CCA Senior Care Options (HMO D-SNP)

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

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

H2225_26_LOCD_C | Formulary ID 00026339, Version Number 6

This *Drug List* was updated on 10/06/2025.

For more recent information or other questions, contact us at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week or visit ccama.org.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and non-drug products are covered by CCA Senior Care Options. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by CCA Senior Care Options. Key terms and their definitions appear in the last chapter of the *Member Handbook, otherwise known as the Evidence of Coverage.*

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A. Disclaimers

This is a list of drugs that members can get in *CCA Senior Care Options*.

- Senior Care Options (HMO D-SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- When this document says "we," "us," or "our," it means Commonwealth Care Alliance, Inc. When it says "plan" or "our plan," it means CCA Senior Care Options.
- In the Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. does business as Commonwealth Care Alliance Massachusetts (CCA).
- Estate Recovery Awareness: MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth (Medicaid) estate recovery, please visit www.mass.gov/estaterecovery.
- The List of Covered Drugs may change at any time. You will receive notice when necessary.
- You can always check CCA Senior Care Options' up-to-date *List of Covered Drugs* online at ccama.org or by calling Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.
- We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.
- This document is available for free in other languages.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.

Notice of Nondiscrimination

Commonwealth Care Alliance, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence. Commonwealth Care Alliance, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services.

If you believe that Commonwealth Care Alliance, Inc. has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with:

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108
Phone: 617-960-0474, ext. 3932 (TTY 711) Fax: 857-453-4517
Email: civilrightscoordinator@commonwealthcare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Massachusetts 2026 ND

Notice of Availability

Interpreter Services

English: If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-610-2273 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

Chinese Mandarin: 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服務。請致電 1-866-610-2273 (TTY: 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

Korean: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711) 으로 전화하세요.

Russian: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

Arabic: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية المجانية. وتتوفر أيضًا مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-866-610-2273 (TTY: 711).

Hindi: यदि आप हिन्दी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

Italian: Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiami il numero 1-866-610-2273 (TTY: 711)

Portuguese: se você fala português, serviços de assistência linguística gratuitos estão disponíveis. Recursos e serviços auxiliares para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-610-2273 (TTY: 711).

Cape Verdean Creole: Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. També ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

Haitian Creole: Si ou pale kreyòl Ayisyen, gen sèvis asistans lang gratis ki disponib. Gen èd ak sèvis oksilyè pou bay enfòmasyon nan fòma aksesib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

Japanese: 日本語を話せる方は、無料の言語支援サービスをご利用いただけます。受け入れ可能な方法で情報を入手するための補助手段やサービスも無料でご利用いただけます。
1-866-610-2273 (TTY: 711) にお電話ください。

Gujarati: જો તમે ગુજરાતી બોલનાર છો, તો મફત ભાષા સહાય સેવા ઉપલબ્ધ છે. માહિતીને સુલભ ફોર્મેટમાં પ્રદાન કરવા માટે સહાયક સહાય અને સેવા પણ મફતમાં ઉપલબ્ધ છે. 1-866-610-2273 (TTY: 711) પર કોલ કરો.

Lao/Laotian: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

Greek: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν υπηρεσίες γλωσσικής βοήθειας. Διατίθενται επίσης δωρεάν βοηθητικά μέσα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμη μορφή. Καλέστε στο 1-866-610-2273 (TTY: 711).

Khmer: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះនឹងមាន
ការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយ និងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by CCA Senior Care Options. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- CCA Senior Care Options will cover all medically necessary drugs on the *Drug List* if:
    - your doctor or other prescriber says you need them to get better or stay healthy,
    - CCA Senior Care Options agrees that the drug is medically necessary for you, **and**
    - you fill the prescription at a CCA Senior Care Options network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at ccama.org or call Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week.

B2. Does the *Drug List* ever change?

Yes, and CCA Senior Care Options must follow Medicare and MassHealth (Medicaid) rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from CCA Senior Care Options before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check CCA Senior Care Options' up-to-date *Drug List* online at ccama.org. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain $0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we're adding:
        - is a new generic version of a brand name drug, or
        - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
        - Some of these drug types may be new to you. For more information, refer to **Section B14**.
    - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. If you are taking the drug, we will send

you a notice to replace the drug that is taken off the market, please contact your healthcare provider. Your provider will issue a prescription for a new medication to replace the drug that is taken off the market.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- We add a generic drug and replace a brand name drug currently on the *Drug List*, or
- we add a new biosimilar to replace an original biological product currently on the *Drug List,* or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from CCA Senior Care Options before you fill your prescription. Prior authorization is different from a referral. CCA Senior Care Options may not cover the drug if you don't get prior authorization.

- **Quantity limits:** Sometimes CCA Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes CCA Senior Care Options requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.
- **Indication-based coverage:** If CCA Senior Care Options covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered. Prior authorization is required for non-preferred diabetic testing supplies (glucose monitors and test strips).

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at ccama.org. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled "List of Drugs by Medical Condition" has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if CCA Senior Care Options changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in Section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search by medical condition, find **Section C** labeled "List of Drugs by Medical Condition". The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in cardiovascular agents. That's where you'll find drugs that treat heart conditions.

B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week and ask about it. If you learn that CCA Senior Care Options won't cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that's like the one you want to take. **Or**
- Ask CCA Senior Care Options to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I'm a new CCA Senior Care Options member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you're a member of CCA Senior Care Options. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 31-day supply days of medication.

We'll cover a 31-day supply of your drug if:

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by CCA Senior Care Options, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a covered drug that CCA Senior Care Options doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. If the pharmacy isn't able to bill CCA Senior Care Options for this one-time supply, MassHealth (Medicaid) will pay for it.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new CCA Senior Care Options member.
- This is in addition to the temporary supply during the first 90- days you're a member of CCA Senior Care Options.

We will provide an emergency supply of at least 31 days (unless the prescription is written for fewer days) for all non-formulary medications including those that may have step therapy or prior authorization requirements for an unplanned level of care change. An unplanned level of care transition could be any of the following:

- a discharge or admission to a long-term care facility
- a discharge or admission to a hospital, or
- a nursing facility skilled level change.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask CCA Senior Care Options to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, CCA Senior Care Options may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call *Member Services*. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours.

A member, a member's prescriber, and/or appointed representative (with written consent) can request the exception by completing the Prescription Drug Coverage Determination Request form available on our website at ccama.org. The form may be submitted by mail or fax:

CVS Caremark Part D Appeals and Exceptions
PO Box 52000, MC109
Pheonix, AZ 85072-2000
Fax: 855-633-7673

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

CCA Senior Care Options covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Member Handbook*

B15. What are OTC drugs?

OTC stands for "over-the-counter". CCA Senior Care Options covers some OTC drugs when they're written as prescriptions by your provider.

You can read the MassHealth (Medicaid) *Drug List* to find out what OTC drugs are covered.

B16. Does CCA Senior Care Options cover non-drug OTC products?

CCA Senior Care Options covers some non-drug OTC products when they're written as prescriptions by your provider. Examples of non-drug OTC products include gauze pads and dressings, alcohol swabs, and certain needles/syringes.

You can read the CCA Senior Care Options *Drug List* to find out what non-drug OTC products are covered.

B17. Does CCA Senior Care Options cover long-term supplies of prescriptions?

- **Mail-Order Programs**. We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. There is no copay for mail-order drugs. Specialty drugs are limited up to a 31-day supply.
- **100-Day Retail Pharmacy Programs**. Some retail pharmacies may also offer up to a 100-day supply of covered drugs. There is no copay for retail pharmacy prescriptions. Specialty drugs are limited up to a 31-day supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What's my copay?

CCA Senior Care Options members have no copays for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

Every drug in the plan's Drug List is on tier 1. You have no copays for prescription and OTC drugs on CCA Senior Care Option's Drug List. To find your drugs, you can look in the Drug List.

Tier 1 consists of both part D drugs and non-Medicare covered drugs, and/or non-Medicare covered OTC drugs.

If you have questions, call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by CCA Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by CCA Senior Care Options. For non–Part D drugs or OTC items that are covered by MassHealth (Medicaid), plans should place an asterisk (*) or another symbol by the drug to indicate that the member may need to follow a different process for appeals and include the following text.

Note: The asterisk (*) next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or MassHealth (Medicaid).
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week or at the numbers listed at the bottom of this page or at the numbers in the footer of this document.
- You can also read **Chapter 9** of the Member Handbook to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents. That's where you'll find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

NDS = Non-Extended Day Supply. You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary via retail or mail order. Drugs noted with "NDS" are limited to a 1-month supply for both Retail and Mail Order.

PA = Prior approval (or prior authorization). For some drugs, you or your doctor or other prescriber must get approval from CCA Senior Care Options before you fill your prescription. If you don't get approval, CCA Senior Care Options may not cover the drug.

B/D = Prior Authorization Restriction for Part B vs Part D Determination: This drug may be eligible for payment under Medicare Part B or Medicare Part D. You or your healthcare provider are required to get a prior authorization from CCA Senior Care Options to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCA may not cover this drug. PA_BVD does not apply to Medicaid Only members.

QL = Quantity Limit. Sometimes CCA Senior Care Options limits the amount of a drug you can get.

ST = Step Therapy. Sometimes CCA Senior Care Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical conditions. You might have to try one drug before we will cover another drug. If your healthcare provider thinks the first drug doesn't work for you, then we will cover the second.

