TUFTS Health Plan

a Point32Health company

Tufts Medicare Preferred HMO 2026 Formulary (List of Covered Drugs or "Drug List")

Tufts Medicare Preferred HMO Plans

PLEASE READ: This document contains information about the drugs we cover in this plan

26452 Version 17

This formulary was updated on 11/01/2026. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.thpmp.org**.

Tufts Medicare Preferred HMO 2026 Formulary (List of Covered Drugs)

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

When this Drug List (formulary) refers to "we," "us," or "our," it means Tufts Health Plan. When it refers to "plan" or "our plan," it means Tufts Medicare Preferred HMO.

This document includes the Drug List (formulary) for our plan which is current as of 11/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Tufts Medicare Preferred HMO formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Tufts Medicare Preferred HMO in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Tufts Medicare Preferred HMO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred HMO network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the formulary change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section titled *"How do I request an exception to the Tufts Medicare Preferred HMO formulary?"* on page V.

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled *"How do I request an exception to the Tufts Medicare Preferred HMO formulary?"* on page V.

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

The enclosed formulary is current as of 11/01/2026. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category *"Cardiovascular Drugs."* If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 74. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that Tufts Medicare Preferred HMO will cover. For example, Tufts Medicare Preferred HMO provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred HMO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred HMO to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section *"How do I request an exception to the Tufts Medicare Preferred HMO formulary?"* on page V for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that Tufts Medicare Preferred HMO does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Tufts Medicare Preferred HMO. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Tufts Medicare Preferred HMO.
- You can ask Tufts Medicare Preferred HMO to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Tufts Medicare Preferred HMO formulary?

You can ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, Tufts Medicare Preferred HMO will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If your coverage is not approved after your first one-month supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred HMO Member Services department.

For more information

For more detailed information about your Tufts Medicare Preferred HMO prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Tufts Medicare Preferred HMO, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE** (**1-800-633-4227**) 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit **www.medicare.gov**.

Tufts Medicare Preferred HMO formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 74.

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

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred HMO has any special requirements for coverage of your drug.

PA BvD: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Smart Saver Rx, HMO Basic Rx, and HMO Basic No Rx members.

QL: Quantity Limit Applies

Because of potential safety and utilization concerns, Tufts Medicare Preferred HMO has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, *"How do I request an exception to the Tufts Medicare Preferred HMO formulary?"* on page V for information about how to request an exception.

EC: Enhanced Coverage Drug

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. For more information, please call Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30, or visit **www.thpmp.org**.

PA: Prior Authorization Required

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

PA NSO: Prior Authorization for New Starts Only

The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

ST: Step Therapy Prior Authorization Applies

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred HMO for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, *"How do I request an exception to the Tufts Medicare Preferred HMO formulary?"* on page V for information about how to request an exception.

ST NSO: Step Therapy Prior Authorization Applies to New Starts Only

The Step Therapy Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

NEDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

SP: Available Through a Designated Special Pharmacy Provider

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

Optum Specialty Pharmacy: **1-844-265-1705**

Additional coverage

Diabetic Testing Supplies: Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions, and Continuous Glucose Monitoring Systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Our preferred coverage is as follows:

- Accu-Chek Test Strips
- Accu-Chek Meters (Quantity Limit: 1 meter per 180 days)
- Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare (Requires prior authorization)

Part B Vaccines: Certain vaccines are covered under the plan's medical benefit and can be obtained at participating retail pharmacies. Vaccines covered under Part B include:

- COVID-19 vaccines
- Flu vaccines
- Pneumonia vaccines (i.e. Pneumovax 23 & Prevnar 13)

Part B Oral Anti-Cancer Drugs: Certain oral anti-cancer drugs are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Oral anti-cancer drugs covered under Part B include:

- Alkeran Tablet
- Capecitabine Tablet
- Etoposide Capsule
- Hycamtin Capsule
- Melphalan Tablet
- Myleran Tablet
- Temozolomide Capsule

Prescription Drug Benefits: Deductible (for Part D prescription drugs)	Tufts Medicare Preferred **HMO Smart Saver Rx**	Tufts Medicare Preferred **HMO Basic No Rx**	Tufts Medicare Preferred **HMO Basic Rx**
Deductible	$615 per year for your Tier 3, Tier 4, and Tier 5 drugs.	This plan does not cover Part D prescription drugs.	This plan does not have a deductible.

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred **HMO Smart Saver Rx**	Tufts Medicare Preferred **HMO Basic No Rx**	Tufts Medicare Preferred **HMO Basic Rx**
Note: Tier 1 and Tier 2 drugs include enhanced coverage of select erectile dysfunction (ED) drugs.	After you pay your yearly deductible of $615 for Tier 3, Tier 4, and Tier 5 drugs, you pay the Tier 3, Tier 4, or Tier 5 copays listed below until your total yearly drug costs reach $2,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	This plan does not cover Part D prescription drugs.	You pay the following until your total yearly drug costs reach $2,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred **HMO Smart Saver Rx**			Tufts Medicare Preferred **HMO Basic Rx**		
Retail Cost Sharing—Preferred Pharmacy						
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	$0	$0	$0	$0	$0	$0
Tier 2 (Generic)	$2	$4	$6	$4/$0*	$8/$0*	$12/$0*
				* Worcester County only		
Tier 3 (Preferred Brand)	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $105)	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $105)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: $35)	25% of the cost (Insulin: $70)	25% of the cost (Insulin: $105)	40% of the cost (Insulin: $35)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $105)
Tier 5 (Specialty Tier)						
Tier 6 (Vaccines)	25% of the cost	N/A	N/A	33% of the cost	N/A	N/A
	$0	N/A	N/A	$0	N/A	N/A

Tufts Medicare Preferred **HMO Value No Rx**	Tufts Medicare Preferred **HMO Value Rx**	Tufts Medicare Preferred **HMO Prime No Rx**	w	Tufts Medicare Preferred **HMO Prime Rx Plus**
This plan does not cover Part D prescription drugs.	This plan does not have a deductible.	This plan does not cover Part D prescription drugs.	This plan does not have a deductible.	

Tufts Medicare Preferred **HMO Value No Rx**	Tufts Medicare Preferred **HMO Value Rx**	Tufts Medicare Preferred **HMO Prime No Rx**	Tufts Medicare Preferred **HMO Prime Rx**	Tufts Medicare Preferred **HMO Prime Rx Plus**
This plan does not cover Part D prescription drugs.	You pay the following until your total yearly drug costs reach $2,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	This plan does not cover Part D prescription drugs.	You pay the following until your total yearly drug costs reach $2,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	

Tufts Medicare Preferred **HMO Value Rx**			Tufts Medicare Preferred **HMO Prime Rx**			Tufts Medicare Preferred **HMO Prime Rx Plus**		
Retail Cost Sharing—Preferred Pharmacy								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
$0	$0	$0	N/A	N/A	N/A	N/A	N/A	N/A
$4	$8	$12	N/A	N/A	N/A	N/A	N/A	N/A
20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $105)	N/A	N/A	N/A	N/A	N/A	N/A
40% of the cost (Insulin: $35)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $105)	N/A	N/A	N/A	N/A	N/A	N/A
33% of the cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
$0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred **HMO Smart Saver Rx**			Tufts Medicare Preferred **HMO Basic Rx**		
Retail Cost Sharing—Non-Preferred Pharmacy						
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	$5	$10	$15	$14/$6*	$28/$12*	$42/$18*
				* Worcester County only		
Tier 2 (Generic)	$12	$24	$36	$19/$11*	$38/$22*	$57/$33*
				* Worcester County Only		
Tier 3 (Preferred Brand)	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $105)	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $105)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: $35)	25% of the cost (Insulin: $70)	25% of the cost (Insulin: $105)	40% of the cost (Insulin: $35)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $105)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	$0	N/A	N/A	$0	N/A	N/A
Mail Order Cost Sharing						
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	$0	$0	$0	$0	$0	$0
Tier 2 (Generic)	$2	$4	$4	$4/$0*	$8/$0*	$8/$0*
				* Worcester County Only		
Tier 3 (Preferred Brand)	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $70	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $70)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: $35)	25% of the cost (Insulin: $70)	25% of the cost (Insulin: $70)	40% of the cost (Insulin: $35)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $70)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	N/A	N/A	N/A	N/A	N/A	N/A
	If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy. You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy. During this stage, the plan pays its share of the cost of your Tier 1, Tier 2, and Tier 6 drugs, and you pay your share of the cost. After you have met your annual $615 Tier 3, Tier 4, and Tier 5 deductible, the plan pays its share of the cost of your Tier 3, Tier 4, and Tier 5 drugs, and you pay your share.			If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy. You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.		

Tufts Medicare Preferred **HMO Value Rx**			Tufts Medicare Preferred **HMO Prime Rx**			Tufts Medicare Preferred **HMO Prime Rx Plus**		
Retail Cost Sharing—Non-Preferred Pharmacy								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
$14	$28	$42	$4	$8	$12	$2	$4	$6
$19	$38	$57	$8	$16	$24	$4	$8	$12
20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $105)	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $105)	20% of the cost (Insulin: $30)	20% of the cost (Insulin: $60)	20% of the cost (Insulin: $90)
40% of the cost (Insulin: $35)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $105)	40% of the cost (Insulin: $35)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $105)	40% of the cost (Insulin: $35)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $105)
33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
$0	N/A	N/A	$0	N/A	N/A	$0	N/A	N/A
Mail Order Cost Sharing								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
$0	$0	$0	$4	$8	$8	$2	$4	$4
$4	$8	$8	$8	$16	$16	$4	$8	$8
20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $35)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $70)	20% of the cost (Insulin: $30)	20% of the cost (Insulin: $60)	20% of the cost (Insulin: $60)
40% of the cost (Insulin: $35)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $35)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $35)	40% of the cost (Insulin: $70)	40% of the cost (Insulin: $70)
33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy. You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.								

Prescription Drug Benefits: Catastrophic Coverage	
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,100, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX TABLET 50MG	4	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 100mg, 200mg, 50mg	2	
celecoxib capsule 400mg	3	
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr tablet delayed release 50mg, 75mg	2	
diclofenac sodium dr tablet delayed release 25mg	4	
diclofenac sodium er tablet extended release 24 hour 100mg	4	
diclofenac sodium gel 1%	3	QL(960 GM per 30 days)
diclofenac sodium topical solution 1.5%	4	
diflunisal tablet 500mg	4	
ec-naproxen tablet delayed release 500mg	4	
etodolac er tablet extended release 24 hour 400mg, 500mg, 600mg	4	
etodolac capsule 200mg, 300mg	3	
etodolac tablet 400mg, 500mg	2	
flurbiprofen tablet 100mg	3	
ibuprofen suspension 100mg/5ml	2	
ibuprofen tablet 400mg, 600mg, 800mg	1	
ibu tablet 400mg, 600mg, 800mg	1	
indomethacin capsule 25mg, 50mg	2	
meloxicam tablet 15mg, 7.5mg	1	
nabumetone tablet 500mg, 750mg	2	
naproxen dr tablet delayed release 375mg, 500mg	4	
naproxen sodium tablet 275mg, 550mg	2	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet 600mg	2	
piroxicam capsule 10mg, 20mg	3	
salsalate tablet 500mg, 750mg	4	
sulindac tablet 150mg, 200mg	2	
Opioid Analgesics, Long-acting		
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	4	QL(4 EA per 28 days)
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	QL(10 EA per 30 days)
methadone hcl solution 5mg/5ml	3	QL(1200 ML per 30 days)
methadone hcl tablet 10mg, 5mg	2	QL(120 EA per 30 days)
methadone hydrochloride solution 10mg/5ml	3	QL(600 ML per 30 days)
morphine sulfate er tablet extended release 15mg, 30mg, 60mg	2	QL(60 EA per 30 days)
morphine sulfate er tablet extended release 100mg, 200mg	3	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg	4	QL(30 EA per 30 days)
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tablet 300mg; 60mg	2	QL(240 EA per 30 days)
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	2	QL(3600 ML per 30 days)
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	2	QL(240 EA per 30 days)
butorphanol tartrate solution 10mg/ml	4	QL(7.5 ML per 30 days)
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	QL(240 EA per 30 days)
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	QL(120 EA per 30 days); PA
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	QL(120 EA per 30 days); PA; NEDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	2	QL(3600 ML per 30 days)
hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	2	QL(240 EA per 30 days)
hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg	3	QL(240 EA per 30 days)
hydrocodone/acetaminophen tablet 325mg; 7.5mg	2	QL(240 EA per 30 days)
hydromorphone hcl liquid 1mg/ml	3	QL(1350 ML per 30 days)
hydromorphone hcl tablet 8mg	2	QL(120 EA per 30 days)
hydromorphone hcl tablet 2mg, 4mg	2	QL(240 EA per 30 days)
morphine sulfate solution 100mg/5ml	3	QL(180 ML per 30 days)
morphine sulfate solution 10mg/5ml, 20mg/5ml	3	QL(900 ML per 30 days)
morphine sulfate tablet 15mg, 30mg	2	QL(180 EA per 30 days)
oxycodone hydrochloride capsule 5mg	3	QL(240 EA per 30 days)
oxycodone hydrochloride concentrate 100mg/5ml	4	QL(120 ML per 30 days)
oxycodone hydrochloride solution 5mg/5ml	2	QL(2400 ML per 30 days)
oxycodone hydrochloride tablet 20mg, 30mg	2	QL(120 EA per 30 days)
oxycodone hydrochloride tablet 10mg, 15mg	2	QL(180 EA per 30 days)
oxycodone hydrochloride tablet 5mg	2	QL(240 EA per 30 days)
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	QL(240 EA per 30 days)
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	2	QL(240 EA per 30 days)
tramadol hydrochloride tablet 50mg	1	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
glydo prefilled syringe 2%	2	QL(100 ML per 30 days)
lidocaine hcl jelly prefilled syringe 2%	2	QL(100 ML per 30 days)
lidocaine hcl injection 0.5%, 1.5%	2	
lidocaine hcl prefilled syringe 2%	2	QL(100 ML per 30 days)
lidocaine hydrochloride jelly gel 2%	2	QL(100 ML per 30 days)
lidocaine hydrochloride injection 1%, 2%, 4%	2	

Drug Name	Drug Tier	Requirements/Limits
lidocaine hydrochloride topical solution 4%	3	QL(100 ML per 30 days)
lidocaine/prilocaine cream 2.5%; 2.5%	2	QL(60 GM per 30 days)
lidocaine ointment 5%	3	QL(100 GM per 30 days)
lidocaine patch 5%	4	QL(90 EA per 30 days); PA
premium lidocaine ointment 5%	3	QL(100 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tablet delayed release 333mg	4	
disulfiram tablet 250mg, 500mg	4	
naltrexone hydrochloride tablet 50mg	2	
VIVITROL INJECTION 380MG	5	NEDS; SP
Opioid Dependence		
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg	2	
buprenorphine hcl tablet sublingual 2mg, 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	2	QL(90 EA per 30 days)
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	4	
naloxone hcl injection 4mg/10ml	4	
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride injection 2mg/2ml	3	
naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml	4	
naloxone hydrochloride liquid 4mg/0.1ml	3	QL(4 EA per 30 days)
OPVEE SOLUTION 2.7MG/0.1ML	3	QL(4 EA per 30 days)
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	3	
NICOTROL INHALER INHALER 10MG	4	
NICOTROL NS SOLUTION 10MG/ML	4	
TYRVAYA SOLUTION 0.03MG/ACT	4	
varenicline starting month tablet therapy pack 0	4	QL(53 EA per 28 days)
varenicline tartrate continuing month tablet 1mg	4	QL(60 EA per 30 days)
varenicline tartrate tablet 0.5mg, 1mg	4	QL(60 EA per 30 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	4	HI
ARIKAYCE SUSPENSION 590MG/8.4ML	5	PA; NEDS; SP
gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	4	HI
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	4	HI

