QL (420 EA per 30 days); NDS
nilutamide oral tablet	5	NDS
NINLARO ORAL CAPSULE	5	PA NSO; NDS
NUBEQA ORAL TABLET	5	PA NSO; NDS
ODOMZO ORAL CAPSULE	5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 150 MG	5	PA NSO; QL (60 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA NSO; NDS
OJEMDA ORAL TABLET	5	PA NSO; NDS
OJJAARA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
ONUREG ORAL TABLET	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; QL (30 EA per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	5	PA NSO; QL (90 EA per 30 days); NDS
PANRETIN EXTERNAL GEL	5	QL (120 GM per 30 days); NDS
pazopanib hcl oral tablet	5	PA NSO; NDS
PEMAZYRE ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
PHESGO SUBCUTANEOUS SOLUTION	5	PA NSO; NDS
PIQRAY ORAL TABLET THERAPY PACK	5	PA NSO; NDS
pomalidomide oral capsule	5	PA NSO; QL (30 EA per 30 days); NDS
POMALYST ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days); NDS
QINLOCK ORAL TABLET	5	PA NSO; NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA NSO; QL (60 EA per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	5	PA NSO; QL (90 EA per 30 days); NDS
REVUFORJ ORAL TABLET	5	PA NSO; NDS
REZLIDHIA ORAL CAPSULE	5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE	5	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; QL (150 EA per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; QL (90 EA per 30 days); NDS
ROZLYTREK ORAL PACKET	5	PA NSO; NDS
RUBRACA ORAL TABLET 200 MG	5	PA NSO; QL (120 EA per 30 days); NDS
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PA NSO; NDS
RYDAPT ORAL CAPSULE	5	PA NSO; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; QL (120 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; QL (60 EA per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; QL (240 EA per 30 days); NDS
SOLTAMOX ORAL SOLUTION	5	NDS
sorafenib tosylate oral tablet	5	PA NSO; NDS
STIVARGA ORAL TABLET	5	PA NSO; NDS
sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg	5	PA NSO; QL (28 EA per 28 days); NDS
sunitinib malate oral capsule 37.5 mg	5	PA NSO; QL (56 EA per 28 days); NDS
TABLOID ORAL TABLET	5	NDS
TABRECTA ORAL TABLET	5	PA NSO; QL (120 EA per 30 days); NDS
TAFINLAR ORAL CAPSULE	5	PA NSO; NDS
TAFINLAR ORAL TABLET SOLUBLE	5	PA NSO; NDS
TAGRISSO ORAL TABLET 40 MG	5	PA NSO; QL (30 EA per 30 days); NDS
TAGRISSO ORAL TABLET 80 MG	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 1 MG	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; QL (90 EA per 30 days); NDS
TALZENNA ORAL CAPSULE 0.35 MG, 0.5 MG, 0.75 MG	5	PA NSO; QL (30 EA per 30 days); NDS
tamoxifen citrate oral tablet	2	
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS
TEPMETKO ORAL TABLET	5	PA NSO; NDS
TEVIMBRA INTRAVENOUS SOLUTION	5	PA NSO; NDS
THALOMID ORAL CAPSULE 100 MG	5	PA NSO; QL (112 EA per 28 days); NDS
THALOMID ORAL CAPSULE 50 MG	5	PA NSO; NDS
TIBSOVO ORAL TABLET	5	PA NSO; NDS
topotecan hcl intravenous solution	5	NDS
topotecan hcl intravenous solution reconstituted	5	NDS
toremifene citrate oral tablet	4	
tretinoin oral capsule	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS
TRUQAP ORAL TABLET THERAPY PACK	5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET	5	PA NSO; NDS
TURALIO ORAL CAPSULE	5	PA NSO; NDS
VALCHLOR EXTERNAL GEL	5	PA NSO; QL (60 GM per 30 days); NDS
VANFLYTA ORAL TABLET	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	4	PA NSO
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA NSO; QL (84 EA per 365 days); NDS
VEPPANU ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days); NDS
VEPPANU ORAL TABLET 200 MG	5	PA NSO; NDS
VERZENIO ORAL TABLET	5	PA NSO; QL (56 EA per 28 days); NDS
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; QL (120 EA per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; QL (180 EA per 30 days); NDS
VITRAKVI ORAL SOLUTION	5	PA NSO; QL (600 ML per 30 days); NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS
VONJO ORAL CAPSULE	5	PA NSO; NDS
VORANIGO ORAL TABLET 10 MG	5	PA NSO; QL (60 EA per 30 days); NDS
VORANIGO ORAL TABLET 40 MG	5	PA NSO; QL (30 EA per 30 days); NDS
XALKORI ORAL CAPSULE	5	PA NSO; NDS
XALKORI ORAL CAPSULE SPRINKLE	5	PA NSO; NDS
XOSPATA ORAL TABLET	5	PA NSO; NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO; NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO; NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO; NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO; NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO; NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO; NDS
XTANDI ORAL CAPSULE	5	PA NSO; NDS
XTANDI ORAL TABLET	5	PA NSO; NDS
YONSA ORAL TABLET	5	PA NSO; NDS
yulithira oral tablet	4	PA NSO; QL (30 EA per 30 days)
ZEJULA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
ZELBORAF ORAL TABLET	5	PA NSO; NDS
ZENBEXUS ORAL CAPSULE	5	PA NSO
ZOLINZA ORAL CAPSULE	5	PA NSO; NDS
ZYDELIG ORAL TABLET	5	PA NSO; NDS
ZYKADIA ORAL TABLET	5	PA NSO; NDS
Antiparasitics		
albendazole oral tablet	4	
atovaquone oral suspension	4	QL (300 ML per 30 days)
atovaquone-proguanil hcl oral tablet	4	
BENZNIDAZOLE ORAL TABLET	3	
chloroquine phosphate oral tablet	3	
COARTEM ORAL TABLET	4	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	2	
ivermectin oral tablet	3	PA
mefloquine hcl oral tablet	2	
nitazoxanide oral tablet	5	QL (60 EA per 30 days); NDS
pentamidine isethionate inhalation solution reconstituted	3	B/D PA
pentamidine isethionate injection solution reconstituted	3	
praziquantel oral tablet	4	
primaquine phosphate oral tablet	3	
pyrimethamine oral tablet	5	PA; NDS
quinine sulfate oral capsule	3	PA
Antiparkinson Agents		
benztropine mesylate oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate oral capsule	4	
bromocriptine mesylate oral tablet	4	
carbidopa oral tablet	4	
carbidopa-levodopa er oral tablet extended release	3	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet dispersible	4	
entacapone oral tablet	3	
INBRIJA INHALATION CAPSULE	5	PA; NDS
pramipexole dihydrochloride oral tablet	2	
rasagiline mesylate oral tablet	4	
ropinirole hcl er oral tablet extended release 24 hour	4	
ropinirole hcl oral tablet	2	
selegiline hcl oral capsule	3	
selegiline hcl oral tablet	3	
trihexyphenidyl hcl oral tablet	4	
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 EA per 30 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 EA per 30 days); NDS
aripiprazole oral solution	4	QL (750 ML per 30 days)
aripiprazole oral tablet	2	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 ML per 60 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 ML per 30 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 ML per 30 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 ML per 30 days); NDS
asenapine maleate sublingual tablet sublingual	4	QL (60 EA per 30 days)
BYSANTI ORAL TABLET 1 MG	5	ST NSO; QL (180 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
BYSANTI ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST NSO; QL (60 EA per 30 days); NDS
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK	4	ST NSO; QL (16 EA per 365 days)
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK	4	ST NSO; QL (24 EA per 365 days)
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK	4	ST NSO; QL (16 EA per 365 days)
CAPLYTA ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days); NDS
chlorpromazine hcl oral concentrate	4	
chlorpromazine hcl oral tablet	4	
clozapine oral tablet 100 mg	4	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	4	QL (120 EA per 30 days)
clozapine oral tablet 25 mg	3	QL (270 EA per 30 days)
clozapine oral tablet 50 mg	3	QL (180 EA per 30 days)
clozapine oral tablet dispersible 100 mg, 25 mg	4	QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg	4	QL (90 EA per 30 days)
clozapine oral tablet dispersible 150 mg	4	QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	4	QL (120 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST NSO; QL (60 EA per 30 days); NDS
FANAPT ORAL TABLET 2 MG	4	ST NSO; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET	4	ST NSO; QL (16 EA per 365 days)
FANAPT TITRATION PACK B ORAL TABLET	4	ST NSO; QL (24 EA per 365 days)
FANAPT TITRATION PACK C ORAL TABLET	4	ST NSO; QL (16 EA per 365 days)
fluphenazine decanoate injection solution	4	
fluphenazine hcl injection solution	4	
fluphenazine hcl oral concentrate	4	
fluphenazine hcl oral elixir	4	
fluphenazine hcl oral tablet	4	
haloperidol decanoate intramuscular solution	3	
haloperidol lactate injection solution	2	
haloperidol lactate oral concentrate 2 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg	2	
haloperidol oral tablet 20 mg	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	ST NSO; NDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	ST NSO; QL (5 ML per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 ML per 30 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 ML per 30 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 ML per 30 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 ML per 30 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 ML per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 ML per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 ML per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 ML per 84 days); NDS
loxapine succinate oral capsule	2	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 EA per 30 days)
lurasidone hcl oral tablet 80 mg	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET	5	ST NSO; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
molindone hcl oral tablet	4	
NUPLAZID ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days); NDS
NUPLAZID ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
olanzapine intramuscular solution reconstituted	4	
olanzapine oral tablet	2	QL (30 EA per 30 days)
olanzapine oral tablet dispersible	3	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA NSO; QL (90 EA per 30 days); NDS
OPIPZA ORAL FILM 2 MG	5	PA NSO; QL (30 EA per 30 days); NDS
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 EA per 30 days)
perphenazine oral tablet	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG	5	QL (1 EA per 30 days); NDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 90 MG	5	NDS
pimozide oral tablet	4	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	2	QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	2	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	2	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 300 mg, 400 mg	2	QL (60 EA per 30 days)
REXULTI ORAL TABLET	5	QL (30 EA per 30 days); NDS
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	4	QL (2 EA per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg	4	
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	5	QL (2 EA per 28 days); NDS
risperidone oral solution 1 mg/ml	2	QL (240 ML per 30 days)
risperidone oral tablet	1	QL (60 EA per 30 days)
risperidone oral tablet dispersible	4	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
thioridazine hcl oral tablet	3	
thiothixene oral capsule	4	
trifluoperazine hcl oral tablet	3	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	QL (0.28 ML per 30 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	QL (0.35 ML per 30 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	QL (0.42 ML per 60 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML, 250 MG/0.7ML, 75 MG/0.21ML	5	NDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	QL (0.14 ML per 30 days); NDS
VERSACLOZ ORAL SUSPENSION	5	QL (540 ML per 30 days); NDS
VRAYLAR ORAL CAPSULE	3	QL (30 EA per 30 days)
ziprasidone hcl oral capsule	3	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	5	NDS
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg	2	
baclofen oral tablet 5 mg	3	
dantrolene sodium oral capsule	4	
tizanidine hcl oral tablet	2	
Antivirals		
abacavir sulfate oral solution	4	QL (960 ML per 30 days)
abacavir sulfate oral tablet	3	QL (60 EA per 30 days)
abacavir sulfate-lamivudine oral tablet	4	QL (30 EA per 30 days)
acyclovir oral capsule	2	
acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	4	
acyclovir oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
acyclovir sodium intravenous solution	4	B/D PA
adefovir dipivoxil oral tablet	4	QL (30 EA per 30 days)
amantadine hcl oral capsule	2	
amantadine hcl oral solution	2	
APTIVUS ORAL CAPSULE	5	QL (120 EA per 30 days); NDS
atazanavir sulfate oral capsule 150 mg	4	
atazanavir sulfate oral capsule 200 mg	4	QL (60 EA per 30 days)
atazanavir sulfate oral capsule 300 mg	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	5	QL (600 ML per 30 days); NDS
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days); NDS
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	5	NDS
CIMDUO ORAL TABLET	5	QL (30 EA per 30 days); NDS
darunavir oral tablet 600 mg	4	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	4	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	5	QL (30 EA per 30 days); NDS
DESCOVY ORAL TABLET	5	QL (30 EA per 30 days); NDS
DOVATO ORAL TABLET	5	QL (30 EA per 30 days); NDS
EDURANT PED ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days); NDS
efavirenz oral tablet	4	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df oral tablet	3	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir oral tablet	5	QL (30 EA per 30 days); NDS
emtricitabine oral capsule	4	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg	4	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 133-200 mg	5	QL (30 EA per 30 days); NDS
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df oral tablet	5	QL (30 EA per 30 days); NDS
EMTRIVA ORAL SOLUTION	4	QL (850 ML per 30 days)
entecavir oral tablet	4	QL (30 EA per 30 days)
etravirine oral tablet 100 mg	4	QL (60 EA per 30 days)
etravirine oral tablet 200 mg	5	QL (60 EA per 30 days); NDS
EVOTAZ ORAL TABLET	5	QL (30 EA per 30 days); NDS
famciclovir oral tablet 125 mg, 250 mg	3	QL (60 EA per 30 days)
famciclovir oral tablet 500 mg	3	QL (90 EA per 30 days)
fosamprenavir calcium oral tablet	5	QL (120 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
ganciclovir sodium intravenous solution	2	B/D PA
ganciclovir sodium intravenous solution reconstituted	2	B/D PA
GENVOYA ORAL TABLET	5	QL (30 EA per 30 days); NDS
IDVYNSO ORAL TABLET	5	QL (30 EA per 30 days); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET	5	QL (60 EA per 30 days); NDS
ISENTRESS ORAL PACKET	5	QL (60 EA per 30 days); NDS
ISENTRESS ORAL TABLET	5	QL (60 EA per 30 days); NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days); NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (180 EA per 30 days)
JULUCA ORAL TABLET	5	QL (30 EA per 30 days); NDS
KALETRA ORAL SOLUTION	4	QL (480 ML per 30 days)
lamivudine oral solution	3	QL (960 ML per 30 days)
lamivudine oral tablet 100 mg, 300 mg	3	QL (30 EA per 30 days)
lamivudine oral tablet 150 mg	2	QL (60 EA per 30 days)
lamivudine-zidovudine oral tablet	3	QL (60 EA per 30 days)
LIVTENCITY ORAL TABLET	5	QL (360 EA per 30 days); NDS
lopinavir-ritonavir oral tablet 100-25 mg	4	QL (240 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (120 EA per 30 days)
maraviroc oral tablet 150 mg	5	QL (60 EA per 30 days); NDS
maraviroc oral tablet 300 mg	5	QL (120 EA per 30 days); NDS
MAVYRET ORAL PACKET	5	PA; QL (560 EA per 365 days); NDS
MAVYRET ORAL TABLET	5	PA; QL (336 EA per 365 days); NDS
nevirapine er oral tablet extended release 24 hour	4	QL (30 EA per 30 days)
nevirapine oral suspension	3	QL (1200 ML per 30 days)
nevirapine oral tablet	2	QL (60 EA per 30 days)
NORVIR ORAL PACKET	4	QL (360 EA per 30 days)
ODEFSEY ORAL TABLET	5	QL (30 EA per 30 days); NDS
oseltamivir phosphate oral capsule 30 mg	2	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg	2	QL (84 EA per 365 days)
oseltamivir phosphate oral capsule 75 mg	2	QL (110 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate oral suspension reconstituted	3	QL (1080 ML per 365 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	3	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	QL (30 EA per 5 days)
PIFELTRO ORAL TABLET	5	QL (30 EA per 30 days); NDS
PREVYMIS ORAL PACKET	5	QL (120 EA per 30 days); NDS
PREVYMIS ORAL TABLET	5	QL (28 EA per 28 days); NDS
PREZCOBIX ORAL TABLET	5	QL (30 EA per 30 days); NDS
PREZISTA ORAL SUSPENSION	5	QL (400 ML per 30 days); NDS
PREZISTA ORAL TABLET 150 MG	5	QL (180 EA per 30 days); NDS
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET	5	QL (180 EA per 30 days); NDS
ribavirin oral tablet	3	
rilpivirine hcl oral tablet	5	QL (30 EA per 30 days); NDS
ritonavir oral tablet	3	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	QL (60 EA per 30 days); NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET	5	PA; QL (84 EA per 365 days); NDS
STRIBILD ORAL TABLET	5	QL (30 EA per 30 days); NDS
SUNLENCA ORAL TABLET	5	QL (24 EA per 168 days); NDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 EA per 365 days); NDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 EA per 365 days); NDS
SUNLENCA SUBCUTANEOUS SOLUTION	5	NDS
SYMTUZA ORAL TABLET	5	QL (30 EA per 30 days); NDS
tenofovir disoproxil fumarate oral tablet	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET	5	QL (60 EA per 30 days); NDS
TIVICAY PD ORAL TABLET SOLUBLE	4	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET	5	QL (30 EA per 30 days); NDS
TRIUMEQ PD ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days); NDS
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
valacyclovir hcl oral tablet	3	QL (120 EA per 30 days)
valganciclovir hcl oral solution reconstituted	5	QL (1080 ML per 30 days); NDS
valganciclovir hcl oral tablet	3	QL (120 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days); NDS
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days); NDS
VIREAD ORAL POWDER	5	QL (240 GM per 30 days); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days); NDS
VOCABRIA ORAL TABLET	5	NDS
VOSEVI ORAL TABLET	5	PA; QL (84 EA per 365 days); NDS
VYJUVEK EXTERNAL GEL	5	PA; NDS
XOCOVA ORAL TABLET	3	QL (7 EA per 5 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	QL (1 EA per 30 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	QL (1 EA per 30 days)
zidovudine oral capsule	3	QL (180 EA per 30 days)
zidovudine oral syrup	3	QL (1920 ML per 30 days)
zidovudine oral tablet	3	QL (60 EA per 30 days)
Anxiolytics		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	2	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	2	QL (150 EA per 30 days)
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
clorazepate dipotassium oral tablet 15 mg	4	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	4	QL (720 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	4	QL (360 EA per 30 days)
diazepam intensol oral concentrate	2	
diazepam oral concentrate	2	
diazepam oral solution	2	QL (1200 ML per 30 days)
diazepam oral tablet 10 mg	2	QL (120 EA per 30 days)
diazepam oral tablet 2 mg	2	QL (300 EA per 30 days)
diazepam oral tablet 5 mg	2	QL (240 EA per 30 days)
lorazepam intensol oral concentrate	3	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	3	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	2	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lorazepam oral tablet 2 mg	2	QL (150 EA per 30 days)
Bipolar Agents		
IGALMI SUBLINGUAL FILM	4	PA NSO
lithium carbonate er oral tablet extended release	2	
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
lithium oral solution	3	
Blood Glucose Regulators		
acarbose oral tablet	2	
BAQSIMI ONE PACK NASAL POWDER	3	
BAQSIMI TWO PACK NASAL POWDER	3	
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	3	QL (30 EA per 30 days)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg	3	QL (60 EA per 30 days)
diazoxide oral suspension	5	NDS
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl oral tablet	1	
glucagon emergency kit injection solution reconstituted 1 mg	3	
glyburide oral tablet	1	
glyburide-metformin oral tablet	1	
GLYXAMBI ORAL TABLET	3	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
GVOKE KIT SUBCUTANEOUS SOLUTION	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
HUMALOG INJECTION SOLUTION	3	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMULIN N KWIKPEN	3	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	3	
HUMULIN R U-500 KWIKPEN	3	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R VIAL INJECTION SOLUTION	3	
INSULIN LISPRO INJECTION SOLUTION	3	
JANUMET ORAL TABLET	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
JANUVIA ORAL TABLET	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
LANTUS U-100 SOLOSTAR	3	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	3	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LYUMJEV VIAL INJECTION SOLUTION	3	
metformin hcl er (osm) oral tablet extended release 24 hour	2	
metformin hcl er oral tablet extended release 24 hour	1	