Asterisk (*) = Denotes non-Part D drugs

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *valsartan*), brand name drugs are capitalized (for example, MYRBETRIQ). The information in the “Necessary actions, restrictions, or limits on use” column tells you if CCA Senior Care Options has any rules for covering your drug.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol tab 100 mg	Tier 1	
allopurinol tab 300 mg	Tier 1	
colchicine tab 0.6 mg	Tier 1	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	
probenecid tab 500 mg	Tier 1	
MISCELLANEOUS		
lidocaine hcl local inj 0.5%	Tier 1	B/D
lidocaine hcl local inj 1%	Tier 1	B/D
lidocaine hcl local inj 2%	Tier 1	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	Tier 1	B/D
lidocaine hcl local preservative free (pf) inj 1%	Tier 1	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	Tier 1	B/D
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
celecoxib cap 50 mg	Tier 1	QL (60 caps / 30 days)
celecoxib cap 100 mg	Tier 1	QL (60 caps / 30 days)
celecoxib cap 200 mg	Tier 1	QL (60 caps / 30 days)
celecoxib cap 400 mg	Tier 1	QL (30 caps / 30 days)
diclofenac potassium tab 50 mg	Tier 1	QL (120 tabs / 30 days)
diclofenac sodium tab delayed release 25 mg	Tier 1	
diclofenac sodium tab delayed release 50 mg	Tier 1	
diclofenac sodium tab delayed release 75 mg	Tier 1	
diclofenac sodium tab er 24hr 100 mg	Tier 1	
diflunisal tab 500 mg	Tier 1	
etodolac cap 200 mg	Tier 1	
etodolac cap 300 mg	Tier 1	
etodolac tab 400 mg	Tier 1	
etodolac tab 500 mg	Tier 1	
etodolac tab er 24hr 400 mg	Tier 1	
etodolac tab er 24hr 500 mg	Tier 1	
etodolac tab er 24hr 600 mg	Tier 1	
flurbiprofen tab 100 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ibu	Tier 1	
ibuprofen susp 100 mg/5ml	Tier 1	
ibuprofen tab 400 mg	Tier 1	
ibuprofen tab 600 mg	Tier 1	
ibuprofen tab 800 mg	Tier 1	
meloxicam tab 7.5 mg	Tier 1	
meloxicam tab 15 mg	Tier 1	
nabumetone tab 500 mg	Tier 1	
nabumetone tab 750 mg	Tier 1	
naproxen sodium tab 275 mg	Tier 1	
naproxen sodium tab 550 mg	Tier 1	
naproxen tab 250 mg	Tier 1	
naproxen tab 375 mg	Tier 1	
naproxen tab 500 mg	Tier 1	
naproxen tab ec 375 mg	Tier 1	QL (120 tabs / 30 days)
piroxicam cap 10 mg	Tier 1	
piroxicam cap 20 mg	Tier 1	
sulindac tab 150 mg	Tier 1	
sulindac tab 200 mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine td patch weekly 5 mcg/hr	Tier 1	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 7.5 mcg/hr	Tier 1	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 10 mcg/hr	Tier 1	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 15 mcg/hr	Tier 1	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 20 mcg/hr	Tier 1	QL (4 patches / 28 days), PA
fentanyl td patch 72hr 12 mcg/hr	Tier 1	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	Tier 1	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 37.5 mcg/hr	Tier 1	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	Tier 1	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 62.5 mcg/hr	Tier 1	QL (10 patches / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fentanyl td patch 72hr 75 mcg/hr	Tier 1	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 87.5 mcg/hr	Tier 1	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	Tier 1	QL (10 patches / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 20 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 30 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 40 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 60 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 80 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 100 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 120 mg	Tier 1	QL (30 tabs / 30 days), PA
methadone hcl soln 5 mg/5ml	Tier 1	QL (450 mL / 30 days), PA
methadone hcl soln 10 mg/5ml	Tier 1	QL (450 mL / 30 days), PA
methadone hcl tab 5 mg	Tier 1	QL (90 tabs / 30 days), PA
methadone hcl tab 10 mg	Tier 1	QL (90 tabs / 30 days), PA
methadone hydrochloride i	Tier 1	QL (90 mL / 30 days), PA
morphine sulfate tab er 15 mg	Tier 1	QL (90 tabs / 30 days), PA
morphine sulfate tab er 30 mg	Tier 1	QL (90 tabs / 30 days), PA
morphine sulfate tab er 60 mg	Tier 1	QL (90 tabs / 30 days), PA
morphine sulfate tab er 100 mg	Tier 1	QL (90 tabs / 30 days), PA
morphine sulfate tab er 200 mg	Tier 1	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OXYCONTIN TAB 15MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	Tier 1	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	Tier 1	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	Tier 1	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	Tier 1	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	Tier 1	QL (180 tabs / 30 days)
butorphanol tartrate inj 1 mg/ml	Tier 1	
butorphanol tartrate inj 2 mg/ml	Tier 1	
endocet tab 2.5-325mg	Tier 1	QL (360 tabs / 30 days)
endocet tab 5-325mg	Tier 1	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	Tier 1	QL (240 tabs / 30 days)
endocet tab 10-325mg	Tier 1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	Tier 1	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	Tier 1	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	Tier 1	QL (600 mL / 30 days)
hydromorphone hcl tab 2 mg	Tier 1	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	Tier 1	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	Tier 1	QL (180 tabs / 30 days)
morphine sulfate iv soln 2 mg/ml	Tier 1	B/D
morphine sulfate iv soln 4 mg/ml	Tier 1	B/D
morphine sulfate iv soln 8 mg/ml	Tier 1	B/D
morphine sulfate iv soln 10 mg/ml	Tier 1	B/D
morphine sulfate oral soln 10 mg/5ml	Tier 1	QL (900 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate oral soln 20 mg/5ml	Tier 1	QL (900 mL / 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	Tier 1	QL (180 mL / 30 days)
morphine sulfate tab 15 mg	Tier 1	QL (180 tabs / 30 days)
morphine sulfate tab 30 mg	Tier 1	QL (180 tabs / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	Tier 1	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	Tier 1	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	Tier 1	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	Tier 1	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	Tier 1	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	Tier 1	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	Tier 1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 1	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs / 30 days)
tramadol hcl tab 50 mg	Tier 1	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	Tier 1	QL (240 tabs / 30 days)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole tab 200 mg	Tier 1	QL (672 tabs / year), PA
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	Tier 1	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	Tier 1	
ARIKAYCE SUS	Tier 1	PA
atovaquone susp 750 mg/5ml	Tier 1	QL (300 mL / 30 days), PA
aztreonam for inj 1 gm	Tier 1	
aztreonam for inj 2 gm	Tier 1	
CAYSTON INH 75MG	Tier 1	PA
clindamycin hcl cap 75 mg	Tier 1	
clindamycin hcl cap 150 mg	Tier 1	
clindamycin hcl cap 300 mg	Tier 1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clindamycin phosphate in d5w iv soln 300 mg/50ml	Tier 1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	Tier 1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	Tier 1	
clindamycin phosphate inj 300 mg/2ml	Tier 1	
clindamycin phosphate inj 600 mg/4ml	Tier 1	
clindamycin phosphate inj 900 mg/6ml	Tier 1	
CLINDMYC/NAC INJ 300/50ML	Tier 1	
CLINDMYC/NAC INJ 600/50ML	Tier 1	
CLINDMYC/NAC INJ 900/50ML	Tier 1	
colistimethate sod for inj 150 mg (colistin base activity)	Tier 1	
dapsone tab 25 mg	Tier 1	
dapsone tab 100 mg	Tier 1	
daptomycin for iv soln 350 mg	Tier 1	
daptomycin for iv soln 500 mg	Tier 1	
DAPTOMYCIN INJ 350MG	Tier 1	
EMVERM CHW 100MG	Tier 1	QL (12 tabs / year)
ertapenem sodium for inj 1 gm (base equivalent)	Tier 1	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	Tier 1	
gentamicin in saline inj 0.8 mg/ml	Tier 1	
gentamicin in saline inj 1 mg/ml	Tier 1	
gentamicin in saline inj 1.2 mg/ml	Tier 1	
gentamicin in saline inj 1.6 mg/ml	Tier 1	
gentamicin in saline inj 2 mg/ml	Tier 1	
gentamicin sulfate inj 10 mg/ml	Tier 1	
gentamicin sulfate inj 40 mg/ml	Tier 1	
imipenem-cilastatin intravenous for soln 250 mg	Tier 1	
imipenem-cilastatin intravenous for soln 500 mg	Tier 1	
IMPAVIDO CAP 50MG	Tier 1	PA
ivermectin tab 3 mg	Tier 1	QL (20 tabs / 90 days), PA
ivermectin tab 6 mg	Tier 1	QL (10 tabs / 90 days), PA
linezolid for susp 100 mg/5ml	Tier 1	QL (1800 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LINEZOLID INJ 2MG/ML	Tier 1	
linezolid iv soln 600 mg/300ml (2 mg/ml)	Tier 1	
linezolid tab 600 mg	Tier 1	QL (60 tabs / 30 days)
meropenem iv for soln 1 gm	Tier 1	
meropenem iv for soln 2 gm	Tier 1	
meropenem iv for soln 500 mg	Tier 1	
methenamine hippurate tab 1 gm	Tier 1	
metronidazole iv soln 500 mg/100ml	Tier 1	
metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	
neomycin sulfate tab 500 mg	Tier 1	
nitazoxanide tab 500 mg	Tier 1	QL (6 tabs / 30 days)
nitrofurantoin macrocrystalline cap 50 mg	Tier 1	
nitrofurantoin macrocrystalline cap 100 mg	Tier 1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Tier 1	
pentamidine isethionate inh	Tier 1	B/D
pentamidine isethionate inj	Tier 1	
polymyxin b sulfate for inj 500000 unit	Tier 1	
praziquantel tab 600 mg	Tier 1	
pyrimethamine tab 25 mg	Tier 1	QL (90 tabs / 30 days), PA
streptomycin sulfate for inj 1 gm	Tier 1	
sulfadiazine tab 500 mg	Tier 1	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
tinidazole tab 250 mg	Tier 1	
tinidazole tab 500 mg	Tier 1	
TOBI PODHALR CAP 28MG	Tier 1	PA
tobramycin nebu soln 300 mg/5ml	Tier 1	PA
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	Tier 1	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tobramycin sulfate inj 10 mg/ml (base equivalent)	Tier 1	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	Tier 1	
trimethoprim tab 100 mg	Tier 1	
vancomycin hcl cap 125 mg (base equivalent)	Tier 1	QL (80 caps / 180 days)
vancomycin hcl cap 250 mg (base equivalent)	Tier 1	QL (160 caps / 180 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	Tier 1	
vancomycin hcl for iv soln 1.5 gm (base equivalent)	Tier 1	
vancomycin hcl for iv soln 1.25 gm (base equivalent)	Tier 1	
vancomycin hcl for iv soln 5 gm (base equivalent)	Tier 1	
vancomycin hcl for iv soln 10 gm (base equivalent)	Tier 1	
vancomycin hcl for iv soln 500 mg (base equivalent)	Tier 1	
vancomycin hcl for iv soln 750 mg (base equivalent)	Tier 1	
VANCOMYCIN INJ 1 GM	Tier 1	
VANCOMYCIN INJ 500MG	Tier 1	
VANCOMYCIN INJ 750MG	Tier 1	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
amphotericin b for iv soln 50 mg	Tier 1	B/D
amphotericin b liposome iv for susp 50 mg	Tier 1	B/D
caspofungin acetate for iv soln 50 mg	Tier 1	
caspofungin acetate for iv soln 70 mg	Tier 1	
CRESEMBA CAP 74.5MG	Tier 1	PA
CRESEMBA CAP 186MG	Tier 1	PA
fluconazole for susp 10 mg/ml	Tier 1	
fluconazole for susp 40 mg/ml	Tier 1	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 1	
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 1	
fluconazole tab 50 mg	Tier 1	
fluconazole tab 100 mg	Tier 1	
fluconazole tab 150 mg	Tier 1	
fluconazole tab 200 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
flucytosine cap 250 mg	Tier 1	PA
flucytosine cap 500 mg	Tier 1	PA
griseofulvin microsize susp 125 mg/5ml	Tier 1	
griseofulvin microsize tab 500 mg	Tier 1	
griseofulvin ultramicrosize tab 125 mg	Tier 1	
griseofulvin ultramicrosize tab 250 mg	Tier 1	
itraconazole cap 100 mg	Tier 1	QL (120 caps / 30 days)
ketoconazole tab 200 mg	Tier 1	PA
micafungin sodium for iv soln 50 mg	Tier 1	
micafungin sodium for iv soln 100 mg	Tier 1	
nystatin tab 500000 unit	Tier 1	
posaconazole tab delayed release 100 mg	Tier 1	QL (93 tabs / 30 days), PA
terbinafine hcl tab 250 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole for inj 200 mg	Tier 1	PA
voriconazole for susp 40 mg/ml	Tier 1	QL (600 mL / 28 days), PA
voriconazole tab 50 mg	Tier 1	QL (480 tabs / 30 days)
voriconazole tab 200 mg	Tier 1	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	
chloroquine phosphate tab 250 mg	Tier 1	
chloroquine phosphate tab 500 mg	Tier 1	
COARTEM TAB 20-120MG	Tier 1	
mefloquine hcl tab 250 mg	Tier 1	
primaquine phosphate tab 26.3 mg (15 mg base)	Tier 1	
PRIMAQUINE TAB 26.3MG	Tier 1	
quinine sulfate cap 324 mg	Tier 1	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate soln 20 mg/ml (base equiv)	Tier 1	
abacavir sulfate tab 300 mg (base equiv)	Tier 1	
APTIVUS CAP 250MG	Tier 1	
atazanavir sulfate cap 150 mg (base equiv)	Tier 1	
atazanavir sulfate cap 200 mg (base equiv)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atazanavir sulfate cap 300 mg (base equiv)	Tier 1	
darunavir tab 600 mg	Tier 1	QL (60 tabs / 30 days)
darunavir tab 800 mg	Tier 1	QL (30 tabs / 30 days)
EDURANT PED TAB 2.5MG	Tier 1	
EDURANT TAB 25MG	Tier 1	
efavirenz tab 600 mg	Tier 1	
emtricitabine caps 200 mg	Tier 1	
EMTRIVA SOL 10MG/ML	Tier 1	
etravirine tab 100 mg	Tier 1	
etravirine tab 200 mg	Tier 1	
fosamprenavir calcium tab 700 mg (base equiv)	Tier 1	
INTELENCE TAB 25MG	Tier 1	
ISENTRESS CHW 25MG	Tier 1	
ISENTRESS CHW 100MG	Tier 1	
ISENTRESS HD TAB 600MG	Tier 1	
ISENTRESS POW 100MG	Tier 1	
ISENTRESS TAB 400MG	Tier 1	
lamivudine oral soln 10 mg/ml	Tier 1	
lamivudine tab 150 mg	Tier 1	
lamivudine tab 300 mg	Tier 1	
maraviroc tab 150 mg	Tier 1	
maraviroc tab 300 mg	Tier 1	
nevirapine susp 50 mg/5ml	Tier 1	
nevirapine tab 200 mg	Tier 1	
nevirapine tab er 24hr 400 mg	Tier 1	
NORVIR POW 100MG	Tier 1	
PIFELTRO TAB 100MG	Tier 1	
PREZISTA SUS 100MG/ML	Tier 1	QL (400 mL / 30 days)
PREZISTA TAB 75MG	Tier 1	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	Tier 1	QL (240 tabs / 30 days)
REYATAZ POW 50MG	Tier 1	
ritonavir tab 100 mg	Tier 1	
RUKOBIA TAB 600MG ER	Tier 1	
SELZENTRY SOL 20MG/ML	Tier 1	
SUNLENCA TAB 300MG	Tier 1	
tenofovir disoproxil fumarate tab 300 mg	Tier 1	
TIVICAY PD TAB 5MG	Tier 1	
TIVICAY TAB 50MG	Tier 1	
TROGARZO INJ 150MG/ML	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TYBOST TAB 150MG	Tier 1	
VIRACEPT TAB 250MG	Tier 1	
VIRACEPT TAB 625MG	Tier 1	
VIREAD POW 40MG/GM	Tier 1	
VIREAD TAB 150MG	Tier 1	
VIREAD TAB 200MG	Tier 1	
VIREAD TAB 250MG	Tier 1	
zidovudine cap 100 mg	Tier 1	
zidovudine syrup 10 mg/ml	Tier 1	
zidovudine tab 300 mg	Tier 1	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	
BIKTARVY TAB 30-120-15 MG	Tier 1	
BIKTARVY TAB 50-200-25 MG	Tier 1	
CIMDUO TAB 300-300	Tier 1	
DELSTRIGO TAB	Tier 1	
DESCOVY TAB 120-15MG	Tier 1	
DESCOVY TAB 200/25MG	Tier 1	
DOVATO TAB 50-300MG	Tier 1	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 1	
EVOTAZ TAB 300-150	Tier 1	
GENVOYA TAB	Tier 1	
JULUCA TAB 50-25MG	Tier 1	
KALETRA SOL	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamivudine-zidovudine tab 150-300 mg	Tier 1	
lopinavir-ritonavir tab 100-25 mg	Tier 1	
lopinavir-ritonavir tab 200-50 mg	Tier 1	
ODEFSEY TAB	Tier 1	
PREZCOBIX TAB 675/150	Tier 1	
PREZCOBIX TAB 800-150	Tier 1	
STRIBILD TAB	Tier 1	
SYMTUZA TAB	Tier 1	
TRIUMEQ PD TAB	Tier 1	
TRIUMEQ TAB	Tier 1	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine cap 250 mg	Tier 1	
ethambutol hcl tab 100 mg	Tier 1	
ethambutol hcl tab 400 mg	Tier 1	
isoniazid syrup 50 mg/5ml	Tier 1	
isoniazid tab 100 mg	Tier 1	
isoniazid tab 300 mg	Tier 1	
PRIFTIN TAB 150MG	Tier 1	
pyrazinamide tab 500 mg	Tier 1	
rifabutin cap 150 mg	Tier 1	
rifampin cap 150 mg	Tier 1	
rifampin cap 300 mg	Tier 1	
rifampin for inj 600 mg	Tier 1	
SIRTURO TAB 20MG	Tier 1	PA
SIRTURO TAB 100MG	Tier 1	PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir cap 200 mg	Tier 1	
acyclovir sodium iv soln 50 mg/ml	Tier 1	B/D
acyclovir susp 200 mg/5ml	Tier 1	
acyclovir tab 400 mg	Tier 1	
acyclovir tab 800 mg	Tier 1	
adefovir dipivoxil tab 10 mg	Tier 1	
BARACLUDE SOL	Tier 1	ST
entecavir tab 0.5 mg	Tier 1	
entecavir tab 1 mg	Tier 1	
EPCLUSA PAK 150-37.5	Tier 1	PA
EPCLUSA PAK 200-50MG	Tier 1	PA
EPCLUSA TAB 200-50MG	Tier 1	PA
EPCLUSA TAB 400-100	Tier 1	PA
famciclovir tab 125 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
famciclovir tab 250 mg	Tier 1	
famciclovir tab 500 mg	Tier 1	
ganciclovir sodium for inj 500 mg	Tier 1	B/D
lamivudine tab 100 mg (hbv)	Tier 1	
LIVTENCITY TAB 200MG	Tier 1	QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	Tier 1	PA
MAVYRET TAB 100-40MG	Tier 1	PA
oseltamivir phosphate cap 30 mg (base equiv)	Tier 1	QL (168 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	Tier 1	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	Tier 1	QL (84 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Tier 1	QL (1080 mL / year)
PAXLOVID PAK	Tier 1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	Tier 1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	Tier 1	QL (60 tabs / 90 days)
PEGASYS INJ	Tier 1	PA
PEGASYS INJ 180MCG/M	Tier 1	PA
PREVYMIS TAB 240MG	Tier 1	QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	Tier 1	QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	Tier 1	QL (6 inhalers / year)
ribavirin cap 200 mg	Tier 1	
ribavirin tab 200 mg	Tier 1	
rimantadine hydrochloride tab 100 mg	Tier 1	
valacyclovir hcl tab 1 gm	Tier 1	
valacyclovir hcl tab 500 mg	Tier 1	
valganciclovir hcl for soln 50 mg/ml (base equiv)	Tier 1	
valganciclovir hcl tab 450 mg (base equivalent)	Tier 1	
VOSEVI TAB	Tier 1	PA
XOFLUZA TAB 40MG	Tier 1	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	Tier 1	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor cap 250 mg	Tier 1	
cefaclor cap 500 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefadroxil cap 500 mg	Tier 1	
cefadroxil for susp 250 mg/5ml	Tier 1	
cefadroxil for susp 500 mg/5ml	Tier 1	
CEFAZOLIN INJ 1GM/50ML	Tier 1	
CEFAZOLIN INJ 2GM	Tier 1	
CEFAZOLIN INJ 3GM	Tier 1	
cefazolin sodium for inj 1 gm	Tier 1	
cefazolin sodium for inj 2 gm	Tier 1	
cefazolin sodium for inj 3 gm	Tier 1	
cefazolin sodium for inj 10 gm	Tier 1	
cefazolin sodium for inj 500 mg	Tier 1	
cefazolin sodium for iv soln 1 gm	Tier 1	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 1	
cefdinir cap 300 mg	Tier 1	
cefdinir for susp 125 mg/5ml	Tier 1	
cefdinir for susp 250 mg/5ml	Tier 1	
cefepime hcl for inj 1 gm	Tier 1	
cefepime hcl for iv soln 2 gm	Tier 1	
cefixime cap 400 mg	Tier 1	
cefixime for susp 100 mg/5ml	Tier 1	
cefixime for susp 200 mg/5ml	Tier 1	
cefotetan disodium for inj 1 gm	Tier 1	
cefotetan disodium for inj 2 gm	Tier 1	
cefoxitin sodium for iv soln 1 gm	Tier 1	
cefoxitin sodium for iv soln 2 gm	Tier 1	
cefoxitin sodium for iv soln 10 gm	Tier 1	
cefpodoxime proxetil for susp 50 mg/5ml	Tier 1	
cefpodoxime proxetil for susp 100 mg/5ml	Tier 1	
cefpodoxime proxetil tab 100 mg	Tier 1	
cefpodoxime proxetil tab 200 mg	Tier 1	
cefprozil for susp 125 mg/5ml	Tier 1	
cefprozil for susp 250 mg/5ml	Tier 1	
cefprozil tab 250 mg	Tier 1	
cefprozil tab 500 mg	Tier 1	
ceftazidime for inj 1 gm	Tier 1	
ceftazidime for inj 6 gm	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ceftazidime for iv soln 2 gm	Tier 1	
ceftriaxone sodium for inj 1 gm	Tier 1	
ceftriaxone sodium for inj 2 gm	Tier 1	
ceftriaxone sodium for inj 10 gm	Tier 1	
ceftriaxone sodium for inj 250 mg	Tier 1	
ceftriaxone sodium for inj 500 mg	Tier 1	
ceftriaxone sodium for iv soln 1 gm	Tier 1	
ceftriaxone sodium for iv soln 2 gm	Tier 1	
cefuroxime axetil tab 250 mg	Tier 1	
cefuroxime axetil tab 500 mg	Tier 1	
cefuroxime sodium for inj 750 mg	Tier 1	
cefuroxime sodium for iv soln 1.5 gm	Tier 1	
cephalexin cap 250 mg	Tier 1	
cephalexin cap 500 mg	Tier 1	
cephalexin for susp 125 mg/5ml	Tier 1	
cephalexin for susp 250 mg/5ml	Tier 1	
tazicef	Tier 1	
TEFLARO INJ 400MG	Tier 1	
TEFLARO INJ 600MG	Tier 1	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin for susp 100 mg/5ml	Tier 1	
azithromycin for susp 200 mg/5ml	Tier 1	
azithromycin iv for soln 500 mg	Tier 1	
azithromycin tab 250 mg	Tier 1	
azithromycin tab 500 mg	Tier 1	
azithromycin tab 600 mg	Tier 1	
clarithromycin for susp 125 mg/5ml	Tier 1	
clarithromycin for susp 250 mg/5ml	Tier 1	
clarithromycin tab 250 mg	Tier 1	
clarithromycin tab 500 mg	Tier 1	
clarithromycin tab er 24hr 500 mg	Tier 1	
DIFICID SUS	Tier 1	
DIFICID TAB 200MG	Tier 1	
e.e.s. 400	Tier 1	
ERYTHROCIN INJ 500MG	Tier 1	
erythromycin ethylsuccinate tab 400 mg	Tier 1	
erythromycin lactobionate for inj 500 mg	Tier 1	
erythromycin tab 250 mg	Tier 1	
erythromycin tab 500 mg	Tier 1	
erythromycin tab delayed release 250 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erythromycin tab delayed release 333 mg	Tier 1	
erythromycin tab delayed release 500 mg	Tier 1	
erythromycin w/ delayed release particles cap 250 mg	Tier 1	
fidaxomicin tab 200 mg	Tier 1	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	Tier 1	
ciprofloxacin 400 mg/200ml in d5w	Tier 1	
ciprofloxacin hcl tab 250 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 500 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 750 mg (base equiv)	Tier 1	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 1	
levofloxacin in d5w iv soln 500 mg/100ml	Tier 1	
levofloxacin in d5w iv soln 750 mg/150ml	Tier 1	
levofloxacin iv soln 25 mg/ml	Tier 1	
levofloxacin oral soln 25 mg/ml	Tier 1	
levofloxacin tab 250 mg	Tier 1	
levofloxacin tab 500 mg	Tier 1	
levofloxacin tab 750 mg	Tier 1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 1	
moxifloxacin hcl tab 400 mg (base equiv)	Tier 1	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
amoxicillin (trihydrate) cap 250 mg	Tier 1	
amoxicillin (trihydrate) cap 500 mg	Tier 1	
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	
amoxicillin (trihydrate) tab 500 mg	Tier 1	
amoxicillin (trihydrate) tab 875 mg	Tier 1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	Tier 1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	Tier 1	
ampicillin cap 500 mg	Tier 1	
ampicillin sodium for inj 1 gm	Tier 1	
ampicillin sodium for inj 2 gm	Tier 1	
ampicillin sodium for inj 250 mg	Tier 1	
ampicillin sodium for inj 500 mg	Tier 1	
ampicillin sodium for iv soln 1 gm	Tier 1	
ampicillin sodium for iv soln 2 gm	Tier 1	
ampicillin sodium for iv soln 10 gm	Tier 1	
BICILLIN L-A INJ 600000	Tier 1	
BICILLIN L-A INJ 1200000	Tier 1	
BICILLIN L-A INJ 2400000	Tier 1	
dicloxacillin sodium cap 250 mg	Tier 1	
dicloxacillin sodium cap 500 mg	Tier 1	
nafcillin sodium for inj 1 gm	Tier 1	
nafcillin sodium for inj 2 gm	Tier 1	
nafcillin sodium for iv soln 10 gm	Tier 1	
oxacillin sodium for inj 1 gm (base equivalent)	Tier 1	
oxacillin sodium for inj 2 gm (base equivalent)	Tier 1	
oxacillin sodium for iv soln 10 gm (base equivalent)	Tier 1	
penicillin g potassium for inj 5000000 unit	Tier 1	
penicillin g potassium for inj 20000000 unit	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
penicillin g sodium for inj 5000000 unit	Tier 1	
penicillin v potassium for soln 125 mg/5ml	Tier 1	
penicillin v potassium for soln 250 mg/5ml	Tier 1	
penicillin v potassium tab 250 mg	Tier 1	
penicillin v potassium tab 500 mg	Tier 1	
pfizerpen	Tier 1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 1	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100	Tier 1	
doxycycline hyclate cap 50 mg	Tier 1	
doxycycline hyclate cap 100 mg	Tier 1	
doxycycline hyclate for inj 100 mg	Tier 1	
doxycycline hyclate tab 20 mg	Tier 1	
doxycycline hyclate tab 100 mg	Tier 1	
doxycycline monohydrate cap 50 mg	Tier 1	
doxycycline monohydrate cap 100 mg	Tier 1	
doxycycline monohydrate for susp 25 mg/5ml	Tier 1	
doxycycline monohydrate tab 50 mg	Tier 1	
doxycycline monohydrate tab 75 mg	Tier 1	
doxycycline monohydrate tab 100 mg	Tier 1	
minocycline hcl cap 50 mg	Tier 1	
minocycline hcl cap 75 mg	Tier 1	
minocycline hcl cap 100 mg	Tier 1	
NUZYRA INJ 100MG	Tier 1	
NUZYRA TAB 150MG	Tier 1	QL (30 tabs / 14 days)
tetracycline hcl cap 250 mg	Tier 1	
tetracycline hcl cap 500 mg	Tier 1	
tigecycline for iv soln 50 mg	Tier 1	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE SOL 100/4ML	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BENDEKA INJ 100/4ML	Tier 1	B/D
carboplatin iv soln 50 mg/5ml	Tier 1	B/D
carboplatin iv soln 150 mg/15ml	Tier 1	B/D
carboplatin iv soln 450 mg/45ml	Tier 1	B/D
carboplatin iv soln 600 mg/60ml	Tier 1	B/D
cisplatin inj 50 mg/50ml (1 mg/ml)	Tier 1	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	Tier 1	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	Tier 1	B/D
CYCLOPHOSPH INJ 1GM	Tier 1	B/D
CYCLOPHOSPH INJ 1GM/2ML	Tier 1	B/D
CYCLOPHOSPH INJ 2GM/4ML	Tier 1	B/D
CYCLOPHOSPH INJ 500/5ML	Tier 1	B/D
CYCLOPHOSPH INJ 500MG/ML	Tier 1	B/D
CYCLOPHOSPH INJ 1000MG	Tier 1	B/D
CYCLOPHOSPH INJ 2000MG	Tier 1	B/D
CYCLOPHOSPH TAB 25MG	Tier 1	B/D
CYCLOPHOSPH TAB 50MG	Tier 1	B/D
CYCLOPHOSPHA INJ 2GM/10ML	Tier 1	B/D
CYCLOPHOSPHA INJ 500/2.5M	Tier 1	B/D
cyclophosphamide cap 25 mg	Tier 1	B/D
cyclophosphamide cap 50 mg	Tier 1	B/D
cyclophosphamide for inj 1 gm	Tier 1	B/D
cyclophosphamide for inj 2 gm	Tier 1	B/D
cyclophosphamide for inj 500 mg	Tier 1	B/D
FRINDOVYX INJ 1GM/2ML	Tier 1	B/D
FRINDOVYX INJ 2GM/4ML	Tier 1	B/D
FRINDOVYX INJ 500MG/ML	Tier 1	B/D
GLEOSTINE CAP 10MG	Tier 1	
GLEOSTINE CAP 40MG	Tier 1	
GLEOSTINE CAP 100MG	Tier 1	
LEUKERAN TAB 2MG	Tier 1	PA
oxaliplatin for iv inj 50 mg	Tier 1	B/D
oxaliplatin for iv inj 100 mg	Tier 1	B/D
oxaliplatin iv soln 50 mg/10ml	Tier 1	B/D
oxaliplatin iv soln 100 mg/20ml	Tier 1	B/D
oxaliplatin iv soln 200 mg/40ml	Tier 1	B/D
VIVIMUSTA INJ 100/4ML	Tier 1	B/D
ANTIMETABOLITES		
azacitidine for inj 100 mg	Tier 1	B/D
cytarabine inj 20 mg/ml	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	Tier 1	B/D
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	Tier 1	B/D
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	Tier 1	B/D
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	Tier 1	B/D
gemcitabine hcl for inj 1 gm	Tier 1	B/D
gemcitabine hcl for inj 2 gm	Tier 1	B/D
gemcitabine hcl for inj 200 mg	Tier 1	B/D
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	Tier 1	B/D
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	Tier 1	B/D
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	Tier 1	B/D
INQOVI TAB 35-100MG	Tier 1	QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	Tier 1	QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	Tier 1	QL (80 tabs / 28 days), PA
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	Tier 1	
mercaptopurine tab 50 mg	Tier 1	
methotrexate sodium for inj 1 gm	Tier 1	B/D
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	Tier 1	B/D
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	Tier 1	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	Tier 1	B/D
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	Tier 1	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	Tier 1	B/D
ONUREG TAB 200MG	Tier 1	QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	Tier 1	QL (14 tabs / 28 days), PA
pemetrexed disodium for iv soln 100 mg (base equiv)	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pemetrexed disodium for iv soln 500 mg (base equiv)	Tier 1	B/D
pemetrexed disodium for iv soln 750 mg (base equiv)	Tier 1	B/D
pemetrexed disodium for iv soln 1000 mg (base equiv)	Tier 1	B/D
TABLOID TAB 40MG	Tier 1	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	Tier 1	QL (120 tabs / 30 days), PA
abiraterone acetate tab 500 mg	Tier 1	QL (60 tabs / 30 days), PA
abirtega tab 250mg	Tier 1	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	Tier 1	QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	Tier 1	QL (60 tabs / 30 days), PA
anastrozole tab 1 mg	Tier 1	
bicalutamide tab 50 mg	Tier 1	
ELIGARD INJ 7.5MG	Tier 1	PA
ELIGARD INJ 22.5MG	Tier 1	PA
ELIGARD INJ 30MG	Tier 1	PA
ELIGARD INJ 45MG	Tier 1	PA
ERLEADA TAB 60MG	Tier 1	QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	Tier 1	QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	Tier 1	
exemestane tab 25 mg	Tier 1	
FIRMAGON INJ 80MG	Tier 1	PA
FIRMAGON INJ 120MG	Tier 1	PA
fulvestrant inj soln pref syr 250 mg/5ml	Tier 1	B/D
letrozole tab 2.5 mg	Tier 1	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	Tier 1	PA
LUPRON DEPOT INJ 3.75MG	Tier 1	PA
LUPRON DEPOT INJ 11.25MG	Tier 1	PA
LYSODREN TAB 500MG	Tier 1	
megestrol acetate tab 20 mg	Tier 1	
megestrol acetate tab 40 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nilutamide tab 150 mg	Tier 1	
NUBEQA TAB 300MG	Tier 1	QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	Tier 1	PA
ORSERDU TAB 86MG	Tier 1	QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	Tier 1	QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	Tier 1	
tamoxifen citrate tab 10 mg (base equivalent)	Tier 1	
tamoxifen citrate tab 20 mg (base equivalent)	Tier 1	
toremifene citrate tab 60 mg (base equivalent)	Tier 1	PA
XTANDI CAP 40MG	Tier 1	QL (120 caps / 30 days), PA
XTANDI TAB 40MG	Tier 1	QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	Tier 1	QL (60 tabs / 30 days), PA
YONSA TAB 125MG	Tier 1	QL (120 tabs / 30 days), PA
IMMUNOMODULATORS		
lenalidomide cap 5 mg	Tier 1	QL (28 caps / 28 days), PA
lenalidomide cap 10 mg	Tier 1	QL (28 caps / 28 days), PA
lenalidomide cap 15 mg	Tier 1	QL (28 caps / 28 days), PA
lenalidomide cap 20 mg	Tier 1	QL (21 caps / 28 days), PA
lenalidomide cap 25 mg	Tier 1	QL (21 caps / 28 days), PA
lenalidomide caps 2.5 mg	Tier 1	QL (28 caps / 28 days), PA
POMALYST CAP 1MG	Tier 1	QL (21 caps / 28 days), PA
POMALYST CAP 2MG	Tier 1	QL (21 caps / 28 days), PA
POMALYST CAP 3MG	Tier 1	QL (21 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POMALYST CAP 4MG	Tier 1	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	Tier 1	QL (84 caps / 28 days), PA
THALOMID CAP 100MG	Tier 1	QL (112 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOL 500MCG	Tier 1	QL (2 syringes / 28 days), PA
bexarotene cap 75 mg	Tier 1	QL (300 caps / 30 days), PA
doxorubicin hcl inj 2 mg/ml	Tier 1	B/D
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	Tier 1	B/D
hydroxyurea cap 500 mg	Tier 1	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	Tier 1	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	Tier 1	B/D
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	Tier 1	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	Tier 1	B/D
IWILFIN TAB 192MG	Tier 1	QL (240 tabs / 30 days), PA
leucovorin calcium for inj 50 mg	Tier 1	B/D
leucovorin calcium for inj 100 mg	Tier 1	B/D
leucovorin calcium for inj 200 mg	Tier 1	B/D
leucovorin calcium for inj 350 mg	Tier 1	B/D
leucovorin calcium for inj 500 mg	Tier 1	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	Tier 1	B/D
leucovorin calcium tab 5 mg	Tier 1	
leucovorin calcium tab 10 mg	Tier 1	
leucovorin calcium tab 15 mg	Tier 1	
leucovorin calcium tab 25 mg	Tier 1	
MATULANE CAP 50MG	Tier 1	
mesna tab 400 mg	Tier 1	
MODEYSO CAP 125MG	Tier 1	QL (20 caps / 28 days), PA
tretinoin cap 10 mg	Tier 1	
WELIREG TAB 40MG	Tier 1	QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS		
docetaxel for inj conc 20 mg/ml	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	Tier 1	B/D
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	Tier 1	B/D
DOCETAXEL INJ 20MG/2ML	Tier 1	B/D
DOCETAXEL INJ 80MG/4ML	Tier 1	B/D
DOCETAXEL INJ 80MG/8ML	Tier 1	B/D
DOCETAXEL INJ 160/8ML	Tier 1	B/D
DOCETAXEL INJ 160/16ML	Tier 1	B/D
docetaxel soln for iv infusion 20 mg/2ml	Tier 1	B/D
docetaxel soln for iv infusion 80 mg/8ml	Tier 1	B/D
docetaxel soln for iv infusion 160 mg/16ml	Tier 1	B/D
DOCIVYX INJ 20MG/2ML	Tier 1	B/D
DOCIVYX INJ 80MG/8ML	Tier 1	B/D
DOCIVYX INJ 160/16ML	Tier 1	B/D
etoposide inj 1 gm/50ml (20 mg/ml)	Tier 1	B/D
etoposide inj 100 mg/5ml (20 mg/ml)	Tier 1	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	Tier 1	B/D
paclitaxel inj 100mg	Tier 1	B/D
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	Tier 1	B/D
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	Tier 1	B/D
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	Tier 1	B/D
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	Tier 1	B/D
vincristine sulfate iv soln 1 mg/ml	Tier 1	B/D
vinorelbine tartrate inj 10 mg/ml (base equiv)	Tier 1	B/D
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	Tier 1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAP 150MG	Tier 1	QL (240 caps / 30 days), PA
ALUNBRIG PAK	Tier 1	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	Tier 1	QL (120 tabs / 30 days), PA
ALUNBRIG TAB 90MG	Tier 1	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUGTYRO CAP 40MG	Tier 1	QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	Tier 1	QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	Tier 1	QL (1 pack / 28 days), PA