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate ointment 0.1%	2	
isotonic gentamicin injection 0.8mg/ml; 0.9%	4	HI
neomycin sulfate tablet 500mg	2	
streptomycin sulfate injection 1gm	5	NEDS
tobramycin sulfate injection 1.2gm/30ml, 40mg/ml	2	HI
tobramycin sulfate injection 10mg/ml, 80mg/2ml	4	HI
Antibacterials, Other		
aztreonam injection 1gm, 2gm	4	HI
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	4	
clindamycin phosphate cream 2%	4	
clindamycin phosphate injection 9000mg/60ml	2	HI
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	4	HI
clindamycin phosphate swab 1%	3	
colistimethate sodium injection 150mg	5	NEDS; HI
daptomycin/sodium chloride injection 1000mg/100ml; 0.9%, 350mg/50ml; 0.9%, 500mg/50ml; 0.9%, 700mg/100ml; 0.9%	4	HI
daptomycin injection 350mg, 500mg	5	NEDS; HI
fosfomycin tromethamine packet 3gm	4	
IMPAVIDO CAPSULE 50MG	5	NEDS
linezolid injection 600mg/300ml	4	HI
linezolid suspension reconstituted 100mg/5ml	5	NEDS
linezolid tablet 600mg	4	
methenamine hippurate tablet 1gm	4	
methenamine mandelate tablet 0.5gm, 1gm	4	
metronidazole vaginal gel 0.75%	3	
metronidazole injection 500mg/100ml	2	HI
metronidazole tablet 250mg, 500mg	2	
nitrofurantoin macrocrystals capsule 100mg, 25mg, 50mg	4	
nitrofurantoin monohydrate/macrocrystals capsule 100mg	2	
NUVESSA GEL 1.3%	4	
tigecycline injection 50mg	4	HI
tinidazole tablet 250mg, 500mg	4	
trimethoprim tablet 100mg	3	
vancomycin hcl injection 0.9%; 1gm/200ml	2	HI
vancomycin hcl injection 100gm, 10gm	4	HI
vancomycin hydrochloride capsule 125mg, 250mg	3	
vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg	4	HI
vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml	2	HI

Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	PA
Beta-lactam, Cephalosporins		
cefaclor capsule 250mg, 500mg	4	
cefadroxil capsule 500mg	2	
cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml	4	
cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%, 3gm; 2%	4	HI
cefazolin sodium injection 1gm/50ml; 4%	2	HI
cefazolin sodium injection 10gm, 1gm, 2gm, 3gm, 500mg	4	HI
cefazolin/dextrose injection 3gm/150ml; 4%	2	HI
cefazolin injection 2gm/100ml; 4%	2	HI
cefazolin injection 2gm, 3gm	4	HI
cefdinir capsule 300mg	2	
cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml	2	
cefepime hydrochloride injection 2gm	4	HI
cefepime/dextrose injection 1gm/50ml; 5%, 2gm/50ml; 5%	4	HI
cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm	4	HI
cefixime capsule 400mg	4	
cefixime suspension reconstituted 100mg/5ml, 200mg/5ml	4	
cefotetan injection 1gm, 2gm	4	HI
cefoxitin sodium injection 10gm, 1gm, 2gm	4	HI
cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml	4	
cefpodoxime proxetil tablet 100mg, 200mg	3	
cefprozil suspension reconstituted 125mg/5ml	3	
cefprozil suspension reconstituted 250mg/5ml	4	
cefprozil tablet 250mg, 500mg	3	
ceftaroline fosamil injection 400mg, 600mg	5	NEDS; HI
ceftazidime injection 1gm, 2gm, 6gm	4	HI
ceftriaxone in iso-osmotic dextrose injection 20mg/ml; 0, 40mg/ml; 0	4	HI
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	4	HI
ceftriaxone/dextrose injection 1gm; 3.74%	4	HI
cefuroxime axetil tablet 250mg, 500mg	2	
cefuroxime sodium injection 1.5gm, 750mg	4	HI
cephalexin capsule 250mg, 500mg	2	
cephalexin capsule 750mg	4	
cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml	3	
tazicef injection 1gm, 2gm, 6gm	4	HI
TEFLARO INJECTION 400MG, 600MG	5	NEDS; HI
Beta-lactam, Penicillins		

Drug Name	Drug Tier	Requirements/Limits
amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg	4	
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml	4	
amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg	4	
amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg	2	
amoxicillin/clavulanate potassium tablet 250mg; 125mg	4	
amoxicillin/potassium clavulanate tablet chewable 200mg; 28.5mg, 400mg; 57mg	4	
amoxicillin capsule 250mg, 500mg	2	
amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	2	
amoxicillin tablet chewable 125mg, 250mg	2	
amoxicillin tablet 500mg, 875mg	2	
ampicillin sodium injection 2gm	4	
ampicillin sodium injection 10gm, 125mg, 1gm, 250mg, 2gm, 500mg	4	HI
ampicillin-sulbactam injection 10gm; 5gm	4	HI
ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm	4	HI
ampicillin capsule 500mg	2	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium capsule 250mg, 500mg	3	
nafcillin sodium injection 10gm, 1gm, 2gm	4	HI
oxacillin sodium injection 10gm, 1gm, 2gm	4	HI
penicillin g potassium injection 20000000unit, 5000000unit	4	HI
penicillin g sodium injection 5000000unit	5	NEDS; HI
penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml	2	
penicillin v potassium tablet 250mg, 500mg	2	
piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	HI
ZOSYN INJECTION 5%; 4GM/100ML; 0.5GM/100ML	3	HI
Carbapenems		
ertapenem sodium injection 1gm	4	HI
imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg	4	HI
meropenem injection 500mg	3	HI
meropenem injection 1gm, 2gm	4	HI

Drug Name	Drug Tier	Requirements/Limits
Macrolides		
azithromycin injection 500mg	4	HI
azithromycin packet 1gm	3	
azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml	3	
azithromycin tablet 250mg, 500mg, 600mg	2	
clarithromycin er tablet extended release 24 hour 500mg	3	
clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml	4	
clarithromycin tablet 250mg, 500mg	2	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	5	NEDS
DIFICID TABLET 200MG	5	NEDS
erythromycin dr capsule delayed release particles 250mg	4	
erythromycin dr tablet delayed release 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate tablet 400mg	4	
fidaxomicin tablet 200mg	5	NEDS
Quinolones		
ciprofloxacin hcl tablet 750mg	1	
ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg	1	
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%	4	HI
levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml	3	HI
levofloxacin in d5w injection 5%; 750mg/150ml	4	HI
levofloxacin oral solution 25mg/ml	4	
levofloxacin tablet 250mg, 500mg, 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%	4	HI
moxifloxacin hydrochloride tablet 400mg	2	
Sulfonamides		
sulfacetamide sodium lotion 10%	4	
sulfadiazine tablet 500mg	4	
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	1	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	3	
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	1	
Tetracyclines		
doxycycline hyclate capsule 100mg, 50mg	2	
doxycycline hyclate injection 100mg	3	HI
doxycycline hyclate tablet 100mg, 20mg	2	
doxycycline hyclate tablet 150mg	4	
doxycycline monohydrate capsule 100mg, 50mg	2	
doxycycline monohydrate tablet 100mg, 50mg, 75mg	2	
doxycycline monohydrate tablet 150mg	4	
doxycycline suspension reconstituted 25mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
minocycline hcl capsule 75mg	3	
minocycline hcl tablet 100mg, 75mg	4	
minocycline hydrochloride capsule 100mg, 50mg	3	
minocycline hydrochloride tablet 50mg	4	
tetracycline hydrochloride capsule 250mg, 500mg	3	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam solution 10mg/ml	4	
brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg	4	
BRIVIACT SOLUTION 10MG/ML	5	NEDS
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	NEDS
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO; NEDS; SP
EPRONTIA SOLUTION 25MG/ML	4	
felbamate suspension 600mg/5ml	4	
felbamate tablet 400mg, 600mg	4	
FINTEPLA SOLUTION 2.2MG/ML	5	PA NSO; NEDS
FYCOMPA SUSPENSION 0.5MG/ML	4	
FYCOMPA TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	4	
lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg	4	
lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg	4	
lamotrigine starter kit/blue kit 25mg	4	
lamotrigine starter kit/green kit 0	4	
lamotrigine starter kit/orange kit 0	4	
lamotrigine tablet chewable 25mg, 5mg	3	
lamotrigine tablet 100mg, 150mg, 200mg, 25mg	2	
levetiracetam er tablet extended release 24 hour 500mg, 750mg	4	
levetiracetam injection 500mg/5ml	2	
levetiracetam oral solution 100mg/ml	2	
levetiracetam tablet disintegrating soluble 250mg, 500mg	4	
levetiracetam tablet 1000mg, 250mg, 500mg, 750mg	3	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days); PA NSO
perampanel suspension 0.5mg/ml	4	
perampanel tablet 10mg, 12mg, 2mg, 4mg, 6mg, 8mg	4	
roweepra tablet 500mg	3	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG	4	
subvenite starter kit/blue kit 25mg	4	
subvenite starter kit/green kit 0	4	
subvenite starter kit/orange kit 0	4	
SUBVENITE SUSPENSION 10MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
subvenite tablet 100mg, 150mg, 200mg, 25mg	2	
topiramate capsule sprinkle 15mg, 25mg, 50mg	4	
topiramate solution 25mg/ml	4	
topiramate tablet 100mg, 200mg, 25mg, 50mg	2	
valproic acid capsule 250mg	2	
valproic acid solution 250mg/5ml	2	
Calcium Channel Modifying Agents		
ethosuximide capsule 250mg	4	
ethosuximide solution 250mg/5ml	3	
methsuximide capsule 300mg	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam suspension 2.5mg/ml	3	
clobazam tablet 10mg, 20mg	3	QL(60 EA per 30 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg	3	
clonazepam tablet 0.5mg, 1mg, 2mg	1	
DIACOMIT CAPSULE 250MG, 500MG	5	PA NSO; NEDS
DIACOMIT PACKET 250MG, 500MG	5	PA NSO; NEDS
diazepam gel 10mg, 2.5mg, 20mg	4	
divalproex sodium dr capsule delayed release sprinkle 125mg	3	
divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg	2	
divalproex sodium er tablet extended release 24 hour 250mg, 500mg	3	
gabapentin capsule 100mg, 300mg, 400mg	2	
gabapentin solution 250mg/5ml	4	
gabapentin tablet 600mg, 800mg	2	
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL(10 EA per 30 days)
phenobarbital elixir 20mg/5ml	3	
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	2	
pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 300mg, 50mg, 75mg	2	
pregabalin solution 20mg/ml	4	
primidone tablet 250mg, 50mg	2	
primidone tablet 125mg	4	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	NEDS
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
vigabatrin packet 500mg	5	NEDS; SP
vigabatrin tablet 500mg	5	NEDS; SP
VIGAFYDE SOLUTION 100MG/ML	5	PA NSO; NEDS; SP
vigpoder packet 500mg	5	NEDS; SP
ZTALMY SUSPENSION 50MG/ML	5	PA NSO; NEDS
Sodium Channel Agents		
carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg	4	
carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg	4	
carbamazepine suspension 100mg/5ml	4	
carbamazepine tablet chewable 100mg, 200mg	3	
carbamazepine tablet 200mg	3	
DILANTIN CAPSULE 30MG	4	
epitol tablet 200mg	3	
eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg	4	
lacosamide injection 200mg/20ml	4	
lacosamide oral solution 10mg/ml	4	
lacosamide tablet 100mg, 150mg, 200mg, 50mg	3	QL(60 EA per 30 days)
oxcarbazepine suspension 300mg/5ml	4	
oxcarbazepine tablet 150mg, 300mg, 600mg	3	
phenytek capsule 200mg, 300mg	2	
phenytoin sodium extended capsule 100mg, 200mg, 300mg	2	
phenytoin suspension 125mg/5ml	2	
phenytoin tablet chewable 50mg	2	
rufinamide suspension 40mg/ml	5	NEDS
rufinamide tablet 200mg	4	
rufinamide tablet 400mg	5	NEDS
XCOPRI TABLET THERAPY PACK 12.5MG-25MG	4	
XCOPRI TABLET THERAPY PACK 50MG-100MG; 150MG-200MG (28 TAB PACK); 100MG-150MG; 150MG-200MG (56 TAB PACK)	5	NEDS
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	5	NEDS
ZONISADE SUSPENSION 100MG/5ML	4	
zonisamide capsule 100mg, 25mg, 50mg	2	
Antidementia Agents		
Antidementia Agents, Other		
memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	3	

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 10MG; 0	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	3	
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating 10mg, 5mg	3	
donepezil hcl tablet 10mg	2	
donepezil hcl tablet 23mg	3	
donepezil hydrochloride tablet 5mg	2	
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	3	
galantamine hydrobromide solution 4mg/ml	4	
galantamine hydrobromide tablet 12mg, 4mg, 8mg	3	
rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg	3	
rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tablet 0	2	
memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg	3	
memantine hydrochloride solution 2mg/ml	3	
memantine hydrochloride tablet 10mg, 5mg	2	
Antidepressants		
Antidepressants, Other		
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	4	
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	2	
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg	2	
bupropion hydrochloride tablet 100mg, 75mg	2	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST NSO; NEDS
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	5	ST NSO; NEDS
mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg	3	
mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg	2	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO; NEDS
Monoamine Oxidase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	ST NSO; NEDS
MARPLAN TABLET 10MG	4	
phenelzine sulfate tablet 15mg	3	
tranylcypromine sulfate tablet 10mg	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide solution 10mg/5ml	4	
citalopram hydrobromide tablet 10mg, 20mg, 40mg	1	
desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg	3	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg	2	QL(60 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 30mg	2	QL(90 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg	4	QL(30 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 40mg	4	QL(90 EA per 30 days)
escitalopram oxalate solution 5mg/5ml	4	
escitalopram oxalate tablet 10mg, 20mg, 5mg	2	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	4	ST NSO
fluoxetine dr capsule delayed release 90mg	4	
fluoxetine hydrochloride capsule 10mg, 20mg, 40mg	1	
fluoxetine hydrochloride solution 20mg/5ml	4	
fluvoxamine maleate tablet 100mg, 25mg, 50mg	3	
nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg	4	
paroxetine hcl tablet 30mg, 40mg	2	
paroxetine hydrochloride suspension 10mg/5ml	4	
paroxetine hydrochloride tablet 10mg, 20mg	2	
RALDESY SOLUTION 10MG/ML	5	NEDS
sertraline hcl concentrate 20mg/ml	3	
sertraline hcl tablet 50mg	1	
sertraline hydrochloride tablet 100mg, 25mg	1	
trazodone hydrochloride tablet 100mg, 150mg, 50mg	2	
trazodone hydrochloride tablet 25mg, 300mg, 75mg	4	