Drug Name	Drug Tier	Requirements/Limits
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
nateglinide oral tablet	1	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	3	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	3	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	3	
NOVOLIN R RELION INJECTION SOLUTION	3	
NOVOLIN R VIAL INJECTION SOLUTION	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG U-100 FLEXPEN	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	3	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG U-100 PENFILL	3	
NOVOLOG RELION INJECTION SOLUTION	3	
NOVOLOG U-100 VIAL INJECTION SOLUTION	3	
OZEMPIC ORAL TABLET 1.5 MG	3	PA; QL (60 EA per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (3 ML per 28 days)
pioglitazone hcl oral tablet	1	
pioglitazone hcl-metformin hcl oral tablet	2	
repaglinide oral tablet	1	
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (15 ML per 24 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 5-500 MG	3	
SYNJARDY ORAL TABLET 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRADJENTA ORAL TABLET	3	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRESIBA SUBCUTANEOUS SOLUTION	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
Blood Products and Modifiers		
anagrelide hcl oral capsule	3	
aspirin-dipyridamole er oral capsule extended release 12 hour	4	
CABLIVI INJECTION KIT	5	PA; QL (30 EA per 30 days); NDS
cilostazol oral tablet	2	
clopidogrel bisulfate oral tablet 300 mg	2	
clopidogrel bisulfate oral tablet 75 mg	1	
dabigatran etexilate mesylate oral capsule	4	QL (60 EA per 30 days)
DOPTELET ORAL TABLET	5	PA; QL (90 EA per 30 days); NDS
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE	3	QL (420 EA per 28 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE	3	QL (560 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	3	QL (84 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	
ELIQUIS ORAL TABLET SOLUBLE	3	QL (140 EA per 28 days)
eltrombopag olamine oral packet	5	PA; QL (180 EA per 30 days); NDS
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; QL (30 EA per 30 days); NDS
eltrombopag olamine oral tablet 50 mg, 75 mg	5	PA; QL (60 EA per 30 days); NDS
enoxaparin sodium injection solution	4	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	4	QL (60 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	4	QL (48 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	4	QL (18 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	4	QL (24 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	4	QL (36 ML per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	5	QL (24 ML per 30 days); NDS
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	QL (15 ML per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	4	
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	4	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	
heparin sodium (porcine) injection solution 5000 unit/ml	3	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA; NDS
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NDS
NEULASTA SUBCUTANEOUS SOLUTION	5	PA; NDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 ML per 28 days); NDS
prasugrel hcl oral tablet	2	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
rivaroxaban oral suspension reconstituted	4	QL (600 ML per 30 days)
rivaroxaban oral tablet	4	QL (360 EA per 30 days)
ticagrelor oral tablet	3	
tranexamic acid oral tablet	3	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NDS
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.2 ML per 28 days); NDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 ML per 28 days); NDS
warfarin sodium oral tablet	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	3	QL (60 EA per 30 days)
XOLREMDI ORAL CAPSULE	5	PA; QL (120 EA per 30 days); NDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	NDS
Cardiovascular Agents		
acebutolol hcl oral capsule	2	
aliskiren fumarate oral tablet	2	
amiloride hcl oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	2	
amiodarone hcl oral tablet 100 mg, 400 mg	3	
amiodarone hcl oral tablet 200 mg	1	
amlodipine besylate oral tablet	1	
amlodipine besylate-benazepril hcl oral capsule	1	
amlodipine besylate-valsartan oral tablet	1	
amlodipine-olmesartan oral tablet	1	
atenolol oral tablet	1	
atenolol-chlorthalidone oral tablet	2	
atorvastatin calcium oral tablet	1	
azilsartan medoxomil oral tablet	4	
benazepril hcl oral tablet	1	
benazepril-hydrochlorothiazide oral tablet	1	
betaxolol hcl oral tablet	3	
bisoprolol fumarate oral tablet	2	
bisoprolol-hydrochlorothiazide oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
bumetanide injection solution	2	
bumetanide oral tablet	2	
candesartan cilexetil oral tablet	1	
candesartan cilexetil-hctz oral tablet	1	
captopril oral tablet	2	
captopril-hydrochlorothiazide oral tablet	2	
cartia xt oral capsule extended release 24 hour	2	
carvedilol oral tablet	1	
chlorthalidone oral tablet	2	
cholestyramine light oral packet	4	
cholestyramine light oral powder	4	
cholestyramine oral packet	3	
cholestyramine oral powder	3	
clonidine hcl oral tablet	1	
clonidine transdermal patch weekly	4	
colesevelam hcl oral tablet	4	
colestipol hcl oral tablet	3	
dapagliflozin oral tablet	3	QL (30 EA per 30 days)
digoxin oral solution	4	
digoxin oral tablet 125 mcg, 250 mcg	2	
diltiazem hcl er beads oral capsule extended release 24 hour	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour	2	
diltiazem hcl er oral capsule extended release 12 hour	4	
diltiazem hcl er oral capsule extended release 24 hour	2	
diltiazem hcl er oral tablet extended release 24 hour	4	
diltiazem hcl oral tablet	2	
dilt-xr oral capsule extended release 24 hour	2	
disopyramide phosphate oral capsule	3	
dofetilide oral capsule	4	
droxidopa oral capsule 100 mg	4	PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	5	PA; QL (180 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide oral tablet	1	
eplerenone oral tablet	4	
ezetimibe oral tablet	2	
ezetimibe-simvastatin oral tablet	2	
FARXIGA ORAL TABLET	3	ST; QL (30 EA per 30 days)
felodipine er oral tablet extended release 24 hour	2	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	3	
FILSPARI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days); NDS
FILSPARI ORAL TABLET 400 MG	5	PA; QL (60 EA per 30 days); NDS
flecainide acetate oral tablet	2	
fluvastatin sodium er oral tablet extended release 24 hour	4	
fluvastatin sodium oral capsule	4	
fosinopril sodium oral tablet	1	
fosinopril sodium-hctz oral tablet	2	
furosemide oral solution	1	
furosemide oral tablet	1	
furosemide solution 10 mg/ml injection	2	
FUROSEMIDE SOLUTION 10 MG/ML INJECTION	2	
gemfibrozil oral tablet	2	
guanfacine hcl oral tablet	4	
hydralazine hcl oral tablet	1	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
icosapent ethyl oral capsule	4	
indapamide oral tablet	1	
irbesartan oral tablet	1	
irbesartan-hydrochlorothiazide oral tablet	1	
isosorb dinitrate-hydralazine oral tablet	4	