AYVAKIT TAB 25MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 50MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	Tier 1	QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	Tier 1	QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	Tier 1	QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	Tier 1	QL (28 tabs / 28 days), PA
bortezomib for inj 3.5 mg	Tier 1	PA
BORTEZOMIB INJ 1MG	Tier 1	PA
BORTEZOMIB INJ 2.5MG	Tier 1	PA
BOSULIF CAP 50MG	Tier 1	QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	Tier 1	QL (300 caps / 30 days), PA
BOSULIF TAB 100MG	Tier 1	QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	Tier 1	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	Tier 1	QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	Tier 1	QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	Tier 1	QL (120 caps / 30 days), PA
CABOMETYX TAB 20MG	Tier 1	QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CABOMETYX TAB 60MG	Tier 1	QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	Tier 1	QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	Tier 1	QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	Tier 1	QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	Tier 1	QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	Tier 1	QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	Tier 1	QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	Tier 1	QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	Tier 1	QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	Tier 1	QL (112 tabs / 28 days), PA
dasatinib tab 20 mg	Tier 1	QL (90 tabs / 30 days), PA
dasatinib tab 50 mg	Tier 1	QL (30 tabs / 30 days), PA
dasatinib tab 70 mg	Tier 1	QL (30 tabs / 30 days), PA
dasatinib tab 80 mg	Tier 1	QL (30 tabs / 30 days), PA
dasatinib tab 100 mg	Tier 1	QL (30 tabs / 30 days), PA
dasatinib tab 140 mg	Tier 1	QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	Tier 1	QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
ERIVEDGE CAP 150MG	Tier 1	QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erlotinib hcl tab 25 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), PA
erlotinib hcl tab 100 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), PA
erlotinib hcl tab 150 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), PA
everolimus tab 2.5 mg	Tier 1	QL (30 tabs / 30 days), PA
everolimus tab 5 mg	Tier 1	QL (30 tabs / 30 days), PA
everolimus tab 7.5 mg	Tier 1	QL (30 tabs / 30 days), PA
everolimus tab 10 mg	Tier 1	QL (30 tabs / 30 days), PA
everolimus tab for oral susp 2 mg	Tier 1	QL (60 tabs / 30 days), PA
everolimus tab for oral susp 3 mg	Tier 1	QL (90 tabs / 30 days), PA
everolimus tab for oral susp 5 mg	Tier 1	QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	Tier 1	QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	Tier 1	QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	Tier 1	QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	Tier 1	QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
gefitinib tab 250 mg	Tier 1	QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	Tier 1	QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	Tier 1	QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	Tier 1	QL (84 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GOMEKLI TAB 1MG	Tier 1	QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	Tier 1	PA
HERCEPTIN INJ 150MG	Tier 1	PA
HERNEXEOS TAB 60MG	Tier 1	QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	Tier 1	PA
HERZUMA INJ 420MG	Tier 1	PA
IBRANCE CAP 75MG	Tier 1	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	Tier 1	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	Tier 1	QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	Tier 1	QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	Tier 1	QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	Tier 1	QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	Tier 1	QL (90 caps / 30 days), PA
ICLUSIG TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	Tier 1	QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	Tier 1	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	Tier 1	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
imatinib mesylate tab 100 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), PA
imatinib mesylate tab 400 mg (base equivalent)	Tier 1	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	Tier 1	QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	Tier 1	QL (120 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMBRUVICA SUS 70MG/ML	Tier 1	QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	Tier 1	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	Tier 1	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	Tier 1	QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	Tier 1	QL (280 mL / 28 days), PA
INLYTA TAB 1MG	Tier 1	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	Tier 1	QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	Tier 1	QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	Tier 1	QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	Tier 1	QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	Tier 1	QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	Tier 1	B/D
KADCYLA INJ 160MG	Tier 1	B/D
KANJINTI INJ 420MG	Tier 1	PA
KANJINTI SOL 150MG	Tier 1	PA
KEYTRUDA INJ 100MG/4M	Tier 1	PA
KISQALI 200 DOSE	Tier 1	QL (21 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KISQALI 400 DOSE	Tier 1	QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	Tier 1	QL (70 tabs / 28 days), PA
KISQALI 600 DOSE	Tier 1	QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	Tier 1	QL (91 tabs / 28 days), PA
KOSELUGO CAP 10MG	Tier 1	QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	Tier 1	QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	Tier 1	QL (180 tabs / 30 days), PA
lapatinib ditosylate tab 250 mg (base equiv)	Tier 1	QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	Tier 1	QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	Tier 1	QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	Tier 1	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	Tier 1	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	Tier 1	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	Tier 1	QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	Tier 1	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	Tier 1	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	Tier 1	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	Tier 1	QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	Tier 1	QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	Tier 1	QL (240 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUMAKRAS TAB 240MG	Tier 1	QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	Tier 1	QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	Tier 1	QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	Tier 1	QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	Tier 1	QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	Tier 1	QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	Tier 1	QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	Tier 1	QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	Tier 1	QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	Tier 1	QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	Tier 1	QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	Tier 1	PA
NERLYNX TAB 40MG	Tier 1	QL (180 tabs / 30 days), PA
nilotinib hcl cap 50 mg (base equivalent)	Tier 1	QL (120 caps / 30 days), PA
nilotinib hcl cap 150 mg (base equivalent)	Tier 1	QL (112 caps / 28 days), PA
nilotinib hcl cap 200 mg (base equivalent)	Tier 1	QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	Tier 1	QL (3 caps / 28 days), PA
NINLARO CAP 3MG	Tier 1	QL (3 caps / 28 days), PA
NINLARO CAP 4MG	Tier 1	QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	Tier 1	QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	Tier 1	PA
OGIVRI INJ 420MG	Tier 1	PA
OGSIVEO TAB 50MG	Tier 1	QL (180 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OGSIVEO TAB 100MG	Tier 1	QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	Tier 1	QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	Tier 1	QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	Tier 1	QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	Tier 1	QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	Tier 1	PA
ONTRUZANT INJ 420MG	Tier 1	PA
pazopanib hcl tab 200 mg (base equiv)	Tier 1	QL (120 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	Tier 1	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	Tier 1	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	Tier 1	QL (28 tabs / 28 days), PA
PHESGO SOL	Tier 1	PA
PIQRAY 200MG TAB DOSE	Tier 1	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	Tier 1	QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	Tier 1	QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	Tier 1	QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	Tier 1	QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	Tier 1	QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	Tier 1	QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	Tier 1	QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	Tier 1	QL (240 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REVUFORJ TAB 110MG	Tier 1	QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	Tier 1	QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	Tier 1	QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	Tier 1	QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	Tier 1	QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	Tier 1	QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	Tier 1	QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	Tier 1	QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	Tier 1	QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	Tier 1	QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	Tier 1	QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	Tier 1	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	Tier 1	QL (224 caps / 28 days), PA
SCEMBLIX TAB 20MG	Tier 1	QL (60 tabs / 30 days), PA
SCEMBLIX TAB 40MG	Tier 1	QL (300 tabs / 30 days), PA
SCEMBLIX TAB 100MG	Tier 1	QL (120 tabs / 30 days), PA
sorafenib tosylate tab 200 mg (base equivalent)	Tier 1	QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	Tier 1	QL (84 tabs / 28 days), PA
sunitinib malate cap 12.5 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), PA
sunitinib malate cap 25 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), PA
sunitinib malate cap 37.5 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sunitinib malate cap 50 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	Tier 1	QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	Tier 1	QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	Tier 1	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	Tier 1	QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	Tier 1	QL (840 tabs / 28 days), PA
TAGRISSO TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG	Tier 1	QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	Tier 1	QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	Tier 1	QL (30 caps / 30 days), PA
TAZVERIK TAB 200MG	Tier 1	QL (240 tabs / 30 days), PA
TECENTRIQ INJ 840/14	Tier 1	PA
TECENTRIQ INJ 1200/20	Tier 1	PA
TECENTRIQ INJ HYBREZA	Tier 1	QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	Tier 1	QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	Tier 1	QL (60 tabs / 30 days), PA
torpenz	Tier 1	QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	Tier 1	PA
TRAZIMERA INJ 420MG	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUQAP PAK 160MG	Tier 1	QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	Tier 1	QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	Tier 1	QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	Tier 1	QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	Tier 1	PA
TRUXIMA INJ 500/50ML	Tier 1	PA
TUKYSA TAB 50MG	Tier 1	QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	Tier 1	QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	Tier 1	QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	Tier 1	QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	Tier 1	QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	Tier 1	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	Tier 1	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	Tier 1	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	Tier 1	QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	Tier 1	QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	Tier 1	QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	Tier 1	QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	Tier 1	QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	Tier 1	QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	Tier 1	QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	Tier 1	QL (300 mL / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIZIMPRO TAB 15MG	Tier 1	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	Tier 1	QL (30 tabs / 30 days), PA
VONJO CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	Tier 1	QL (120 caps / 30 days), PA
XALKORI CAP 50MG	Tier 1	QL (120 caps / 30 days), PA
XALKORI CAP 150MG	Tier 1	QL (180 caps / 30 days), PA
XALKORI CAP 200MG	Tier 1	QL (120 caps / 30 days), PA
XALKORI CAP 250MG	Tier 1	QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	Tier 1	QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	Tier 1	QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	Tier 1	QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	Tier 1	QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	Tier 1	QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	Tier 1	QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	Tier 1	QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	Tier 1	QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	Tier 1	QL (8 tabs / 28 days), PA
ZEJULA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZEJULA TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	Tier 1	QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	Tier 1	QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	Tier 1	PA
ZIRABEV INJ 400/16ML	Tier 1	PA
ZOLINZA CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	Tier 1	QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	Tier 1	QL (84 tabs / 28 days), PA
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	Tier 1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	Tier 1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 25-15 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
captopril & hydrochlorothiazide tab 25-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-15 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-25 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 1	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl tab 5 mg	Tier 1	
benazepril hcl tab 10 mg	Tier 1	
benazepril hcl tab 20 mg	Tier 1	
benazepril hcl tab 40 mg	Tier 1	
captopril tab 12.5 mg	Tier 1	
captopril tab 25 mg	Tier 1	
captopril tab 50 mg	Tier 1	
captopril tab 100 mg	Tier 1	
enalapril maleate tab 2.5 mg	Tier 1	
enalapril maleate tab 5 mg	Tier 1	
enalapril maleate tab 10 mg	Tier 1	
enalapril maleate tab 20 mg	Tier 1	
fosinopril sodium tab 10 mg	Tier 1	
fosinopril sodium tab 20 mg	Tier 1	
fosinopril sodium tab 40 mg	Tier 1	
lisinopril tab 2.5 mg	Tier 1	
lisinopril tab 5 mg	Tier 1	
lisinopril tab 10 mg	Tier 1	
lisinopril tab 20 mg	Tier 1	
lisinopril tab 30 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lisinopril tab 40 mg	Tier 1	
moexipril hcl tab 7.5 mg	Tier 1	
moexipril hcl tab 15 mg	Tier 1	
perindopril erbumine tab 2 mg	Tier 1	
perindopril erbumine tab 4 mg	Tier 1	
perindopril erbumine tab 8 mg	Tier 1	
quinapril hcl tab 5 mg	Tier 1	
quinapril hcl tab 10 mg	Tier 1	
quinapril hcl tab 20 mg	Tier 1	
quinapril hcl tab 40 mg	Tier 1	
ramipril cap 1.25 mg	Tier 1	
ramipril cap 2.5 mg	Tier 1	
ramipril cap 5 mg	Tier 1	
ramipril cap 10 mg	Tier 1	
trandolapril tab 1 mg	Tier 1	
trandolapril tab 2 mg	Tier 1	
trandolapril tab 4 mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone tab 25 mg	Tier 1	
eplerenone tab 50 mg	Tier 1	
KERENDIA TAB 10MG	Tier 1	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	Tier 1	QL (30 tabs / 30 days)
KERENDIA TAB 40MG	Tier 1	QL (30 tabs / 30 days)
spironolactone tab 25 mg	Tier 1	
spironolactone tab 50 mg	Tier 1	
spironolactone tab 100 mg	Tier 1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate tab 1 mg	Tier 1	
doxazosin mesylate tab 2 mg	Tier 1	
doxazosin mesylate tab 4 mg	Tier 1	
doxazosin mesylate tab 8 mg	Tier 1	
prazosin hcl cap 1 mg	Tier 1	
prazosin hcl cap 2 mg	Tier 1	
prazosin hcl cap 5 mg	Tier 1	
terazosin hcl cap 1 mg (base equivalent)	Tier 1	
terazosin hcl cap 2 mg (base equivalent)	Tier 1	
terazosin hcl cap 5 mg (base equivalent)	Tier 1	
terazosin hcl cap 10 mg (base equivalent)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	Tier 1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	Tier 1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	Tier 1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	Tier 1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	Tier 1	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	Tier 1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	Tier 1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	Tier 1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	Tier 1	QL (60 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	Tier 1	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	Tier 1	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil tab 4 mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil tab 8 mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil tab 16 mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil tab 32 mg	Tier 1	QL (30 tabs / 30 days)
irbesartan tab 75 mg	Tier 1	QL (30 tabs / 30 days)
irbesartan tab 150 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
irbesartan tab 300 mg	Tier 1	QL (30 tabs / 30 days)
losartan potassium tab 25 mg	Tier 1	
losartan potassium tab 50 mg	Tier 1	
losartan potassium tab 100 mg	Tier 1	
olmesartan medoxomil tab 5 mg	Tier 1	QL (60 tabs / 30 days)
olmesartan medoxomil tab 20 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan medoxomil tab 40 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan tab 20 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan tab 40 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan tab 80 mg	Tier 1	QL (30 tabs / 30 days)
valsartan tab 40 mg	Tier 1	QL (60 tabs / 30 days)
valsartan tab 80 mg	Tier 1	QL (60 tabs / 30 days)
valsartan tab 160 mg	Tier 1	QL (60 tabs / 30 days)
valsartan tab 320 mg	Tier 1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	Tier 1	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	Tier 1	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	Tier 1	
amiodarone hcl tab 100 mg	Tier 1	
amiodarone hcl tab 200 mg	Tier 1	
amiodarone hcl tab 400 mg	Tier 1	
disopyramide phosphate cap 100 mg	Tier 1	
disopyramide phosphate cap 150 mg	Tier 1	
dofetilide cap 125 mcg (0.125 mg)	Tier 1	
dofetilide cap 250 mcg (0.25 mg)	Tier 1	
dofetilide cap 500 mcg (0.5 mg)	Tier 1	
flecainide acetate tab 50 mg	Tier 1	
flecainide acetate tab 100 mg	Tier 1	
flecainide acetate tab 150 mg	Tier 1	
MULTAQ TAB 400MG	Tier 1	QL (60 tabs / 30 days)
pacerone	Tier 1	
propafenone hcl cap er 12hr 225 mg	Tier 1	
propafenone hcl cap er 12hr 325 mg	Tier 1	
propafenone hcl cap er 12hr 425 mg	Tier 1	
propafenone hcl tab 150 mg	Tier 1	
propafenone hcl tab 225 mg	Tier 1	
propafenone hcl tab 300 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
quinidine sulfate tab 200 mg	Tier 1	
quinidine sulfate tab 300 mg	Tier 1	
sotalol hcl (afib/afl) tab 80 mg	Tier 1	
sotalol hcl (afib/afl) tab 120 mg	Tier 1	
sotalol hcl (afib/afl) tab 160 mg	Tier 1	
sotalol hcl tab 80 mg	Tier 1	
sotalol hcl tab 120 mg	Tier 1	
sotalol hcl tab 160 mg	Tier 1	
sotalol hcl tab 240 mg	Tier 1	
ANTILIPEMICS, FIBRATES		
fenofibrate micronized cap 67 mg	Tier 1	
fenofibrate micronized cap 134 mg	Tier 1	
fenofibrate micronized cap 200 mg	Tier 1	
fenofibrate tab 48 mg	Tier 1	
fenofibrate tab 54 mg	Tier 1	
fenofibrate tab 145 mg	Tier 1	
fenofibrate tab 160 mg	Tier 1	
gemfibrozil tab 600 mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium tab 10 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
atorvastatin calcium tab 20 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
atorvastatin calcium tab 80 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
lovastatin tab 10 mg	Tier 1	QL (60 tabs / 30 days)
lovastatin tab 20 mg	Tier 1	QL (60 tabs / 30 days)
lovastatin tab 40 mg	Tier 1	QL (60 tabs / 30 days)
pravastatin sodium tab 10 mg	Tier 1	QL (30 tabs / 30 days)
pravastatin sodium tab 20 mg	Tier 1	QL (30 tabs / 30 days)
pravastatin sodium tab 40 mg	Tier 1	QL (30 tabs / 30 days)
pravastatin sodium tab 80 mg	Tier 1	QL (30 tabs / 30 days)
rosuvastatin calcium tab 5 mg	Tier 1	QL (30 tabs / 30 days)
rosuvastatin calcium tab 10 mg	Tier 1	QL (30 tabs / 30 days)
rosuvastatin calcium tab 20 mg	Tier 1	QL (30 tabs / 30 days)
rosuvastatin calcium tab 40 mg	Tier 1	QL (30 tabs / 30 days)
simvastatin tab 5 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
simvastatin tab 10 mg	Tier 1	QL (30 tabs / 30 days)
simvastatin tab 20 mg	Tier 1	QL (30 tabs / 30 days)
simvastatin tab 40 mg	Tier 1	QL (30 tabs / 30 days)
simvastatin tab 80 mg	Tier 1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light powder 4 gm/dose	Tier 1	
cholestyramine light powder packets 4 gm	Tier 1	
cholestyramine powder 4 gm/dose	Tier 1	
cholestyramine powder packets 4 gm	Tier 1	
colesevelam hcl packet for susp 3.75 gm	Tier 1	
colesevelam hcl tab 625 mg	Tier 1	
colestipol hcl granule packets 5 gm	Tier 1	
colestipol hcl granules 5 gm	Tier 1	
colestipol hcl tab 1 gm	Tier 1	
ezetimibe tab 10 mg	Tier 1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	Tier 1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	Tier 1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	Tier 1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	Tier 1	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	Tier 1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	Tier 1	QL (30 tabs / 30 days)
niacin tab er 500 mg (antihyperlipidemic)	Tier 1	QL (60 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	Tier 1	QL (60 tabs / 30 days)
niacin tab er 1000 mg (antihyperlipidemic)	Tier 1	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	Tier 1	PA
prevalite	Tier 1	
REPATHA INJ 140MG/ML	Tier 1	QL (6 syringes / 28 days), PA
REPATHA SURE INJ 140MG/ML	Tier 1	QL (6 autoinjectors / 28 days), PA
VASCEPA CAP 0.5GM	Tier 1	
VASCEPA CAP 1GM	Tier 1	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	
atenolol & chlorthalidone tab 100-25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	Tier 1	
acebutolol hcl cap 400 mg	Tier 1	
atenolol tab 25 mg	Tier 1	
atenolol tab 50 mg	Tier 1	
atenolol tab 100 mg	Tier 1	
betaxolol hcl tab 10 mg	Tier 1	
betaxolol hcl tab 20 mg	Tier 1	
bisoprolol fumarate tab 5 mg	Tier 1	
bisoprolol fumarate tab 10 mg	Tier 1	
carvedilol tab 3.125 mg	Tier 1	
carvedilol tab 6.25 mg	Tier 1	
carvedilol tab 12.5 mg	Tier 1	
carvedilol tab 25 mg	Tier 1	
labetalol hcl tab 100 mg	Tier 1	
labetalol hcl tab 200 mg	Tier 1	
labetalol hcl tab 300 mg	Tier 1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	Tier 1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	Tier 1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	Tier 1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	Tier 1	
metoprolol tartrate iv soln 5 mg/5ml	Tier 1	
metoprolol tartrate tab 25 mg	Tier 1	
metoprolol tartrate tab 50 mg	Tier 1	
metoprolol tartrate tab 100 mg	Tier 1	
nadolol tab 20 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nadolol tab 40 mg	Tier 1	
nadolol tab 80 mg	Tier 1	
nebivolol hcl tab 2.5 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
nebivolol hcl tab 5 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
nebivolol hcl tab 10 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
nebivolol hcl tab 20 mg (base equivalent)	Tier 1	QL (60 tabs / 30 days)
pindolol tab 5 mg	Tier 1	
pindolol tab 10 mg	Tier 1	
propranolol hcl cap er 24hr 60 mg	Tier 1	
propranolol hcl cap er 24hr 80 mg	Tier 1	
propranolol hcl cap er 24hr 120 mg	Tier 1	
propranolol hcl cap er 24hr 160 mg	Tier 1	
propranolol hcl oral soln 20 mg/5ml	Tier 1	
propranolol hcl oral soln 40 mg/5ml	Tier 1	
propranolol hcl tab 10 mg	Tier 1	
propranolol hcl tab 20 mg	Tier 1	
propranolol hcl tab 40 mg	Tier 1	
propranolol hcl tab 60 mg	Tier 1	
propranolol hcl tab 80 mg	Tier 1	
timolol maleate tab 5 mg	Tier 1	
timolol maleate tab 10 mg	Tier 1	
timolol maleate tab 20 mg	Tier 1	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate tab 2.5 mg (base equivalent)	Tier 1	
amlodipine besylate tab 5 mg (base equivalent)	Tier 1	
amlodipine besylate tab 10 mg (base equivalent)	Tier 1	
cartia xt	Tier 1	
dilt-xr	Tier 1	
diltiazem hcl cap er 12hr 60 mg	Tier 1	
diltiazem hcl cap er 12hr 90 mg	Tier 1	
diltiazem hcl cap er 12hr 120 mg	Tier 1	
diltiazem hcl coated beads cap er 24hr 120 mg	Tier 1	
diltiazem hcl coated beads cap er 24hr 180 mg	Tier 1	
diltiazem hcl coated beads cap er 24hr 240 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl coated beads cap er 24hr 300 mg	Tier 1	
diltiazem hcl coated beads cap er 24hr 360 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 120 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 180 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 240 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 300 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 360 mg	Tier 1	
diltiazem hcl extended release beads cap er 24hr 420 mg	Tier 1	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	Tier 1	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	Tier 1	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	Tier 1	
diltiazem hcl tab 30 mg	Tier 1	
diltiazem hcl tab 60 mg	Tier 1	
diltiazem hcl tab 90 mg	Tier 1	
diltiazem hcl tab 120 mg	Tier 1	
felodipine tab er 24hr 2.5 mg	Tier 1	
felodipine tab er 24hr 5 mg	Tier 1	
felodipine tab er 24hr 10 mg	Tier 1	
isradipine cap 2.5 mg	Tier 1	
isradipine cap 5 mg	Tier 1	
nicardipine hcl cap 20 mg	Tier 1	
nicardipine hcl cap 30 mg	Tier 1	
nifedipine tab er 24hr 30 mg	Tier 1	
nifedipine tab er 24hr 60 mg	Tier 1	
nifedipine tab er 24hr 90 mg	Tier 1	
nifedipine tab er 24hr osmotic release 30 mg	Tier 1	
nifedipine tab er 24hr osmotic release 60 mg	Tier 1	
nifedipine tab er 24hr osmotic release 90 mg	Tier 1	
nimodipine cap 30 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tiadylt er	Tier 1	
verapamil hcl cap er 24hr 100 mg	Tier 1	
verapamil hcl cap er 24hr 120 mg	Tier 1	
verapamil hcl cap er 24hr 180 mg	Tier 1	
verapamil hcl cap er 24hr 200 mg	Tier 1	
verapamil hcl cap er 24hr 240 mg	Tier 1	
verapamil hcl cap er 24hr 300 mg	Tier 1	
verapamil hcl cap er 24hr 360 mg	Tier 1	
verapamil hcl iv soln 2.5 mg/ml	Tier 1	
verapamil hcl tab 40 mg	Tier 1	
verapamil hcl tab 80 mg	Tier 1	
verapamil hcl tab 120 mg	Tier 1	
verapamil hcl tab er 120 mg	Tier 1	
verapamil hcl tab er 180 mg	Tier 1	
verapamil hcl tab er 240 mg	Tier 1	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap er 12hr 500 mg	Tier 1	
acetazolamide tab 125 mg	Tier 1	
acetazolamide tab 250 mg	Tier 1	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl tab 5 mg	Tier 1	
bumetanide inj 0.25 mg/ml	Tier 1	
bumetanide tab 0.5 mg	Tier 1	
bumetanide tab 1 mg	Tier 1	
bumetanide tab 2 mg	Tier 1	
chlorthalidone tab 25 mg	Tier 1	
chlorthalidone tab 50 mg	Tier 1	
furosemide inj	Tier 1	
furosemide oral soln 8 mg/ml	Tier 1	
furosemide oral soln 10 mg/ml	Tier 1	
furosemide tab 20 mg	Tier 1	
furosemide tab 40 mg	Tier 1	
furosemide tab 80 mg	Tier 1	
hydrochlorothiazide cap 12.5 mg	Tier 1	
hydrochlorothiazide tab 12.5 mg	Tier 1	
hydrochlorothiazide tab 25 mg	Tier 1	
hydrochlorothiazide tab 50 mg	Tier 1	
indapamide tab 1.25 mg	Tier 1	
indapamide tab 2.5 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methazolamide tab 25 mg	Tier 1	
methazolamide tab 50 mg	Tier 1	
metolazone tab 2.5 mg	Tier 1	
metolazone tab 5 mg	Tier 1	
metolazone tab 10 mg	Tier 1	
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	
torsemide tab 5 mg	Tier 1	
torsemide tab 10 mg	Tier 1	
torsemide tab 20 mg	Tier 1	
torsemide tab 100 mg	Tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	
MISCELLANEOUS		
aliskiren fumarate tab 150 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
aliskiren fumarate tab 300 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
clonidine hcl tab 0.1 mg	Tier 1	
clonidine hcl tab 0.2 mg	Tier 1	
clonidine hcl tab 0.3 mg	Tier 1	
clonidine td patch weekly 0.1 mg/24hr	Tier 1	
clonidine td patch weekly 0.2 mg/24hr	Tier 1	
clonidine td patch weekly 0.3 mg/24hr	Tier 1	
CORLANOR SOL 5MG/5ML	Tier 1	QL (450 mL / 30 days)
digoxin inj 0.25 mg/ml	Tier 1	
digoxin oral soln 0.05 mg/ml	Tier 1	
digoxin tab 125 mcg (0.125 mg)	Tier 1	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	Tier 1	QL (30 tabs / 30 days)
droxidopa cap 100 mg	Tier 1	QL (90 caps / 30 days), PA
droxidopa cap 200 mg	Tier 1	QL (180 caps / 30 days), PA
droxidopa cap 300 mg	Tier 1	QL (180 caps / 30 days), PA
epinephrine inj 1 mg/ml (1:1000)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
guanfacine hcl tab 1 mg	Tier 1	PA; PA applies if 65 years and older
guanfacine hcl tab 2 mg	Tier 1	PA; PA applies if 65 years and older
hydralazine hcl inj 20 mg/ml	Tier 1	
hydralazine hcl tab 10 mg	Tier 1	
hydralazine hcl tab 25 mg	Tier 1	
hydralazine hcl tab 50 mg	Tier 1	
hydralazine hcl tab 100 mg	Tier 1	
ivabradine hcl tab 5 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
ivabradine hcl tab 7.5 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
metyrosine cap 250 mg	Tier 1	PA
midodrine hcl tab 2.5 mg	Tier 1	
midodrine hcl tab 5 mg	Tier 1	
midodrine hcl tab 10 mg	Tier 1	
minoxidil tab 2.5 mg	Tier 1	
minoxidil tab 10 mg	Tier 1	
ranolazine tab er 12hr 500 mg	Tier 1	
ranolazine tab er 12hr 1000 mg	Tier 1	
VERQUVO TAB 2.5MG	Tier 1	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	Tier 1	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate tab 5 mg	Tier 1	
isosorbide dinitrate tab 10 mg	Tier 1	
isosorbide dinitrate tab 20 mg	Tier 1	
isosorbide dinitrate tab 30 mg	Tier 1	
isosorbide mononitrate tab er 24hr 30 mg	Tier 1	
isosorbide mononitrate tab er 24hr 60 mg	Tier 1	
isosorbide mononitrate tab er 24hr 120 mg	Tier 1	
NITRO-BID OIN 2%	Tier 1	
nitroglycerin sl tab 0.3 mg	Tier 1	
nitroglycerin sl tab 0.4 mg	Tier 1	
nitroglycerin sl tab 0.6 mg	Tier 1	
nitroglycerin td patch 24hr 0.1 mg/hr	Tier 1	
nitroglycerin td patch 24hr 0.2 mg/hr	Tier 1	
nitroglycerin td patch 24hr 0.4 mg/hr	Tier 1	
nitroglycerin td patch 24hr 0.6 mg/hr	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	Tier 1	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	Tier 1	QL (90 tabs / 30 days), PA
alyq	Tier 1	QL (60 tabs / 30 days), PA
ambrisentan tab 5 mg	Tier 1	QL (30 tabs / 30 days), PA
ambrisentan tab 10 mg	Tier 1	QL (30 tabs / 30 days), PA
bosentan tab 62.5 mg	Tier 1	QL (60 tabs / 30 days), PA
bosentan tab 125 mg	Tier 1	QL (60 tabs / 30 days), PA
bosentan tab for oral susp 32 mg	Tier 1	QL (120 tabs / 30 days), PA
OPSUMIT TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
sildenafil citrate tab 20 mg	Tier 1	QL (360 tabs / 30 days), PA
tadalafil tab 20 mg (pah)	Tier 1	QL (60 tabs / 30 days), PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	Tier 1	PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	Tier 1	PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	Tier 1	PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	Tier 1	PA
UPTRAVI PACK TAB 200/800	Tier 1	QL (1 pack / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 200MCG	Tier 1	QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG	Tier 1	QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	Tier 1	QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	Tier 1	QL (2 vials / 21 days), PA
YUTREPIA CAP 26.5MCG	Tier 1	QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	Tier 1	QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	Tier 1	QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	Tier 1	QL (224 caps / 28 days), PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