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	
venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg	3	
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	2	
vilazodone hydrochloride tablet 10mg, 20mg, 40mg	4	
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	2	
amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	2	
amoxapine tablet 100mg, 150mg, 25mg, 50mg	3	
clomipramine hydrochloride capsule 25mg, 50mg, 75mg	4	
desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	4	
doxepin hcl capsule 75mg	3	
doxepin hcl concentrate 10mg/ml	2	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	3	
imipramine hcl tablet 25mg, 50mg	2	
imipramine hydrochloride tablet 10mg	2	
nortriptyline hcl capsule 25mg, 75mg	2	
nortriptyline hcl solution 10mg/5ml	4	
nortriptyline hydrochloride capsule 10mg, 50mg	2	
protriptyline hcl tablet 10mg, 5mg	4	
trimipramine maleate capsule 100mg, 25mg, 50mg	4	
Antiemetics		
Antiemetics, Other		
meclizine hcl tablet 12.5mg, 25mg	2	
meclizine hydrochloride tablet 25mg	2	
prochlorperazine edisylate injection 10mg/2ml	2	
prochlorperazine maleate tablet 10mg, 5mg	2	
prochlorperazine suppository 25mg	4	
promethazine hcl injection 25mg/ml, 50mg/ml	2	
promethazine hydrochloride plain solution 6.25mg/5ml	2	
promethazine hydrochloride solution 6.25mg/5ml	2	
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	2	
scopolamine patch 72 hour 1mg/3days	4	
Emetogenic Therapy Adjuncts		
aprepitant capsule therapy pack 0	4	PA BvD
aprepitant capsule 40mg, 80mg	4	PA BvD
aprepitant capsule 125mg	5	PA BvD; NEDS
dronabinol capsule 10mg, 2.5mg, 5mg	4	PA BvD
granisetron hydrochloride tablet 1mg	3	PA BvD
ondansetron hcl solution 4mg/5ml	2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl tablet 24mg	2	PA BvD
ondansetron hydrochloride tablet 4mg, 8mg	2	PA BvD
ondansetron odt tablet disintegrating 4mg, 8mg	2	PA BvD
Antifungals		
Antifungals		
ABELCET INJECTION 5MG/ML	4	PA BvD
amphotericin b liposome injection 50mg	5	PA BvD; NEDS
amphotericin b injection 50mg	4	PA BvD
clotrimazole cream 1%	2	
clotrimazole solution 1%	3	
clotrimazole troche 10mg	3	
CRESEMBA CAPSULE 186MG, 74.5MG	5	PA; NEDS
econazole nitrate cream 1%	2	
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	4	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	4	
fluconazole tablet 100mg, 150mg, 200mg, 50mg	2	
flucytosine capsule 250mg, 500mg	5	NEDS
griseofulvin microsize suspension 125mg/5ml	4	
griseofulvin microsize tablet 500mg	4	
griseofulvin ultramicrosize tablet 125mg, 250mg	4	
itraconazole capsule 100mg	3	
ketoconazole cream 2%	2	QL(120 GM per 30 days)
ketoconazole shampoo 2%	2	
ketoconazole tablet 200mg	2	
klayesta powder 100000unit/gm	2	
micafungin injection 100mg, 50mg	4	
miconazole 3 suppository 200mg	3	
naftifine hydrochloride cream 1%, 2%	4	
nyamyc powder 100000unit/gm	2	
nystatin cream 100000unit/gm	2	
nystatin ointment 100000unit/gm	2	
nystatin powder 100000unit/gm	2	
nystatin suspension 100000unit/ml	2	
nystatin tablet 500000unit	3	
nystop powder 100000unit/gm	2	
posaconazole dr tablet delayed release 100mg	5	NEDS
posaconazole suspension 40mg/ml	5	NEDS
terbinafine hcl tablet 250mg	2	QL(42 EA per 42 days)
terconazole cream 0.4%, 0.8%	3	
terconazole suppository 80mg	4	
voriconazole injection 200mg	5	PA; NEDS
voriconazole suspension reconstituted 40mg/ml	5	NEDS
voriconazole tablet 200mg, 50mg	4	

Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	2	
colchicine tablet 0.6mg	3	
probenecid/colchicine tablet 0.5mg; 500mg	3	
probenecid tablet 500mg	3	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	3	QL(1 ML per 30 days); PA; SP
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 30 days); PA; SP
EMGALITY INJECTION 100MG/ML	3	QL(3 ML per 30 days); PA; SP
NURTEC TABLET DISINTEGRATING 75MG	4	PA
QULIPTA TABLET 10MG, 30MG, 60MG	4	PA
UBRELVY TABLET 100MG, 50MG	4	PA
Ergot Alkaloids		
dihydroergotamine mesylate solution 4mg/ml	5	QL(8 ML per 30 days); NEDS
ergotamine tartrate/caffeine tablet 100mg; 1mg	3	
Prophylactic		
timolol maleate tablet 10mg, 5mg	3	
timolol maleate tablet 20mg	4	
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl tablet 1mg, 2.5mg	2	
rizatriptan benzoate odt tablet disintegrating 10mg, 5mg	2	
rizatriptan benzoate tablet 10mg, 5mg	2	
sumatriptan succinate refill injection 6mg/0.5ml	3	
sumatriptan succinate injection 6mg/0.5ml	3	
sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml	4	
sumatriptan succinate tablet 100mg, 25mg, 50mg	2	
sumatriptan solution 20mg/act, 5mg/act	4	
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er tablet extended release 180mg	4	
pyridostigmine bromide tablet 60mg	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet 100mg, 25mg	3	
rifabutin capsule 150mg	4	
Antituberculars		
ethambutol hydrochloride tablet 100mg, 400mg	3	
isoniazid syrup 50mg/5ml	4	
isoniazid tablet 100mg, 300mg	1	
PRIFTIN TABLET 150MG	4	
pyrazinamide tablet 500mg	4	
rifampin capsule 150mg, 300mg	4	

Drug Name	Drug Tier	Requirements/Limits
rifampin injection 600mg	4	
rifapentine tablet 150mg	4	
SIRTURO TABLET 100MG, 20MG	5	PA; NEDS
TRECATOR TABLET 250MG	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide capsule 25mg, 50mg	4	PA BvD; SP
cyclophosphamide tablet 25mg, 50mg	3	PA BvD
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	SP
LEUKERAN TABLET 2MG	5	NEDS
lomustine capsule 100mg, 10mg, 40mg	4	
MATULANE CAPSULE 50MG	5	NEDS; SP
VALCHLOR GEL 0.016%	5	NEDS; SP
Antiandrogens		
abiraterone acetate tablet 250mg, 500mg	5	PA NSO; NEDS; SP
ABIRTEGA TABLET 250MG	4	PA NSO; SP
bicalutamide tablet 50mg	2	SP
ERLEADA TABLET 240MG, 60MG	5	PA NSO; NEDS; SP
EULEXIN CAPSULE 125MG	4	
nilutamide tablet 150mg	5	NEDS
NUBEQA TABLET 300MG	5	PA NSO; NEDS; SP
XTANDI CAPSULE 40MG	5	PA NSO; NEDS; SP
XTANDI TABLET 40MG, 80MG	5	PA NSO; NEDS; SP
YONSA TABLET 125MG	5	PA NSO; NEDS; SP
Antiangiogenic Agents		
lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	5	PA NSO; NEDS; SP
pomalidomide capsule 1mg, 2mg, 3mg, 4mg	5	PA NSO; NEDS
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	5	PA NSO; NEDS; SP
THALOMID CAPSULE 100MG, 150MG, 200MG, 50MG	5	NEDS; SP
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	5	NEDS; SP
INLURIYO TABLET 200MG	5	PA NSO; NEDS
ORSERDU TABLET 345MG, 86MG	5	PA NSO; NEDS
SOLTAMOX SOLUTION 10MG/5ML	5	NEDS
tamoxifen citrate tablet 10mg, 20mg	3	
toremifene citrate tablet 60mg	5	NEDS
Antimetabolites		
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
hydroxyurea capsule 500mg	3	
mercaptopurine suspension 2000mg/100ml	5	NEDS
mercaptopurine tablet 50mg	4	
TABLOID TABLET 40MG	5	NEDS; SP
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
bortezomib injection 1mg, 2.5mg	4	
bortezomib injection 3.5mg/1.4ml	5	NEDS
bortezomib injection 3.5mg	5	NEDS; SP
boruzu injection 3.5mg/1.4ml	4	
docetaxel injection 160mg/8ml, 20mg/ml, 80mg/4ml	4	
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO; NEDS; SP
INREBIC CAPSULE 100MG	5	PA NSO; NEDS; SP
ITOVEBI TABLET 9MG	5	PA NSO; NEDS; SP
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
IWILFIN TABLET 192MG	5	PA NSO; NEDS
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO; NEDS; SP
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO; NEDS; SP
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO; NEDS; SP
KOMZIFTI CAPSULE 200MG	5	PA NSO; NEDS
LAZCLUZE TABLET 240MG	5	PA NSO; NEDS
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	2	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA NSO; NEDS; SP
LYSODREN TABLET 500MG	5	NEDS
MODEYSO CAPSULE 125MG	5	PA NSO; NEDS
OGSIVEO TABLET 100MG, 150MG, 50MG	5	PA NSO; NEDS
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA NSO; NEDS
OJEMDA TABLET 100MG	5	PA NSO; NEDS
ONUREG TABLET 200MG, 300MG	5	PA NSO; NEDS; SP
paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml	2	
REVUFORJ TABLET 25MG	5	PA NSO; NEDS
REVUFORJ TABLET 110MG, 160MG	5	PA NSO; NEDS; SP
VONJO CAPSULE 100MG	5	PA NSO; NEDS; SP
ZENBEXUS CAPSULE 0.75MG, 1MG	5	PA NSO; NEDS
ZOLINZA CAPSULE 100MG	5	PA NSO; NEDS; SP
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet 1mg	3	
exemestane tablet 25mg	4	
letrozole tablet 2.5mg	3	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA NSO; NEDS
KYPROLIS INJECTION 10MG, 30MG, 60MG	5	NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA NSO; NEDS; SP
ALUNBRIG TABLET THERAPY PACK 0	5	PA NSO; NEDS; SP
ALUNBRIG TABLET 180MG, 30MG, 90MG	5	PA NSO; NEDS; SP
AUGTYRO CAPSULE 160MG, 40MG	5	PA NSO; NEDS; SP
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA NSO; NEDS
BOSULIF CAPSULE 50MG	5	PA NSO; NEDS; SP
BOSULIF CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
BOSULIF TABLET 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
bosutinib tablet 100mg	5	QL(120 EA per 30 days); PA NSO; NEDS
bosutinib tablet 400mg, 500mg	5	QL(30 EA per 30 days); PA NSO; NEDS
BRAFTOVI CAPSULE 75MG	5	PA NSO; NEDS; SP
BRUKINSA CAPSULE 80MG	5	PA NSO; NEDS; SP
BRUKINSA TABLET 160MG	5	PA NSO; NEDS
CABOMETYX TABLET 20MG, 40MG, 60MG	5	PA NSO; NEDS; SP
CALQUENCE CAPSULE 100MG	5	PA NSO; NEDS; SP
CALQUENCE TABLET 100MG	5	PA NSO; NEDS; SP
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ KIT 0, 20MG	5	PA NSO; NEDS; SP
COPIKTRA CAPSULE 15MG, 25MG	5	PA NSO; NEDS; SP
COTELLIC TABLET 20MG	5	PA NSO; NEDS; SP
DANZITEN TABLET 95MG	5	PA NSO; NEDS
DANZITEN TABLET 71MG	5	PA NSO; NEDS; SP
dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg	5	PA NSO; NEDS; SP
DAURISMO TABLET 100MG, 25MG	5	PA NSO; NEDS; SP
ENSACOVE CAPSULE 100MG, 25MG	5	PA NSO; NEDS
ERIVEDGE CAPSULE 150MG	5	PA NSO; NEDS; SP
erlotinib hydrochloride tablet 150mg, 25mg	5	QL(30 EA per 30 days); NEDS; SP
erlotinib hydrochloride tablet 100mg	5	QL(90 EA per 30 days); NEDS; SP
everolimus tablet soluble 2mg, 3mg, 5mg	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	5	QL(30 EA per 30 days); PA NSO; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
EXKIVITY CAPSULE 40MG	5	PA NSO; NEDS; SP
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA NSO; NEDS; SP
FRUZAQLA CAPSULE 1MG, 5MG	5	PA NSO; NEDS
GAVRETO CAPSULE 100MG	5	PA NSO; NEDS; SP
gefitinib tablet 250mg	5	PA NSO; NEDS; SP
GILOTRIF TABLET 20MG, 30MG, 40MG	5	PA NSO; NEDS; SP
GOMEKLI CAPSULE 1MG, 2MG	5	PA NSO; NEDS
GOMEKLI TABLET SOLUBLE 1MG	5	PA NSO; NEDS
HERNEXEOS TABLET 60MG	5	PA NSO; NEDS
HYRNUO TABLET 10MG	5	PA NSO; NEDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO; NEDS; SP
IBTROZI CAPSULE 200MG	5	PA NSO; NEDS
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	5	PA NSO; NEDS; SP
IDHIFA TABLET 100MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
imatinib mesylate tablet 100mg	4	SP
imatinib mesylate tablet 400mg	5	NEDS; SP
IMBRUVICA CAPSULE 140MG, 70MG	5	PA NSO; NEDS; SP
IMBRUVICA SUSPENSION 70MG/ML	5	PA NSO; NEDS; SP
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	PA NSO; NEDS; SP
IMKELDI SOLUTION 80MG/ML	5	PA NSO; NEDS; SP
INLYTA TABLET 1MG, 5MG	5	PA NSO; NEDS; SP
INQOVI TABLET 100MG; 35MG	5	PA NSO; NEDS; SP
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL(30 EA per 30 days); PA NSO; NEDS
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	PA NSO; NEDS; SP
JAYPIRCA TABLET 100MG, 50MG	5	PA NSO; NEDS; SP
JIDEYTRO TABLET 100MG	5	QL(30 EA per 30 days); PA NSO; NEDS
JIDEYTRO TABLET 25MG	5	QL(90 EA per 30 days); PA NSO; NEDS
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO; NEDS; SP
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA NSO; NEDS
KOSELUGO CAPSULE 10MG, 25MG	5	PA NSO; NEDS; SP
KRAZATI TABLET 200MG	5	PA NSO; NEDS
lapatinib ditosylate tablet 250mg	5	QL(180 EA per 30 days); PA NSO; NEDS; SP
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO; NEDS; SP
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO; NEDS; SP
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO; NEDS; SP
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO; NEDS; SP
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO; NEDS; SP
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO; NEDS; SP
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO; NEDS; SP
LIFYORLI CAPSULE THERAPY PACK 0	5	PA NSO; NEDS
LORBRENA TABLET 100MG, 25MG	5	PA NSO; NEDS; SP
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA NSO; NEDS; SP
LYNPARZA TABLET 100MG, 150MG	5	PA NSO; NEDS; SP
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; NEDS
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO; NEDS; SP
MEKINIST TABLET 0.5MG, 2MG	5	PA NSO; NEDS; SP
MEKTOVI TABLET 15MG	5	PA NSO; NEDS; SP
NERLYNX TABLET 40MG	5	PA NSO; NEDS; SP
nilotinib d-tartrate capsule 150mg, 200mg, 50mg	5	PA NSO; NEDS
nilotinib hydrochloride capsule 150mg, 200mg, 50mg	5	PA NSO; NEDS; SP
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA NSO; NEDS; SP
ODOMZO CAPSULE 200MG	5	PA NSO; NEDS; SP
OJJAARA TABLET 100MG, 150MG, 200MG	5	PA NSO; NEDS
pazopanib hydrochloride tablet 200mg	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
pazopanib hydrochloride tablet 400mg	5	QL(60 EA per 30 days); PA NSO; NEDS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	PA NSO; NEDS; SP
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO; NEDS; SP
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO; NEDS; SP
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO; NEDS; SP
QINLOCK TABLET 50MG	5	PA NSO; NEDS; SP
RETEVMO CAPSULE 40MG, 80MG	5	PA NSO; NEDS; SP
RETEVMO TABLET 120MG, 160MG	5	PA NSO; NEDS; SP
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO; NEDS; SP
REZLIDHIA CAPSULE 150MG	5	PA NSO; NEDS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPSULE 100MG, 200MG	5	PA NSO; NEDS; SP
ROZLYTREK PACKET 50MG	5	PA NSO; NEDS; SP
RUBRACA TABLET 200MG, 250MG, 300MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
RYDAPT CAPSULE 25MG	5	PA NSO; NEDS; SP
SCEMBLIX TABLET 20MG, 40MG	5	PA NSO; NEDS; SP
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
sorafenib tosylate tablet 200mg	5	QL(220 EA per 30 days); PA NSO; NEDS; SP
sorafenib tablet 200mg	5	QL(220 EA per 30 days); PA NSO; NEDS; SP
STIVARGA TABLET 40MG	5	QL(90 EA per 30 days); PA NSO; NEDS; SP
sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg	5	PA NSO; NEDS; SP
TABRECTA TABLET 150MG, 200MG	5	PA NSO; NEDS; SP
TAFINLAR CAPSULE 50MG, 75MG	5	PA NSO; NEDS; SP
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO; NEDS; SP
TAGRISSO TABLET 40MG, 80MG	5	PA NSO; NEDS; SP
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA NSO; NEDS; SP
TAZVERIK TABLET 200MG	5	PA NSO; NEDS; SP
TEPMETKO TABLET 225MG	5	PA NSO; NEDS; SP
TIBSOVO TABLET 250MG	5	PA NSO; NEDS; SP
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA NSO; NEDS
TRUQAP TABLET 160MG, 200MG	5	PA NSO; NEDS
TUKYSA TABLET 150MG, 50MG	5	PA NSO; NEDS; SP
TURALIO CAPSULE 125MG	5	PA NSO; NEDS; SP
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA NSO; NEDS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA NSO; NEDS; SP
VENCLEXTA TABLET 10MG	3	PA NSO; SP
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO; NEDS; SP
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA NSO; NEDS; SP
VITRAKVI CAPSULE 100MG, 25MG	5	PA NSO; NEDS; SP
VITRAKVI SOLUTION 20MG/ML	5	PA NSO; NEDS; SP
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA NSO; NEDS; SP
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA NSO; NEDS; SP
XALKORI CAPSULE 200MG, 250MG	5	PA NSO; NEDS; SP
XOSPATA TABLET 40MG	5	PA NSO; NEDS; SP
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO; NEDS; SP
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
XPOVIO TABLET THERAPY PACK 10MG, 80MG	5	PA NSO; NEDS
XPOVIO TABLET THERAPY PACK 40MG, 50MG, 60MG	5	PA NSO; NEDS; SP
yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg	4	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 100MG, 200MG, 300MG	5	PA NSO; NEDS; SP
ZELBORAF TABLET 240MG	5	PA NSO; NEDS; SP
ZYDELIG TABLET 100MG, 150MG	5	PA NSO; NEDS; SP
ZYKADIA TABLET 150MG	5	PA NSO; NEDS; SP
Monoclonal Antibodies/Antibody-Drug Conjugates		
DARZALEX INJECTION 100MG/5ML, 400MG/20ML	5	NEDS
OPDIVO INJECTION 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	5	NEDS; SP
YERVOY INJECTION 200MG/40ML, 50MG/10ML	5	NEDS; SP
Retinoids		
bexarotene capsule 75mg	5	NEDS; SP
bexarotene gel 1%	5	PA NSO; NEDS; SP
PANRETIN GEL 0.1%	5	NEDS
tretinoin capsule 10mg	5	NEDS; SP
Treatment Adjuncts		
mesna tablet 400mg	5	NEDS
VORANIGO TABLET 40MG	5	PA NSO; NEDS
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
Antiparasitics		
Anthelmintics		
albendazole tablet 200mg	4	
ivermectin tablet 3mg, 6mg	3	
praziquantel tablet 600mg	3	
Antiprotozoals		
atovaquone/proguanil hcl tablet 62.5mg; 25mg	4	
atovaquone/proguanil hydrochloride tablet 250mg; 100mg	4	
atovaquone suspension 750mg/5ml	4	
chloroquine phosphate tablet 250mg	3	
chloroquine phosphate tablet 500mg	4	
COARTEM TABLET 20MG; 120MG	4	QL(24 EA per 3 days)
hydroxychloroquine sulfate tablet 200mg	2	
mefloquine hydrochloride tablet 250mg	3	
nitazoxanide tablet 500mg	4	
pentamidine isethionate injection 300mg	4	
pentamidine isethionate inhalation solution reconstituted 300mg	4	PA BvD
primaquine phosphate tablet 26.3mg	4	
pyrimethamine tablet 25mg	5	NEDS
quinine sulfate capsule 324mg	4	PA
Antiparkinson Agents		