Drug Name	Drug Tier	Requirements/Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate er oral tablet extended release 24 hour	1	
isosorbide mononitrate oral tablet	2	
ivabradine hcl oral tablet	4	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
KERENDIA ORAL TABLET	4	PA; QL (30 EA per 30 days)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	
lisinopril oral tablet	1	
lisinopril-hydrochlorothiazide oral tablet	1	
losartan potassium oral tablet	1	
losartan potassium-hctz oral tablet	1	
lovastatin oral tablet	1	
matzim la oral tablet extended release 24 hour	4	
methyldopa oral tablet	4	
metolazone oral tablet	2	
metoprolol succinate er oral tablet extended release 24 hour	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metyrosine oral capsule	5	PA; NDS
mexiletine hcl oral capsule 150 mg	3	
mexiletine hcl oral capsule 200 mg, 250 mg	4	
midodrine hcl oral tablet	2	
minoxidil oral tablet	2	
moexipril hcl oral tablet	2	
MULTAQ ORAL TABLET	3	
nadolol oral tablet	2	
nebivolol hcl oral tablet	3	
NEXLETOL ORAL TABLET	4	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET	4	PA; QL (30 EA per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release	3	
nifedipine er oral tablet extended release 24 hour	2	
nifedipine er osmotic release oral tablet extended release 24 hour	2	