alprazolam tab 0.5 mg	Tier 1	QL (150 tabs / 30 days)
alprazolam tab 0.25 mg	Tier 1	QL (150 tabs / 30 days)
alprazolam tab 1 mg	Tier 1	QL (150 tabs / 30 days)
alprazolam tab 2 mg	Tier 1	QL (150 tabs / 30 days)
buspirone hcl tab 5 mg	Tier 1	
buspirone hcl tab 7.5 mg	Tier 1	
buspirone hcl tab 10 mg	Tier 1	
buspirone hcl tab 15 mg	Tier 1	
buspirone hcl tab 30 mg	Tier 1	
fluvoxamine maleate tab 25 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluvoxamine maleate tab 50 mg	Tier 1	
fluvoxamine maleate tab 100 mg	Tier 1	
lorazepam conc 2 mg/ml	Tier 1	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	Tier 1	
lorazepam inj 4 mg/ml	Tier 1	
lorazepam intensol	Tier 1	QL (150 mL / 30 days)
lorazepam tab 0.5 mg	Tier 1	QL (150 tabs / 30 days)
lorazepam tab 1 mg	Tier 1	QL (150 tabs / 30 days)
lorazepam tab 2 mg	Tier 1	QL (150 tabs / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	Tier 1	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	Tier 1	
donepezil hydrochloride tab 5 mg	Tier 1	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	Tier 1	
galantamine hydrobromide cap er 24hr 8 mg	Tier 1	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	Tier 1	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	Tier 1	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	Tier 1	QL (200 mL / 30 days)
galantamine hydrobromide tab 4 mg	Tier 1	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	Tier 1	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	Tier 1	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 14 mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 21 mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 28 mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl oral solution 2 mg/ml	Tier 1	PA; PA applies if 29 years and younger
memantine hcl tab 5 mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl tab 10 mg	Tier 1	PA; PA applies if 29 years and younger