Drug Name	Drug Tier	Requirements/Limits
Anticholinergics		
benztropine mesylate tablet 0.5mg, 1mg, 2mg	2	
trihexyphenidyl hydrochloride solution 0.4mg/ml	3	
trihexyphenidyl hydrochloride tablet 2mg, 5mg	2	
Antiparkinson Agents, Other		
carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg	4	
entacapone tablet 200mg	3	
Dopamine Agonists		
bromocriptine mesylate capsule 5mg	4	
bromocriptine mesylate tablet 2.5mg	4	
pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	2	
ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg	4	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tablet 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er tablet extended release 25mg; 100mg	3	
carbidopa/levodopa er tablet extended release 50mg; 200mg	4	
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	4	
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	2	
carbidopa tablet 25mg	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet 0.5mg, 1mg	4	
selegiline hcl capsule 5mg	3	
selegiline hcl tablet 5mg	4	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml	4	
chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg	4	
fluphenazine decanoate injection 25mg/ml	4	
fluphenazine hcl concentrate 5mg/ml	4	
fluphenazine hydrochloride elixir 2.5mg/5ml	4	
fluphenazine hydrochloride injection 2.5mg/ml	4	
fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg	4	
haloperidol decanoate injection 100mg/ml, 50mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
haloperidol lactate injection 5mg/ml	4	
haloperidol concentrate 2mg/ml	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg	2	
loxapine capsule 10mg, 25mg, 50mg, 5mg	3	
molindone hydrochloride tablet 10mg, 25mg, 5mg	3	
perphenazine tablet 16mg, 2mg, 4mg, 8mg	3	
pimozide tablet 1mg, 2mg	4	
thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	4	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	4	
trifluoperazine hydrochloride tablet 1mg	4	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML, 960MG/3.2ML	5	NEDS
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	NEDS
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	5	QL(30 EA per 30 days); PA NSO; NEDS
aripiprazole odt tablet disintegrating 10mg, 15mg	4	
aripiprazole solution 1mg/ml	3	
aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	2	
ARISTADA INITIO INJECTION 675MG/2.4ML	5	NEDS
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	NEDS
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	4	ST NSO
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT TITRATION PACK A TABLET 0	4	ST NSO
FANAPT TITRATION PACK B TABLET 0	4	ST NSO
FANAPT TITRATION PACK C TABLET 0	4	ST NSO
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	ST NSO; NEDS
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	5	NEDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	NEDS
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	4	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPSULE 34MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
NUPLAZID TABLET 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
olanzapine odt tablet disintegrating 5mg	2	
olanzapine odt tablet disintegrating 10mg, 15mg, 20mg	3	
olanzapine injection 10mg	3	
olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg	2	
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO; NEDS
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO; NEDS
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 6mg, 9mg	4	
PERSERIS INJECTION 120MG, 90MG	5	NEDS
quetiapine fumarate tablet 100mg, 150mg, 200mg, 300mg, 400mg	2	
quetiapine fumarate tablet 25mg, 50mg	2	QL(60 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	NEDS
risperidone er injection 12.5mg, 25mg	4	
risperidone er injection 37.5mg, 50mg	5	NEDS
risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	3	
risperidone solution 1mg/ml	3	
risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	1	
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	NEDS
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	5	NEDS
ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg	3	
ziprasidone mesylate injection 20mg	3	
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	NEDS
Treatment-Resistant		
clozapine odt tablet disintegrating 100mg, 12.5mg, 150mg, 200mg, 25mg	4	
clozapine tablet 100mg, 200mg, 25mg, 50mg	3	
VERSACLOZ SUSPENSION 50MG/ML	5	NEDS
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg, 20mg, 5mg	2	
dantrolene sodium capsule 100mg, 25mg, 50mg	4	
tizanidine hcl tablet 2mg	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
tizanidine hydrochloride tablet 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir injection 75mg/ml	5	NEDS
LIVTENCITY TABLET 200MG	5	PA; NEDS
PREVYMIS PACKET 20MG	4	PA
PREVYMIS PACKET 120MG	5	PA; NEDS
PREVYMIS TABLET 240MG, 480MG	5	PA; NEDS
valganciclovir hydrochloride solution reconstituted 50mg/ml	5	NEDS
valganciclovir tablet 450mg	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tablet 10mg	4	SP
entecavir tablet 0.5mg, 1mg	4	SP
lamivudine tablet 100mg	3	SP
VEMLIDY TABLET 25MG	5	NEDS
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	PA; NEDS; SP
MAVYRET TABLET 100MG; 40MG	5	PA; NEDS; SP
ribavirin capsule 200mg	3	SP
ribavirin tablet 200mg	3	SP
VOSEVI TABLET 400MG; 100MG; 100MG	5	PA; NEDS; SP
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	NEDS
BIXLENVO TABLET 75MG; 50MG	5	QL(30 EA per 30 days); NEDS
DOVATO TABLET 50MG; 300MG	5	NEDS
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	NEDS
ISENTRESS HD TABLET 600MG	5	QL(60 EA per 30 days); NEDS
ISENTRESS PACKET 100MG	4	SP
ISENTRESS TABLET CHEWABLE 25MG	3	QL(720 EA per 30 days); SP
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days); NEDS; SP
ISENTRESS TABLET 400MG	5	QL(120 EA per 30 days); NEDS; SP
JULUCA TABLET 50MG; 25MG	5	NEDS
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	NEDS; SP
TIVICAY PD TABLET SOLUBLE 5MG	4	SP
TIVICAY TABLET 10MG	3	SP
TIVICAY TABLET 25MG, 50MG	5	NEDS; SP
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	NEDS
EDURANT PED TABLET SOLUBLE 2.5MG	5	NEDS
EDURANT TABLET 25MG	5	NEDS; SP
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	3	SP

Drug Name	Drug Tier	Requirements/Limits
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg	5	NEDS
efavirenz capsule 200mg, 50mg	4	SP
efavirenz tablet 600mg	4	SP
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg	5	NEDS; SP
etravirine tablet 100mg, 200mg	5	NEDS; SP
IDVYNSO TABLET 100MG; 0.25MG	5	QL(30 EA per 30 days); NEDS
INTELENCE TABLET 25MG	3	SP
nevirapine er tablet extended release 24 hour 400mg	4	SP
nevirapine suspension 50mg/5ml	4	SP
nevirapine tablet 200mg	2	SP
PIFELTRO TABLET 100MG	5	NEDS
rilpivirine hydrochloride tablet 25mg	5	NEDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine tablet 600mg; 300mg	4	SP
abacavir solution 20mg/ml	4	SP
abacavir tablet 300mg	3	SP
CIMDUO TABLET 300MG; 300MG	5	NEDS
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	NEDS
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg	4	SP
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	5	NEDS; SP
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	4	SP
emtricitabine capsule 200mg	4	SP
EMTRIVA SOLUTION 10MG/ML	4	SP
lamivudine/zidovudine tablet 150mg; 300mg	4	SP
lamivudine solution 10mg/ml	4	SP
lamivudine tablet 150mg, 300mg	3	SP
ODEFSEY TABLET 200MG; 25MG; 25MG	5	NEDS
tenofovir disoproxil fumarate tablet 300mg	4	SP
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	4	
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	NEDS; SP
VIREAD POWDER 40MG/GM	5	NEDS; SP
VIREAD TABLET 150MG, 200MG, 250MG	5	NEDS; SP
zidovudine capsule 100mg	3	SP
zidovudine syrup 50mg/5ml	3	SP
zidovudine tablet 300mg	3	SP
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	NEDS; SP
maraviroc tablet 300mg	5	QL(120 EA per 30 days); NEDS; SP
maraviroc tablet 150mg	5	QL(60 EA per 30 days); NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	NEDS
SELZENTRY SOLUTION 20MG/ML	3	QL(1800 ML per 30 days)
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days); NEDS
SUNLENCA TABLET THERAPY PACK 300MG	5	NEDS
SUNLENCA TABLET 300MG	5	QL(24 EA per 168 days); NEDS
TYBOST TABLET 150MG	3	SP
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	NEDS; SP
atazanavir sulfate capsule 300mg	4	SP
atazanavir capsule 150mg, 200mg	4	SP
darunavir tablet 600mg	4	SP
darunavir tablet 800mg	5	NEDS; SP
EVOTAZ TABLET 300MG; 150MG	5	NEDS; SP
fosamprenavir calcium tablet 700mg	5	NEDS; SP
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	SP
LEXIVA SUSPENSION 50MG/ML	3	SP
lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml	4	SP
lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg	4	SP
NORVIR PACKET 100MG	4	
PREZCOBIX TABLET 150MG; 675MG	5	NEDS
PREZCOBIX TABLET 150MG; 800MG	5	NEDS; SP
PREZISTA SUSPENSION 100MG/ML	5	NEDS; SP
PREZISTA TABLET 75MG	4	SP
PREZISTA TABLET 150MG	5	NEDS; SP
REYATAZ PACKET 50MG	5	NEDS; SP
ritonavir tablet 100mg	3	SP
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	NEDS
VIRACEPT TABLET 250MG	3	SP
VIRACEPT TABLET 625MG	5	NEDS; SP
Anti-influenza Agents		
amantadine hcl capsule 100mg	3	
amantadine hcl solution 50mg/5ml	3	
amantadine hcl tablet 100mg	3	
amantadine hydrochloride tablet 100mg	3	
oseltamivir phosphate capsule 30mg, 45mg, 75mg	3	
oseltamivir phosphate suspension reconstituted 6mg/ml	3	
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	
rimantadine hydrochloride tablet 100mg	4	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	QL(1 EA per 7 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	PA BvD

Drug Name	Drug Tier	Requirements/Limits
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg, 800mg	2	
famciclovir tablet 125mg, 250mg, 500mg	3	
valacyclovir hydrochloride tablet 1gm, 500mg	2	
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 300MG-100MG DAY 1; 150MG-100MG DAYS 2-5	3	QL(11 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days)
XOCOVA TABLET 125MG	3	QL(7 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	2	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	2	
Benzodiazepines		
alprazolam tablet 0.25mg, 0.5mg, 1mg, 2mg	2	
clorazepate dipotassium tablet 15mg, 3.75mg, 7.5mg	4	
diazepam intensol concentrate 5mg/ml	3	
diazepam solution 5mg/5ml	3	
diazepam tablet 10mg, 2mg, 5mg	2	
lorazepam intensol concentrate 2mg/ml	2	
lorazepam tablet 0.5mg, 1mg, 2mg	2	
Bipolar Agents		
Mood Stabilizers		
lithium carbonate er tablet extended release 300mg, 450mg	2	
lithium carbonate capsule 150mg, 300mg, 600mg	2	
lithium carbonate tablet 300mg	2	
lithium solution 8meq/5ml	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet 100mg, 25mg, 50mg	1	
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg, 5mg; 1000mg, 5mg; 500mg	3	
glimepiride tablet 1mg, 2mg, 4mg	1	
glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg	1	
glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	1	
glipizide tablet 10mg, 5mg	1	
glyburide micronized tablet 1.5mg, 3mg, 6mg	1	
glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
glyburide tablet 1.25mg, 2.5mg, 5mg	1	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABLET 100MG, 25MG, 50MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	1	
metformin hydrochloride solution 500mg/5ml	2	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	1	
miglitol tablet 100mg, 25mg, 50mg	2	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	PA
nateglinide tablet 120mg, 60mg	1	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	PA
OZEMPIC TABLET 1.5MG, 4MG, 9MG	3	PA
pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg	1	
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	1	
pioglitazone hcl tablet 45mg	1	
pioglitazone hydrochloride tablet 15mg, 30mg	1	
repaglinide tablet 0.5mg, 1mg, 2mg	1	
RYBELSUS TABLET 1.5MG, 14MG, 3MG, 4MG, 7MG, 9MG	3	PA
saxagliptin hydrochloride tablet 2.5mg, 5mg	1	
sitagliptin phosphate/metformin hydrochloride er tablet extended release 24 hour 1000mg; 100mg, 1000mg; 50mg, 500mg; 50mg	3	
sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 50mg, 500mg; 50mg	3	
sitagliptin phosphate tablet 100mg, 25mg, 50mg	3	
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	5	NEDS
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	5	NEDS
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABLET 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
diazoxide suspension 50mg/ml	4	
GLUCAGEN HYPOKIT INJECTION 1MG	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	4	
GLUCAGON EMERGENCY KIT INJECTION 1MG	4	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
Insulins		
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	
FIASP PENFILL INJECTION 100UNIT/ML	3	
FIASP INJECTION 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
insulin aspart flexpen injection 100unit/ml	3	
insulin aspart penfill injection 100unit/ml	3	
insulin aspart protamine/insulin aspart injection 30%; 70%	3	
insulin aspart injection 100unit/ml	3	
INSULIN LISPRO JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
INSULIN LISPRO KWIKPEN INJECTION 100UNIT/ML	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
INSULIN LISPRO INJECTION 100UNIT/ML	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
novolin 70/30 flexpen injection 30unit/ml; 70unit/ml	3	
novolin 70/30 injection 30unit/ml; 70unit/ml	3	
novolin n flexpen injection 100unit/ml	3	
novolin n injection 100unit/ml	3	
novolin r flexpen injection 100unit/ml	3	
novolin r injection 100unit/ml	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate capsule 110mg, 150mg, 75mg	4	
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	
ELIQUIS TABLET SOLUBLE 0.5MG	3	
ELIQUIS TABLET 2.5MG, 5MG	3	
enoxaparin sodium injection 300mg/3ml	3	SP
enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	SP
fondaparinux sodium injection 2.5mg/0.5ml	4	SP