Drug Name	Drug Tier	Requirements/Limits
nimodipine oral capsule	4	
nitro-bid transdermal ointment	4	
nitroglycerin sublingual tablet sublingual	2	
nitroglycerin transdermal ointment	4	
nitroglycerin transdermal patch 24 hour	2	
nitroglycerin translingual solution	4	
olmesartan medoxomil oral tablet	1	
olmesartan medoxomil-hctz oral tablet	1	
omega-3-acid ethyl esters oral capsule	3	
PACERONE ORAL TABLET 100 MG	3	
PACERONE ORAL TABLET 200 MG	2	
pentoxifylline er oral tablet extended release	2	
perindopril erbumine oral tablet	2	
pindolol oral tablet	3	
pitavastatin calcium oral tablet	4	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
pravastatin sodium oral tablet	1	
prazosin hcl oral capsule	2	
prevalite oral packet	4	
prevalite oral powder	4	
propafenone hcl er oral capsule extended release 12 hour	4	
propafenone hcl oral tablet	2	
propranolol hcl er oral capsule extended release 24 hour	2	
propranolol hcl oral tablet	2	
quinapril hcl oral tablet	1	
quinapril-hydrochlorothiazide oral tablet	1	
quinidine sulfate oral tablet	4	
ramipril oral capsule	1	
ranolazine er oral tablet extended release 12 hour	3	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 ML per 28 days)
rosuvastatin calcium oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits
sacubitril-valsartan oral tablet 24-26 mg	3	QL (180 EA per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	3	QL (60 EA per 30 days)
simvastatin oral tablet	1	
sotalol hcl (af) oral tablet	2	
sotalol hcl oral tablet	2	
spironolactone oral tablet	1	
spironolactone-hctz oral tablet	2	
telmisartan oral tablet	1	
telmisartan-hctz oral tablet	1	
tiadylt er oral capsule extended release 24 hour	2	
torsemide oral tablet	1	
trandolapril oral tablet	1	
triamterene oral capsule	4	
triamterene-hctz oral capsule	1	
triamterene-hctz oral tablet	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.8 ML per 28 days); NDS
valsartan oral tablet	1	
valsartan-hydrochlorothiazide oral tablet	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	3	
verapamil hcl er oral tablet extended release	2	
verapamil hcl oral tablet	1	
VERQUVO ORAL TABLET	3	PA; QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE	5	PA; QL (30 EA per 30 days); NDS
Central Nervous System Agents		
amphetamine-dextroamphetamine er oral capsule extended release 24 hour	3	QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet	3	QL (90 EA per 30 days)
atomoxetine hcl oral capsule 10 mg	4	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	4	QL (30 EA per 30 days)
AUSTEDO ORAL TABLET	5	PA; QL (120 EA per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (56 EA per 365 days); NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 EA per 28 days); NDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 EA per 28 days); NDS
bac (butalbital-acetamin-caff) oral tablet	3	
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 EA per 30 days); NDS
butalbital-apap-caffeine oral tablet	3	
COBENFY ORAL CAPSULE	5	PA NSO; QL (60 EA per 30 days); NDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA NSO; QL (112 EA per 365 days); NDS
dalfampridine er oral tablet extended release 12 hour	3	PA; QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet	3	QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	4	QL (90 EA per 30 days)
dextromethorphan-quinidine oral capsule	5	PA; QL (60 EA per 30 days); NDS
dimethyl fumarate oral capsule delayed release	4	PA; QL (60 EA per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA; QL (120 EA per 365 days)
fingolimod hcl oral capsule	5	PA; QL (30 EA per 30 days); NDS
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5	PA; QL (30 ML per 30 days); NDS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5	PA; QL (12 ML per 28 days); NDS
guanfacine hcl er oral tablet extended release 24 hour	3	
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days); NDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days); NDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 EA per 30 days); NDS
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days); NDS
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days); NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.4 ML per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days); NDS
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days); NDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (14 EA per 365 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	4	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	4	QL (60 EA per 30 days)
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	4	QL (60 EA per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	4	
methylphenidate hcl oral tablet	2	QL (90 EA per 30 days)
milnacipran hcl oral	3	QL (110 EA per 365 days)
milnacipran hcl oral tablet	3	QL (60 EA per 30 days)
riluzole oral tablet	4	
SAVELLA ORAL TABLET	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	3	QL (110 EA per 365 days)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; QL (120 EA per 30 days); NDS
VEOZAH ORAL TABLET	4	PA; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days); NDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; QL (14 EA per 365 days); NDS
ZEPOSIA ORAL CAPSULE	5	PA; QL (30 EA per 30 days); NDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days); NDS
Dental and Oral Agents		
chlorhexidine gluconate mouth/throat solution	1	

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate oral tablet 20 mg	3	
lidocaine viscous hcl mouth/throat solution	2	
periogard mouth/throat solution	1	
pilocarpine hcl oral tablet	4	
triamcinolone acetonide mouth/throat paste	3	
Dermatological Agents		
acitretin oral capsule	4	
acyclovir external ointment	4	QL (60 GM per 30 days)
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days); NDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 ML per 28 days); NDS
ala-cort external cream	2	
alclometasone dipropionate external cream	2	
alclometasone dipropionate external ointment	2	
ammonium lactate external cream	2	
ammonium lactate external lotion	2	
amnesteem oral capsule	4	
azelaic acid external gel	4	QL (100 GM per 30 days)
benzoyl peroxide-erythromycin external gel	4	
betamethasone dipropionate aug external cream	2	
betamethasone dipropionate aug external gel	4	
betamethasone dipropionate aug external lotion	2	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	3	
betamethasone dipropionate external lotion	3	
betamethasone dipropionate external ointment	4	
betamethasone valerate external cream	3	
betamethasone valerate external lotion	3	
betamethasone valerate external ointment	2	
calcipotriene external cream	4	QL (120 GM per 30 days)
calcipotriene external ointment	4	QL (120 GM per 30 days)
calcipotriene external solution	3	QL (60 ML per 30 days)
ciclodan external solution	2	PA; QL (13.2 ML per 30 days)
ciclopirox external gel	2	QL (100 GM per 30 days)
ciclopirox external shampoo	3	QL (120 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ciclopirox external solution	2	PA; QL (13.2 ML per 30 days)
ciclopirox olamine external cream	2	QL (90 GM per 30 days)
ciclopirox olamine external suspension	3	QL (120 ML per 30 days)
claravis oral capsule	4	
clindamycin phos-benzoyl perox external gel 1.2-5 %	2	
clindamycin phosphate external lotion	4	QL (75 ML per 30 days)
clindamycin phosphate external solution	2	QL (60 ML per 30 days)
clobetasol prop emollient base external cream	2	QL (120 GM per 30 days)
clobetasol propionate external cream 0.05 %	2	
clobetasol propionate external foam	2	
clobetasol propionate external gel	3	
clobetasol propionate external ointment	2	QL (120 GM per 30 days)
clobetasol propionate external shampoo	4	
clobetasol propionate external solution	3	
clotrimazole-betamethasone external cream	2	QL (90 GM per 30 days)
desonide external cream	3	
desonide external ointment	2	QL (120 GM per 30 days)
desoximetasone external cream 0.25 %	3	QL (100 GM per 30 days)
desoximetasone external ointment 0.25 %	3	
diclofenac sodium external gel 3 %	4	ST; QL (300 GM per 30 days)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; NDS
ERY EXTERNAL PAD	3	QL (60 EA per 30 days)
erythromycin external gel	3	QL (60 GM per 30 days)
erythromycin external solution	2	QL (60 ML per 30 days)
EUCRISA EXTERNAL OINTMENT	4	PA
FINACEA EXTERNAL FOAM	3	QL (50 GM per 30 days)
fluocinolone acetonide external cream	3	QL (120 GM per 30 days)
fluocinolone acetonide external ointment	3	QL (120 GM per 30 days)
fluocinolone acetonide external solution	3	QL (60 ML per 30 days)
fluocinonide external cream 0.05 %	2	QL (60 GM per 30 days)
fluocinonide external cream 0.1 %	2	QL (120 GM per 30 days)
fluocinonide external gel	2	QL (60 GM per 30 days)
fluocinonide external ointment	2	QL (60 GM per 30 days)
fluocinonide external solution	2	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluorouracil external cream 5 %	2	QL (40 GM per 30 days)
fluorouracil external solution	3	
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
GAUZE PADS PAD 2"X2"	3	
halobetasol propionate external cream	3	
halobetasol propionate external ointment	4	
hydrocortisone external cream 1 %, 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %	2	QL (100 GM per 30 days)
hydrocortisone external ointment 2.5 %	2	
hydrocortisone valerate external cream	3	QL (60 GM per 30 days)
imiquimod external cream 5 %	3	QL (48 EA per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
malathion external lotion	4	QL (59 ML per 30 days)
metronidazole external cream	2	
metronidazole external gel 0.75 %	3	
metronidazole external gel 1 %	4	
mometasone furoate external cream	2	
mometasone furoate external ointment	2	
mometasone furoate external solution	2	
mupirocin calcium external cream	4	
mupirocin external ointment	2	QL (110 GM per 30 days)
nystatin-triamcinolone external cream	2	
nystatin-triamcinolone external ointment	2	
OTEZLA ORAL TABLET	5	PA; QL (60 EA per 30 days); NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days); NDS
permethrin external cream	3	QL (60 GM per 30 days)
pimecrolimus external cream	4	QL (100 GM per 30 days)
podofilox external solution	3	
SANTYL EXTERNAL OINTMENT	4	QL (180 GM per 30 days)
selenium sulfide external lotion	2	
SILIGENTLE FOAM DRESSING PAD 2"X2"	3	
silver sulfadiazine external cream	2	

Drug Name	Drug Tier	Requirements/Limits
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (4 ML per 28 days); NDS
ssd external cream	2	
tacrolimus external ointment	4	QL (100 GM per 30 days)
tazarotene external cream 0.1 %	4	QL (60 GM per 30 days)
tretinoin external cream 0.025 %	3	PA
tretinoin external cream 0.05 %	4	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion 0.025 %	3	
triamcinolone acetonide external lotion 0.1 %	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.5 %	2	
triderm external cream	2	
urea external lotion	4	
zenatane oral capsule	4	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION	4	B/D PA
AMINOSYN-PF INTRAVENOUS SOLUTION	4	B/D PA
calcium acetate (phos binder) oral capsule	4	
calcium acetate (phos binder) oral tablet	3	
calcium acetate oral tablet 667 mg	3	
carglumic acid oral tablet soluble	5	NDS
CHEMET ORAL CAPSULE	5	NDS
deferasirox granules oral packet	5	PA; NDS
deferasirox oral packet	5	PA; NDS
deferasirox oral tablet 180 mg, 360 mg	4	PA
deferasirox oral tablet 90 mg	3	PA
deferasirox oral tablet soluble 125 mg, 250 mg	4	PA
deferasirox oral tablet soluble 500 mg	5	PA; NDS
dextrose intravenous solution 5 %	2	
dextrose-nacl intravenous solution	4	
dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %	4	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	
KIONEX COMBINATION SUSPENSION	3	