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	Tier 1	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	Tier 1	
NAMZARIC CAP 7-10MG	Tier 1	
rivastigmine tartrate cap 1.5 mg (base equivalent)	Tier 1	QL (60 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	Tier 1	QL (60 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	Tier 1	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	Tier 1	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	Tier 1	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	Tier 1	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	Tier 1	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl tab 10 mg	Tier 1	PA; PA applies if 65 years and older
amitriptyline hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older
amitriptyline hcl tab 50 mg	Tier 1	PA; PA applies if 65 years and older
amitriptyline hcl tab 75 mg	Tier 1	PA; PA applies if 65 years and older
amitriptyline hcl tab 100 mg	Tier 1	PA; PA applies if 65 years and older
amitriptyline hcl tab 150 mg	Tier 1	PA; PA applies if 65 years and older
amoxapine tab 25 mg	Tier 1	PA; PA applies if 65 years and older
amoxapine tab 50 mg	Tier 1	PA; PA applies if 65 years and older
amoxapine tab 100 mg	Tier 1	PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxapine tab 150 mg	Tier 1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	Tier 1	QL (60 tabs / 30 days), PA
bupropion hcl tab 75 mg	Tier 1	
bupropion hcl tab 100 mg	Tier 1	
bupropion hcl tab er 12hr 100 mg	Tier 1	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 150 mg	Tier 1	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 200 mg	Tier 1	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 150 mg	Tier 1	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 300 mg	Tier 1	QL (30 tabs / 30 days)
citalopram hydrobromide oral soln 10 mg/5ml	Tier 1	
citalopram hydrobromide tab 10 mg (base equiv)	Tier 1	
citalopram hydrobromide tab 20 mg (base equiv)	Tier 1	
citalopram hydrobromide tab 40 mg (base equiv)	Tier 1	
clomipramine hcl cap 25 mg	Tier 1	PA
clomipramine hcl cap 50 mg	Tier 1	PA
clomipramine hcl cap 75 mg	Tier 1	PA
desipramine hcl tab 10 mg	Tier 1	PA; PA applies if 65 years and older
desipramine hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older
desipramine hcl tab 50 mg	Tier 1	PA; PA applies if 65 years and older
desipramine hcl tab 75 mg	Tier 1	PA; PA applies if 65 years and older
desipramine hcl tab 100 mg	Tier 1	PA; PA applies if 65 years and older
desipramine hcl tab 150 mg	Tier 1	PA; PA applies if 65 years and older
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
doxepin hcl cap 10 mg	Tier 1	PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxepin hcl cap 25 mg	Tier 1	PA; PA applies if 65 years and older
doxepin hcl cap 50 mg	Tier 1	PA; PA applies if 65 years and older
doxepin hcl cap 75 mg	Tier 1	PA; PA applies if 65 years and older
doxepin hcl cap 100 mg	Tier 1	PA; PA applies if 65 years and older
doxepin hcl cap 150 mg	Tier 1	PA; PA applies if 65 years and older
doxepin hcl conc 10 mg/ml	Tier 1	PA; PA applies if 65 years and older
DRIZALMA CAP 20MG DR	Tier 1	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	Tier 1	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	Tier 1	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	Tier 1	QL (60 caps / 30 days), PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	Tier 1	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	Tier 1	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	Tier 1	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	Tier 1	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	Tier 1	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	Tier 1	QL (30 patches / 30 days), PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	Tier 1	
escitalopram oxalate tab 5 mg (base equiv)	Tier 1	
escitalopram oxalate tab 10 mg (base equiv)	Tier 1	
escitalopram oxalate tab 20 mg (base equiv)	Tier 1	
FETZIMA CAP 20MG	Tier 1	QL (60 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FETZIMA CAP 40MG	Tier 1	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	Tier 1	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	Tier 1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	Tier 1	QL (2 packs / year), PA
fluoxetine hcl cap 10 mg	Tier 1	
fluoxetine hcl cap 20 mg	Tier 1	
fluoxetine hcl cap 40 mg	Tier 1	
fluoxetine hcl solution 20 mg/5ml	Tier 1	
imipramine hcl tab 10 mg	Tier 1	PA; PA applies if 65 years and older
imipramine hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older
imipramine hcl tab 50 mg	Tier 1	PA; PA applies if 65 years and older
MARPLAN TAB 10MG	Tier 1	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	Tier 1	
mirtazapine orally disintegrating tab 30 mg	Tier 1	
mirtazapine orally disintegrating tab 45 mg	Tier 1	
mirtazapine tab 7.5 mg	Tier 1	
mirtazapine tab 15 mg	Tier 1	
mirtazapine tab 30 mg	Tier 1	
mirtazapine tab 45 mg	Tier 1	
nefazodone hcl tab 50 mg	Tier 1	
nefazodone hcl tab 100 mg	Tier 1	
nefazodone hcl tab 150 mg	Tier 1	
nefazodone hcl tab 200 mg	Tier 1	
nefazodone hcl tab 250 mg	Tier 1	
nortriptyline hcl cap 10 mg	Tier 1	
nortriptyline hcl cap 25 mg	Tier 1	
nortriptyline hcl cap 50 mg	Tier 1	
nortriptyline hcl cap 75 mg	Tier 1	
nortriptyline hcl soln 10 mg/5ml	Tier 1	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	Tier 1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl tab 10 mg	Tier 1	PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
paroxetine hcl tab 20 mg	Tier 1	PA; PA applies if 65 years and older
paroxetine hcl tab 30 mg	Tier 1	PA; PA applies if 65 years and older
paroxetine hcl tab 40 mg	Tier 1	PA; PA applies if 65 years and older
phenelzine sulfate tab 15 mg	Tier 1	
protriptyline hcl tab 5 mg	Tier 1	
protriptyline hcl tab 10 mg	Tier 1	
RALDESY SOL 10MG/ML	Tier 1	QL (1800 mL / 30 days), PA
sertraline hcl oral concentrate for solution 20 mg/ml	Tier 1	
sertraline hcl tab 25 mg	Tier 1	
sertraline hcl tab 50 mg	Tier 1	
sertraline hcl tab 100 mg	Tier 1	
tranylcypromine sulfate tab 10 mg	Tier 1	
trazodone hcl tab 50 mg	Tier 1	
trazodone hcl tab 100 mg	Tier 1	
trazodone hcl tab 150 mg	Tier 1	
trimipramine maleate cap 25 mg	Tier 1	QL (120 caps / 30 days)
trimipramine maleate cap 50 mg	Tier 1	QL (120 caps / 30 days)
trimipramine maleate cap 100 mg	Tier 1	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	Tier 1	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	Tier 1	QL (30 tabs / 30 days), PA
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	Tier 1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	Tier 1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 25 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 37.5 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 50 mg (base equivalent)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
venlafaxine hcl tab 75 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 100 mg (base equivalent)	Tier 1	
vilazodone hcl tab 10 mg	Tier 1	QL (30 tabs / 30 days)
vilazodone hcl tab 20 mg	Tier 1	QL (30 tabs / 30 days)
vilazodone hcl tab 40 mg	Tier 1	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	Tier 1	QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	Tier 1	QL (28 caps / 14 days), PA
ZURZUVAE CAP 30MG	Tier 1	QL (14 caps / 14 days), PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	Tier 1	QL (120 caps / 30 days)
amantadine hcl soln 50 mg/5ml	Tier 1	
amantadine hcl tab 100 mg	Tier 1	
benztropine mesylate inj 1 mg/ml	Tier 1	
benztropine mesylate tab 0.5 mg	Tier 1	PA; PA applies if 65 years and older
benztropine mesylate tab 1 mg	Tier 1	PA; PA applies if 65 years and older
benztropine mesylate tab 2 mg	Tier 1	PA; PA applies if 65 years and older
bromocriptine mesylate cap 5 mg (base equivalent)	Tier 1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	Tier 1	
carb/levo orally disintegrating tab 10-100mg	Tier 1	
carb/levo orally disintegrating tab 25-100mg	Tier 1	
carb/levo orally disintegrating tab 25-250mg	Tier 1	
carbidopa & levodopa tab 10-100 mg	Tier 1	
carbidopa & levodopa tab 25-100 mg	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	
carbidopa & levodopa tab er 25-100 mg	Tier 1	
carbidopa & levodopa tab er 50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 1	
entacapone tab 200 mg	Tier 1	
INBRIJA CAP 42MG	Tier 1	QL (300 caps / 30 days), PA
pramipexole dihydrochloride tab 0.5 mg	Tier 1	
pramipexole dihydrochloride tab 0.25 mg	Tier 1	
pramipexole dihydrochloride tab 0.75 mg	Tier 1	
pramipexole dihydrochloride tab 0.125 mg	Tier 1	
pramipexole dihydrochloride tab 1 mg	Tier 1	
pramipexole dihydrochloride tab 1.5 mg	Tier 1	
rasagiline mesylate tab 0.5 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
rasagiline mesylate tab 1 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
ropinirole hydrochloride tab 0.5 mg	Tier 1	
ropinirole hydrochloride tab 0.25 mg	Tier 1	
ropinirole hydrochloride tab 1 mg	Tier 1	
ropinirole hydrochloride tab 2 mg	Tier 1	
ropinirole hydrochloride tab 3 mg	Tier 1	
ropinirole hydrochloride tab 4 mg	Tier 1	
ropinirole hydrochloride tab 5 mg	Tier 1	
selegiline hcl cap 5 mg	Tier 1	
selegiline hcl tab 5 mg	Tier 1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	Tier 1	
trihexyphenidyl hcl tab 2 mg	Tier 1	
trihexyphenidyl hcl tab 5 mg	Tier 1	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIM INJ 720MG	Tier 1	QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	Tier 1	QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	Tier 1	QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	Tier 1	QL (1 syringe / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAIN INJ 400MG	Tier 1	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	Tier 1	QL (1 syringe / 28 days)
aripiprazole oral solution 1 mg/ml	Tier 1	QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	Tier 1	QL (60 tabs / 30 days), ST
aripiprazole orally disintegrating tab 15 mg	Tier 1	QL (60 tabs / 30 days), ST
aripiprazole tab 2 mg	Tier 1	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	Tier 1	QL (30 tabs / 30 days)
aripiprazole tab 10 mg	Tier 1	QL (30 tabs / 30 days)
aripiprazole tab 15 mg	Tier 1	QL (30 tabs / 30 days)
aripiprazole tab 20 mg	Tier 1	QL (30 tabs / 30 days)
aripiprazole tab 30 mg	Tier 1	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	Tier 1	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	Tier 1	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	Tier 1	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	Tier 1	QL (1 syringe / 56 days)
ARISTADA INJ INITIO	Tier 1	
asenapine maleate sl tab 2.5 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
asenapine maleate sl tab 5 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
asenapine maleate sl tab 10 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	Tier 1	QL (30 caps / 30 days)
CAPLYTA CAP 21MG	Tier 1	QL (30 caps / 30 days)
CAPLYTA CAP 42MG	Tier 1	QL (30 caps / 30 days)
chlorpromazine hcl conc 30 mg/ml	Tier 1	
chlorpromazine hcl conc 100 mg/ml	Tier 1	
chlorpromazine hcl inj 25 mg/ml	Tier 1	
chlorpromazine hcl inj 50 mg/2ml	Tier 1	
chlorpromazine hcl tab 10 mg	Tier 1	
chlorpromazine hcl tab 25 mg	Tier 1	
chlorpromazine hcl tab 50 mg	Tier 1	
chlorpromazine hcl tab 100 mg	Tier 1	
chlorpromazine hcl tab 200 mg	Tier 1	
clozapine orally disintegrating tab 12.5 mg	Tier 1	PA
clozapine orally disintegrating tab 25 mg	Tier 1	PA
clozapine orally disintegrating tab 100 mg	Tier 1	QL (270 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clozapine orally disintegrating tab 150 mg	Tier 1	QL (180 tabs / 30 days), PA
clozapine orally disintegrating tab 200 mg	Tier 1	QL (120 tabs / 30 days), PA
clozapine tab 25 mg	Tier 1	
clozapine tab 50 mg	Tier 1	
clozapine tab 100 mg	Tier 1	QL (270 tabs / 30 days)
clozapine tab 200 mg	Tier 1	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	Tier 1	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	Tier 1	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	Tier 1	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	Tier 1	QL (2 packs / year), PA
ERZOFRI INJ 39/0.25	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	Tier 1	QL (2 syringes / year)
FANAPT PAK PACK A	Tier 1	QL (2 packs / year), PA
FANAPT PAK PACK B	Tier 1	QL (2 packs / year), PA
FANAPT PAK PACK C	Tier 1	QL (2 packs / year), PA
FANAPT TAB 1MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	Tier 1	QL (60 tabs / 30 days), PA
fluphenazine decanoate inj 25 mg/ml	Tier 1	
fluphenazine hcl elixir 2.5 mg/5ml	Tier 1	
fluphenazine hcl inj 2.5 mg/ml	Tier 1	
fluphenazine hcl oral conc 5 mg/ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluphenazine hcl tab 1 mg	Tier 1	
fluphenazine hcl tab 2.5 mg	Tier 1	
fluphenazine hcl tab 5 mg	Tier 1	
fluphenazine hcl tab 10 mg	Tier 1	
haloperidol decanoate im soln 50 mg/ml	Tier 1	
haloperidol decanoate im soln 100 mg/ml	Tier 1	
haloperidol lactate inj 5 mg/ml	Tier 1	
haloperidol lactate oral conc 2 mg/ml	Tier 1	
haloperidol tab 0.5 mg	Tier 1	
haloperidol tab 1 mg	Tier 1	
haloperidol tab 2 mg	Tier 1	
haloperidol tab 5 mg	Tier 1	
haloperidol tab 10 mg	Tier 1	
haloperidol tab 20 mg	Tier 1	
INVEGA HAFYE INJ 1092MG	Tier 1	QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	Tier 1	QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	Tier 1	QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	Tier 1	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	Tier 1	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	Tier 1	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	Tier 1	QL (1 syringe / 90 days)
loxapine succinate cap 5 mg	Tier 1	
loxapine succinate cap 10 mg	Tier 1	
loxapine succinate cap 25 mg	Tier 1	
loxapine succinate cap 50 mg	Tier 1	
lurasidone hcl tab 20 mg	Tier 1	QL (30 tabs / 30 days)
lurasidone hcl tab 40 mg	Tier 1	QL (30 tabs / 30 days)
lurasidone hcl tab 60 mg	Tier 1	QL (30 tabs / 30 days)
lurasidone hcl tab 80 mg	Tier 1	QL (60 tabs / 30 days)
lurasidone hcl tab 120 mg	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	Tier 1	QL (30 tabs / 30 days)
molindone hcl tab 5 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
molindone hcl tab 10 mg	Tier 1	
molindone hcl tab 25 mg	Tier 1	
NUPLAZID CAP 34MG	Tier 1	QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
olanzapine for im inj 10 mg	Tier 1	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	Tier 1	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 10 mg	Tier 1	QL (60 tabs / 30 days), ST
olanzapine orally disintegrating tab 15 mg	Tier 1	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 20 mg	Tier 1	QL (30 tabs / 30 days), ST
olanzapine tab 2.5 mg	Tier 1	QL (60 tabs / 30 days)
olanzapine tab 5 mg	Tier 1	QL (60 tabs / 30 days)
olanzapine tab 7.5 mg	Tier 1	QL (30 tabs / 30 days)
olanzapine tab 10 mg	Tier 1	QL (60 tabs / 30 days)
olanzapine tab 15 mg	Tier 1	QL (30 tabs / 30 days)
olanzapine tab 20 mg	Tier 1	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	Tier 1	QL (30 films / 30 days), PA
OPIPZA MIS 5MG	Tier 1	QL (30 films / 30 days), PA
OPIPZA MIS 10MG	Tier 1	QL (90 films / 30 days), PA
paliperidone tab er 24hr 1.5 mg	Tier 1	QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	Tier 1	QL (30 tabs / 30 days)
paliperidone tab er 24hr 6 mg	Tier 1	QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	Tier 1	QL (30 tabs / 30 days)
perphenazine tab 2 mg	Tier 1	
perphenazine tab 4 mg	Tier 1	
perphenazine tab 8 mg	Tier 1	
perphenazine tab 16 mg	Tier 1	
pimozide tab 1 mg	Tier 1	
pimozide tab 2 mg	Tier 1	
quetiapine fumarate tab 25 mg	Tier 1	QL (180 tabs / 30 days)
quetiapine fumarate tab 50 mg	Tier 1	QL (90 tabs / 30 days)
quetiapine fumarate tab 100 mg	Tier 1	QL (90 tabs / 30 days)
quetiapine fumarate tab 150 mg	Tier 1	QL (90 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
quetiapine fumarate tab 200 mg	Tier 1	QL (90 tabs / 30 days)
quetiapine fumarate tab 300 mg	Tier 1	QL (60 tabs / 30 days)
quetiapine fumarate tab 400 mg	Tier 1	QL (60 tabs / 30 days)
quetiapine fumarate tab er 24hr 50 mg	Tier 1	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 150 mg	Tier 1	QL (30 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 200 mg	Tier 1	QL (30 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 300 mg	Tier 1	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 400 mg	Tier 1	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 1MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 2MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 3MG	Tier 1	QL (30 tabs / 30 days)
REXULTI TAB 4MG	Tier 1	QL (30 tabs / 30 days)
risperidone microspheres for im extended rel susp 12.5 mg	Tier 1	QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 25 mg	Tier 1	QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 37.5 mg	Tier 1	QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 50 mg	Tier 1	QL (2 injections / 28 days)
risperidone orally disintegrating tab 0.5 mg	Tier 1	QL (90 tabs / 30 days), ST
risperidone orally disintegrating tab 0.25 mg	Tier 1	QL (90 tabs / 30 days), ST
risperidone orally disintegrating tab 1 mg	Tier 1	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 2 mg	Tier 1	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 3 mg	Tier 1	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 4 mg	Tier 1	QL (120 tabs / 30 days), ST
risperidone soln 1 mg/ml	Tier 1	QL (240 mL / 30 days)
risperidone tab 0.5 mg	Tier 1	
risperidone tab 0.25 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone tab 1 mg	Tier 1	
risperidone tab 2 mg	Tier 1	
risperidone tab 3 mg	Tier 1	
risperidone tab 4 mg	Tier 1	
SECUADO DIS 3.8MG	Tier 1	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	Tier 1	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	Tier 1	QL (30 patches / 30 days)
thioridazine hcl tab 10 mg	Tier 1	
thioridazine hcl tab 25 mg	Tier 1	
thioridazine hcl tab 50 mg	Tier 1	
thioridazine hcl tab 100 mg	Tier 1	
thiothixene cap 1 mg	Tier 1	
thiothixene cap 2 mg	Tier 1	
thiothixene cap 5 mg	Tier 1	
thiothixene cap 10 mg	Tier 1	
trifluoperazine hcl tab 1 mg (base equivalent)	Tier 1	
trifluoperazine hcl tab 2 mg (base equivalent)	Tier 1	
trifluoperazine hcl tab 5 mg (base equivalent)	Tier 1	
trifluoperazine hcl tab 10 mg (base equivalent)	Tier 1	
VERSACLOZ SUS 50MG/ML	Tier 1	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5MG	Tier 1	QL (60 caps / 30 days)
VRAYLAR CAP 3MG	Tier 1	QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	Tier 1	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	Tier 1	QL (30 caps / 30 days)
ziprasidone hcl cap 20 mg	Tier 1	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	Tier 1	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	Tier 1	QL (60 caps / 30 days)
ziprasidone hcl cap 80 mg	Tier 1	QL (60 caps / 30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	Tier 1	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	Tier 1	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	Tier 1	QL (2 vials / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZYPREXA RELP INJ 405MG	Tier 1	QL (1 vial / 28 days), PA
ANTISEIZURE AGENTS		
APTIOM TAB 200MG	Tier 1	QL (30 tabs / 30 days)
APTIOM TAB 400MG	Tier 1	QL (30 tabs / 30 days)
APTIOM TAB 600MG	Tier 1	QL (60 tabs / 30 days)
APTIOM TAB 800MG	Tier 1	QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	Tier 1	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
carbamazepine cap er 12hr 100 mg	Tier 1	
carbamazepine cap er 12hr 200 mg	Tier 1	
carbamazepine cap er 12hr 300 mg	Tier 1	
carbamazepine chew tab 100 mg	Tier 1	
carbamazepine chew tab 200 mg	Tier 1	
carbamazepine susp 100 mg/5ml	Tier 1	
carbamazepine tab 200 mg	Tier 1	
carbamazepine tab er 12hr 100 mg	Tier 1	
carbamazepine tab er 12hr 200 mg	Tier 1	
carbamazepine tab er 12hr 400 mg	Tier 1	
clobazam suspension 2.5 mg/ml	Tier 1	QL (480 mL / 30 days), PA
clobazam tab 10 mg	Tier 1	QL (60 tabs / 30 days), PA
clobazam tab 20 mg	Tier 1	QL (60 tabs / 30 days), PA
clonazepam orally disintegrating tab 0.5 mg	Tier 1	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	Tier 1	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	Tier 1	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	Tier 1	QL (90 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clonazepam orally disintegrating tab 2 mg	Tier 1	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	Tier 1	QL (90 tabs / 30 days)
clonazepam tab 1 mg	Tier 1	QL (90 tabs / 30 days)
clonazepam tab 2 mg	Tier 1	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	Tier 1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 7.5 mg	Tier 1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 15 mg	Tier 1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	Tier 1	QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	Tier 1	QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	Tier 1	QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	Tier 1	QL (180 packets / 30 days), PA
diazepam inj	Tier 1	
diazepam intensol	Tier 1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam oral soln 1 mg/ml	Tier 1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam rectal gel delivery system 2.5 mg	Tier 1	
diazepam rectal gel delivery system 10 mg	Tier 1	
diazepam rectal gel delivery system 20 mg	Tier 1	
diazepam tab 2 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam tab 5 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam tab 10 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	Tier 1	
divalproex sodium cap delayed release sprinkle 125 mg	Tier 1	
divalproex sodium tab delayed release 125 mg	Tier 1	
divalproex sodium tab delayed release 250 mg	Tier 1	
divalproex sodium tab delayed release 500 mg	Tier 1	
divalproex sodium tab er 24 hr 250 mg	Tier 1	
divalproex sodium tab er 24 hr 500 mg	Tier 1	
EPIDIOLEX SOL 100MG/ML	Tier 1	QL (600 mL / 30 days), PA
eslicarbazepine acetate tab 200 mg	Tier 1	QL (30 tabs / 30 days)
eslicarbazepine acetate tab 400 mg	Tier 1	QL (30 tabs / 30 days)
eslicarbazepine acetate tab 600 mg	Tier 1	QL (60 tabs / 30 days)
eslicarbazepine acetate tab 800 mg	Tier 1	QL (60 tabs / 30 days)
ethosuximide cap 250 mg	Tier 1	
ethosuximide soln 250 mg/5ml	Tier 1	
felbamate susp 600 mg/5ml	Tier 1	
felbamate tab 400 mg	Tier 1	
felbamate tab 600 mg	Tier 1	
FINTEPLA SOL 2.2MG/ML	Tier 1	QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	Tier 1	QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	Tier 1	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	Tier 1	QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA TAB 8MG	Tier 1	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	Tier 1	QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	Tier 1	QL (360 caps / 30 days)
gabapentin cap 300 mg	Tier 1	QL (360 caps / 30 days)
gabapentin cap 400 mg	Tier 1	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	Tier 1	QL (2160 mL / 30 days)
gabapentin tab 600 mg	Tier 1	QL (180 tabs / 30 days)
gabapentin tab 800 mg	Tier 1	QL (120 tabs / 30 days)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	Tier 1	
lacosamide oral	Tier 1	QL (1200 mL / 30 days)
lacosamide tab 50 mg	Tier 1	QL (120 tabs / 30 days)
lacosamide tab 100 mg	Tier 1	QL (60 tabs / 30 days)
lacosamide tab 150 mg	Tier 1	QL (60 tabs / 30 days)
lacosamide tab 200 mg	Tier 1	QL (60 tabs / 30 days)
lamotrigine tab 25 mg	Tier 1	
lamotrigine tab 100 mg	Tier 1	
lamotrigine tab 150 mg	Tier 1	
lamotrigine tab 200 mg	Tier 1	
lamotrigine tab chewable dispersible 5 mg	Tier 1	
lamotrigine tab chewable dispersible 25 mg	Tier 1	
lamotrigine tab er 24hr 25 mg	Tier 1	ST
lamotrigine tab er 24hr 50 mg	Tier 1	ST
lamotrigine tab er 24hr 100 mg	Tier 1	ST
lamotrigine tab er 24hr 200 mg	Tier 1	ST
lamotrigine tab er 24hr 250 mg	Tier 1	ST
lamotrigine tab er 24hr 300 mg	Tier 1	ST
LEVETIRACETA TAB 250MG	Tier 1	QL (360 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	Tier 1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	Tier 1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	Tier 1	
levetiracetam inj 500 mg/5ml (100 mg/ml)	Tier 1	
levetiracetam oral soln 100 mg/ml	Tier 1	
levetiracetam tab 250 mg	Tier 1	
levetiracetam tab 500 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levetiracetam tab 750 mg	Tier 1	
levetiracetam tab 1000 mg	Tier 1	
levetiracetam tab er 24hr 500 mg	Tier 1	
levetiracetam tab er 24hr 750 mg	Tier 1	
methsuximide cap 300 mg	Tier 1	
NAYZILAM SPR 5MG	Tier 1	QL (10 nasal units / 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	Tier 1	
oxcarbazepine tab 150 mg	Tier 1	
oxcarbazepine tab 300 mg	Tier 1	
oxcarbazepine tab 600 mg	Tier 1	
perampanel tab 2 mg	Tier 1	QL (60 tabs / 30 days), PA
perampanel tab 4 mg	Tier 1	QL (30 tabs / 30 days), PA
perampanel tab 6 mg	Tier 1	QL (30 tabs / 30 days), PA
perampanel tab 8 mg	Tier 1	QL (30 tabs / 30 days), PA
perampanel tab 10 mg	Tier 1	QL (30 tabs / 30 days), PA
perampanel tab 12 mg	Tier 1	QL (30 tabs / 30 days), PA
phenobarbital elixir 20 mg/5ml	Tier 1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital sodium inj 65 mg/ml	Tier 1	PA; PA applies if 65 years and older
phenobarbital sodium inj 130 mg/ml	Tier 1	PA; PA applies if 65 years and older
phenobarbital tab 15 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 16.2 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 30 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital tab 32.4 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 60 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 64.8 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 97.2 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 100 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenytek	Tier 1	
phenytoin chew tab 50 mg	Tier 1	
phenytoin sodium extended cap 100 mg	Tier 1	
phenytoin sodium extended cap 200 mg	Tier 1	
phenytoin sodium extended cap 300 mg	Tier 1	
phenytoin sodium inj 50 mg/ml	Tier 1	
phenytoin susp 125 mg/5ml	Tier 1	
pregabalin cap 25 mg	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 50 mg	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 75 mg	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 100 mg	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 150 mg	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 200 mg	Tier 1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 225 mg	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pregabalin cap 300 mg	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
pregabalin soln 20 mg/ml	Tier 1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone tab 50 mg	Tier 1	
primidone tab 125 mg	Tier 1	
primidone tab 250 mg	Tier 1	
roweepra	Tier 1	
rufinamide susp 40 mg/ml	Tier 1	QL (2400 mL / 30 days), PA
rufinamide tab 200 mg	Tier 1	QL (480 tabs / 30 days), PA
rufinamide tab 400 mg	Tier 1	QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	Tier 1	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	Tier 1	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	Tier 1	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	Tier 1	QL (90 tabs / 30 days)
subvenite	Tier 1	
SYMPAZAN MIS 5MG	Tier 1	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	Tier 1	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	Tier 1	QL (60 films / 30 days), PA
tiagabine hcl tab 2 mg	Tier 1	
tiagabine hcl tab 4 mg	Tier 1	
tiagabine hcl tab 12 mg	Tier 1	
tiagabine hcl tab 16 mg	Tier 1	
topiramate oral soln 25 mg/ml	Tier 1	QL (480 mL / 30 days), PA
topiramate sprinkle cap 15 mg	Tier 1	
topiramate sprinkle cap 25 mg	Tier 1	
topiramate sprinkle cap 50 mg	Tier 1	
topiramate tab 25 mg	Tier 1	
topiramate tab 50 mg	Tier 1	
topiramate tab 100 mg	Tier 1	
topiramate tab 200 mg	Tier 1	
valproate sodium inj 100 mg/ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
valproate sodium oral soln 250 mg/5ml (base equiv)	Tier 1	
valproic acid cap 250 mg	Tier 1	
VALTOCO SPR 5MG	Tier 1	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	Tier 1	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	Tier 1	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	Tier 1	QL (10 blister packs / 30 days)
vigabatrin powd pack 500 mg	Tier 1	QL (180 packets / 30 days), PA
vigabatrin tab 500 mg	Tier 1	QL (180 tabs / 30 days), PA
vigadrone	Tier 1	QL (180 packets / 30 days), PA
vigadrone	Tier 1	QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	Tier 1	QL (900 mL / 30 days), PA
vigpoder	Tier 1	QL (180 packets / 30 days), PA
XCOPRI PAK 12.5-25	Tier 1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	Tier 1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	Tier 1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	Tier 1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	Tier 1	QL (28 tabs / 28 days)
XCOPRI TAB 25MG	Tier 1	QL (30 tabs / 30 days)
XCOPRI TAB 50MG	Tier 1	QL (30 tabs / 30 days)
XCOPRI TAB 100MG	Tier 1	QL (30 tabs / 30 days)
XCOPRI TAB 150MG	Tier 1	QL (60 tabs / 30 days)
XCOPRI TAB 200MG	Tier 1	QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	Tier 1	QL (900 mL / 30 days), PA
zonisamide cap 25 mg	Tier 1	
zonisamide cap 50 mg	Tier 1	
zonisamide cap 100 mg	Tier 1	
ZTALMY SUS 50MG/ML	Tier 1	QL (1100 mL / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	Tier 1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	Tier 1	QL (60 tabs / 30 days), PA
atomoxetine hcl cap 10 mg (base equiv)	Tier 1	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	Tier 1	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	Tier 1	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	Tier 1	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	Tier 1	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	Tier 1	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	Tier 1	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	Tier 1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 5 mg	Tier 1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 10 mg	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
guanfacine hcl tab er 24hr 1 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
methylphenidate hcl chew tab 2.5 mg	Tier 1	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 5 mg	Tier 1	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 10 mg	Tier 1	QL (180 tabs / 30 days), PA
methylphenidate hcl soln 5 mg/5ml	Tier 1	QL (1800 mL / 30 days), PA
methylphenidate hcl soln 10 mg/5ml	Tier 1	QL (900 mL / 30 days), PA
methylphenidate hcl tab 5 mg	Tier 1	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 20 mg	Tier 1	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 10 mg	Tier 1	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 20 mg	Tier 1	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TAB 5MG	Tier 1	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	Tier 1	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
eszopiclone tab 1 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eszopiclone tab 2 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone tab 3 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ramelteon tab 8 mg	Tier 1	QL (30 tabs / 30 days)
tasimelteon capsule 20 mg	Tier 1	QL (30 caps / 30 days), PA
temazepam cap 7.5 mg	Tier 1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam cap 15 mg	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
temazepam cap 30 mg	Tier 1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
zaleplon cap 5 mg	Tier 1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zaleplon cap 10 mg	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 5 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 10 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG INJ 70MG/ML	Tier 1	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	Tier 1	QL (1 pen / 30 days), PA
dihydroergotamine mesylate nasal spray 4 mg/ml	Tier 1	QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	Tier 1	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	Tier 1	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	Tier 1	QL (2 syringes / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	Tier 1	QL (40 tabs / 28 days), PA
naratriptan hcl tab 1 mg (base equiv)	Tier 1	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	Tier 1	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	Tier 1	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	Tier 1	QL (30 tabs / 30 days), PA
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	Tier 1	QL (18 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	Tier 1	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	Tier 1	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	Tier 1	QL (18 tabs / 30 days)
sumatriptan nasal spray 5 mg/act	Tier 1	QL (24 units / 30 days)
sumatriptan nasal spray 20 mg/act	Tier 1	QL (12 units / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	Tier 1	QL (12 injections / 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	Tier 1	QL (18 injections / 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	Tier 1	QL (12 injections / 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	Tier 1	QL (18 injections / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sumatriptan succinate solution cartridge 6 mg/0.5ml	Tier 1	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	Tier 1	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	Tier 1	QL (12 tabs / 30 days)
sumatriptan succinate tab 100 mg	Tier 1	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	Tier 1	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	Tier 1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TAB 6MG	Tier 1	QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	Tier 1	QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	Tier 1	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	Tier 1	QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	Tier 1	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	Tier 1	QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	Tier 1	QL (2 packs / year), PA
lithium carbonate cap 150 mg	Tier 1	
lithium carbonate cap 300 mg	Tier 1	
lithium carbonate cap 600 mg	Tier 1	
lithium carbonate tab 300 mg	Tier 1	
lithium carbonate tab er 300 mg	Tier 1	
lithium carbonate tab er 450 mg	Tier 1	
lithium oral solution 8 meq/5ml	Tier 1	
NUEDEXTA CAP 20-10MG	Tier 1	QL (60 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pyridostigmine bromide tab 60 mg	Tier 1	
riluzole tab 50 mg	Tier 1	
tetrabenazine tab 12.5 mg	Tier 1	QL (90 tabs / 30 days), PA
tetrabenazine tab 25 mg	Tier 1	QL (120 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CAP 95MG	Tier 1	QL (120 caps / 30 days), PA
BETASERON INJ 0.3MG	Tier 1	QL (14 kits / 28 days), PA
COPAXONE INJ 20MG/ML	Tier 1	QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	Tier 1	QL (12 syringes / 28 days), PA
dalfampridine tab er 12hr 10 mg	Tier 1	QL (60 tabs / 30 days), PA
fingolimod hcl cap 0.5 mg (base equiv)	Tier 1	QL (30 caps / 30 days), PA
glatiramer acetate soln prefilled syringe 20 mg/ml	Tier 1	QL (30 syringes / 30 days), PA
glatiramer acetate soln prefilled syringe 40 mg/ml	Tier 1	QL (12 syringes / 28 days), PA
glatopa	Tier 1	QL (12 syringes / 28 days), PA
glatopa	Tier 1	QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	Tier 1	QL (16 pens / 365 days), PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen tab 5 mg	Tier 1	QL (90 tabs / 30 days)
baclofen tab 10 mg	Tier 1	
baclofen tab 20 mg	Tier 1	
carisoprodol tab 350 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
cyclobenzaprine hcl tab 5 mg	Tier 1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyclobenzaprine hcl tab 10 mg	Tier 1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
dantrolene sodium cap 25 mg	Tier 1	
dantrolene sodium cap 50 mg	Tier 1	
dantrolene sodium cap 100 mg	Tier 1	
methocarbamol tab 500 mg	Tier 1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older
methocarbamol tab 750 mg	Tier 1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older
tizanidine hcl tab 2 mg (base equivalent)	Tier 1	
tizanidine hcl tab 4 mg (base equivalent)	Tier 1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil tab 50 mg	Tier 1	QL (60 tabs / 30 days), PA
armodafinil tab 150 mg	Tier 1	QL (30 tabs / 30 days), PA
armodafinil tab 200 mg	Tier 1	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	Tier 1	QL (30 tabs / 30 days), PA
modafinil tab 100 mg	Tier 1	QL (30 tabs / 30 days), PA
modafinil tab 200 mg	Tier 1	QL (60 tabs / 30 days), PA
SOD OXYBATE SOL 500MG/ML	Tier 1	QL (540 mL / 30 days), PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	Tier 1	
buprenorphine hcl sl tab 2 mg (base equiv)	Tier 1	QL (180 tabs / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 1	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 1	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 1	QL (90 films / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 1	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 1	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 1	QL (60 tabs / 30 days)
disulfiram tab 250 mg	Tier 1	
disulfiram tab 500 mg	Tier 1	
KLOXXADO SPR 8MG	Tier 1	
naloxone hcl inj 0.4 mg/ml	Tier 1	
naloxone hcl inj 4 mg/10ml	Tier 1	
naloxone hcl nasal spray 4 mg/0.1ml	Tier 1	
naloxone hcl soln cartridge 0.4 mg/ml	Tier 1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	Tier 1	
naloxone hcl soln prefilled syringe 2 mg/2ml	Tier 1	
naltrexone hcl tab 50 mg	Tier 1	
NICOTROL NS SPR 10MG/ML	Tier 1	
varenicline tartrate tab 0.5 mg (base equiv)	Tier 1	QL (56 tabs / 28 days)
varenicline tartrate tab 1 mg (base equiv)	Tier 1	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 1	QL (2 packs / year)
VIVITROL INJ 380MG	Tier 1	