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	NEDS; SP
heparin sodium/d5w injection 5%; 40unit/ml	2	
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	3	
jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
rivaroxaban suspension reconstituted 1mg/ml	3	
rivaroxaban tablet 2.5mg	3	
warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	
XARELTO TABLET 10MG, 15MG, 2.5MG, 20MG	3	
Blood Products and Modifiers, Other		
anagrelide hydrochloride capsule 0.5mg, 1mg	3	
eltrombopag olamine packet 12.5mg, 25mg	5	PA; NEDS; SP
eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg	5	PA; NEDS; SP
MOZOBIL INJECTION 24MG/1.2ML	5	NEDS; SP
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	NEDS; SP
NEULASTA INJECTION 4MG/0.4ML	5	NEDS
NEULASTA INJECTION 6MG/0.6ML	5	NEDS; SP
plerixafor injection 24mg/1.2ml	5	NEDS; SP
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	SP
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	NEDS; SP
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	SP
RETACRIT INJECTION 40000UNIT/ML	5	NEDS; SP
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	NEDS; SP
UDENYCA INJECTION 6MG/0.6ML	5	NEDS; SP
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	NEDS; SP
Hemostasis Agents		
aminocaproic acid injection 250mg/ml	2	
aminocaproic acid oral solution 0.25gm/ml	4	
aminocaproic acid tablet 500mg	2	
tranexamic acid tablet 650mg	3	
Platelet Modifying Agents		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	4	
CABLIVI INJECTION 11MG	5	NEDS
cilostazol tablet 100mg, 50mg	2	
clopidogrel tablet 300mg, 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
DOPTELET TABLET 20MG	5	PA; NEDS; SP
prasugrel hydrochloride tablet 10mg, 5mg	3	
ticagrelor tablet 60mg, 90mg	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg	1	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	4	
droxidopa capsule 100mg	4	PA; SP
droxidopa capsule 200mg, 300mg	5	PA; NEDS; SP
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	3	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride capsule 1mg, 2mg, 5mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg	1	
irbesartan tablet 150mg, 300mg, 75mg	1	
losartan potassium tablet 100mg, 25mg, 50mg	1	
olmesartan medoxomil tablet 20mg, 40mg, 5mg	1	
telmisartan tablet 20mg, 40mg, 80mg	1	
valsartan tablet 160mg, 320mg, 40mg, 80mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	
captopril tablet 100mg, 12.5mg, 25mg, 50mg	1	
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	1	
fosinopril sodium tablet 10mg, 20mg, 40mg	1	
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	
moexipril hydrochloride tablet 15mg, 7.5mg	1	
perindopril erbumine tablet 2mg, 4mg, 8mg	1	
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	1	
trandolapril tablet 1mg, 2mg, 4mg	1	
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	2	
amiodarone hydrochloride tablet 100mg, 400mg	3	
digoxin injection 0.25mg/ml	2	
digoxin oral solution 0.05mg/ml	2	
digoxin tablet 125mcg, 250mcg	2	
dofetilide capsule 125mcg, 250mcg, 500mcg	3	SP
flecainide acetate tablet 100mg, 150mg, 50mg	2	
mexiletine hydrochloride capsule 150mg, 200mg, 250mg	3	
MULTAQ TABLET 400MG	3	
propafenone hcl tablet 150mg, 225mg, 300mg	3	
propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg	4	
propafenone hydrochloride tablet 150mg, 225mg, 300mg	3	

Drug Name	Drug Tier	Requirements/Limits
quinidine sulfate tablet 200mg, 300mg	4	
sotalol hcl tablet 120mg, 160mg, 240mg	2	
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	2	
sotalol hydrochloride tablet 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride capsule 200mg, 400mg	3	
atenolol tablet 100mg, 25mg, 50mg	1	
bisoprolol fumarate tablet 10mg, 5mg	3	
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	
labetalol hydrochloride tablet 100mg, 200mg, 300mg	3	
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	2	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg	1	
metoprolol tartrate tablet 75mg	3	
nadolol tablet 20mg, 40mg, 80mg	2	
nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg	3	
pindolol tablet 10mg, 5mg	4	
propranolol hcl solution 40mg/5ml	3	
propranolol hcl tablet 40mg	2	
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	3	
propranolol hydrochloride solution 20mg/5ml	3	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet 10mg, 2.5mg, 5mg	1	
felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg	2	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg	3	
nimodipine capsule 30mg	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg	3	
dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg	3	
diltiazem hcl cd capsule extended release 24 hour 360mg	3	
diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg	4	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	3	
diltiazem hcl er tablet extended release 24 hour 300mg, 360mg, 420mg	4	
diltiazem hcl tablet 30mg, 60mg	2	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	3	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tablet 120mg, 90mg	2	
matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg	4	
taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	3	
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg	4	
verapamil hcl er tablet extended release 120mg	2	
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg	4	
verapamil hydrochloride er capsule extended release 24 hour 100mg, 200mg, 300mg	4	
verapamil hydrochloride er tablet extended release 180mg, 240mg	2	
verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg	4	
verapamil hydrochloride tablet 120mg, 40mg, 80mg	2	
Cardiovascular Agents, Other		
aliskiren tablet 150mg, 300mg	1	
amiloride/hydrochlorothiazide tablet 5mg; 50mg	2	
amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg	1	
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	1	
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	1	
amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg	1	
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	3	
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	1	

Drug Name	Drug Tier	Requirements/Limits
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	3	
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	1	
CORLANOR SOLUTION 5MG/5ML	4	
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	1	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	3	
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg	1	
ivabradine hydrochloride tablet 5mg, 7.5mg	4	
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	
metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg	3	
metyrosine capsule 250mg	5	NEDS
olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg	1	
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	1	
pentoxifylline er tablet extended release 400mg	4	
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
ranolazine er tablet extended release 12 hour 1000mg, 500mg	3	
sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg	3	
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	2	
telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg	1	
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg	1	
trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg	1	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg	1	
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	1	

Drug Name	Drug Tier	Requirements/Limits
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA; NEDS
Diuretics, Loop		
bumetanide injection 0.25mg/ml	2	
bumetanide tablet 0.5mg, 1mg, 2mg	3	
ethacrynic acid tablet 25mg	4	
furosemide injection 10mg/ml	4	
furosemide oral solution 10mg/ml, 40mg/5ml	2	
furosemide tablet 20mg, 40mg, 80mg	1	
torsemide tablet 100mg, 10mg, 20mg, 5mg	3	
Diuretics, Potassium-sparing		
amiloride hcl tablet 5mg	2	
triamterene capsule 100mg, 50mg	4	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule 12.5mg	1	
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	1	
indapamide tablet 1.25mg, 2.5mg	2	
metolazone tablet 10mg, 2.5mg, 5mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	3	
fenofibrate capsule 130mg, 43mg	3	
fenofibrate capsule 50mg	4	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid dr capsule delayed release 135mg, 45mg	3	
gemfibrozil tablet 600mg	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	1	
fluvastatin sodium er tablet extended release 24 hour 80mg	1	
fluvastatin capsule 20mg, 40mg	1	
lovastatin tablet 10mg, 20mg, 40mg	1	
pitavastatin calcium tablet 1mg, 2mg, 4mg	1	
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	1	
rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg	1	
simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg	1	
Dyslipidemics, Other		
cholestyramine light packet 4gm	4	
cholestyramine light powder 4gm/dose	3	
cholestyramine packet 4gm	4	
cholestyramine powder 4gm/dose	3	
colestipol hydrochloride granules 5gm	4	
colestipol hydrochloride packet 5gm	4	
colestipol hydrochloride tablet 1gm	4	
ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
ezetimibe tablet 10mg	2	
icosapent ethyl capsule 0.5gm, 1gm	4	
NEXLETOL TABLET 180MG	3	PA
NEXLIZET TABLET 180MG; 10MG	3	PA
niacin er tablet extended release 1000mg, 500mg, 750mg	4	
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	3	
PRALUENT INJECTION 150MG/ML, 75MG/ML	3	PA
prevalite packet 4gm	4	
prevalite powder 4gm/dose	3	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	PA
REPATHA SURECLICK INJECTION 140MG/ML	3	PA
REPATHA INJECTION 140MG/ML	3	PA
Mineralocorticoid Receptor Antagonists		
eplerenone tablet 25mg, 50mg	3	
KERENDIA TABLET 10MG, 20MG, 40MG	3	PA
spironolactone tablet 100mg, 25mg, 50mg	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
dapagliflozin tablet 10mg, 5mg	3	
FARXIGA TABLET 10MG, 5MG	3	
JARDIANCE TABLET 10MG, 25MG	3	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	3	
isosorbide dinitrate tablet 40mg	4	
isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg	2	
isosorbide mononitrate tablet 10mg, 20mg	2	
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	3	
nitroglycerin solution 0.4mg/spray	4	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO TABLET 10MG, 2.5MG, 5MG	4	
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	2	
minoxidil tablet 10mg, 2.5mg	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	

Drug Name	Drug Tier	Requirements/Limits
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	2	
dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg	4	
dextroamphetamine sulfate tablet 10mg, 15mg, 20mg, 30mg, 5mg	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 10mg, 25mg	4	QL(60 EA per 30 days)
atomoxetine capsule 100mg, 80mg	4	QL(30 EA per 30 days)
atomoxetine capsule 10mg, 18mg, 25mg, 40mg, 60mg	4	QL(60 EA per 30 days)
clonidine hydrochloride er tablet extended release 12 hour 0.1mg	3	
dexmethylphenidate hcl tablet 10mg, 5mg	2	
dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg	4	
dexmethylphenidate hydrochloride tablet 2.5mg	2	
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg	3	QL(90 EA per 90 days)
methylphenidate hydrochloride er (cd) capsule extended release 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	4	
methylphenidate hydrochloride er (dif) tablet extended release 27mg, 36mg, 54mg	4	
methylphenidate hydrochloride er (la) capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg, 60mg	4	
methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 36mg, 54mg	4	
methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg	4	
methylphenidate hydrochloride er tablet extended release 10mg, 20mg	4	
methylphenidate hydrochloride solution 10mg/5ml, 5mg/5ml	3	
methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg	4	
methylphenidate hydrochloride tablet 10mg, 20mg, 5mg	2	
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	5	QL(56 EA per 365 days); PA; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 6MG; 12MG; 24 MG	5	QL(84 EA per 365 days); PA; NEDS; SP
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA; NEDS; SP
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA; NEDS; SP
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA; NEDS; SP
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA; NEDS; SP
AUSTEDO TABLET 12MG, 6MG, 9MG	5	PA; NEDS; SP
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA NSO; NEDS
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA NSO; NEDS
dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg	5	PA; NEDS
NUEDEXTA CAPSULE 20MG; 10MG	5	PA; NEDS
RADICAVA ORS STARTER KIT SUSPENSION 105MG/5ML	5	PA; NEDS; SP
RADICAVA ORS SUSPENSION 105MG/5ML	5	PA; NEDS; SP
riluzole tablet 50mg	4	
tetrabenazine tablet 12.5mg, 25mg	4	PA; SP
VEOZAH TABLET 45MG	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
milnacipran hydrochloride titration pack miscellaneous 0	3	
milnacipran hydrochloride tablet 100mg, 12.5mg, 25mg, 50mg	3	
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	
Multiple Sclerosis Agents		
AVONEX PEN INJECTION 30MCG/0.5ML	5	NEDS; SP
AVONEX INJECTION 30MCG/0.5ML	5	NEDS; SP
BETASERON INJECTION 0.3MG	5	NEDS; SP
dalfampridine er tablet extended release 12 hour 10mg	3	SP
dimethyl fumarate capsule delayed release 120mg, 240mg	4	SP
fingolimod hydrochloride capsule 0.5mg	5	NEDS; SP
glatiramer acetate injection 40mg/ml	5	QL(12 ML per 28 days); NEDS; SP
glatiramer acetate injection 20mg/ml	5	QL(30 ML per 30 days); NEDS; SP
KESIMPTA INJECTION 20MG/0.4ML	5	PA; NEDS; SP
PLEGRIDY STARTER PACK INJECTION 0	5	NEDS; SP
PLEGRIDY INJECTION 125MCG/0.5ML	5	NEDS; SP
REBIF REBIDOSE TITRATION PACK INJECTION 0	5	ST; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	5	ST; NEDS; SP
REBIF TITRATION PACK INJECTION 0	5	ST; NEDS; SP
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	5	ST; NEDS; SP
teriflunomide tablet 14mg, 7mg	4	SP
VUMERITY CAPSULE DELAYED RELEASE 231MG	5	NEDS; SP
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	5	NEDS; SP
ZEPOSIA CAPSULE 0.92MG	5	NEDS; SP
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hydrochloride capsule 30mg	4	
chlorhexidine gluconate solution 0.12%	1	
kourzeq paste 0.1%	3	
lidocaine hydrochloride viscous solution 2%	2	
lidocaine viscous solution 2%	2	
oralone dental paste paste 0.1%	3	
periogard solution 0.12%	1	
pilocarpine hydrochloride tablet 5mg, 7.5mg	4	
sf 5000 plus cream 1.1%	2	
sodium fluoride 5000 plus cream 1.1%	2	
sodium fluoride 5000 ppm cream 1.1%	2	
sodium fluoride cream 1.1%	2	
triamcinolone acetonide dental paste paste 0.1%	3	
Dermatological Agents		
Acne and Rosacea Agents		
accutane capsule 10mg, 20mg, 30mg, 40mg	4	
acitretin capsule 10mg, 17.5mg, 25mg	4	
adapalene gel 0.1%, 0.3%	4	PA
amnesteem capsule 10mg, 20mg, 30mg, 40mg	4	
azelaic acid gel 15%	4	
claravis capsule 10mg, 20mg, 30mg, 40mg	4	
clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%	4	
clindamycin/benzoyl peroxide gel 5%; 1%	4	
isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	
metronidazole cream 0.75%	2	
metronidazole gel 0.75%, 1%	4	
metronidazole lotion 0.75%	4	
tazarotene cream 0.1%	3	PA
tazarotene cream 0.05%	4	PA
tazarotene gel 0.05%, 0.1%	4	PA
tretinoin cream 0.025%, 0.05%, 0.1%	3	PA
ZENATANE CAPSULE 10MG, 20MG, 30MG, 40MG	4	