Drug Name	Drug Tier	Requirements/Limits
klor-con 10 oral tablet extended release	2	
klor-con m10 oral tablet extended release	2	
klor-con m15 oral tablet extended release	2	
klor-con m20 oral tablet extended release	2	
klor-con oral packet	4	
klor-con oral tablet extended release	2	
LOKELMA ORAL PACKET	4	QL (90 EA per 30 days)
magnesium sulfate injection solution	3	
penicillamine oral tablet	5	NDS
PLENAMINE INTRAVENOUS SOLUTION	4	B/D PA
potassium chloride crys er oral tablet extended release	2	
potassium chloride er oral capsule extended release	2	
potassium chloride er oral tablet extended release	2	
potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml	2	
potassium chloride oral packet	4	
potassium chloride oral solution	4	
potassium citrate er oral tablet extended release	4	
prenatal oral tablet 27-1 mg	2	
sevelamer hcl oral tablet	4	
sodium chloride intravenous solution 0.45 %	3	
SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS	3	
sodium chloride solution 0.9 % intravenous	3	
sodium polystyrene sulfonate combination suspension	3	
sodium polystyrene sulfonate oral powder	3	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	3	
tolvaptan oral tablet	5	PA; QL (120 EA per 30 days); NDS
trientine hcl oral capsule	5	PA; NDS
VELPHORO ORAL TABLET CHEWABLE	5	NDS
VELTASSA ORAL PACKET 1 GM	4	QL (120 EA per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
alosetron hcl oral tablet 0.5 mg	4	PA; QL (120 EA per 30 days)
alosetron hcl oral tablet 1 mg	5	PA; QL (60 EA per 30 days); NDS
bis subcit-metronid-tetracyc oral capsule	4	
bismuth/metronidaz/tetracyclin oral capsule	4	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	5	PA; NDS
BYLVAY ORAL CAPSULE	5	PA; NDS
CLENPIQ ORAL SOLUTION	3	
constulose oral solution	2	
CTEXLI ORAL TABLET	5	PA; NDS
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral tablet 20 mg	2	
diphenoxylate-atropine oral tablet	3	
enulose oral solution	2	
esomeprazole magnesium oral capsule delayed release	2	QL (60 EA per 30 days)
famotidine oral suspension reconstituted	4	
famotidine oral tablet 20 mg, 40 mg	1	
gavilyte-c oral solution reconstituted	2	
gavilyte-g oral solution reconstituted	2	
gavilyte-n with flavor pack oral solution reconstituted	2	
generlac oral solution	2	
glycopyrrolate oral tablet 1 mg, 2 mg	3	PA
lactulose encephalopathy oral solution	2	
lactulose oral solution	2	
lansoprazole oral capsule delayed release	2	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
loperamide hcl oral capsule	2	
lubiprostone oral capsule	4	QL (60 EA per 30 days)
metoclopramide hcl oral solution	2	
metoclopramide hcl oral tablet	1	
misoprostol oral tablet	3	
MOVANTIK ORAL TABLET	3	QL (30 EA per 30 days)
na sulfate-k sulfate-mg sulf oral solution	3	
nitroglycerin rectal ointment	4	QL (30 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
nizatidine oral capsule	4	
omeprazole oral capsule delayed release	1	QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release	1	QL (60 EA per 30 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	2	
peg-3350/electrolytes oral solution reconstituted	2	
rabeprazole sodium oral tablet delayed release	3	QL (60 EA per 30 days)
sucralfate oral tablet	2	
SUTAB ORAL TABLET	3	
TALICIA ORAL CAPSULE DELAYED RELEASE	4	
ursodiol oral capsule 300 mg	4	
ursodiol oral tablet	3	
VOWST ORAL CAPSULE	5	PA; QL (12 EA per 3 days); NDS
XERMELO ORAL TABLET	5	PA; QL (90 EA per 30 days); NDS
XIFAXAN ORAL TABLET	3	PA; QL (90 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine oral powder	5	NDS
CHOLBAM ORAL CAPSULE	5	PA; NDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
cromolyn sodium oral concentrate	4	
CYSTAGON ORAL CAPSULE	4	
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; QL (240 ML per 30 days); NDS
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; NDS
l-glutamine oral packet	5	PA; NDS
miglustat oral capsule	5	PA; QL (90 EA per 30 days); NDS
nitisinone oral capsule	5	NDS
ONPATTRO INTRAVENOUS SOLUTION	5	PA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; NDS
PYRUKYND ORAL TABLET 20 MG, 5 MG	5	PA; QL (60 EA per 30 days); NDS
PYRUKYND ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days); NDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	5	PA; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
REVCOVI INTRAMUSCULAR SOLUTION	5	PA; NDS
sapropterin dihydrochloride oral packet	5	PA; NDS
sapropterin dihydrochloride oral tablet	5	PA; NDS
sodium phenylbutyrate oral powder	5	NDS
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; NDS
SUCRAID ORAL SOLUTION	5	PA; NDS
WELIREG ORAL TABLET	5	PA NSO; NDS
yargesa oral capsule	5	PA; QL (90 EA per 30 days); NDS
zelvysia oral packet	5	PA; NDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
Genitourinary Agents		
acetic acid irrigation solution	1	
alfuzosin hcl er oral tablet extended release 24 hour	2	QL (30 EA per 30 days)
bethanechol chloride oral tablet	2	
doxazosin mesylate oral tablet	2	
dutasteride oral capsule	2	
ELMIRON ORAL CAPSULE	4	QL (90 EA per 30 days)
fesoterodine fumarate er oral tablet extended release 24 hour	4	
finasteride oral tablet 5 mg	1	
GEMTESA ORAL TABLET	4	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour	2	
oxybutynin chloride oral solution	2	
oxybutynin chloride oral tablet 5 mg	2	
silodosin oral capsule	4	QL (30 EA per 30 days)
solifenacin succinate oral tablet	2	
tadalafil oral tablet 2.5 mg, 5 mg	3	PA; QL (30 EA per 30 days)
tamsulosin hcl oral capsule	1	QL (60 EA per 30 days)
terazosin hcl oral capsule	1	
tolterodine tartrate er oral capsule extended release 24 hour	3	

Drug Name	Drug Tier	Requirements/Limits
tolterodine tartrate oral tablet	3	
trospium chloride er oral capsule extended release 24 hour	4	
trospium chloride oral tablet	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
CORTISONE ACETATE ORAL TABLET	5	NDS
deflazacort oral suspension	5	PA; NDS
deflazacort oral tablet	5	PA; NDS
dexamethasone oral elixir	3	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
fludrocortisone acetate oral tablet	2	
hydrocortisone oral tablet	2	
jaythari oral suspension	5	PA; NDS
jaythari oral tablet	5	PA; NDS
kymbee oral suspension	5	PA; NDS
kymbee oral tablet	5	PA; NDS
methylprednisolone oral tablet	2	
methylprednisolone oral tablet therapy pack	2	
prednisolone oral solution	3	
prednisolone sodium phosphate oral solution 15 mg/5ml	2	
prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	4	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	2	
pyquvi oral suspension	5	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin ace spray refrig nasal solution	4	
desmopressin acetate oral tablet	3	
desmopressin acetate spray nasal solution	4	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 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	5	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; NDS
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days); NDS
ISTURISA ORAL TABLET 5 MG	5	PA; QL (360 EA per 30 days); NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
abigale lo oral tablet	4	
abigale oral tablet	4	
afirmelle oral tablet	3	
altavera oral tablet	3	
alyacen 1/35 oral tablet	3	
alyacen 7/7/7 oral tablet	3	
amethyst oral tablet	3	
ashlyna oral tablet	4	QL (91 EA per 91 days)
aubra eq oral tablet	3	
aurovela 1.5/30 oral tablet	3	
aurovela 1/20 oral tablet	3	
aurovela fe 1.5/30 oral tablet	3	
aurovela fe 1/20 oral tablet	3	
aviane oral tablet	3	
ayuna oral tablet	3	
azurette oral tablet	3	
balziva oral tablet	3	
blisovi fe 1.5/30 oral tablet	3	
blisovi fe 1/20 oral tablet	3	
briellyn oral tablet	3	
camila oral tablet	2	
camrese lo oral tablet	4	QL (91 EA per 91 days)
camrese oral tablet	4	QL (91 EA per 91 days)
chateal eq oral tablet	3	