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

danazol cap 50 mg	Tier 1	
danazol cap 100 mg	Tier 1	
danazol cap 200 mg	Tier 1	
depo-testosterone	Tier 1	PA
testosterone cypionate im inj in oil 100 mg/ml	Tier 1	PA
testosterone cypionate im inj in oil 200 mg/ml	Tier 1	PA
testosterone enanthate im inj in oil 200 mg/ml	Tier 1	PA
testosterone pump	Tier 1	QL (150 gm / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
testosterone td gel 12.5 mg/act (1%)	Tier 1	QL (300 gm / 30 days), PA
testosterone td gel 25 mg/2.5gm (1%)	Tier 1	QL (300 gm / 30 days), PA
testosterone td gel 50 mg/5gm (1%)	Tier 1	QL (300 gm / 30 days), PA
ANTIDIABETICS		
acarbose tab 25 mg	Tier 1	
acarbose tab 50 mg	Tier 1	
acarbose tab 100 mg	Tier 1	
dapagliflozin propanediol tab 5 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
dapagliflozin propanediol tab 10 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
FARXIGA TAB 5MG	Tier 1	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	Tier 1	QL (30 tabs / 30 days)
glimepiride tab 1 mg	Tier 1	QL (90 tabs / 30 days)
glimepiride tab 2 mg	Tier 1	QL (90 tabs / 30 days)
glimepiride tab 4 mg	Tier 1	QL (60 tabs / 30 days)
glipizide tab 5 mg	Tier 1	QL (240 tabs / 30 days)
glipizide tab 10 mg	Tier 1	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	Tier 1	QL (90 tabs / 30 days)
glipizide tab er 24hr 5 mg	Tier 1	QL (90 tabs / 30 days)
glipizide tab er 24hr 10 mg	Tier 1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	Tier 1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	Tier 1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	Tier 1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	Tier 1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	Tier 1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	Tier 1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	Tier 1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	Tier 1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	Tier 1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	Tier 1	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	Tier 1	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	Tier 1	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	Tier 1	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	Tier 1	QL (30 tabs / 30 days), ST
JARDIANCE TAB 25MG	Tier 1	QL (30 tabs / 30 days), ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JENTADUETO TAB 2.5-500	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	Tier 1	QL (30 tabs / 30 days)
metformin hcl oral soln 500 mg/5ml	Tier 1	QL (765 mL / 30 days)
metformin hcl tab 500 mg	Tier 1	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	Tier 1	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	Tier 1	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	Tier 1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	Tier 1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	Tier 1	QL (4 pens / 28 days), PA
nateglinide tab 60 mg	Tier 1	QL (90 tabs / 30 days)
nateglinide tab 120 mg	Tier 1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	Tier 1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	Tier 1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	Tier 1	QL (1 pen / 28 days), PA
pioglitazone hcl tab 15 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
pioglitazone hcl tab 30 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	Tier 1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	Tier 1	QL (90 tabs / 30 days)
repaglinide tab 0.5 mg	Tier 1	QL (120 tabs / 30 days)
repaglinide tab 1 mg	Tier 1	QL (120 tabs / 30 days)
repaglinide tab 2 mg	Tier 1	QL (240 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RYBELSUS TAB 3MG	Tier 1	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	Tier 1	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	Tier 1	QL (30 tabs / 30 days), PA
TRADJENTA TAB 5MG	Tier 1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 1	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	Tier 1	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	Tier 1	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	Tier 1	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	Tier 1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	Tier 1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	Tier 1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG INJ 100U/ML	Tier 1	B/D
ADMELOG SOLO INJ 100U/ML	Tier 1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 1	PA
APIDRA INJ SOLOSTAR	Tier 1	
APIDRA INJ U-100	Tier 1	B/D
BASAGLAR INJ 100UNIT	Tier 1	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	Tier 1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	Tier 1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	Tier 1	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	Tier 1	
FIASP INJ 100/ML	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FIASP PENFIL INJ U-100	Tier 1	
FIASP PMPCRT INJ U-100	Tier 1	B/D
GAUZE PADS 2" X 2"	Tier 1	PA
GLARGIN YFGN INJ 100U/ML	Tier 1	
GLARGIN YFGN SOL 100U/ML	Tier 1	
HUMALOG INJ 100/ML	Tier 1	
HUMALOG INJ 100/ML	Tier 1	B/D
HUMALOG JR INJ 100/ML	Tier 1	
HUMALOG KWIK INJ 100/ML	Tier 1	
HUMALOG KWIK INJ 200/ML	Tier 1	
HUMALOG MIX INJ 50/50KWP	Tier 1	
HUMALOG MIX INJ 75/25KWP	Tier 1	
HUMALOG MIX SUS 75/25	Tier 1	
HUMALOG TMPO INJ 100/ML	Tier 1	
HUMULIN INJ 70/30	Tier 1	
HUMULIN INJ 70/30KWP	Tier 1	
HUMULIN N INJ U-100	Tier 1	
HUMULIN N INJ U-100KWP	Tier 1	
HUMULIN R INJ U-100	Tier 1	B/D
HUMULIN R INJ U-500	Tier 1	
HUMULIN R INJ U-500	Tier 1	B/D
INSULIN GLAR INJ 300/ML	Tier 1	
INSULIN LISP INJ 100/ML	Tier 1	
INSULIN LISP INJ 100/ML	Tier 1	B/D
INSULIN LISP INJ JUNIOR	Tier 1	
INSULIN LISP INJ PROTAMIN	Tier 1	
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 1	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 1	PA
LANTUS INJ 100/ML	Tier 1	
LANTUS SOLOS INJ 100/ML	Tier 1	
LYUMJEV INJ 100UT/ML	Tier 1	B/D
LYUMJEV KWPN INJ 100UT/ML	Tier 1	
LYUMJEV KWPN INJ 200UT/ML	Tier 1	
NOVOLIN INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	Tier 1	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	Tier 1	(brand RELION not covered)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN N INJ U-100	Tier 1	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	Tier 1	(brand RELION not covered)
NOVOLIN R INJ U-100	Tier 1	B/D; (brand RELION not covered)
NOVOLOG INJ 100/ML	Tier 1	B/D
NOVOLOG INJ FLEX REL	Tier 1	
NOVOLOG INJ FLEXPEN	Tier 1	
NOVOLOG INJ PENFILL	Tier 1	
NOVOLOG INJ RELION	Tier 1	B/D
NOVOLOG MIX INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	Tier 1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	Tier 1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	Tier 1	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	Tier 1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	Tier 1	QL (15 pods / 30 days), PA
REZVOGLAR INJ 100UT/ML	Tier 1	
SEMGLEE INJ 100U/ML	Tier 1	
SOLIQUA INJ 100/33	Tier 1	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	Tier 1	
TOUJEO SOLO INJ 300/ML	Tier 1	
TRESIBA FLEX INJ 100UNIT	Tier 1	
TRESIBA FLEX INJ 200UNIT	Tier 1	
TRESIBA INJ 100UNIT	Tier 1	
XULTOPHY INJ 100/3.6	Tier 1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium oral soln 70 mg/75ml	Tier 1	ST
alendronate sodium tab 10 mg	Tier 1	
alendronate sodium tab 35 mg	Tier 1	
alendronate sodium tab 70 mg	Tier 1	
BONSITY INJ 560/2.24	Tier 1	QL (1 pen / 28 days), PA
calcitonin (salmon) spray	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ibandronate sodium tab 150 mg (base equivalent)	Tier 1	B/D
pamidronate disodium iv soln 3 mg/ml	Tier 1	B/D
pamidronate disodium iv soln 9 mg/ml	Tier 1	B/D
PAMIDRONATE INJ 6MG/ML	Tier 1	B/D
PROLIA INJ 60MG/ML	Tier 1	QL (1 syringe / 180 days)
risedronate sodium tab 5 mg	Tier 1	
risedronate sodium tab 35 mg	Tier 1	
risedronate sodium tab 150 mg	Tier 1	
risedronate sodium tab delayed release 35 mg	Tier 1	ST
TERIPARATIDE INJ 560/2.24	Tier 1	QL (1 pen / 28 days), PA; (ALVOGEN product)
WYOST INJ 120/1.7	Tier 1	PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	Tier 1	B/D
zoledronic acid iv soln 5 mg/100ml	Tier 1	B/D
CHELATING AGENTS		
CHEMET CAP 100MG	Tier 1	
deferasirox tab 90 mg	Tier 1	PA
deferasirox tab 180 mg	Tier 1	PA
deferasirox tab 360 mg	Tier 1	PA
deferasirox tab for oral susp 125 mg	Tier 1	PA
deferasirox tab for oral susp 250 mg	Tier 1	PA
deferasirox tab for oral susp 500 mg	Tier 1	PA
kionex	Tier 1	
LOKELMA PAK 5GM	Tier 1	
LOKELMA PAK 10GM	Tier 1	
penicillamine tab 250 mg	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
sps	Tier 1	
sps rectal	Tier 1	
trientine hcl cap 250 mg	Tier 1	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	Tier 1	
altavera	Tier 1	
alyacen 1/35	Tier 1	
alyacen 7/7/7	Tier 1	
amethyst	Tier 1	
apri	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aranelle	Tier 1	
ashlyna	Tier 1	
aubra eq	Tier 1	
aurovela 1/20	Tier 1	
aurovela 24 fe	Tier 1	
aurovela fe 1.5/30	Tier 1	
aurovela fe 1/20	Tier 1	
aviane	Tier 1	
ayuna	Tier 1	
azurette	Tier 1	
balziva	Tier 1	
blisovi 24 fe	Tier 1	
blisovi fe 1.5/30	Tier 1	
briellyn	Tier 1	
camila	Tier 1	
camrese	Tier 1	
camrese lo	Tier 1	
chateal eq	Tier 1	
cryselle-28	Tier 1	
cyred eq	Tier 1	
dasetta 1/35	Tier 1	
dasetta 7/7/7	Tier 1	
daysee	Tier 1	
deblitane	Tier 1	
DEPO-SQ PROV INJ 104	Tier 1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 1	
dolishale	Tier 1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	Tier 1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 1	
elinest	Tier 1	
eluryng	Tier 1	
emzahh	Tier 1	
enilloring	Tier 1	
enskyce	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
errin	Tier 1	
estarylla	Tier 1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	Tier 1	
falmina	Tier 1	
feirza tab 1.5/30	Tier 1	
feirza tab 1/20	Tier 1	
finzala	Tier 1	
galbriela chw	Tier 1	
hailey 1.5/30	Tier 1	
hailey 24 fe	Tier 1	
haloette	Tier 1	
heather	Tier 1	
iclevia	Tier 1	
incassia	Tier 1	
introvale	Tier 1	
isibloom	Tier 1	
jaimiess tab	Tier 1	
jasmiel	Tier 1	
jolessa	Tier 1	
juleber	Tier 1	
junel 1.5/30	Tier 1	
junel 1/20	Tier 1	
junel fe 1.5/30	Tier 1	
junel fe 1/20	Tier 1	
junel fe 24	Tier 1	
kaitlib fe	Tier 1	
kariva	Tier 1	
kelnor 1/35	Tier 1	
kurvelo	Tier 1	
larin 1.5/30	Tier 1	
larin 1/20	Tier 1	
larin 24 fe	Tier 1	
larin fe 1.5/30	Tier 1	
larin fe 1/20	Tier 1	
lessina	Tier 1	
levonest	Tier 1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	Tier 1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 1	
levora 0.15/30-28	Tier 1	
LILETTA IUD 52MG	Tier 1	
loestrin 1.5/30-21	Tier 1	
loestrin 1/20-21	Tier 1	
loestrin fe 1.5/30	Tier 1	
loestrin fe 1/20	Tier 1	
lojaimiess tab	Tier 1	
loryna	Tier 1	
low-ogestrel	Tier 1	
lutera	Tier 1	
lyleq	Tier 1	
lyza	Tier 1	
marlissa	Tier 1	
medroxyprogesterone acetate im susp 150 mg/ml	Tier 1	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Tier 1	
meleya tab 0.35mg	Tier 1	
mibelas 24 fe	Tier 1	
microgestin 1.5/30	Tier 1	
microgestin 1/20	Tier 1	
microgestin fe 1.5/30	Tier 1	
microgestin fe 1/20	Tier 1	
mili	Tier 1	
mono-linyah	Tier 1	
necon 0.5/35-28	Tier 1	
NEXPLANON IMP 68MG	Tier 1	
nikki	Tier 1	
nora-be	Tier 1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	Tier 1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	Tier 1	
norethindrone tab 0.35 mg	Tier 1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 1	
norlyroc	Tier 1	
nortrel 0.5/35 (28)	Tier 1	
nortrel 1/35 (21)	Tier 1	
nortrel 1/35 (28)	Tier 1	
nortrel 7/7/7	Tier 1	
nylia 1/35	Tier 1	
nylia 7/7/7	Tier 1	
ocella	Tier 1	
orquidea tab 0.35mg	Tier 1	
philith	Tier 1	
pimtrea	Tier 1	
portia-28	Tier 1	
reclipsen	Tier 1	
rivelsa	Tier 1	
rosyrah tab	Tier 1	
setlakin	Tier 1	
sharobel	Tier 1	
simliya	Tier 1	
simpesse	Tier 1	
sprintec 28	Tier 1	
sronyx	Tier 1	
syeda	Tier 1	
tarina 24 fe	Tier 1	
tarina fe 1/20 eq	Tier 1	
tilia fe	Tier 1	
tri-estarylla	Tier 1	
tri-legest fe	Tier 1	
tri-linyah	Tier 1	
tri-lo-estarylla	Tier 1	
tri-lo-marzia	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tri-lo-mili	Tier 1	
tri-lo-sprintec	Tier 1	
tri-mili	Tier 1	
tri-sprintec	Tier 1	
tri-vylibra	Tier 1	
tri-vylibra lo	Tier 1	
turqoz	Tier 1	
valtya 1/50 tab	Tier 1	
velivet	Tier 1	
vestura	Tier 1	
vienva	Tier 1	
viorele	Tier 1	
vyfemla	Tier 1	
vylibra	Tier 1	
wera	Tier 1	
wymzya fe	Tier 1	
xarah fe tab	Tier 1	
xelria fe chw 0.4mg-35	Tier 1	
xulane	Tier 1	
zafemy	Tier 1	
zovia 1/35	Tier 1	
zumandimine	Tier 1	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
abigale lo tab 0.5-0.1	Tier 1	
abigale tab 1-0.5mg	Tier 1	
dotti	Tier 1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 1	
estradiol tab 0.5 mg	Tier 1	
estradiol tab 1 mg	Tier 1	
estradiol tab 2 mg	Tier 1	
estradiol td patch twice weekly 0.1 mg/24hr	Tier 1	
estradiol td patch twice weekly 0.05 mg/24hr	Tier 1	
estradiol td patch twice weekly 0.025 mg/24hr	Tier 1	
estradiol td patch twice weekly 0.075 mg/24hr	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol td patch twice weekly 0.0375 mg/24hr	Tier 1	
estradiol td patch weekly 0.1 mg/24hr	Tier 1	
estradiol td patch weekly 0.05 mg/24hr	Tier 1	
estradiol td patch weekly 0.06 mg/24hr	Tier 1	
estradiol td patch weekly 0.025 mg/24hr	Tier 1	
estradiol td patch weekly 0.075 mg/24hr	Tier 1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	Tier 1	
estradiol vaginal cream 0.01%	Tier 1	
estradiol vaginal tab 10 mcg	Tier 1	
estradiol valerate im in oil 10 mg/ml	Tier 1	
estradiol valerate im in oil 20 mg/ml	Tier 1	
estradiol valerate im in oil 40 mg/ml	Tier 1	
fyavolv tab 0.5mg-2.5mcg	Tier 1	
fyavolv tab 1mg-5mcg	Tier 1	
jinteli	Tier 1	
lyllana	Tier 1	
mimvey	Tier 1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 1	
yuvafem	Tier 1	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
DEXAMETHASON CON 1MG/ML	Tier 1	
dexamethasone elixir 0.5 mg/5ml	Tier 1	
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)	Tier 1	
dexamethasone sod phosphate preservative free inj 10 mg/ml	Tier 1	
dexamethasone sodium phosphate inj 4 mg/ml	Tier 1	
dexamethasone sodium phosphate inj 10 mg/ml	Tier 1	
dexamethasone sodium phosphate inj 20 mg/5ml	Tier 1	
dexamethasone sodium phosphate inj 100 mg/10ml	Tier 1	
dexamethasone sodium phosphate inj 120 mg/30ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	Tier 1	
dexamethasone soln 0.5 mg/5ml	Tier 1	
dexamethasone tab 0.5 mg	Tier 1	
dexamethasone tab 0.75 mg	Tier 1	
dexamethasone tab 1 mg	Tier 1	
dexamethasone tab 1.5 mg	Tier 1	
dexamethasone tab 2 mg	Tier 1	
dexamethasone tab 4 mg	Tier 1	
dexamethasone tab 6 mg	Tier 1	
fludrocortisone acetate tab 0.1 mg	Tier 1	
hydrocortisone sodium succinate pf for inj 100 mg	Tier 1	
hydrocortisone tab 5 mg	Tier 1	
hydrocortisone tab 10 mg	Tier 1	
hydrocortisone tab 20 mg	Tier 1	
methylprednisolone acetate inj susp 40 mg/ml	Tier 1	B/D
methylprednisolone acetate inj susp 80 mg/ml	Tier 1	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	Tier 1	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	Tier 1	B/D
methylprednisolone sod succ for inj 500 mg (base equiv)	Tier 1	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	Tier 1	B/D
methylprednisolone tab 4 mg	Tier 1	B/D
methylprednisolone tab 8 mg	Tier 1	B/D
methylprednisolone tab 16 mg	Tier 1	B/D
methylprednisolone tab 32 mg	Tier 1	B/D
methylprednisolone tab therapy pack 4 mg (21)	Tier 1	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	Tier 1	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	Tier 1	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	Tier 1	B/D
prednisolone soln 15 mg/5ml	Tier 1	B/D
PREDNISONE CON 5MG/ML	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisone oral soln 5 mg/5ml	Tier 1	B/D
prednisone tab 1 mg	Tier 1	B/D
prednisone tab 2.5 mg	Tier 1	B/D
prednisone tab 5 mg	Tier 1	B/D
prednisone tab 10 mg	Tier 1	B/D
prednisone tab 20 mg	Tier 1	B/D
prednisone tab 50 mg	Tier 1	B/D
prednisone tab therapy pack 5 mg (21)	Tier 1	
prednisone tab therapy pack 5 mg (48)	Tier 1	
prednisone tab therapy pack 10 mg (21)	Tier 1	
prednisone tab therapy pack 10 mg (48)	Tier 1	
SOLU-CORTEF INJ 250MG	Tier 1	
SOLU-CORTEF INJ 500MG	Tier 1	
SOLU-CORTEF INJ 1000MG	Tier 1	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE POW 3MG/DOSE	Tier 1	
BAQSIMI TWO POW 3MG/DOSE	Tier 1	
diazoxide susp 50 mg/ml	Tier 1	
ZEGALOGUE INJ 0.6/0.6	Tier 1	
MISCELLANEOUS		
ALDURAZYME INJ 2.9MG/5M	Tier 1	PA
betaine powder for oral solution	Tier 1	
cabergoline tab 0.5 mg	Tier 1	
carglumic acid soluble tab 200 mg	Tier 1	PA
CERDELGA CAP 84MG	Tier 1	PA
CEREZYME INJ 400UNIT	Tier 1	PA
cinacalcet hcl tab 30 mg (base equiv)	Tier 1	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 60 mg (base equiv)	Tier 1	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 90 mg (base equiv)	Tier 1	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	Tier 1	PA
CYSTAGON CAP 150MG	Tier 1	PA
desmopressin acetate inj 4 mcg/ml	Tier 1	
desmopressin acetate nasal spray soln 0.01%	Tier 1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desmopressin acetate preservative free (pf) inj 4 mcg/ml	Tier 1	
desmopressin acetate tab 0.1 mg	Tier 1	
desmopressin acetate tab 0.2 mg	Tier 1	
FABRAZYME INJ 5MG	Tier 1	PA
FABRAZYME INJ 35MG	Tier 1	PA
GENOTROPIN INJ 0.2MG	Tier 1	PA
GENOTROPIN INJ 0.4MG	Tier 1	PA
GENOTROPIN INJ 0.6MG	Tier 1	PA
GENOTROPIN INJ 0.8MG	Tier 1	PA
GENOTROPIN INJ 1.2MG	Tier 1	PA
GENOTROPIN INJ 1.4MG	Tier 1	PA
GENOTROPIN INJ 1.6MG	Tier 1	PA
GENOTROPIN INJ 1.8MG	Tier 1	PA
GENOTROPIN INJ 1MG	Tier 1	PA
GENOTROPIN INJ 2MG	Tier 1	PA
GENOTROPIN INJ 5MG	Tier 1	PA
GENOTROPIN INJ 12MG	Tier 1	PA
INCRELEX INJ 40MG/4ML	Tier 1	PA
javygtor	Tier 1	PA
lanreotide acetate extended release inj 120 mg/0.5ml	Tier 1	PA
levocarnitine oral soln 1 gm/10ml (10%)	Tier 1	B/D
levocarnitine tab 330 mg	Tier 1	B/D
LUMIZYME INJ 50MG	Tier 1	PA
LUPR DEP-PED INJ 3M 30MG	Tier 1	PA
LUPR DEP-PED INJ 7.5MG	Tier 1	PA
LUPR DEP-PED INJ 11.25MG	Tier 1	PA
LUPR DEP-PED INJ 15MG	Tier 1	PA
LUPRON DEPOT INJ 45MG	Tier 1	PA
mifepristone tab 300 mg	Tier 1	PA
NAGLAZYME INJ 1MG/ML	Tier 1	PA
nitisinone cap 2 mg	Tier 1	PA
nitisinone cap 5 mg	Tier 1	PA
nitisinone cap 10 mg	Tier 1	PA
nitisinone cap 20 mg	Tier 1	PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	Tier 1	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	Tier 1	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	Tier 1	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	Tier 1	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	Tier 1	PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	Tier 1	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	Tier 1	PA
raloxifene hcl tab 60 mg	Tier 1	
REVCOVI INJ 1.6MG/ML	Tier 1	PA
REZDIFFRA TAB 60MG	Tier 1	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	Tier 1	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
sapropterin dihydrochloride powder packet 100 mg	Tier 1	PA
sapropterin dihydrochloride powder packet 500 mg	Tier 1	PA
sapropterin dihydrochloride tab 100 mg	Tier 1	PA
SIGNIFOR INJ 0.3MG/ML	Tier 1	PA
SIGNIFOR INJ 0.6MG/ML	Tier 1	PA
SIGNIFOR INJ 0.9MG/ML	Tier 1	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	Tier 1	PA
sodium phenylbutyrate tab 500 mg	Tier 1	PA
SOMATULINE INJ 60/0.2ML	Tier 1	PA
SOMATULINE INJ 90/0.3ML	Tier 1	PA
SOMAVERT INJ 10MG	Tier 1	PA
SOMAVERT INJ 15MG	Tier 1	PA
SOMAVERT INJ 20MG	Tier 1	PA
SOMAVERT INJ 25MG	Tier 1	PA
SOMAVERT INJ 30MG	Tier 1	PA
SYNAREL SOL 2MG/ML	Tier 1	PA
tolvaptan tab 15 mg	Tier 1	PA; (generic of JYNARQUE)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tolvaptan tab 30 mg	Tier 1	PA; (generic of JYNARQUE)
tolvaptan tab therapy pack 15 mg	Tier 1	PA
tolvaptan tab therapy pack 30 & 15 mg	Tier 1	PA
tolvaptan tab therapy pack 45 & 15 mg	Tier 1	PA
tolvaptan tab therapy pack 60 & 30 mg	Tier 1	PA
tolvaptan tab therapy pack 90 & 30 mg	Tier 1	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
gallifrey	Tier 1	
medroxyprogesterone acetate tab 2.5 mg	Tier 1	
medroxyprogesterone acetate tab 5 mg	Tier 1	
medroxyprogesterone acetate tab 10 mg	Tier 1	
megestrol acetate susp 40 mg/ml	Tier 1	
megestrol acetate susp 625 mg/5ml	Tier 1	PA
norethindrone acetate tab 5 mg	Tier 1	
progesterone cap 100 mg	Tier 1	
progesterone cap 200 mg	Tier 1	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levo-t	Tier 1	
levothyroxine sodium tab 25 mcg	Tier 1	
levothyroxine sodium tab 50 mcg	Tier 1	
levothyroxine sodium tab 75 mcg	Tier 1	
levothyroxine sodium tab 88 mcg	Tier 1	
levothyroxine sodium tab 100 mcg	Tier 1	
levothyroxine sodium tab 112 mcg	Tier 1	
levothyroxine sodium tab 125 mcg	Tier 1	
levothyroxine sodium tab 137 mcg	Tier 1	
levothyroxine sodium tab 150 mcg	Tier 1	
levothyroxine sodium tab 175 mcg	Tier 1	
levothyroxine sodium tab 200 mcg	Tier 1	
levothyroxine sodium tab 300 mcg	Tier 1	
levoxyl	Tier 1	
liothyronine sodium tab 5 mcg	Tier 1	
liothyronine sodium tab 25 mcg	Tier 1	
liothyronine sodium tab 50 mcg	Tier 1	
methimazole tab 5 mg	Tier 1	
methimazole tab 10 mg	Tier 1	
propylthiouracil tab 50 mg	Tier 1	
SYNTHROID TAB 25MCG	Tier 1	
SYNTHROID TAB 50MCG	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNTHROID TAB 75MCG	Tier 1	
SYNTHROID TAB 88MCG	Tier 1	
SYNTHROID TAB 100MCG	Tier 1	
SYNTHROID TAB 112MCG	Tier 1	
SYNTHROID TAB 125MCG	Tier 1	
SYNTHROID TAB 137MCG	Tier 1	
SYNTHROID TAB 150MCG	Tier 1	
SYNTHROID TAB 175MCG	Tier 1	
SYNTHROID TAB 200MCG	Tier 1	
SYNTHROID TAB 300MCG	Tier 1	
unithroid	Tier 1	
VITAMIN D ANALOGS		
calcitriol (oral)	Tier 1	B/D
calcitriol cap 0.5 mcg	Tier 1	B/D
calcitriol cap 0.25 mcg	Tier 1	B/D
paricalcitol cap 1 mcg	Tier 1	B/D
paricalcitol cap 2 mcg	Tier 1	B/D
paricalcitol cap 4 mcg	Tier 1	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant capsule 40 mg	Tier 1	B/D
aprepitant capsule 80 mg	Tier 1	B/D
aprepitant capsule 125 mg	Tier 1	B/D
aprepitant capsule therapy pack 80 & 125 mg	Tier 1	B/D
compro	Tier 1	
dronabinol cap 2.5 mg	Tier 1	B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg	Tier 1	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	Tier 1	B/D, QL (60 caps / 30 days)
granisetron hcl inj 1 mg/ml	Tier 1	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	Tier 1	
granisetron hcl tab 1 mg	Tier 1	B/D
meclizine hcl tab 12.5 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
meclizine hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl inj 5 mg/ml (base equivalent)	Tier 1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	Tier 1	
metoclopramide hcl tab 5 mg (base equivalent)	Tier 1	
metoclopramide hcl tab 10 mg (base equivalent)	Tier 1	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	Tier 1	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	Tier 1	
ondansetron hcl inj soln pref syr 4 mg/2ml	Tier 1	
ondansetron hcl oral soln 4 mg/5ml	Tier 1	B/D
ondansetron hcl tab 4 mg	Tier 1	B/D
ondansetron hcl tab 8 mg	Tier 1	B/D
ondansetron orally disintegrating tab 4 mg	Tier 1	B/D
ondansetron orally disintegrating tab 8 mg	Tier 1	B/D
prochlorperazine edisylate inj 10 mg/2ml	Tier 1	
prochlorperazine maleate tab 5 mg (base equivalent)	Tier 1	
prochlorperazine maleate tab 10 mg (base equivalent)	Tier 1	
prochlorperazine suppos 25 mg	Tier 1	
promethazine hcl inj 25 mg/ml	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl inj 50 mg/ml	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl oral soln 6.25 mg/5ml	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 12.5 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 50 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine td patch 72hr 1 mg/3days	Tier 1	QL (10 patches / 30 days)
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl cap 10 mg	Tier 1	PA; PA applies if 65 years and older
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	PA; PA applies if 65 years and older
dicyclomine hcl tab 20 mg	Tier 1	PA; PA applies if 65 years and older
glycopyrrolate tab 1 mg	Tier 1	QL (90 tabs / 30 days)
glycopyrrolate tab 2 mg	Tier 1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
famotidine for susp 40 mg/5ml	Tier 1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 1	
famotidine inj 40 mg/4ml	Tier 1	
famotidine inj 200 mg/20ml	Tier 1	
famotidine preservative free inj 20 mg/2ml	Tier 1	
famotidine tab 20 mg	Tier 1	
famotidine tab 40 mg	Tier 1	
nizatidine cap 150 mg	Tier 1	
nizatidine cap 300 mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	Tier 1	
budesonide delayed release particles cap 3 mg	Tier 1	QL (90 caps / 30 days)
budesonide tab er 24hr 9 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocortisone enema 100 mg/60ml	Tier 1	
mesalamine cap dr 400 mg	Tier 1	QL (180 caps / 30 days)
mesalamine cap er 24hr 0.375 gm	Tier 1	QL (120 caps / 30 days)
mesalamine enema 4 gm	Tier 1	QL (1680 mL / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mesalamine rectal enema 4 gm & cleanser wipe kit	Tier 1	QL (28 bottles / 28 days)
mesalamine suppos 1000 mg	Tier 1	QL (30 suppositories / 30 days)
mesalamine tab delayed release 1.2 gm	Tier 1	QL (120 tabs / 30 days)
sulfasalazine tab 500 mg	Tier 1	
sulfasalazine tab delayed release 500 mg	Tier 1	
LAXATIVES		
constulose	Tier 1	
enulose	Tier 1	
gavilyte-c	Tier 1	
gavilyte-g	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac	Tier 1	
lactulose (encephalopathy) solution 10 gm/15ml	Tier 1	
lactulose solution 10 gm/15ml	Tier 1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PLENVU SOL	Tier 1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 1	
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), PA
alosetron hcl tab 1 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	Tier 1	
CREON CAP 6000UNIT	Tier 1	
CREON CAP 12000UNT	Tier 1	
CREON CAP 24000UNT	Tier 1	
CREON CAP 36000UNT	Tier 1	
cromolyn sodium oral conc 100 mg/5ml	Tier 1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 1	
GATTEX KIT 5MG	Tier 1	PA
LINZESS CAP 72MCG	Tier 1	QL (30 caps / 30 days)
LINZESS CAP 145MCG	Tier 1	QL (30 caps / 30 days)
LINZESS CAP 290MCG	Tier 1	QL (30 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
loperamide hcl cap 2 mg	Tier 1	
misoprostol tab 100 mcg	Tier 1	
misoprostol tab 200 mcg	Tier 1	
MOVANTIK TAB 12.5MG	Tier 1	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	Tier 1	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	Tier 1	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	Tier 1	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	Tier 1	QL (28 vials / 28 days), PA
sucralfate susp 1 gm/10ml	Tier 1	
sucralfate tab 1 gm	Tier 1	
TRULANCE TAB 3MG	Tier 1	QL (30 tabs / 30 days)
ursodiol cap 300 mg	Tier 1	
ursodiol tab 250 mg	Tier 1	
ursodiol tab 500 mg	Tier 1	
VOQUEZNA PAK DUAL PAK	Tier 1	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	Tier 1	QL (2 kits / year), PA
VOWST CAP	Tier 1	QL (12 caps / 30 days), PA
XERMELO TAB 250MG	Tier 1	QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	Tier 1	PA
ZENPEP CAP 3000UNIT	Tier 1	
ZENPEP CAP 5000UNIT	Tier 1	
ZENPEP CAP 10000UNT	Tier 1	
ZENPEP CAP 15000UNT	Tier 1	
ZENPEP CAP 20000UNT	Tier 1	
ZENPEP CAP 25000UNT	Tier 1	
ZENPEP CAP 40000UNT	Tier 1	
ZENPEP CAP 60000UNT	Tier 1	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium cap delayed release 20 mg (base eq)	Tier 1	QL (30 caps / 30 days), ST
esomeprazole magnesium cap delayed release 40 mg (base eq)	Tier 1	QL (30 caps / 30 days), ST
esomeprazole magnesium for delayed release susp pack 2.5 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
esomeprazole magnesium for delayed release susp packet 5 mg	Tier 1	
esomeprazole magnesium for delayed release susp packet 10 mg	Tier 1	QL (30 packets / 30 days)
esomeprazole magnesium for delayed release susp packet 20 mg	Tier 1	QL (30 packets / 30 days)
esomeprazole magnesium for delayed release susp packet 40 mg	Tier 1	QL (30 packets / 30 days)
lansoprazole cap delayed release 15 mg	Tier 1	QL (60 caps / 30 days)
lansoprazole cap delayed release 30 mg	Tier 1	QL (60 caps / 30 days)
omeprazole cap delayed release 10 mg	Tier 1	
omeprazole cap delayed release 20 mg	Tier 1	
omeprazole cap delayed release 40 mg	Tier 1	
pantoprazole sodium ec tab 20 mg (base equiv)	Tier 1	
pantoprazole sodium ec tab 40 mg (base equiv)	Tier 1	
pantoprazole sodium for iv soln 40 mg (base equiv)	Tier 1	
rabeprazole sodium ec tab 20 mg	Tier 1	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl tab er 24hr 10 mg	Tier 1	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	Tier 1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 1	QL (30 caps / 30 days)
finasteride tab 5 mg	Tier 1	QL (30 tabs / 30 days)
tadalafil tab 5 mg	Tier 1	QL (30 tabs / 30 days), PA
tamsulosin hcl cap 0.4 mg	Tier 1	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid irrigation soln 0.25%	Tier 1	
bethanechol chloride tab 5 mg	Tier 1	
bethanechol chloride tab 10 mg	Tier 1	
bethanechol chloride tab 25 mg	Tier 1	
bethanechol chloride tab 50 mg	Tier 1	
potassium citrate tab er 5 meq (540 mg)	Tier 1	
potassium citrate tab er 10 meq (1080 mg)	Tier 1	
potassium citrate tab er 15 meq (1620 mg)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
fesoterodine fumarate tab er 24hr 4 mg	Tier 1	QL (30 tabs / 30 days)
fesoterodine fumarate tab er 24hr 8 mg	Tier 1	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	Tier 1	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 25 mg	Tier 1	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 50 mg	Tier 1	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	Tier 1	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	Tier 1	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	Tier 1	QL (30 tabs / 30 days)
oxybutynin chloride solution 5 mg/5ml	Tier 1	QL (600 mL / 30 days)
oxybutynin chloride tab 5 mg	Tier 1	QL (120 tabs / 30 days)
oxybutynin chloride tab er 24hr 5 mg	Tier 1	QL (30 tabs / 30 days)
oxybutynin chloride tab er 24hr 10 mg	Tier 1	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	Tier 1	QL (60 tabs / 30 days)
solifenacin succinate tab 5 mg	Tier 1	QL (30 tabs / 30 days)
solifenacin succinate tab 10 mg	Tier 1	QL (30 tabs / 30 days)
tolterodine tartrate cap er 24hr 2 mg	Tier 1	QL (30 caps / 30 days)
tolterodine tartrate cap er 24hr 4 mg	Tier 1	QL (30 caps / 30 days)
tolterodine tartrate tab 1 mg	Tier 1	QL (60 tabs / 30 days)
tolterodine tartrate tab 2 mg	Tier 1	QL (60 tabs / 30 days)
trospium chloride tab 20 mg	Tier 1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	Tier 1	
metronidazole vaginal gel 0.75%	Tier 1	
terconazole vaginal cream 0.4%	Tier 1	
terconazole vaginal cream 0.8%	Tier 1	
terconazole vaginal suppos 80 mg	Tier 1	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	Tier 1	QL (60 caps / 30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	Tier 1	QL (120 caps / 30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	Tier 1	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	Tier 1	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	Tier 1	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	Tier 1	QL (74 tabs / 30 days)
enoxaparin sodium inj 300 mg/3ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	Tier 1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	Tier 1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	Tier 1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	Tier 1	
enoxaparin sodium inj soln pref syr 100 mg/ml	Tier 1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	Tier 1	
enoxaparin sodium inj soln pref syr 150 mg/ml	Tier 1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	Tier 1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	Tier 1	
HEP SOD/NACL INJ 25000UNT	Tier 1	
heparin sodium (porcine) inj 1000 unit/ml	Tier 1	B/D
heparin sodium (porcine) inj 5000 unit/ml	Tier 1	B/D
heparin sodium (porcine) inj 10000 unit/ml	Tier 1	B/D
heparin sodium (porcine) inj 20000 unit/ml	Tier 1	B/D
heparin sodium (porcine) pf inj 1000 unit/ml	Tier 1	B/D
jantoven	Tier 1	
rivaroxaban for susp 1 mg/ml	Tier 1	QL (620 mL / 30 days)
rivaroxaban tab 2.5 mg	Tier 1	QL (60 tabs / 30 days)
warfarin sodium tab 1 mg	Tier 1	
warfarin sodium tab 2 mg	Tier 1	
warfarin sodium tab 2.5 mg	Tier 1	
warfarin sodium tab 3 mg	Tier 1	
warfarin sodium tab 4 mg	Tier 1	
warfarin sodium tab 5 mg	Tier 1	
warfarin sodium tab 6 mg	Tier 1	
warfarin sodium tab 7.5 mg	Tier 1	
warfarin sodium tab 10 mg	Tier 1	
XARELTO STAR TAB 15/20MG	Tier 1	QL (51 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XARELTO TAB 2.5MG	Tier 1	QL (60 tabs / 30 days)
XARELTO TAB 10MG	Tier 1	QL (30 tabs / 30 days)