Drug Name	Drug Tier	Requirements/Limits
Dermatitis and Pruritus Agents		
ammonium lactate cream 12%	2	
ammonium lactate lotion 12%	2	
betamethasone dipropionate augmented cream 0.05%	2	
betamethasone dipropionate augmented gel 0.05%	4	
betamethasone dipropionate augmented lotion 0.05%	2	
betamethasone dipropionate augmented ointment 0.05%	3	
betamethasone dipropionate cream 0.05%	3	
betamethasone dipropionate lotion 0.05%	3	
betamethasone dipropionate ointment 0.05%	4	
betamethasone valerate cream 0.1%	3	
betamethasone valerate lotion 0.1%	3	
betamethasone valerate ointment 0.1%	3	
clobetasol propionate emollient base cream 0.05%	2	QL(240 GM per 30 days)
clobetasol propionate cream 0.05%	2	QL(240 GM per 30 days)
clobetasol propionate gel 0.05%	3	QL(240 GM per 30 days)
clobetasol propionate ointment 0.05%	2	QL(240 GM per 30 days)
clobetasol propionate shampoo 0.05%	3	QL(236 ML per 30 days)
clobetasol propionate solution 0.05%	3	QL(200 ML per 30 days)
clodan shampoo 0.05%	3	QL(236 ML per 30 days)
desonide cream 0.05%	3	
desonide ointment 0.05%	3	
desoximetasone cream 0.05%, 0.25%	4	
EUCRISA OINTMENT 2%	4	PA
fluocinolone acetonide body oil 0.01%	4	
fluocinolone acetonide scalp oil 0.01%	4	
fluocinolone acetonide topical oil 0.01%	4	
fluocinolone acetonide cream 0.01%, 0.025%	4	
fluocinolone acetonide ointment 0.025%	3	
fluocinolone acetonide solution 0.01%	2	
fluocinonide emulsified base cream 0.05%	4	
fluocinonide cream 0.05%	3	
fluocinonide cream 0.1%	4	
fluocinonide gel 0.05%	3	
fluocinonide ointment 0.05%	3	
fluocinonide solution 0.05%	2	
fluticasone propionate cream 0.05%	2	
fluticasone propionate ointment 0.005%	3	
halobetasol propionate cream 0.05%	4	
halobetasol propionate ointment 0.05%	4	
hydrocortisone valerate cream 0.2%	3	
hydrocortisone valerate ointment 0.2%	4	
hydrocortisone cream 1%, 2.5%	1	
hydrocortisone lotion 2.5%	2	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone ointment 2.5%	1	
hydrocortisone ointment 1%	2	
mometasone furoate cream 0.1%	2	
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	3	
pimecrolimus cream 1%	4	
selenium sulfide lotion 2.5%	2	
tacrolimus ointment 0.03%, 0.1%	4	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	
triamcinolone acetonide lotion 0.025%, 0.1%	3	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	2	
Dermatological Agents, Other		
calcipotriene cream 0.005%	3	QL(120 GM per 30 days)
calcipotriene ointment 0.005%	4	QL(120 GM per 30 days)
calcipotriene solution 0.005%	4	QL(120 ML per 30 days)
calcitriol ointment 3mcg/gm	4	
clotrimazole/betamethasone dipropionate cream 0.05%; 1%	2	
clotrimazole/betamethasone dipropionate lotion 0.05%; 1%	4	
diclofenac sodium gel 3%	3	QL(200 GM per 30 days)
fluorouracil cream 0.5%, 5%	3	
fluorouracil solution 2%, 5%	4	
imiquimod cream 5%	2	
imiquimod cream 3.75%	4	
nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm	2	
nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%	2	
nystatin/triamcinolone cream 100000unit/gm; 1mg/gm	2	
nystatin/triamcinolone ointment 100000unit/gm; 0.1%	2	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA; NEDS; SP
podofilox gel 0.5%	4	
podofilox solution 0.5%	4	
SANTYL OINTMENT 250UNIT/GM	4	
silver sulfadiazine cream 1%	2	
ssd cream 1%	2	
Pediculicides/Scabicides		
malathion lotion 0.5%	4	
permethrin cream 5%	3	
Topical Anti-infectives		
ciclopirox nail lacquer solution 8%	3	
ciclopirox olamine cream 0.77%	2	
ciclopirox gel 0.77%	3	
ciclopirox shampoo 1%	3	

Drug Name	Drug Tier	Requirements/Limits
ciclopirox suspension 0.77%	3	
clindamycin phosphate (once-daily) gel 1%	1	
clindamycin phosphate (twice-daily) gel 1%	1	
clindamycin phosphate lotion 1%	3	
clindamycin phosphate topical solution 1%	2	
ery pad 2%	4	
erythromycin gel 2%	3	
erythromycin solution 2%	2	
mupirocin cream 2%	4	QL(180 GM per 30 days)
mupirocin ointment 2%	2	QL(44 GM per 30 days)
SULFAMYLON CREAM 85MG/GM	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	PA BvD
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	PA BvD
carglumic acid tablet soluble 200mg	5	PA; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	PA BvD
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	PA BvD
CLINIMIX E 8/10 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	PA BvD
dextrose 10%/sodium chloride 0.2% injection 10%; 0.2%	2	
dextrose 10%/sodium chloride 0.45% injection 10%; 0.45%	2	
dextrose 10% injection 10%	2	
dextrose 2.5%/sodium chloride 0.45% injection 2.5%; 0.45%	2	
dextrose 5%/sodium chloride 0.2% injection 5%; 0.2%	2	
dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%	2	
dextrose 5%/sodium chloride 0.33% injection 5%; 0.33%	2	
dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%	2	
dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%	2	
dextrose 5% injection 5%	2	
dextrose 50% injection 50%	2	
dextrose 70% injection 70%	2	
dextrose/sodium chloride injection 5%; 0.225%	2	
effer-k tablet effervescent 25meq	1	
glucose (dextrose) 50% injection 50%	2	
glucose (dextrose) 70% injection 70%	2	
k-prime tablet effervescent 25meq	1	
kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%	4	
kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%	4	
kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%	4	
kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%	4	
kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%	4	

Drug Name	Drug Tier	Requirements/Limits
klor-con 10 tablet extended release 10meq	2	
klor-con 8 tablet extended release 8meq	2	
klor-con m10 tablet extended release 10meq	2	
klor-con m15 tablet extended release 15meq	2	
klor-con m20 tablet extended release 20meq	2	
klor-con/ef tablet effervescent 25meq	2	
klor-con packet 20meq	3	
lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	2	
magnesium sulfate injection 50%	4	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	3	PA BvD
potassium chloride er capsule extended release 10meq, 8meq	3	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	2	
potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%	4	
potassium chloride injection 10meq/50ml, 20meq/50ml	2	
potassium chloride injection 2meq/ml	4	
potassium chloride packet 20meq	3	
potassium chloride oral solution 10%, 20%	3	
potassium citrate er tablet extended release 1080mg, 15meq, 540mg	4	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	PA BvD
sodium chloride 0.45% injection 0.45%	2	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride injection 0.9%, 3%, 5%	2	
sodium chloride injection 0.9%, 2.5meq/ml, 4meq/ml	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	5	NEDS
deferasirox packet 180mg, 360mg, 90mg	5	NEDS; SP
deferasirox tablet soluble 125mg	4	SP
deferasirox tablet soluble 250mg, 500mg	5	NEDS; SP
deferasirox tablet 90mg	3	SP
deferasirox tablet 180mg, 360mg	4	SP
JYNARQUE TABLET 15MG, 30MG	5	QL(120 EA per 30 days); PA; NEDS; SP
penicillamine tablet 250mg	5	NEDS
tolvaptan tablet 15mg, 30mg	5	QL(120 EA per 30 days); PA; NEDS; SP
trientine hydrochloride capsule 250mg, 500mg	5	NEDS
Phosphate Binders		
calcium acetate capsule 667mg	4	
calcium acetate tablet 667mg	3	
sevelamer carbonate packet 0.8gm, 2.4gm	4	
sevelamer carbonate tablet 800mg	4	
VELPHORO TABLET CHEWABLE 500MG	5	NEDS
Potassium Binders		
LOKELMA PACKET 10GM, 5GM	4	QL(90 EA per 30 days)
sodium polystyrene sulfonate powder 0	3	
sodium polystyrene sulfonate suspension 15gm/60ml	4	
sps multiple routes suspension 15gm/60ml, 15gm/60ml	4	
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
Gastrointestinal Agents		

Drug Name	Drug Tier	Requirements/Limits
Anti-Constipation Agents		
constulose solution 10gm/15ml	2	
enulose solution 10gm/15ml	2	
generlac solution 10gm/15ml	2	
lactulose solution 10gm/15ml	2	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	
lubiprostone capsule 24mcg, 8mcg	4	
MOVANTIK TABLET 12.5MG, 25MG	3	
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg	4	PA
alosetron hydrochloride tablet 1mg	5	PA; NEDS
loperamide hydrochloride capsule 2mg	3	
XERMELO TABLET 250MG	5	PA; NEDS; SP
Antispasmodics, Gastrointestinal		
dicyclomine hcl solution 10mg/5ml	4	
dicyclomine hydrochloride capsule 10mg	2	
dicyclomine hydrochloride tablet 20mg	2	
glycopyrrolate solution 1mg/5ml	4	SP
glycopyrrolate tablet 1mg, 2mg	3	
Gastrointestinal Agents, Other		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	3	
gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	3	
gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	3	
metoclopramide hcl injection 5mg/ml	2	
metoclopramide hcl oral solution 5mg/5ml	2	
metoclopramide hydrochloride +rfid injection 5mg/ml	2	
metoclopramide hydrochloride tablet 10mg, 5mg	1	
nitroglycerin ointment 0.4%	4	QL(30 GM per 30 days)
opium tincture tincture 1%	4	
opium tincture 1%	4	
peg-3350/electrolytes/ascorbate solution reconstituted 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm	4	
peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	3	
peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	3	
peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic solution reconstituted 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm	4	

Drug Name	Drug Tier	Requirements/Limits
sodium sulfate/potassium sulfate/magnesium sulfate solution 17.5gm/177ml; 3.13gm/177ml; 1.6gm/177ml	4	
ursodiol capsule 300mg	3	
ursodiol tablet 250mg, 500mg	4	
VOQUEZNA TABLET 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPSULE 0	5	PA; NEDS
XIFAXAN TABLET 550MG	5	PA; NEDS
Histamine2 (H2) Receptor Antagonists		
cimetidine tablet 200mg, 300mg, 400mg, 800mg	4	
famotidine tablet 20mg, 40mg	2	
Protectants		
misoprostol tablet 100mcg, 200mcg	3	
sucralfate suspension 1gm/10ml	4	
sucralfate tablet 1gm	3	
Proton Pump Inhibitors		
DEXLANSOPRAZOLE CAPSULE DELAYED RELEASE 30MG, 60MG	4	
esomeprazole magnesium capsule delayed release 20mg, 40mg	2	
esomeprazole magnesium packet 10mg, 20mg, 40mg	4	
lansoprazole capsule delayed release 15mg, 30mg	2	
omeprazole dr capsule delayed release 10mg	2	
omeprazole capsule delayed release 20mg, 40mg	2	
pantoprazole sodium tablet delayed release 20mg, 40mg	2	
rabeprazole sodium tablet delayed release 20mg	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine anhydrous powder 0	5	NEDS; SP
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
cromolyn sodium concentrate 100mg/5ml	4	
CYSTAGON CAPSULE 150MG, 50MG	4	SP
dichlorphenamide tablet 50mg	5	PA; NEDS; SP
l-glutamine packet 5gm	5	NEDS
nitisinone capsule 10mg, 20mg, 2mg, 5mg	5	PA; NEDS; SP
PROLASTIN-C INJECTION 1000MG/20ML	5	PA; NEDS; SP
REVCOVI INJECTION 2.4MG/1.5ML	5	PA; NEDS
sapropterin dihydrochloride packet 100mg, 500mg	5	PA; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride tablet 100mg	5	PA; NEDS; SP
sodium phenylbutyrate powder 3gm/tsp	5	NEDS; SP
sodium phenylbutyrate tablet 500mg	5	NEDS; SP
WELIREG TABLET 40MG	5	PA NSO; NEDS
zelvysia packet 100mg, 500mg	5	PA; NEDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	3	
oxybutynin chloride solution 5mg/5ml	2	
oxybutynin chloride tablet 5mg	2	
oxybutynin chloride tablet 2.5mg	3	
solifenacin succinate tablet 10mg, 5mg	3	
tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg	4	
tolterodine tartrate tablet 1mg, 2mg	4	
trospium chloride tablet 20mg	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tablet extended release 24 hour 10mg	2	
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	2	
dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg	4	
dutasteride capsule 0.5mg	2	
finasteride tablet 5mg	2	
tadalafil tablet 10mg, 20mg	2	QL(6 EA per 30 days); EC
tadalafil tablet 2.5mg, 5mg	3	QL(30 EA per 30 days); PA
tamsulosin hydrochloride capsule 0.4mg	2	
terazosin hcl capsule 10mg, 1mg, 5mg	2	
terazosin hydrochloride capsule 2mg	2	
Genitourinary Agents, Other		
acetic acid 0.25% solution 0.25%	2	
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	3	
ELMIRON CAPSULE 100MG	4	

Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate tablet 100mg, 25mg, 50mg	1	QL(6 EA per 30 days); EC
sildenafil tablet 25mg	1	QL(6 EA per 30 days); EC
tiopronin dr tablet delayed release 100mg, 300mg	5	NEDS; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEPO-MEDROL INJECTION 20MG/ML	3	
dexamethasone intensol concentrate 1mg/ml	2	
dexamethasone sodium phosphate +rfid injection 4mg/ml	2	
dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml	2	
dexamethasone elixir 0.5mg/5ml	2	
dexamethasone solution 0.5mg/5ml	2	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tablet 0.1mg	3	
hydrocortisone sodium succinate injection 100mg	4	
hydrocortisone tablet 10mg, 20mg, 5mg	3	
kenalog-10 injection 10mg/ml	2	
methylprednisolone acetate injection 40mg/ml, 50mg/ml, 80mg/ml	2	
methylprednisolone dose pack tablet therapy pack 4mg	2	
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	2	
prednisolone sodium phosphate oral solution 15mg/5ml	2	
prednisolone sodium phosphate oral solution 5mg/5ml	3	
prednisolone sodium phosphate oral solution 10mg/5ml, 20mg/5ml, 25mg/5ml	4	
prednisolone solution 15mg/5ml	4	
prednisolone tablet 5mg	4	
prednisone solution 5mg/5ml	4	
prednisone tablet therapy pack 10mg, 5mg	3	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
triamcinolone acetonide injection 10mg/ml, 40mg/ml	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate solution 0.01%	2	
desmopressin acetate tablet 0.1mg, 0.2mg	2	
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA; SP
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS; SP
GENOTROPIN INJECTION 12MG, 5MG	5	PA; NEDS; SP
INCRELEX INJECTION 40MG/4ML	5	PA; NEDS; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		

Drug Name	Drug Tier	Requirements/Limits
danazol capsule 100mg, 200mg, 50mg	4	
testosterone cypionate injection 100mg/ml, 200mg/ml	2	
testosterone enanthate injection 200mg/ml	4	
testosterone pump gel 20.25mg/act	3	
testosterone pump gel 12.5mg/act	4	
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	3	
testosterone gel 25mg/2.5gm, 50mg/5gm	4	
Estrogens		
abigale lo tablet 0.5mg; 0.1mg	3	
abigale tablet 1mg; 0.5mg	3	
amabelz tablet 0.5mg; 0.1mg, 1mg; 0.5mg	3	
apri tablet 0.15mg; 30mcg	4	
ashlyna tablet 0; 0	4	
aviane tablet 20mcg; 0.1mg	4	
azurette tablet 0; 0	4	
balziva tablet 35mcg; 0.4mg	4	
briellyn tablet 35mcg; 0.4mg	4	
conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	4	
dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	4	
drospirenone/ethinyl estradiol tablet 3mg; 0.03mg	4	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	4	
enilloring ring 0.015mg/24hr; 0.12mg/24hr	3	
estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml	4	
estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg	3	
estradiol cream 0.1mg/gm	3	
estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	4	
estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	3	
estradiol oral tablet 0.5mg, 1mg, 2mg	2	
estradiol vaginal tablet 10mcg	4	
ESTRING RING 7.5MCG/24HR	4	
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	4	
falmina tablet 20mcg; 0.1mg	4	
FEIRZA 1.5/30 TABLET 30MCG; 75MG; 1.5MG	4	
FEIRZA 1/20 TABLET 20MCG; 75MG; 1MG	4	
finzala tablet chewable 20mcg; 75mg; 1mg	4	
fyavolv tablet 5mcg; 1mg	3	
fyavolv tablet 2.5mcg; 0.5mg	4	
galbriela tablet chewable 25mcg; 75mg; 0.8mg	4	