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	QL (4 EA per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY	4	QL (4 EA per 28 days)
cryselle oral tablet	3	
cryselle-28 oral tablet	3	
danazol oral capsule	4	
dasetta 1/35 (28) oral tablet	3	
dasetta 7/7/7 oral tablet	3	
daysee oral tablet	4	QL (91 EA per 91 days)
deblitane oral tablet	2	
delyla oral tablet	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL (0.65 ML per 90 days)
desogestrel-ethinyl estradiol oral tablet	3	
dolishale oral tablet	3	
dotti transdermal patch twice weekly	4	QL (8 EA per 28 days)
elinest oral tablet	3	
eluryng vaginal ring	4	QL (1 EA per 28 days)
emzahh oral tablet	2	
enilloring vaginal ring	4	QL (1 EA per 28 days)
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	3	
errin oral tablet	2	
estarylla oral tablet	3	
estradiol oral tablet	2	
estradiol transdermal gel	4	
estradiol transdermal patch twice weekly	4	QL (8 EA per 28 days)
estradiol transdermal patch weekly	3	QL (4 EA per 28 days)
estradiol vaginal cream	2	
estradiol vaginal tablet	4	
estradiol-norethindrone acet oral tablet	4	
ESTRING VAGINAL RING	4	QL (1 EA per 90 days)
estrogens conjugated oral tablet	4	QL (30 EA per 30 days)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	3	
etonogestrel-ethinyl estradiol vaginal ring	3	QL (1 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
falmina oral tablet	3	
feirza 1.5/30 oral tablet	3	
feirza 1/20 oral tablet	3	
fyavolv oral tablet	4	
gallifrey oral tablet	2	
hailey 1.5/30 oral tablet	3	
hailey fe 1.5/30 oral tablet	3	
hailey fe 1/20 oral tablet	3	
heather oral tablet	2	
iclevia oral tablet	4	QL (91 EA per 91 days)
incassia oral tablet	2	
introvale oral tablet	4	QL (91 EA per 91 days)
jaimiess oral tablet	4	QL (91 EA per 91 days)
jencycla oral tablet	2	
jinteli oral tablet	4	
jolessa oral tablet	4	QL (91 EA per 91 days)
junel 1.5/30 oral tablet	3	
junel 1/20 oral tablet	3	
junel fe 1.5/30 oral tablet	3	
junel fe 1/20 oral tablet	3	
kariva oral tablet	3	
kelnor 1/35 oral tablet	3	
kurvelo oral tablet	3	
larin 1.5/30 oral tablet	3	
larin 1/20 oral tablet	3	
larin fe 1.5/30 oral tablet	3	
larin fe 1/20 oral tablet	3	
lessina oral tablet	3	
levonest oral tablet	3	
levonorgest-eth estrad 91-day oral tablet	4	QL (91 EA per 91 days)
levonorgestrel-ethinyl estrad oral tablet	3	
levonorg-eth estrad triphasic oral tablet	3	
levora 0.15/30 (28) oral tablet	3	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	3	
lojaimiess oral tablet	4	QL (91 EA per 91 days)

Drug Name	Drug Tier	Requirements/Limits
low-ogestrel oral tablet	3	
luizza 1.5/30 oral tablet	3	
luizza 1/20 oral tablet	3	
lutera oral tablet	3	
lyleq oral tablet	2	
lyllana transdermal patch twice weekly	4	QL (8 EA per 28 days)
lyza oral tablet	2	
marlissa oral tablet	3	
medroxyprogesterone acetate intramuscular suspension	2	QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe	2	QL (1 ML per 90 days)
medroxyprogesterone acetate oral tablet	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	3	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	2	
meleya oral tablet	2	
microgestin 1.5/30 oral tablet	3	
microgestin 1/20 oral tablet	3	
microgestin fe 1.5/30 oral tablet	3	
microgestin fe 1/20 oral tablet	3	
mili oral tablet	3	
mimvey oral tablet	4	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	4	QL (8 EA per 28 days)
mono-linyah oral tablet	3	
necon 0.5/35 (28) oral tablet	3	
NEXPLANON SUBCUTANEOUS IMPLANT	3	
nora-be oral tablet	2	
norelgestromin-eth estradiol transdermal patch weekly	4	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	3	
norethindrone acetate oral tablet	2	
norethindrone acet-ethinyl est oral tablet	3	
norethindrone oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
norethindrone-eth estradiol oral tablet	4	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	3	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	3	
norlyroc oral tablet	2	
nortrel 0.5/35 (28) oral tablet	3	
nortrel 1/35 (21) oral tablet	3	
nortrel 1/35 (28) oral tablet	3	
nortrel 7/7/7 oral tablet	3	
nylia 1/35 oral tablet	3	
nylia 7/7/7 oral tablet	3	
orquidea oral tablet	2	
OSPHENA ORAL TABLET	3	PA; QL (30 EA per 30 days)
philith oral tablet	3	
pimtrea oral tablet	3	
portia-28 oral tablet	3	
PREMARIN VAGINAL CREAM	4	
PREMPHASE ORAL TABLET	4	QL (28 EA per 28 days)
PREMPRO ORAL TABLET	4	QL (28 EA per 28 days)
progesterone oral capsule	2	
raloxifene hcl oral tablet	2	
setlakin oral tablet	4	QL (91 EA per 91 days)
sharobel oral tablet	2	
simliya oral tablet	3	
simpesse oral tablet	4	QL (91 EA per 91 days)
sprintec 28 oral tablet	3	
sronyx oral tablet	3	
tarina fe 1/20 eq oral tablet	3	
testosterone cypionate intramuscular solution 100 mg/ml	2	PA; QL (10 ML per 28 days)
testosterone cypionate solution 200 mg/ml intramuscular	2	PA; QL (10 ML per 28 days)
TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR	2	PA; QL (10 ML per 28 days)
testosterone enanthate intramuscular solution	3	PA; QL (5 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	4	PA; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA; QL (150 GM per 30 days)
tri-estarylla oral tablet	3	
tri-linyah oral tablet	3	
tri-mili oral tablet	3	
tri-sprintec oral tablet	3	
tri-vylibra oral tablet	3	
turqoz oral tablet	3	
valtya 1/35 oral tablet	3	
valtya 1/50 oral tablet	3	
vienva oral tablet	3	
viorele oral tablet	3	
volnea oral tablet	3	
vyfemla oral tablet	3	
vylibra oral tablet	3	
wera oral tablet	3	
xulane transdermal patch weekly	3	
yuvafem vaginal tablet	4	
zafemy transdermal patch weekly	4	
zovia 1/35 (28) oral tablet	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	3	
levothyroxine sodium oral tablet	1	
levoxyl oral tablet	2	
liomny oral tablet	2	
liothyronine sodium oral tablet	2	
REZDIFFRA ORAL TABLET	5	PA; QL (30 EA per 30 days); NDS
SYNTHROID ORAL TABLET	3	
unithroid oral tablet	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline oral tablet	3	

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA NSO; QL (4 EA per 365 days); NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA NSO; QL (1 EA per 28 days)
leuprolide acetate injection kit	4	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 28 days); NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 84 days); NDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 112 days); NDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 168 days); NDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	5	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	5	PA; QL (1 EA per 84 days); NDS
mifepristone oral tablet 200 mg	4	
mifepristone oral tablet 300 mg	5	PA; QL (120 EA per 30 days); NDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	5	PA; NDS
ORGOVYX ORAL TABLET	5	PA NSO; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; QL (60 ML per 30 days); NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (30 EA per 30 days); NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA NSO; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PA NSO; QL (1 EA per 168 days); NDS
Hormonal Agents, Suppressant (Thyroid)		
methimazole oral tablet	2	
propylthiouracil oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA NSO; NDS
ADACEL INTRAMUSCULAR SUSPENSION	1	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (3 EA per 28 days); NDS
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	5	PA; QL (2 EA per 28 days); NDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (3 EA per 28 days); NDS
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	5	PA; QL (2 EA per 28 days); NDS
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	5	PA; QL (2 EA per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days); NDS
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	QL (1 EA per 999 days)
AVTOZMA INTRAVENOUS SOLUTION	5	PA
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3.6 ML per 28 days)
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (3.6 ML per 28 days)
azathioprine oral tablet 50 mg	2	B/D PA
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NDS
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA NSO; NDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA NSO; NDS
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BIVIGAM INTRAVENOUS SOLUTION	5	PA; NDS
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; NDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (10 ML per 28 days); NDS
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML	5	PA; NDS
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL (10 ML per 28 days); NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (10 ML per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (10 ML per 28 days); NDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (10 ML per 28 days); NDS
cyclosporine modified oral capsule	4	B/D PA
cyclosporine modified oral solution	4	B/D PA
cyclosporine oral capsule	4	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION	3	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NDS
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA; NDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (8 ML per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (4 ML per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days); NDS
ENGERIX-B INJECTION SUSPENSION	1	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.36 ML per 28 days); NDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/D PA

Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	B/D PA; NDS
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	4	B/D PA
everolimus oral tablet 1 mg	5	B/D PA; NDS
GAMASTAN INTRAMUSCULAR SOLUTION	3	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
gengraf oral capsule	4	B/D PA
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	B/D PA
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	
HIZENTRA SUBCUTANEOUS SOLUTION	5	PA; NDS
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NDS
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	B/D PA
icatibant acetate subcutaneous solution prefilled syringe	5	PA; QL (36 ML per 30 days); NDS
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D PA
INFANRIX INTRAMUSCULAR SUSPENSION	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; NDS
IPOL INJECTION SUSPENSION	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYLAMVO ORAL SOLUTION	4	PA NSO
JYNNEOS SUBCUTANEOUS SUSPENSION	1	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NDS
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
leflunomide oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
methotrexate sodium (pf) injection solution	2	
methotrexate sodium injection solution	2	
methotrexate sodium injection solution reconstituted	2	
methotrexate sodium oral tablet	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL (0.5 ML per 999 days)
mycophenolate mofetil oral capsule	4	B/D PA
mycophenolate mofetil oral suspension reconstituted	5	B/D PA; NDS
mycophenolate mofetil oral tablet	4	B/D PA
mycophenolate sodium oral tablet delayed release	4	B/D PA
mycophenolic acid oral tablet delayed release	4	B/D PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (4 ML per 28 days); NDS
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days); NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days); NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days); NDS
OTEZLA ORAL TABLET THERAPY PACK	5	PA; QL (110 EA per 365 days); NDS
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK	5	PA; QL (82 EA per 365 days); NDS
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAXHIB INTRAMUSCULAR SUSPENSION	3	
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; QL (4 ML per 28 days); NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 ML per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; NDS
PROGRAF ORAL PACKET	4	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D PA
RECOMBIVAX HB INJECTION SUSPENSION	1	B/D PA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D PA
REZUROCK ORAL TABLET	5	PA; QL (60 EA per 30 days); NDS
RINVOQ LQ ORAL SOLUTION	5	PA; QL (360 ML per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days); NDS
ROTARIX ORAL SUSPENSION	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	QL (2 EA per 999 days)
sirolimus oral solution	4	B/D PA
sirolimus oral tablet	4	B/D PA
SKYRIZI INTRAVENOUS SOLUTION	5	PA; QL (60 ML per 365 days); NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1 ML per 28 days); NDS
SKYRIZI SUBCUTANEOUS	5	PA; QL (1.2 ML per 56 days); NDS