XARELTO TAB 15MG	Tier 1	QL (30 tabs / 30 days)
XARELTO TAB 20MG	Tier 1	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA INJ 6/0.6ML	Tier 1	QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	Tier 1	PA
PROCRIT INJ 3000/ML	Tier 1	PA
PROCRIT INJ 4000/ML	Tier 1	PA
PROCRIT INJ 10000/ML	Tier 1	PA
PROCRIT INJ 20000/ML	Tier 1	PA
PROCRIT INJ 40000/ML	Tier 1	PA
ZARXIO INJ 300/0.5	Tier 1	PA
ZARXIO INJ 480/0.8	Tier 1	PA
MISCELLANEOUS		
ALVAIZ TAB 9MG	Tier 1	QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	Tier 1	QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	Tier 1	QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	Tier 1	QL (60 tabs / 30 days), PA
anagrelide hcl cap 0.5 mg	Tier 1	
anagrelide hcl cap 1 mg	Tier 1	
BERINERT INJ 500UNIT	Tier 1	QL (24 boxes / 30 days), PA
cilostazol tab 50 mg	Tier 1	
cilostazol tab 100 mg	Tier 1	
DOPTELET TAB 20MG	Tier 1	PA
HAEGARDA INJ 2000UNIT	Tier 1	QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	Tier 1	QL (20 vials / 30 days), PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	Tier 1	QL (9 syringes / 30 days), PA
l-glutamine (sickle cell)	Tier 1	PA
pentoxifylline tab er 400 mg	Tier 1	
sajazir	Tier 1	QL (9 syringes / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SIKLOS TAB 100MG	Tier 1	
SIKLOS TAB 1000MG	Tier 1	
TAVNEOS CAP 10MG	Tier 1	QL (180 caps / 30 days), PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	Tier 1	
tranexamic acid tab 650 mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 1	
clopidogrel bisulfate tab 75 mg (base equiv)	Tier 1	
dipyridamole tab 25 mg	Tier 1	PA; PA applies if 65 years and older
dipyridamole tab 50 mg	Tier 1	PA; PA applies if 65 years and older
dipyridamole tab 75 mg	Tier 1	PA; PA applies if 65 years and older
prasugrel hcl tab 5 mg (base equiv)	Tier 1	
prasugrel hcl tab 10 mg (base equiv)	Tier 1	
ticagrelor tab 60 mg	Tier 1	
ticagrelor tab 90 mg	Tier 1	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
BIMZELX INJ 160MG/ML	Tier 1	QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	Tier 1	QL (2 syringes / 28 days), PA
BIMZELX INJ 320MG/2	Tier 1	QL (2 pens / 28 days), PA
BIMZELX INJ 320MG/2	Tier 1	QL (2 syringes / 28 days), PA
DUPIXENT INJ 200/1.14	Tier 1	QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	Tier 1	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	Tier 1	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	Tier 1	QL (4 syringes / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENBREL INJ 25/0.5ML	Tier 1	QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	Tier 1	QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	Tier 1	QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	Tier 1	QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	Tier 1	QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	Tier 1	QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	Tier 1	QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	Tier 1	QL (6 autoinjectors / 28 days), PA
HADLIMA PUSH INJ 40/0.8ML	Tier 1	QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	Tier 1	QL (2 syringes / 28 days), PA
HUMIRA INJ 20/0.2ML	Tier 1	QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	Tier 1	QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	Tier 1	QL (6 syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	Tier 1	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	Tier 1	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	Tier 1	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	Tier 1	QL (3 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	Tier 1	QL (3 pens / 28 days), PA
INFLIXIMAB INJ 100MG	Tier 1	PA
KINERET INJ	Tier 1	QL (28 syringes / 28 days), PA
PYZCHIVA INJ 45/0.5ML	Tier 1	QL (1 pen / 28 days), PA
PYZCHIVA INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PYZCHIVA INJ 90MG/ML	Tier 1	QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	Tier 1	PA
REMICADE INJ 100MG	Tier 1	PA
RENFLEXIS INJ 100MG	Tier 1	PA
RINVOQ LQ SOL 1MG/ML	Tier 1	QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	Tier 1	QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	Tier 1	QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	Tier 1	QL (168 tabs / year), PA
SKYRIZI INJ 150MG/ML	Tier 1	QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	Tier 1	QL (1 cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	Tier 1	QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	Tier 1	QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	Tier 1	PA
SOTYKTU TAB 6MG	Tier 1	QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	Tier 1	PA
STELARA INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
TREMFYA INJ 100MG/ML	Tier 1	QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	Tier 1	QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	Tier 1	QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	Tier 1	QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	Tier 1	PA
TYENNE INJ 80MG/4ML	Tier 1	PA
TYENNE INJ 162/0.9	Tier 1	QL (4 pens / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TYENNE INJ 162MG	Tier 1	QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	Tier 1	PA
TYENNE INJ 400/20ML	Tier 1	PA
USTEKINUMAB INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	Tier 1	PA
VELSIPITY TAB 2MG	Tier 1	QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	Tier 1	QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	Tier 1	QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	Tier 1	QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	Tier 1	QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	Tier 1	PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate tab 200 mg	Tier 1	
JYLAMVO SOL 2MG/ML	Tier 1	B/D
leflunomide tab 10 mg	Tier 1	QL (30 tabs / 30 days)
leflunomide tab 20 mg	Tier 1	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	Tier 1	
XATMEP SOL 2.5MG/ML	Tier 1	B/D
IMMUNOGLOBULINS		
ALYGLO INJ 5GM/50ML	Tier 1	PA
ALYGLO INJ 10/100ML	Tier 1	PA
ALYGLO INJ 20/200ML	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BIVIGAM INJ 10%	Tier 1	PA
FLEBOGAMMA INJ 10/200ML	Tier 1	PA
FLEBOGAMMA INJ 20/400ML	Tier 1	PA
FLEBOGAMMA INJ DIF 5%	Tier 1	PA
GAMASTAN INJ	Tier 1	B/D
GAMMAGARD INJ 1GM/10ML	Tier 1	PA
GAMMAGARD INJ 2.5GM/25	Tier 1	PA
GAMMAGARD INJ 5GM/50ML	Tier 1	PA
GAMMAGARD INJ 10GM/100	Tier 1	PA
GAMMAGARD INJ 20GM/200	Tier 1	PA
GAMMAGARD INJ 30GM/300	Tier 1	PA
GAMMAGARD SD INJ 5GM HU	Tier 1	PA
GAMMAGARD SD INJ 10GM HU	Tier 1	PA
GAMMAKED INJ 1GM/10ML	Tier 1	PA
GAMMAKED INJ 5GM/50ML	Tier 1	PA
GAMMAKED INJ 10GM/100	Tier 1	PA
GAMMAKED INJ 20GM/200	Tier 1	PA
GAMMAPLEX INJ 5%	Tier 1	PA
GAMMAPLEX INJ 10%	Tier 1	PA
GAMUNEX-C INJ 1GM/10ML	Tier 1	PA
GAMUNEX-C INJ 2.5GM/25	Tier 1	PA
GAMUNEX-C INJ 5GM/50ML	Tier 1	PA
GAMUNEX-C INJ 10GM/100	Tier 1	PA
GAMUNEX-C INJ 20GM/200	Tier 1	PA
GAMUNEX-C INJ 40/400ML	Tier 1	PA
OCTAGAM INJ 1GM	Tier 1	PA
OCTAGAM INJ 2.5GM	Tier 1	PA
OCTAGAM INJ 2GM/20ML	Tier 1	PA
OCTAGAM INJ 5GM	Tier 1	PA
OCTAGAM INJ 5GM/50ML	Tier 1	PA
OCTAGAM INJ 10/100ML	Tier 1	PA
OCTAGAM INJ 10GM	Tier 1	PA
OCTAGAM INJ 20/200ML	Tier 1	PA
OCTAGAM INJ 30/300ML	Tier 1	PA
PANZYGA SOL 1GM/10ML	Tier 1	PA
PANZYGA SOL 2.5/25ML	Tier 1	PA
PANZYGA SOL 5GM/50ML	Tier 1	PA
PANZYGA SOL 10/100ML	Tier 1	PA
PANZYGA SOL 20/200ML	Tier 1	PA
PANZYGA SOL 30/300ML	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRIVIGEN INJ 5 GRAMS	Tier 1	PA
PRIVIGEN INJ 10GRAMS	Tier 1	PA
PRIVIGEN INJ 20GRAMS	Tier 1	PA
PRIVIGEN INJ 40GRAMS	Tier 1	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	Tier 1	PA
ARCALYST INJ 220MG	Tier 1	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	Tier 1	B/D
ASTAGRAF XL CAP 1MG	Tier 1	B/D
ASTAGRAF XL CAP 5MG	Tier 1	B/D
azathioprine tab 50 mg	Tier 1	B/D
BENLYSTA INJ 120MG	Tier 1	PA
BENLYSTA INJ 200MG/ML	Tier 1	QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	Tier 1	QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	Tier 1	PA
cyclosporine cap 25 mg	Tier 1	B/D
cyclosporine cap 100 mg	Tier 1	B/D
cyclosporine modified cap 25 mg	Tier 1	B/D
cyclosporine modified cap 50 mg	Tier 1	B/D
cyclosporine modified cap 100 mg	Tier 1	B/D
cyclosporine modified oral soln 100 mg/ml	Tier 1	B/D
everolimus tab 0.5 mg	Tier 1	B/D
everolimus tab 0.25 mg	Tier 1	B/D
everolimus tab 0.75 mg	Tier 1	B/D
everolimus tab 1 mg	Tier 1	B/D
gengraf	Tier 1	B/D
mycophenolate mofetil cap 250 mg	Tier 1	B/D
mycophenolate mofetil for oral susp 200 mg/ml	Tier 1	B/D
mycophenolate mofetil tab 500 mg	Tier 1	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	Tier 1	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	Tier 1	B/D
NULOJIX INJ 250MG	Tier 1	B/D
PROGRAF GRA 0.2MG	Tier 1	B/D
PROGRAF GRA 1MG	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REZUROCK TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
sirolimus oral soln 1 mg/ml	Tier 1	B/D
sirolimus tab 0.5 mg	Tier 1	B/D
sirolimus tab 1 mg	Tier 1	B/D
sirolimus tab 2 mg	Tier 1	B/D
tacrolimus cap 0.5 mg	Tier 1	B/D
tacrolimus cap 1 mg	Tier 1	B/D
tacrolimus cap 5 mg	Tier 1	B/D
VACCINES		
ABRYSVO INJ	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY INJ 120MCG	Tier 1	PA
BCG VACCINE INJ 50MG	Tier 1	
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
ENGERIX-B INJ 10/0.5ML	Tier 1	B/D
ENGERIX-B INJ 20MCG/ML	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX INJ 720UNIT	Tier 1	
HAVRIX INJ 1440UNIT	Tier 1	
HEPLISAV-B INJ 20/0.5ML	Tier 1	B/D
HIBERIX SOL 10MCG	Tier 1	
IMOVAX RABIE INJ 2.5/ML	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS INJ	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA INJ 50MCG	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB INJ	Tier 1	
PENBRAYA INJ	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PENMENVY INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVA HB INJ 5MCG/0.5	Tier 1	B/D
RECOMBIVA HB INJ 10MCG/ML	Tier 1	B/D
RECOMBIVA-HB INJ 40MCG/ML	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX INJ 50/0.5ML	Tier 1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC INJ	Tier 1	
TRUMENBA INJ	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI INJ	Tier 1	
VAQTA INJ 25/0.5ML	Tier 1	
VAQTA INJ 50UNT/ML	Tier 1	
VARIVAX INJ	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA INJ 40/0.8ML	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	Tier 1	
D10W/NACL INJ 0.2%	Tier 1	
dextrose 2.5% w/ sodium chloride 0.45%	Tier 1	
dextrose 5% in lactated ringers	Tier 1	
dextrose 5% w/ sodium chloride 0.2%	Tier 1	
dextrose 5% w/ sodium chloride 0.3%	Tier 1	
dextrose 5% w/ sodium chloride 0.9%	Tier 1	
dextrose 5% w/ sodium chloride 0.45%	Tier 1	
dextrose 5% w/ sodium chloride 0.225%	Tier 1	
dextrose 10% w/ sodium chloride 0.45%	Tier 1	
ISOLYTE-P INJ /D5W	Tier 1	
ISOLYTE-S INJ PH 7.4	Tier 1	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 1	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 1	
lactated ringer's solution	Tier 1	
MAGNESIUM SU INJ 2GM/50ML	Tier 1	
MAGNESIUM SU INJ 4G/100ML	Tier 1	
MAGNESIUM SU INJ 20/500ML	Tier 1	
MAGNESIUM SU INJ 40G/1000	Tier 1	
MAGNESIUM SU INJ 80MG/ML	Tier 1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 1	
magnesium sulfate inj 50%	Tier 1	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	Tier 1	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	Tier 1	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	Tier 1	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	Tier 1	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	Tier 1	
multiple electrolytes ph 5.5	Tier 1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride inj 2 meq/ml	Tier 1	
potassium chloride inj 10 meq/50ml	Tier 1	
potassium chloride inj 10 meq/100ml	Tier 1	
potassium chloride inj 20 meq/50ml	Tier 1	
potassium chloride inj 20 meq/100ml	Tier 1	
potassium chloride inj 40 meq/100ml	Tier 1	
sodium chloride inj 2.5 meq/ml (14.6%)	Tier 1	
sodium chloride iv soln 0.9%	Tier 1	
sodium chloride iv soln 0.45%	Tier 1	
sodium chloride iv soln 3%	Tier 1	
sodium chloride iv soln 5%	Tier 1	
TPN ELECTROL INJ	Tier 1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con	Tier 1	
klor-con 8	Tier 1	
klor-con 10	Tier 1	
klor-con m10	Tier 1	
klor-con m15	Tier 1	
klor-con m20	Tier 1	
M-NATAL PLUS TAB	Tier 1	
potassium chloride cap er 8 meq	Tier 1	
potassium chloride cap er 10 meq	Tier 1	
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	
potassium chloride microencapsulated crys er tab 15 meq	Tier 1	
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	
potassium chloride oral soln 10% (20 meq/15ml)	Tier 1	
potassium chloride oral soln 20% (40 meq/15ml)	Tier 1	
potassium chloride powder packet 20 meq	Tier 1	
potassium chloride tab er 8 meq (600 mg)	Tier 1	
potassium chloride tab er 10 meq	Tier 1	
potassium chloride tab er 20 meq (1500 mg)	Tier 1	
PRENATAL TAB 27-1MG	Tier 1	
PRENATAL TAB PLUS	Tier 1	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
WESTAB PLUS TAB 27-1MG	Tier 1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 1	B/D
CLINIMIX INJ 4.25/D10	Tier 1	B/D
CLINIMIX INJ 5%/D15W	Tier 1	B/D
CLINIMIX INJ 5%/D20W	Tier 1	B/D
CLINIMIX INJ 6/5	Tier 1	B/D
CLINIMIX INJ 8/10	Tier 1	B/D
CLINIMIX INJ 8/14	Tier 1	B/D
clinisol sf 15%	Tier 1	B/D
CLINOLIPID EMU 20%	Tier 1	B/D
dextrose inj 5%	Tier 1	
dextrose inj 10%	Tier 1	
dextrose inj 50%	Tier 1	B/D
dextrose inj 70%	Tier 1	B/D
INTRALIPID INJ 20%	Tier 1	B/D
INTRALIPID INJ 30%	Tier 1	B/D
NUTRILIPID EMU 20%	Tier 1	B/D
plenamine	Tier 1	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 1	B/D
TRAVASOL INJ 10%	Tier 1	B/D
TROPHAMINE INJ 10%	Tier 1	B/D
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
neo-polycin hc ophth oint 1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
neomycin-polymyxin-hc ophth susp	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin ophth oint 500 unit/gm	Tier 1	
bacitracin-polymyxin b ophth oint	Tier 1	
BESIVANCE SUS 0.6%	Tier 1	
CILOXAN OIN 0.3% OP	Tier 1	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	Tier 1	
erythromycin ophth oint 5 mg/gm	Tier 1	
gatifloxacin ophth soln 0.5%	Tier 1	
gentamicin sulfate ophth soln 0.3%	Tier 1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 1	QL (12 mL / 30 days)
NATACYN SUS 5% OP	Tier 1	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	
ofloxacin ophth soln 0.3%	Tier 1	
polycin ophth oint	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium ophth oint 10%	Tier 1	
sulfacetamide sodium ophth soln 10%	Tier 1	
tobramycin ophth soln 0.3%	Tier 1	
trifluridine ophth soln 1%	Tier 1	
XDEMVY DRO 0.25%	Tier 1	PA
ZIRGAN GEL 0.15%	Tier 1	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	
diclofenac sodium ophth soln 0.1%	Tier 1	
difluprednate ophth emulsion 0.05%	Tier 1	
fluorometholone ophth susp 0.1%	Tier 1	
flurbiprofen sodium ophth soln 0.03%	Tier 1	
ketorolac tromethamine ophth soln 0.4%	Tier 1	
ketorolac tromethamine ophth soln 0.5%	Tier 1	
LOTEMAX OIN 0.5%	Tier 1	
PRED SOD PHO SOL 1% OP	Tier 1	
prednisolone acetate ophth susp 1%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl ophth soln 0.05%	Tier 1	
cromolyn sodium ophth soln 4%	Tier 1	
ZERVIATE DRO 0.24%	Tier 1	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl ophth soln 0.5%	Tier 1	
brimonidine tartrate ophth soln 0.2%	Tier 1	
brinzolamide ophth susp 1%	Tier 1	ST
carteolol hcl ophth soln 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 1	
dorzolamide hcl ophth soln 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	Tier 1	
latanoprost ophth soln 0.005%	Tier 1	
levobunolol hcl ophth soln 0.5%	Tier 1	
LUMIGAN SOL 0.01% OP	Tier 1	
pilocarpine hcl ophth soln 1%	Tier 1	
pilocarpine hcl ophth soln 2%	Tier 1	
pilocarpine hcl ophth soln 4%	Tier 1	
RHOPRESSA SOL 0.02%	Tier 1	
ROCKLATAN DRO	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 1	
timolol maleate ophth gel forming soln 0.5%	Tier 1	
timolol maleate ophth gel forming soln 0.25%	Tier 1	
timolol maleate ophth soln 0.5%	Tier 1	
timolol maleate ophth soln 0.25%	Tier 1	
VYZULTA SOL 0.024%	Tier 1	
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	Tier 1	
atropine sulfate ophth soln 1%	Tier 1	
CYSTADROPS SOL 0.37%	Tier 1	PA
CYSTARAN SOL 0.44%	Tier 1	PA
EYSUVIS DRO 0.25%	Tier 1	
MIEBO DRO 1.3GM/ML	Tier 1	
proparacaine hcl ophth soln 0.5%	Tier 1	
RESTASIS EMU 0.05% OP	Tier 1	
RESTASIS MUL EMU 0.05% OP	Tier 1	
XIIDRA DRO 5%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid otic soln 2%	Tier 1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 1	
flac	Tier 1	
fluocinolone acetonide (otic) oil 0.01%	Tier 1	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 1	
neomycin-polymyxin-hc otic soln 1%	Tier 1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 1	
ofloxacin otic soln 0.3%	Tier 1	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	Tier 1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	Tier 1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	Tier 1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	Tier 1	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 1	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	Tier 1	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	Tier 1	QL (30 blisters / 30 days)
ipratropium bromide inhal soln 0.02%	Tier 1	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Tier 1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Tier 1	
SPIRIVA RESP AER 1.25MCG	Tier 1	QL (1 inhaler / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Tier 1	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	QL (300 mL / 30 days)
cyproheptadine hcl syrup 2 mg/5ml	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
cyproheptadine hcl tab 4 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
diphenhydramine hcl inj 50 mg/ml	Tier 1	
hydroxyzine hcl im soln 25 mg/ml	Tier 1	PA; PA applies if 65 years and older
hydroxyzine hcl im soln 50 mg/ml	Tier 1	PA; PA applies if 65 years and older
hydroxyzine hcl syrup 10 mg/5ml	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 10 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 50 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 25 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 50 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	QL (300 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levocetirizine dihydrochloride tab 5 mg	Tier 1	QL (30 tabs / 30 days)
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Tier 1	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Tier 1	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Tier 1	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	Tier 1	B/D
albuterol sulfate syrup 2 mg/5ml	Tier 1	
albuterol sulfate tab 2 mg	Tier 1	
albuterol sulfate tab 4 mg	Tier 1	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	Tier 1	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	Tier 1	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	Tier 1	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	Tier 1	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	Tier 1	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	Tier 1	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	Tier 1	
terbutaline sulfate tab 5 mg	Tier 1	
VENTOLIN HFA (INSTITUTIONAL PACK)	Tier 1	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	Tier 1	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
montelukast sodium chew tab 5 mg (base equiv)	Tier 1	
montelukast sodium oral granules packet 4 mg (base equiv)	Tier 1	
montelukast sodium tab 10 mg (base equiv)	Tier 1	
zafirlukast tab 10 mg	Tier 1	
zafirlukast tab 20 mg	Tier 1	
MISCELLANEOUS		
acetylcysteine inhal soln 10%	Tier 1	B/D
acetylcysteine inhal soln 20%	Tier 1	B/D
ALYFTREK TAB 4-20-50	Tier 1	QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	Tier 1	QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	Tier 1	PA
ARALAST NP INJ 1000MG	Tier 1	PA
cromolyn sodium soln nebu 20 mg/2ml	Tier 1	B/D
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	Tier 1	(generic of Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	Tier 1	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	Tier 1	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	Tier 1	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	Tier 1	QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	Tier 1	QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	Tier 1	QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	Tier 1	QL (56 packets / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KALYDECO TAB 150MG	Tier 1	QL (60 tabs / 30 days), PA
OFEV CAP 100MG	Tier 1	QL (60 caps / 30 days), PA
OFEV CAP 150MG	Tier 1	QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	Tier 1	QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	Tier 1	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	Tier 1	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	Tier 1	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	Tier 1	QL (112 tabs / 28 days), PA
pirfenidone cap 267 mg	Tier 1	QL (270 caps / 30 days), PA
pirfenidone tab 267 mg	Tier 1	QL (270 tabs / 30 days), PA
pirfenidone tab 534 mg	Tier 1	QL (90 tabs / 30 days), PA
pirfenidone tab 801 mg	Tier 1	QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	Tier 1	PA
PULMOZYME SOL 1MG/ML	Tier 1	PA
roflumilast tab 250 mcg	Tier 1	QL (56 tabs / year)
roflumilast tab 500 mcg	Tier 1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	Tier 1	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	Tier 1	QL (56 tabs / 28 days), PA
theophylline elixir 80 mg/15ml	Tier 1	
theophylline soln 80 mg/15ml	Tier 1	
theophylline tab er 12hr 100 mg	Tier 1	
theophylline tab er 12hr 200 mg	Tier 1	
theophylline tab er 12hr 300 mg	Tier 1	
theophylline tab er 12hr 450 mg	Tier 1	
theophylline tab er 24hr 400 mg	Tier 1	
theophylline tab er 24hr 600 mg	Tier 1	
TRIKAFTA PAK 59.5MG	Tier 1	QL (56 packs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIKAFTA PAK 75MG	Tier 1	QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 1	QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 1	QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	Tier 1	QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	Tier 1	QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	Tier 1	QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	Tier 1	QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	Tier 1	QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	Tier 1	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	Tier 1	QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	Tier 1	PA
ZEMAIRA INJ 4000MG	Tier 1	PA
ZEMAIRA INJ 5000MG	Tier 1	PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide nasal soln 25 mcg/act (0.025%)	Tier 1	QL (3 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (1 bottle / 30 days)
XHANCE MIS 93MCG	Tier 1	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AER 80MCG	Tier 1	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	Tier 1	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	Tier 1	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	Tier 1	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	Tier 1	QL (30 inhalations / 30 days)
budesonide inhalation susp 0.5 mg/2ml	Tier 1	B/D
budesonide inhalation susp 0.25 mg/2ml	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluticasone propionate hfa inhal aer 110 mcg/act	Tier 1	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aer 220 mcg/act	Tier 1	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aero 44 mcg/act	Tier 1	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	Tier 1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	Tier 1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	Tier 1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	Tier 1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	Tier 1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	Tier 1	QL (60 blisters / 30 days)
breyna	Tier 1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	Tier 1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	Tier 1	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	Tier 1	QL (60 inhalations / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane	Tier 1	PA
amnesteem	Tier 1	PA
amnesteem cap 30mg	Tier 1	PA
benzoyl peroxide-erythromycin gel 5-3%	Tier 1	QL (46.6 gm / 30 days)
claravis	Tier 1	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Tier 1	QL (45 gm / 30 days)
clindamycin phosphate gel 1% (once-daily)	Tier 1	QL (75 mL / 30 days), PA
clindamycin phosphate lotion 1%	Tier 1	QL (60 mL / 30 days)
clindamycin phosphate soln 1%	Tier 1	QL (60 mL / 30 days)
ery	Tier 1	QL (60 pledgets / 30 days)
erythromycin gel 2%	Tier 1	QL (60 gm / 30 days)
erythromycin soln 2%	Tier 1	QL (60 mL / 30 days)
isotretinoin cap 10 mg	Tier 1	PA
isotretinoin cap 20 mg	Tier 1	PA
isotretinoin cap 30 mg	Tier 1	PA
isotretinoin cap 40 mg	Tier 1	PA
neuac gel 1.2-5%	Tier 1	QL (45 gm / 30 days)
sulfacetamide sodium lotion 10% (acne)	Tier 1	QL (118 mL / 30 days)
tretinoin cream 0.1%	Tier 1	QL (45 gm / 30 days), PA
tretinoin cream 0.05%	Tier 1	QL (45 gm / 30 days), PA
tretinoin cream 0.025%	Tier 1	QL (45 gm / 30 days), PA
tretinoin gel 0.01%	Tier 1	QL (45 gm / 30 days), PA
tretinoin gel 0.025%	Tier 1	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical)	Tier 1	QL (60 gm / 30 days)
zenatane	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate cream 0.1%	Tier 1	QL (30 gm / 30 days)
gentamicin sulfate oint 0.1%	Tier 1	QL (30 gm / 30 days)
mupirocin oint 2%	Tier 1	QL (220 gm / 30 days)
silver sulfadiazine cream 1%	Tier 1	
ssd	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SULFAMYLON CRE 85MG/GM	Tier 1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine cream 0.77% (base equiv)	Tier 1	QL (90 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	Tier 1	QL (60 mL / 30 days)
ciclopirox shampoo 1%	Tier 1	QL (120 mL / 30 days)
clotrimazole cream 1%	Tier 1	QL (45 gm / 30 days)
clotrimazole soln 1%	Tier 1	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	QL (45 gm / 30 days)
econazole nitrate cream 1%	Tier 1	QL (85 gm / 30 days)
ketoconazole cream 2%	Tier 1	QL (60 gm / 30 days)
ketoconazole shampoo 2%	Tier 1	QL (120 mL / 30 days)
klayesta	Tier 1	QL (60 gm / 30 days)
nyamyc	Tier 1	QL (60 gm / 30 days)
nystatin cream 100000 unit/gm	Tier 1	QL (30 gm / 30 days)
nystatin oint 100000 unit/gm	Tier 1	QL (30 gm / 30 days)
nystatin topical powder 100000 unit/gm	Tier 1	QL (60 gm / 30 days)
nystop	Tier 1	QL (60 gm / 30 days)
selenium sulfide lotion 2.5%	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	Tier 1	PA
acitretin cap 17.5 mg	Tier 1	PA
acitretin cap 25 mg	Tier 1	PA
calcipotriene cream 0.005%	Tier 1	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	Tier 1	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	Tier 1	QL (120 mL / 30 days), PA
calcitrene	Tier 1	QL (120 gm / 30 days), PA
ENSTILAR AER	Tier 1	QL (120 gm / 30 days), PA
tazarotene cream 0.1%	Tier 1	QL (60 gm / 30 days), PA
tazarotene cream 0.05%	Tier 1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alclometasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
alclometasone dipropionate oint 0.05%	Tier 1	QL (60 gm / 30 days)
betamethasone dipropionate augmented cream 0.05%	Tier 1	QL (120 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	Tier 1	QL (120 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	Tier 1	QL (120 mL / 30 days)
betamethasone dipropionate augmented oint 0.05%	Tier 1	QL (120 gm / 30 days)
betamethasone dipropionate cream 0.05%	Tier 1	QL (120 gm / 30 days)
betamethasone dipropionate lotion 0.05%	Tier 1	QL (120 mL / 30 days)
betamethasone dipropionate oint 0.05%	Tier 1	QL (120 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	Tier 1	QL (120 gm / 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	Tier 1	QL (120 mL / 30 days)
betamethasone valerate oint 0.1% (base equivalent)	Tier 1	QL (120 gm / 30 days)
clobetasol propionate cream 0.05%	Tier 1	QL (120 gm / 30 days)
clobetasol propionate e	Tier 1	QL (120 gm / 30 days)
clobetasol propionate gel 0.05%	Tier 1	QL (120 gm / 30 days)
clobetasol propionate oint 0.05%	Tier 1	QL (120 gm / 30 days)
clobetasol propionate shampoo 0.05%	Tier 1	QL (236 mL / 30 days)
clobetasol propionate soln 0.05%	Tier 1	QL (100 mL / 30 days)
clodan	Tier 1	QL (236 mL / 30 days)
fluocinolone acetonide cream 0.01%	Tier 1	QL (60 gm / 30 days)
fluocinolone acetonide cream 0.025%	Tier 1	QL (120 gm / 30 days)
fluocinolone acetonide oil 0.01% (body oil)	Tier 1	QL (118.28 mL / 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	Tier 1	QL (118.28 mL / 30 days)
fluocinolone acetonide oint 0.025%	Tier 1	QL (120 gm / 30 days)
fluocinolone acetonide soln 0.01%	Tier 1	QL (60 mL / 30 days)
fluocinonide cream 0.1%	Tier 1	QL (120 gm / 30 days)
fluocinonide cream 0.05%	Tier 1	QL (120 gm / 30 days)
fluocinonide emulsified base cream 0.05%	Tier 1	QL (120 gm / 30 days)
fluocinonide gel 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide oint 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide soln 0.05%	Tier 1	QL (60 mL / 30 days)
fluticasone propionate cream 0.05%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluticasone propionate oint 0.005%	Tier 1	
halobetasol propionate cream 0.05%	Tier 1	QL (50 gm / 30 days)
halobetasol propionate oint 0.05%	Tier 1	QL (50 gm / 30 days)
hydrocortisone cream 1%	Tier 1	
hydrocortisone cream 2.5%	Tier 1	
hydrocortisone lotion 2.5%	Tier 1	
hydrocortisone oint 1%	Tier 1	QL (30 gm / 30 days)
hydrocortisone oint 2.5%	Tier 1	
hydrocortisone valerate cream 0.2%	Tier 1	QL (60 gm / 30 days)
mometasone furoate cream 0.1%	Tier 1	
mometasone furoate oint 0.1%	Tier 1	
mometasone furoate solution 0.1% (lotion)	Tier 1	
triamcinolone acetonide cream 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.025%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide lotion 0.1%	Tier 1	
triamcinolone acetonide lotion 0.025%	Tier 1	
triamcinolone acetonide oint 0.1%	Tier 1	
triamcinolone acetonide oint 0.5%	Tier 1	
triamcinolone acetonide oint 0.025%	Tier 1	
triderm	Tier 1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo	Tier 1	QL (60 mL / 30 days), PA
lidocaine hcl soln 4%	Tier 1	QL (50 mL / 30 days), PA
lidocaine oint 5%	Tier 1	QL (50 gm / 30 days), PA
lidocaine patch 5%	Tier 1	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	B/D, QL (30 gm / 30 days)
lidocan	Tier 1	QL (3 patches / 1 day), PA
tridacaine ii	Tier 1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene gel 1%	Tier 1	QL (60 gm / 30 days), PA
diclofenac sodium soln 1.5%	Tier 1	QL (300 mL / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EUCRISA OIN 2%	Tier 1	QL (120 gm / 30 days), PA
fluorouracil cream 5%	Tier 1	QL (40 gm / 30 days)
fluorouracil soln 2%	Tier 1	QL (10 mL / 30 days)
fluorouracil soln 5%	Tier 1	QL (10 mL / 30 days)
hydrocortisone perianal cream 1%	Tier 1	
hydrocortisone perianal cream 2.5%	Tier 1	
imiquimod cream 5%	Tier 1	QL (24 packets / 30 days)
lactic acid (ammonium lactate) cream 12%	Tier 1	
lactic acid (ammonium lactate) lotion 12%	Tier 1	
metronidazole cream 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole gel 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole lotion 0.75%	Tier 1	QL (59 mL / 30 days)
nitroglycerin oint 0.4%	Tier 1	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	Tier 1	QL (60 gm / 30 days), PA
pimecrolimus cream 1%	Tier 1	QL (100 gm / 30 days), PA
podofilox soln 0.5%	Tier 1	QL (7 mL / 28 days)
procto-med hc	Tier 1	
proctocort	Tier 1	
proctosol hc	Tier 1	
proctozone-hc	Tier 1	
tacrolimus oint 0.1%	Tier 1	QL (100 gm / 30 days), PA
tacrolimus oint 0.03%	Tier 1	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	Tier 1	QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion lotion 0.5%	Tier 1	QL (59 mL / 30 days)
permethrin cream 5%	Tier 1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OIN 250/GM	Tier 1	QL (180 gm / 30 days), PA
sodium chloride irrigation soln 0.9%	Tier 1	
water for irrigation, sterile irrigation soln	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	Tier 1	
chlorhexidine gluconate soln 0.12%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clotrimazole troche 10 mg	Tier 1	QL (150 lozenges / 30 days)
kourzeq	Tier 1	
lidocaine hcl viscous soln 2%	Tier 1	
nystatin susp 100000 unit/ml	Tier 1	
periogard	Tier 1	
pilocarpine hcl tab 5 mg	Tier 1	
pilocarpine hcl tab 7.5 mg	Tier 1	
triamcinolone acetonide dental paste 0.1%	Tier 1	