Drug Name	Drug Tier	Requirements/Limits
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	4	
haloette ring 0.015mg/24hr; 0.12mg/24hr	4	
iclevia tablet 0.03mg; 0.15mg	4	
IMVEXXY MAINTENANCE PACK INSERT 10MCG, 4MCG	3	
IMVEXXY STARTER PACK INSERT 10MCG, 4MCG	3	
introvale tablet 0.03mg; 0.15mg	4	
jaimiess tablet 0; 0	4	
jinteli tablet 5mcg; 1mg	3	
junel 1.5/30 tablet 30mcg; 1.5mg	4	
junel 1/20 tablet 20mcg; 1mg	4	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	4	
junel fe 1/20 tablet 20mcg; 75mg; 1mg	4	
junel fe 24 tablet 20mcg; 75mg; 1mg	4	
kariva tablet 0; 0	4	
kelnor 1/35 tablet 35mcg; 1mg	4	
larin 1.5/30 tablet 30mcg; 1.5mg	4	
larin 1/20 tablet 20mcg; 1mg	4	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	4	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	4	
lessina tablet 20mcg; 0.1mg	4	
levonest tablet 0; 0	4	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	4	
levonorgestrel/ethinyl estradiol/ferrous bisglycinate tablet 0.02mg; 36.5mg; 0.1mg	4	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg	4	
levora 0.15/30-28 tablet 0.03mg; 0.15mg	4	
lojaimiess tablet 0; 0	4	
luizza 1.5/30 tablet 30mcg; 1.5mg	4	
luizza 1/20 tablet 20mcg; 1mg	4	
marlissa tablet 0.03mg; 0.15mg	4	
mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg	4	
microgestin 1.5/30 tablet 30mcg; 1.5mg	4	
microgestin 1/20 tablet 20mcg; 1mg	4	
microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	4	
microgestin fe 1/20 tablet 20mcg; 75mg; 1mg	4	
minzoya tablet 0.02mg; 36.5mg; 0.1mg	4	
necon 0.5/35-28 tablet 35mcg; 0.5mg	4	
nikki tablet 3mg; 0.02mg	4	
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	3	
norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg	3	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg	4	

Drug Name	Drug Tier	Requirements/Limits
nortrel 0.5/35 (28) tablet 35mcg; 0.5mg	4	
nortrel 1/35 tablet 35mcg; 1mg	4	
nortrel 7/7/7 tablet 35mcg; 0	4	
portia-28 tablet 0.03mg; 0.15mg	4	
PREMARIN CREAM 0.625MG/GM	3	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
rosyrah tablet 0; 0	4	
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	4	
tri-sprintec tablet 0; 0	2	
trivora-28 tablet 0; 0	4	
turqoz tablet 30mcg; 0.3mg	4	
tydemy tablet 3mg; 0.03mg; 0.451mg	4	
valtya 1/35 tablet 35mcg; 1mg	4	
valtya 1/50 tablet 50mcg; 1mg	4	
velivet tablet 0; 0	4	
viorele tablet 0; 0	4	
vyfemla tablet 35mcg; 0.4mg	4	
XARAH FE TABLET 0; 75MG; 1MG	4	
xelria fe tablet chewable 35mcg; 75mg; 0.4mg	4	
xulane patch weekly 35mcg/24hr; 150mcg/24hr	3	
yuvafem tablet 10mcg	4	
zafemy patch weekly 35mcg/24hr; 150mcg/24hr	3	
zovia 1/35 tablet 35mcg; 1mg	4	
Progestins		
camila tablet 0.35mg	2	
deblitane tablet 0.35mg	2	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	
errin tablet 0.35mg	2	
gallifrey tablet 5mg	3	
heather tablet 0.35mg	2	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	
medroxyprogesterone acetate injection 150mg/ml	2	
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	1	
megestrol acetate suspension 40mg/ml	3	
megestrol acetate suspension 625mg/5ml	4	
megestrol acetate tablet 20mg, 40mg	2	
meleya tablet 0.35mg	2	
NEXPLANON INJECTION 68MG	3	SP
norethindrone acetate tablet 5mg	3	
orquidea tablet 0.35mg	2	
progesterone capsule 100mg, 200mg	3	
sharobel tablet 0.35mg	2	

Drug Name	Drug Tier	Requirements/Limits
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	4	
raloxifene hydrochloride tablet 60mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID TABLET 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	4	
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
liomny tablet 25mcg, 50mcg, 5mcg	3	
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	3	
NIVA THYROID TABLET 15MG	4	
niva thyroid tablet 120mg, 30mg, 60mg, 90mg	4	
np thyroid 120 tablet 120mg	2	
np thyroid 15 tablet 15mg	2	
np thyroid 30 tablet 30mg	2	
np thyroid 60 tablet 60mg	2	
np thyroid 90 tablet 90mg	2	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA; NEDS; SP
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	4	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tablet 0.5mg	3	
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	4	SP
FIRMAGON INJECTION 80MG	4	SP
FIRMAGON INJECTION 120MG/VIAL	5	NEDS; SP
lanreotide acetate injection 120mg/0.5ml	5	NEDS; SP
leuprolide acetate injection 1mg/0.2ml	4	SP
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	NEDS; SP
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	NEDS; SP
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	NEDS; SP
mifepristone tablet 300mg	5	QL(120 EA per 30 days); PA; NEDS; SP
octreotide acetate injection 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml	4	SP
octreotide acetate injection 1000mcg/ml	5	NEDS; SP
ORGOVYX TABLET 120MG	5	PA NSO; NEDS; SP
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA; NEDS; SP
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	5	NEDS; SP
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; NEDS; SP
SYNAREL SOLUTION 2MG/ML	5	NEDS; SP
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet 50mg	3	
Immunological Agents		
Angioedema Agents		
BERINERT INJECTION 500UNIT	5	PA; NEDS; SP
HAEGARDA INJECTION 2000UNIT, 3000UNIT	5	PA; NEDS; SP
icatibant acetate injection 30mg/3ml	5	QL(18 ML per 30 days); PA; NEDS; SP
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA BvD; NEDS; HI; SP
CUVITRU INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	5	PA BvD; NEDS; SP
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI; SP
GAMMAGARD LIQUID INJECTION 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	PA BvD; NEDS; HI; SP
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI; SP
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA BvD; NEDS; SP
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI; SP

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA BvD; NEDS; HI; SP
Immunological Agents, Other		
ARCALYST INJECTION 220MG	5	PA; NEDS; SP
BENLYSTA INJECTION 200MG/ML	5	PA; NEDS; SP
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA; NEDS; SP
COSENTYX UNOREADY INJECTION 300MG/2ML	5	PA; NEDS; SP
COSENTYX INJECTION 125MG/5ML	5	PA; NEDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	PA; NEDS; SP
DUPIXENT INJECTION 200MG/1.14ML, 300MG/2ML	5	PA; NEDS; SP
EMPAVELI INJECTION 1080MG/20ML	5	PA; NEDS
KINERET INJECTION 100MG/0.67ML	5	PA; NEDS
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS; SP
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS; SP
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS; SP
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS; SP
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA; NEDS; SP
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 days); PA; NEDS; SP
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA; NEDS; SP
SKYRIZI PEN INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP
SKYRIZI INJECTION 600MG/10ML	5	PA; NEDS; SP
SKYRIZI INJECTION 55MG/0.37ML	5	QL(0.37 ML per 28 days); PA; NEDS
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS; SP
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS; SP
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP
STEQEYMA INJECTION 45MG/0.5ML	3	QL(1 ML per 28 days); PA
STEQEYMA INJECTION 45MG/0.5ML	3	QL(1 ML per 28 days); PA; SP
STEQEYMA INJECTION 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP
TAVNEOS CAPSULE 10MG	5	PA; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg	5	QL(30 EA per 30 days); PA; NEDS
tofacitinib citrate solution 1mg/ml	5	QL(300 ML per 30 days); PA; NEDS
tofacitinib citrate tablet 10mg, 5mg	5	QL(60 EA per 30 days); PA; NEDS
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA; NEDS; SP
ustekinumab injection 45mg/0.5ml, 90mg/ml	5	QL(1 ML per 28 days); PA; NEDS; SP
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	5	QL(30 EA per 30 days); PA; NEDS; SP
XELJANZ SOLUTION 1MG/ML	5	QL(300 ML per 30 days); PA; NEDS; SP
XELJANZ TABLET 10MG, 5MG	5	QL(60 EA per 30 days); PA; NEDS; SP
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; NEDS; SP
YESINTEK INJECTION 45MG/0.5ML	3	QL(1 ML per 28 days); PA; SP
YESINTEK INJECTION 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	NEDS; SP
BESREMI PEN INJECTION 500MCG/0.5ML	5	PA NSO; NEDS
BESREMI INJECTION 500MCG/ML	5	PA NSO; NEDS; SP
PEGASYS INJECTION 180MCG/ML	5	QL(4 ML per 28 days); NEDS; SP
Immunosuppressants		
adalimumab-aaty 1-pen kit injection 80mg/0.8ml	5	QL(4 EA per 28 days); PA; NEDS; SP
adalimumab-aaty 1-pen kit injection 40mg/0.4ml	5	QL(6 EA per 28 days); PA; NEDS; SP
adalimumab-aaty 2-pen kit injection 40mg/0.4ml	5	QL(6 EA per 28 days); PA; NEDS; SP
adalimumab-aaty 2-syringe injection 20mg/0.2ml	5	QL(2 EA per 28 days); PA; NEDS; SP
adalimumab-aaty 2-syringe injection 40mg/0.4ml	5	QL(6 EA per 28 days); PA; NEDS; SP
adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml	5	PA; NEDS; SP
adalimumab-adbm crohns/uc/hs starter injection 40mg/0.8ml	5	PA; NEDS; SP
adalimumab-adbm psoriasis/uveitis starter injection 40mg/0.8ml	5	PA; NEDS; SP
adalimumab-adbm starter package for crohns disease/uc/hs injection 40mg/0.4ml	5	QL(6 EA per 28 days); PA; NEDS; SP
adalimumab-adbm starter package for psoriasis/uveitis injection 40mg/0.4ml	5	PA; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
adalimumab-adbm injection 10mg/0.2ml, 20mg/0.4ml	5	QL(2 EA per 28 days); PA; NEDS; SP
adalimumab-adbm injection 40mg/0.4ml, 40mg/0.8ml	5	QL(6 EA per 28 days); PA; NEDS; SP
azathioprine tablet 50mg	3	PA BvD
azathioprine tablet 100mg, 75mg	4	PA BvD
cyclosporine modified capsule 100mg, 25mg, 50mg	4	PA BvD; SP
cyclosporine modified solution 100mg/ml	4	PA BvD; SP
cyclosporine capsule 100mg, 25mg	4	PA BvD; SP
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP
ENBREL INJECTION 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS; SP
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	PA BvD; SP
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	PA BvD; NEDS; SP
everolimus tablet 0.25mg	4	QL(60 EA per 30 days); PA BvD; SP
everolimus tablet 0.5mg, 0.75mg, 1mg	5	QL(60 EA per 30 days); PA BvD; NEDS; SP
GENGRAF CAPSULE 100MG, 25MG	4	PA BvD; SP
GENGRAF SOLUTION 100MG/ML	4	PA BvD; SP
HUMIRA 2SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NEDS; SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0, 80MG/0.8ML	5	PA; NEDS; SP
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML, 80MG/0.8ML	5	PA; NEDS; SP
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	PA; NEDS; SP
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	PA; NEDS; SP
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NEDS; SP
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; NEDS; SP
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
JYLAMVO SOLUTION 2MG/ML	4	
leflunomide tablet 10mg, 20mg	2	
methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml	2	SP
methotrexate sodium tablet 2.5mg	2	
methotrexate injection 50mg/2ml	2	SP
mycophenolate mofetil capsule 250mg	3	PA BvD; SP
mycophenolate mofetil suspension reconstituted 200mg/ml	5	PA BvD; NEDS; SP
mycophenolate mofetil tablet 500mg	3	PA BvD; SP
mycophenolic acid dr tablet delayed release 180mg, 360mg	4	PA BvD; SP
NULOJIX INJECTION 250MG	5	NEDS; SP
PEGASYS INJECTION 180MCG/0.5ML	5	QL(4 ML per 28 days); NEDS; SP
PROGRAF PACKET 0.2MG, 1MG	4	PA BvD
REZUROCK TABLET 200MG	5	PA; NEDS; SP
sirolimus solution 1mg/ml	4	PA BvD; SP
sirolimus tablet 0.5mg, 1mg, 2mg	4	PA BvD; SP
tacrolimus capsule 0.5mg, 1mg, 5mg	4	PA BvD; SP
XATMEP SOLUTION 2.5MG/ML	4	
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	6	
ACTHIB INJECTION 0	6	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	6	
AREXVY INJECTION 120MCG/0.5ML	6	
BCG VACCINE INJECTION 50MG	6	
BEXSERO INJECTION 0.5ML	6	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	6	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
DENGVAXIA INJECTION 0	6	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	6	PA BvD
GARDASIL 9 INJECTION 0.5ML	6	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	6	
HEPLISAV-B INJECTION 20MCG/0.5ML	6	PA BvD
HIBERIX INJECTION 10MCG	6	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	6	PA BvD
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	6	
IPOL INACTIVATED IPV INJECTION 0	6	
IXCHIQ INJECTION 0	6	
IXIARO INJECTION 0	6	
JYNNEOS INJECTION 0.5ML	6	

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
M-M-R II INJECTION 0; 0; 0	6	
MENACTRA INJECTION 0	6	
MENQUADFI INJECTION 0.5ML	6	
MENVEO INJECTION 0	6	
MRESVIA INJECTION 50MCG/0.5ML	6	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	6	
PENBRAYA INJECTION 0; 0	6	
PENMENVY INJECTION 0; 0	6	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	6	
PREHEVBRIO INJECTION 10MCG/ML	6	PA BvD
PRIORIX INJECTION 0; 0; 0	6	
PROQUAD INJECTION 0; 0; 0; 0	6	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	6	
RABAVERT INJECTION 0	6	PA BvD
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	6	PA BvD
ROTARIX SUSPENSION 0	6	
ROTATEQ SOLUTION 0	6	
SHINGRIX INJECTION 50MCG/0.5ML	6	
STAMARIL INJECTION 0	6	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	6	
TENIVAC INJECTION 2LFU; 5LFU	6	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	6	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	6	
TRUMENBA INJECTION 0.5ML	6	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	6	
TYPHIM VI INJECTION 25MCG/0.5ML	6	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	6	
VARIVAX INJECTION 1350PFU/0.5ML	6	
VAXCHORA SUSPENSION RECONSTITUTED 0	6	
VIMKUNYA INJECTION 40MCG/0.8ML	6	
VIVOTIF CAPSULE DELAYED RELEASE 0	6	
YF-VAX INJECTION 0	6	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium capsule 750mg	4	
mesalamine dr capsule delayed release 400mg	4	