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 ML per 56 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (1 ML per 28 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	5	PA; QL (0.37 ML per 28 days); NDS
STARJEMZA INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
STARJEMZA SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
STEQEYMA INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
STEQEYMA SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
tacrolimus er oral capsule extended release 24 hour	4	B/D PA
tacrolimus oral capsule	4	B/D PA
TAVNEOS ORAL CAPSULE	5	PA; QL (180 EA per 30 days); NDS
TENIVAC INTRAMUSCULAR SUSPENSION	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	
tofacitinib citrate er oral tablet extended release 24 hour	5	PA; QL (30 EA per 30 days); NDS
tofacitinib citrate oral solution	5	PA; QL (300 ML per 30 days); NDS
tofacitinib citrate oral tablet	5	PA; QL (60 EA per 30 days); NDS
TREMFYA INTRAVENOUS SOLUTION	5	PA; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2 ML per 56 days); NDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (2 ML per 56 days); NDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; QL (4 ML per 28 days); NDS
TREMFYA SUBCUTANEOUS	5	PA; QL (2 ML per 56 days); NDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	5	PA; QL (4 ML per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (4 ML per 28 days); NDS
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3.6 ML per 28 days); NDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (3.6 ML per 28 days); NDS
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
VEOPOZ INJECTION SOLUTION	5	PA; NDS
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	QL (4 EA per 999 days)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (20 ML per 28 days); NDS
XATMEP ORAL SOLUTION	4	PA NSO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (1 ML per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (1 ML per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 EA per 28 days); NDS
YESINTEK INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (2 EA per 28 days); NDS
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (2 EA per 28 days); NDS
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; QL (2 EA per 28 days); NDS
Inflammatory Bowel Disease Agents		
balsalazide disodium oral capsule	4	
budesonide er oral tablet extended release 24 hour	5	NDS
budesonide oral capsule delayed release particles	4	
hydrocortisone (perianal) external cream 2.5 %	2	QL (300 GM per 30 days)
hydrocortisone rectal enema	4	
mesalamine er oral capsule 0.375 gm	4	QL (120 EA per 30 days)
mesalamine er oral capsule extended release 500 mg	4	QL (240 EA per 30 days)
mesalamine oral tablet delayed release 1.2 gm	4	QL (120 EA per 30 days)
mesalamine rectal enema	4	QL (1800 ML per 30 days)
mesalamine rectal suppository	4	QL (30 EA per 30 days)
mesalamine-cleanser rectal kit	5	NDS
procto-med hc external cream	2	QL (300 GM per 30 days)
SFROWASA RECTAL ENEMA 4 GM/60ML	5	NDS
sulfasalazine oral tablet	2	
sulfasalazine oral tablet delayed release	2	

Drug Name	Drug Tier	Requirements/Limits
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days); NDS
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg, 35 mg	1	
alendronate sodium oral tablet 70 mg	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2.24 ML per 28 days); NDS
calcitonin (salmon) nasal solution	3	QL (3.7 ML per 30 days)
calcitriol oral capsule	2	
cinacalcet hcl oral tablet	4	
ibandronate sodium oral tablet	2	QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL (2 ML per 365 days)
OSENVELT SUBCUTANEOUS SOLUTION	5	PA; NDS
paricalcitol oral capsule	4	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	QL (60 EA per 30 days); NDS
risedronate sodium oral tablet 150 mg	4	QL (1 EA per 28 days)
risedronate sodium oral tablet 35 mg	4	QL (4 EA per 28 days)
risedronate sodium oral tablet 5 mg	4	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL (2 ML per 365 days)
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	5	PA; QL (2.24 ML per 28 days); NDS
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	5	PA; QL (2.24 ML per 28 days); NDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (1.56 ML per 30 days); NDS
WYOST SUBCUTANEOUS SOLUTION	5	PA; NDS
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD	3	
ALCOHOL PREP PADS PAD 70 %	3	
AQ INSULIN SYRINGE	2	QL (200 EA per 30 days)
AQINJECT PEN NEEDLE	2	QL (200 EA per 30 days)
ASSURE ID DUO PRO PEN NEEDLES	2	QL (200 EA per 30 days)
ASSURE ID PRO PEN NEEDLES	2	QL (200 EA per 30 days)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AUM MINI INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	QL (200 EA per 30 days)
AUM READYGARD DUO PEN NEEDLE	2	QL (200 EA per 30 days)
AUM SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
AUTOKEEPER SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
BD AUTOSHIELD DUO PEN NEEDLES	2	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE	2	QL (200 EA per 30 days)
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	2	QL (200 EA per 30 days)
BD ULTRA-FINE PEN NEEDLES	2	QL (200 EA per 30 days)
BD VEO INSULIN SYR ULTRAFINE	2	QL (200 EA per 30 days)
CLEVER CHOICE COMFORT EZ PLUS	2	QL (200 EA per 30 days)
COMFORT EZ PRO PEN NEEDLES	2	QL (200 EA per 30 days)
DROPLET MICRON	2	QL (200 EA per 30 days)
DROPSAFE AUTOPROTECT DUO	2	QL (200 EA per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL (200 EA per 30 days)
ELLA ORAL TABLET	3	
EMBECTA AUTOSHIELD DUO	2	QL (200 EA per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYR ULTRAFINE	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-100	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-500	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE	2	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INCONTROL ULTICARE PEN NEEDLES	2	QL (200 EA per 30 days)
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 34G X 3.5 MM	2	QL (200 EA per 30 days)
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	QL (200 EA per 30 days)
INSUPEN32G EXTR3ME	2	QL (200 EA per 30 days)
KYGEVVI ORAL PACKET	5	PA; NDS
levocarnitine oral solution	4	
levocarnitine oral tablet	4	
levocarnitine sf oral solution	4	
NOVOFINE PEN NEEDLE	2	QL (200 EA per 30 days)
NOVOFINE PLUS PEN NEEDLE	2	QL (200 EA per 30 days)
NUTRILIPID INTRAVENOUS EMULSION	4	B/D PA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXCOM PODS	3	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS	3	QL (30 EA per 30 days)
PEN NEEDLE/5-BEVEL TIP	2	QL (200 EA per 30 days)
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	QL (200 EA per 30 days)
PIP PEN NEEDLES 32G X 4MM	2	QL (200 EA per 30 days)
PURE COMFORT SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
QUICK TOUCH INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
RAYA SURE PEN NEEDLE	2	QL (200 EA per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION	5	PA; QL (1 ML per 28 days); NDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	5	PA; QL (0.8 ML per 28 days); NDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; QL (1 ML per 28 days); NDS
SAFETY PEN NEEDLES	2	QL (200 EA per 30 days)
SKYCLARYS ORAL CAPSULE	5	PA; QL (90 EA per 30 days); NDS
sodium chloride irrigation solution	2	
TECHLITE PLUS PEN NEEDLES	2	QL (200 EA per 30 days)
TOPFINE INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
TRUE COMFORT SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE	2	QL (200 EA per 30 days)
ULTRA COMFORT PEN NEEDLES	2	QL (200 EA per 30 days)
UNIFINE OTC PEN NEEDLES	2	QL (200 EA per 30 days)
UNIFINE PROTECT PEN NEEDLE	2	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
VERIFINE INSULIN SYRINGE	2	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE	2	QL (200 EA per 30 days)
VERISAFE SAFETY INSULIN SYR	2	QL (200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
WEGOVY ORAL TABLET 1.5 MG	3	PA; QL (60 EA per 365 days)
WEGOVY ORAL TABLET 25 MG, 4 MG, 9 MG	3	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; QL (3 ML per 28 days)
ZOKINVY ORAL CAPSULE	5	PA; QL (120 EA per 30 days); NDS
Ophthalmic Agents		
acetazolamide er oral capsule extended release 12 hour	3	

Drug Name	Drug Tier	Requirements/Limits
acetazolamide oral tablet	3	
atropine sulfate ophthalmic solution 1 %	2	
azelastine hcl ophthalmic solution	2	
bacitracin ophthalmic ointment 500 unit/gm	4	QL (7 GM per 28 days)
bacitracin-polymyxin b ophthalmic ointment	2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	3	
BESIVANCE OPHTHALMIC SUSPENSION	4	
betaxolol hcl ophthalmic solution	3	
brimonidine tartrate ophthalmic solution 0.1 %	3	
brimonidine tartrate ophthalmic solution 0.2 %	2	
brimonidine tartrate-timolol ophthalmic solution	3	
brinzolamide ophthalmic suspension	4	
bromfenac sodium ophthalmic solution 0.07 %	4	QL (12 ML per 365 days)
carteolol hcl ophthalmic solution	2	
ciprofloxacin hcl ophthalmic solution	2	
COMBIGAN OPHTHALMIC SOLUTION	3	
cromolyn sodium ophthalmic solution	2	
cyclosporine (pf) ophthalmic emulsion	3	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION	5	QL (60 ML per 28 days); NDS
dexamethasone sodium phosphate ophthalmic solution	3	
diclofenac sodium ophthalmic solution	2	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	2	
dorzolamide hcl solution 2 % ophthalmic	2	
dorzolamide hcl-timolol mal ophthalmic solution	2	
dorzolamide hcl-timolol mal pf ophthalmic solution	2	
erythromycin ophthalmic ointment	2	
FLAREX OPHTHALMIC SUSPENSION	3	
fluorometholone ophthalmic suspension	3	
flurbiprofen sodium ophthalmic solution	2	
gatifloxacin ophthalmic solution	4	
gentamicin sulfate ophthalmic solution	2	
ILEVRO OPHTHALMIC SUSPENSION	3	QL (4 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine ophthalmic solution 0.4 %	3	
ketorolac tromethamine ophthalmic solution 0.5 %	2	
latanoprost ophthalmic solution	1	
levobunolol hcl ophthalmic solution	2	
levofloxacin ophthalmic solution	3	
loteprednol etabonate ophthalmic gel	4	QL (20 GM per 365 days)
loteprednol-tobramycin ophthalmic suspension	4	
LUMIGAN OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
MIEBO OPHTHALMIC SOLUTION	4	QL (12 ML per 30 days)
moxifloxacin hcl ophthalmic solution	2	
NATACYN OPHTHALMIC SUSPENSION	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment	3	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension	2	
neomycin-polymyxin-gramicidin ophthalmic solution	3	
ofloxacin ophthalmic solution	2	
olopatadine hcl ophthalmic solution 0.2 %	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	3	
polymyxin b-trimethoprim ophthalmic solution	1	
prednisolone acetate ophthalmic suspension	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	3	QL (5.5 ML per 25 days)
RESTASIS OPHTHALMIC EMULSION	3	QL (60 EA per 30 days)
RHOPRESSA OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION	3	
sulfacetamide sodium ophthalmic solution	2	
sulfacetamide-prednisolone ophthalmic solution	2	
timolol maleate ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	4	
tobramycin ophthalmic solution	1	

Drug Name	Drug Tier	Requirements/Limits
tobramycin-dexamethasone ophthalmic suspension	4	
travoprost (bak free) ophthalmic solution	4	QL (2.5 ML per 25 days)
trifluridine ophthalmic solution	4	
TYRVAYA NASAL SOLUTION	4	QL (8.4 ML per 30 days)
VYZULTA OPHTHALMIC SOLUTION	4	QL (5 ML per 25 days)
XDEMVY OPHTHALMIC SOLUTION	5	QL (10 ML per 42 days); NDS
XIIDRA OPHTHALMIC SOLUTION	4	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC GEL	4	
Otic Agents		
acetic acid otic solution	2	
ciprofloxacin-dexamethasone otic suspension	4	
hydrocortisone-acetic acid otic solution	4	
neomycin-polymyxin-hc otic solution	3	
neomycin-polymyxin-hc otic suspension	3	
ofloxacin otic solution	2	
Respiratory Tract/Pulmonary Agents		
ADEMPAS ORAL TABLET	5	PA; QL (90 EA per 30 days); NDS
ADVAIR HFA INHALATION AEROSOL	3	QL (24 GM per 30 days)
AIRSUPRA INHALATION AEROSOL	3	QL (32.1 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL (13.4 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL (17 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL (48 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	2	B/D PA; QL (525 ML per 30 days)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	4	B/D PA; QL (375 ML per 30 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	2	B/D PA; QL (100 EA per 30 days)
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	2	B/D PA; QL (100 EA per 30 days)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	2	B/D PA; QL (100 ML per 30 days)
alyq oral tablet	4	PA; QL (60 EA per 30 days)
ambrisentan oral tablet	5	PA; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
arformoterol tartrate inhalation nebulization solution	4	PA; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL	4	QL (13 GM per 30 days)
azelastine hcl nasal solution	2	QL (60 ML per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
breyna inhalation aerosol	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (23.6 GM per 28 days)
budesonide inhalation suspension	4	B/D PA; QL (120 ML per 30 days)
budesonide-formoterol fumarate inhalation aerosol	4	QL (10.3 GM per 30 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA; QL (84 ML per 28 days); NDS
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	2	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (8 GM per 30 days)
cromolyn sodium inhalation nebulization solution	3	B/D PA
cyproheptadine hcl oral tablet	4	
diphenhydramine hcl +rfid injection solution	4	
diphenhydramine hcl injection solution	4	

Drug Name	Drug Tier	Requirements/Limits
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	4	PA; QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	4	PA; QL (13 GM per 30 days)
epinephrine injection solution auto-injector	3	QL (4 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1 ML per 28 days); NDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days); NDS
flunisolide nasal solution	4	QL (50 ML per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
fluticasone propionate nasal suspension	1	QL (16 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (60 EA per 30 days)
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	4	PA
hydroxyzine hcl oral tablet	3	PA
hydroxyzine pamoate oral capsule	4	PA
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (30 EA per 30 days)
ipratropium bromide hfa inhalation aerosol solution	4	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution	2	B/D PA; QL (312.5 ML per 30 days)
ipratropium bromide nasal solution 0.03 %	2	QL (30 ML per 28 days)
ipratropium bromide nasal solution 0.06 %	2	QL (45 ML per 30 days)
ipratropium-albuterol inhalation solution	2	B/D PA; QL (540 ML per 30 days)
KALYDECO ORAL PACKET	5	PA; QL (56 EA per 28 days); NDS
KALYDECO ORAL TABLET	5	PA; QL (60 EA per 30 days); NDS
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	4	B/D PA; QL (540 ML per 30 days)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL (30 GM per 30 days)
levocetirizine dihydrochloride oral tablet	2	QL (30 EA per 30 days)
macitentan oral tablet	5	PA; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate nasal suspension	4	QL (34 GM per 30 days)
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	QL (30 EA per 30 days)
montelukast sodium oral tablet chewable	2	QL (30 EA per 30 days)
nintedanib esylate oral capsule	5	PA; QL (60 EA per 30 days); NDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 EA per 28 days); NDS
OFEV ORAL CAPSULE	5	PA; QL (60 EA per 30 days); NDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (336 EA per 365 days); NDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (672 EA per 365 days); NDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (504 EA per 365 days); NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
ORKAMBI ORAL TABLET	5	PA; QL (112 EA per 28 days); NDS
pirfenidone oral capsule	5	PA; QL (270 EA per 30 days); NDS
pirfenidone oral tablet 267 mg	5	PA; QL (270 EA per 30 days); NDS
pirfenidone oral tablet 534 mg	5	PA; NDS
pirfenidone oral tablet 801 mg	5	PA; QL (90 EA per 30 days); NDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA per 30 days)
PULMOZYME INHALATION SOLUTION	5	PA; NDS
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	3	QL (21.2 GM per 30 days)
roflumilast oral tablet 250 mcg	4	PA; QL (56 EA per 365 days)
roflumilast oral tablet 500 mcg	4	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
sildenafil citrate oral tablet 20 mg	3	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (24 GM per 30 days)
tadalafil (pah) oral tablet	4	PA; QL (60 EA per 30 days)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	4	
theophylline er oral tablet extended release 24 hour	2	
tiotropium bromide inhalation capsule	4	QL (30 EA per 30 days)
TOBI PODHALER INHALATION CAPSULE	5	QL (224 EA per 56 days); NDS
tobramycin nebulization solution 300 mg/5ml inhalation	5	B/D PA; QL (280 ML per 28 days); NDS
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	B/D PA; QL (280 ML per 28 days); NDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 EA per 28 days); NDS
WINREVAIR SUBCUTANEOUS KIT	5	PA; QL (1 EA per 21 days); NDS
wixela inhub inhalation aerosol powder breath activated	2	QL (60 EA per 30 days)
YUPELRI INHALATION NEBULIZATION SOLUTION	5	B/D PA; QL (90 ML per 30 days); NDS
zafirlukast oral tablet	4	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	3	PA; QL (90 EA per 30 days)
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er oral tablet extended release 12 hour	3	
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	4	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	4	PA; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET	3	QL (30 EA per 30 days)
eszopiclone oral tablet	4	QL (30 EA per 30 days)
modafinil oral tablet	3	PA; QL (30 EA per 30 days)
ramelteon oral tablet	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
sodium oxybate oral solution	5	PA; QL (540 ML per 30 days); NDS
temazepam oral capsule 15 mg, 30 mg	3	QL (30 EA per 30 days)
zaleplon oral capsule 10 mg	4	QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	4	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release	4	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	2	QL (30 EA per 30 days)
Therapeutic Nutrients/Minerals/Electrolytes		
pnv 27-ca/fe/fa oral tablet	2	
pnv prenatal plus multivit+dha oral	2	
pnv tabs 20-1 oral tablet	2	
prenatal plus vitamin/mineral oral tablet 27-1 mg	2	

D. Índice de Medicamentos Cubiertos

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Esta *Lista de medicamentos* se actualizó con fecha 01/01/2027. Para obtener información más reciente o realizar otras preguntas, comuníquese con Servicios al Miembro de First Choice VIP Care al **1-888-996-0499 (TTY 711)**, los siete días de la semana de 8 a.m. a 8 p.m., o visite **www.firstchoicevipcare.com**.

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