Drug Name	Drug Tier	Requirements/Limits
mesalamine dr tablet delayed release 1.2gm, 800mg	4	
mesalamine er capsule extended release 24 hour 0.375gm	4	
mesalamine er capsule extended release 500mg	4	
mesalamine enema 4gm	4	
mesalamine kit 4gm	4	
mesalamine suppository 1000mg	4	
sulfasalazine tablet delayed release 500mg	2	
sulfasalazine tablet 500mg	2	
Glucocorticoids		
budesonide er tablet extended release 24 hour 9mg	5	NEDS
budesonide capsule delayed release particles 3mg	4	
CORTIFOAM FOAM 10%	4	
hydrocortisone cream 1%, 2.5%	2	
hydrocortisone enema 100mg/60ml	4	
procto-med hc cream 2.5%	2	
proctosol hc cream 2.5%	2	
proctozone-hc cream 2.5%	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium solution 70mg/75ml	4	
alendronate sodium tablet 10mg, 35mg, 70mg	1	
BONSITY INJECTION 560MCG/2.24ML	5	PA; NEDS; SP
calcitonin salmon injection 200unit/ml	4	
calcitonin-salmon solution 200unit/act	3	
calcitriol capsule 0.25mcg, 0.5mcg	2	
calcitriol solution 1mcg/ml	4	
cinacalcet hydrochloride tablet 30mg, 60mg, 90mg	4	SP
JUBBONTI INJECTION 60MG/ML	4	PA
paricalcitol capsule 1mcg, 2mcg, 4mcg	4	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	NEDS
risedronate sodium dr tablet delayed release 35mg	4	
risedronate sodium tablet 150mg, 30mg, 35mg, 5mg	3	
teriparatide injection 560mcg/2.24ml	5	PA; NEDS; SP
WYOST INJECTION 120MG/1.7ML	5	PA; NEDS
zoledronic acid injection 4mg/100ml, 4mg/5ml, 5mg/100ml	2	SP
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol prep pads pad 70%	2	
curity gauze pads 2"x2" 12 ply pad	2	
insulin syringes, needles miscellaneous	2	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	PA BvD
levocarnitine tablet 330mg	4	
NUTRILIPID INJECTION 20GM/100ML	3	PA BvD
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	4	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	4	
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	4	
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	4	
OMNIPOD 5 LIBRE INTRO KIT KIT	4	
OMNIPOD 5 LIBRE PODS MISCELLANEOUS	4	
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	4	
OMNIPOD DASH INTRO KIT (GEN 4) KIT	4	
OMNIPOD DASH PDM KIT (GEN 4) KIT	4	
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	4	
OMNIPOD GO 10 UNITS/DAY KIT	4	
OMNIPOD GO 15 UNITS/DAY KIT	4	
OMNIPOD GO 20 UNITS/DAY KIT	4	
OMNIPOD GO 25 UNITS/DAY KIT	4	
OMNIPOD GO 30 UNITS/DAY KIT	4	
OMNIPOD GO 35 UNITS/DAY KIT	4	
OMNIPOD GO 40 UNITS/DAY KIT	4	
sodium chloride 0.9% solution 0.9%	3	
sterile water for irrigation solution 0	2	
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	4	
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	2	
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	4	
cyclopentolate hydrochloride solution 1%	2	
CYSTARAN SOLUTION 0.44%	5	NEDS; SP
dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml	2	
dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%	4	
MIEBO SOLUTION 1.338GM/ML	4	
neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	3	
neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	3	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	2	

Drug Name	Drug Tier	Requirements/Limits
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	3	
neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml	4	
polycin ointment 500unit/gm; 10000unit/gm	2	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	3	
SIMBRINZA SUSPENSION 0.2%; 1%	3	
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	3	
tobramycin/dexamethasone suspension 0.1%; 0.3%	3	
XIIDRA SOLUTION 5%	4	
Ophthalmic Anti-allergy Agents		
ALOCRIL SOLUTION 2%	4	
azelastine hcl ophthalmic solution 0.05%	2	
cromolyn sodium solution 4%	2	
epinastine hcl solution 0.05%	4	
olopatadine hydrochloride solution 0.2%	3	
Ophthalmic Anti-Infectives		
bacitracin ointment 500unit/gm	4	
BESIVANCE SUSPENSION 0.6%	4	
ciprofloxacin hydrochloride ophthalmic solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gatifloxacin solution 0.5%	4	
gentamicin sulfate ophthalmic solution 0.3%	2	
levofloxacin ophthalmic solution 1.5%	3	
moxifloxacin hydrochloride solution 0.5%	2	
NATACYN SUSPENSION 5%	4	
ofloxacin ophthalmic solution 0.3%	2	
sulfacetamide sodium ointment 10%	3	
sulfacetamide sodium solution 10%	3	
tobramycin solution 0.3%	2	
trifluridine solution 1%	4	
XDEMVY SOLUTION 0.25%	5	PA; NEDS
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
bromfenac sodium solution 0.07%, 0.075%	4	
bromfenac solution 0.09%	4	
dexamethasone sodium phosphate ophthalmic solution 0.1%	4	
diclofenac sodium ophthalmic solution 0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
difluprednate emulsion 0.05%	4	
FLAREX SUSPENSION 0.1%	3	
fluorometholone suspension 0.1%	4	
flurbiprofen sodium solution 0.03%	4	
ILEVRO SUSPENSION 0.3%	3	
ketorolac tromethamine solution 0.5%	2	
ketorolac tromethamine solution 0.4%	4	
LOTEMAX OINTMENT 0.5%	4	
loteprednol etabonate gel 0.5%	4	
loteprednol etabonate suspension 0.2%, 0.5%	4	
prednisolone acetate suspension 1%	3	
prednisolone sodium phosphate ophthalmic solution 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	4	
carteolol hcl solution 1%	2	
levobunolol hcl solution 0.5%	3	
timolol hemihydrate solution 0.5%	4	
timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%	4	
timolol maleate solution 0.25%, 0.5%	1	
timolol maleate solution 0.5%	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er capsule extended release 12 hour 500mg	2	
acetazolamide tablet 125mg, 250mg	2	
apraclonidine solution 0.5%	4	
brimonidine tartrate solution 0.2%	2	
brimonidine tartrate solution 0.1%, 0.15%	3	
brinzolamide suspension 1%	4	
dorzolamide hydrochloride solution 2%	2	
methazolamide tablet 25mg, 50mg	4	
pilocarpine hcl solution 1%, 2%, 4%	3	
pilocarpine hydrochloride solution 1%, 2%, 4%	3	
RHOPRESSA SOLUTION 0.02%	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost solution 0.01%	3	
bimatoprost solution 0.03%	4	
latanoprost solution 0.005%	2	
LUMIGAN SOLUTION 0.01%	3	
travoprost solution 0.004%	4	
VYZULTA SOLUTION 0.024%	4	
Otic Agents		
Otic Agents		
acetic acid solution 2%	2	
ciprofloxacin hydrochloride otic solution 0.2%	4	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	4	
CORTISPORIN-TC SUSPENSION 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	4	
flac oil 0.01%	4	
fluocinolone acetonide oil 0.01%	3	
hydrocortisone/acetic acid solution 2%; 1%	4	
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	4	
neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	4	
ofloxacin otic solution 0.3%	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	PA BvD
flunisolide solution 0.025%	3	QL(150 ML per 90 days)
fluticasone propionate diskus aerosol powder breath activated 250mcg/act	4	QL(720 EA per 90 days); ST
fluticasone propionate diskus aerosol powder breath activated 100mcg/act, 50mcg/act	4	ST
fluticasone propionate hfa aerosol 44mcg/act	4	QL(63.6 GM per 90 days); ST
fluticasone propionate hfa aerosol 110mcg/act, 220mcg/act	4	QL(72 GM per 90 days); ST
fluticasone propionate suspension 50mcg/act	1	QL(48 GM per 90 days)
mometasone furoate suspension 50mcg/act	3	QL(102 GM per 90 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL(63.6 GM per 90 days)
Antihistamines		
azelastine hcl nasal solution 0.15%	2	QL(120 ML per 90 days)
azelastine hydrochloride solution 0.1%	2	QL(120 ML per 90 days)
cyproheptadine hcl syrup 2mg/5ml	4	
cyproheptadine hydrochloride tablet 4mg	2	
desloratadine tablet 5mg	3	
diphenhydramine hydrochloride injection 50mg/ml	2	
hydroxyzine hcl tablet 50mg	2	
hydroxyzine hydrochloride injection 25mg/ml	2	
hydroxyzine hydrochloride syrup 10mg/5ml	3	
hydroxyzine hydrochloride tablet 10mg, 25mg	2	
hydroxyzine pamoate capsule 100mg, 25mg, 50mg	2	
levocetirizine dihydrochloride tablet 5mg	2	
Antileukotrienes		
montelukast sodium packet 4mg	2	
montelukast sodium tablet chewable 4mg, 5mg	2	
montelukast sodium tablet 10mg	2	
zafirlukast tablet 10mg, 20mg	4	
Bronchodilators, Anticholinergic		
atrovent hfa aerosol solution 17mcg/act	4	QL(77.4 GM per 90 days)

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL(30 EA per 30 days)
ipratropium bromide hfa aerosol solution 17mcg/act	4	QL(77.4 GM per 90 days)
ipratropium bromide inhalation solution 0.02%	2	PA BvD
ipratropium bromide nasal solution 0.03%	3	QL(180 ML per 90 days)
ipratropium bromide nasal solution 0.06%	3	QL(90 ML per 90 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL(12 GM per 90 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act (18 gm)	2	QL(108 GM per 90 days)
albuterol sulfate hfa aerosol solution 108 mcg/act (6.7 gm)	2	QL(40.2 GM per 90 days)
albuterol sulfate hfa aerosol solution 108 mcg/act (8.5 gm)	2	QL(51 GM per 90 days)
albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	PA BvD
albuterol sulfate syrup 2mg/5ml	4	
albuterol sulfate tablet 2mg, 4mg	4	
arformoterol tartrate nebulization solution 15mcg/2ml	4	PA BvD
epinephrine injection 0.15mg/0.3ml	3	QL(2 EA per 1 days)
epinephrine injection 0.15mg/0.15ml, 0.3mg/0.3ml	3	QL(2 EA per 1 days); SP
formoterol fumarate nebulization solution 20mcg/2ml	4	PA BvD
levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml	4	PA BvD
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	4	PA BvD
levalbuterol nebulization solution 1.25mg/0.5ml	4	PA BvD
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(6 EA per 90 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL(12 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA; NEDS; SP
KALYDECO PACKET 5.8MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACKET 13.4MG, 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP
KALYDECO TABLET 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA; NEDS; SP
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA BvD; NEDS; SP
TOBI PODHALER CAPSULE 28MG	5	NEDS; SP
TRIKAFTA TABLET THERAPY PACK 50MG; 0; 25MG	5	QL(84 EA per 28 days); PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA; NEDS; SP
TRIKAFTA THERAPY PACK 100MG; 0; 50MG, 80MG; 0; 40MG	5	QL(56 EA per 28 days); PA; NEDS
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	3	PA BvD
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin elixir 80mg/15ml	2	
roflumilast tablet 250mcg, 500mcg	4	
theophylline er tablet extended release 12 hour 100mg, 200mg, 300mg, 450mg	4	
theophylline er tablet extended release 24 hour 400mg, 600mg	3	
theophylline elixir 80mg/15ml	4	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	PA; NEDS; SP
alyq tablet 20mg	4	PA; SP
ambrisentan tablet 10mg, 5mg	5	PA; NEDS; SP
bosentan tablet 125mg, 62.5mg	5	PA; NEDS; SP
macitentan tablet 10mg	5	PA; NEDS
OPSUMIT TABLET 10MG	5	PA; NEDS; SP
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	5	PA; NEDS; SP
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	5	PA; NEDS; SP
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	5	PA; NEDS; SP
ORENITRAM TABLET EXTENDED RELEASE 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA; SP
ORENITRAM TABLET EXTENDED RELEASE 5MG	5	PA; NEDS; SP
riociguat tablet 0.5mg, 1.5mg, 1mg, 2.5mg, 2mg	5	PA; NEDS
sildenafil citrate tablet 20mg	3	PA; SP
tadalafil tablet 20mg	4	PA; SP
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	5	PA; NEDS; SP
WINREVAIR INJECTION 45MG, 60MG	5	QL(1 EA per 21 days); PA; NEDS
Pulmonary Fibrosis Agents		
nintedanib esylate capsule 100mg, 150mg	5	QL(60 EA per 30 days); PA; NEDS
OFEV CAPSULE 100MG, 150MG	5	QL(60 EA per 30 days); PA; NEDS; SP
pirfenidone capsule 267mg	5	QL(270 EA per 30 days); PA; NEDS; SP
pirfenidone tablet 534mg	5	QL(135 EA per 30 days); PA; NEDS; SP
pirfenidone tablet 267mg	5	QL(270 EA per 30 days); PA; NEDS; SP

Drug Name	Drug Tier	Requirements/Limits
pirfenidone tablet 801mg	5	QL(90 EA per 30 days); PA; NEDS; SP
Respiratory Tract Agents, Other		
acetylcysteine solution 10%, 20%	4	PA BvD
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(180 EA per 90 days)
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	3	QL(10.7 GM per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)
BREYNA AEROSOL 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	4	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT, 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(32.1 GM per 90 days)
BRONCHITOL CAPSULE 40MG	5	NEDS; SP
budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	4	QL(30.9 GM per 90 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(24 GM per 90 days)
FASENRA PEN INJECTION 30MG/ML	5	PA; NEDS; SP
FASENRA INJECTION 10MG/0.5ML	4	PA; SP
FASENRA INJECTION 30MG/ML	5	PA; NEDS; SP
fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	3	QL(180 EA per 90 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	3	QL(180 EA per 90 days)
fluticasone propionate/salmeterol aerosol powder breath activated 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act	4	QL(3 EA per 90 days)
ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml	2	PA BvD
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)
wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	3	QL(180 EA per 90 days)
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Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	2	

Drug Name	Drug Tier	Requirements/Limits
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methocarbamol tablet 750mg	3	
methocarbamol tablet 500mg	3	SP
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Sleep Promoting Agents		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	
eszopiclone tablet 1mg, 2mg, 3mg	2	
ramelteon tablet 8mg	4	QL(30 EA per 30 days)
tasimelteon capsule 20mg	5	PA; NEDS; SP
temazepam capsule 15mg, 30mg, 7.5mg	2	
zaleplon capsule 10mg, 5mg	2	
zolpidem tartrate tablet 10mg, 5mg	2	
Wakefulness Promoting Agents		
armodafinil tablet 150mg, 200mg, 250mg, 50mg	3	PA
modafinil tablet 100mg, 200mg	2	PA
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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) o hable con su proveedor.

Português (Portuguese) ATENÇÃO: Se fala Português, estão disponíveis para si serviços gratuitos de assistência linguística. Estão também disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY - Dispositivo das telecomunicações para surdos: 711) ou fale com o seu prestador.

中文 (**Simplified Chinese**) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)（文本电话：711）或咨询您的服务提供商。

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) oswa pale avèk founisè w la.

Việt (Vietnamese) LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) или обратитесь к своему поставщику услуг.

(Arabic)العربية تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 711 (1-800-701-9000 (PPO) 1-866-623-0172 (HMO)) أو تحدث إلى مقدم الخدمة.

ភាសាខ្មែរ (Khmer) សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Français (French) ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ou parlez à votre fournisseur.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (tty: 711) o parla con il tuo fornitore.

한국어 **(Korean)** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ή απευθυνθείτε στον πάροχό σας.

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) lub porozmawiaj ze swoim dostawcą.

हिंदी **(Hindi)**न दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ગુજરાતી **(Gujarati)** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

This formulary was updated on 11/01/2026. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday– Friday from April 1 to September 30, or visit **www.thpmp.org**.

TUFTS Health Plan
1 Wellness Way
Canton, MA 02021

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).