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

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MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic
*alcaftadine
*ketotifen
*naphazoline
*Naphcon-A (naphazoline/ pheniramine)
*Opcon-A (naphazoline/ pheniramine)

Analgesics
*acetaminophen ≤ 4 grams/day
*aspirin 81 mg
*aspirin 325 mg, 500 mg, 650 mg
*aspirin suppository
*aspirin with buffers
*capsaicin
*diclofenac 1% gel
*ibuprofen
*lidocaine 4% patches ≤ 4 patches/day
*naproxen capsule, tablet

Anthelmintic Agents
*Reese's Pinworm (pyrantel pamoate)

Antihistamines/ Decongestants
*cetirizine syrup, tablet
*cetirizine/pseudoephedrine
chlorpheniramine
diphenhydramine
doxylamine
fexofenadine tablet
*fexofenadine/pseudoephedrine
*loratadine tablet, solution
*loratadine/pseudoephedrine
*pseudoephedrine ≤ 240 mg/day

Antimicrobials, Topical
*bacitracin
*chlorhexidine gluconate
*clotrimazole
*double antibiotic *ointment
*hydrogen peroxide
*iodine
*isopropyl alcohol
*miconazole
*neomycin
*povidone
*terbinafine 1% cream
*tolnaftate cream, powder
*triple antibiotic ointment

Compounding Agents
*cherry syrup
gelatin capsule, empty
*Ora-Plus suspending vehicle
*Ora-Sweet oral syrup
*Ora-Sweet-SF oral syrup
*simple syrup

Contraceptives, Oral
*levonorgestrel 1.5 mg tablet
*Opill (norgestrel tablet)

Contraceptives, Topical
*nonoxynol-9

Dermatologic Agents, Topical
*benzoyl peroxide
*calamine lotion
*colloidal oatmeal
*hydrocortisone cream, lotion, ointment
*hydrophilic ointment
*lanolin
*petrolatum
*selenium sulfide
*vitamin A and D ointment
*witch hazel
*zinc oxide

Gastrointestinal Agents
*Align (bifidobacterium infantis) < 21 years
*aluminum carbonate
*aluminum hydroxide
*bisacodyl enema, suppository
*bisacodyl tablet
*bismuth subsalicylate
*calcium polycarbophil
*cimetidine tablet
*Culturelle (lactobacillus rhamnosus GG) < 21 years
*dextrin
*docusate sodium capsule, tablet
*docusate sodium enema
*docusate sodium solution, syrup

* Branded OTC nonoxynol-9 products are covered by MassHealth without PA.

*famotidine tablet
*Florastor (saccharomyces boulardii) < 21 years
*glycerin
*lactase
*loperamide
*magaldrate
*magnesium salts
*meclizine
*methylcellulose
*mineral oil
*polyethylene glycol 3350
*psyllium capsule
*psyllium powder
*sennosides tablet
*sennosides syrup
*simethicone
*sodium bicarbonate
*sodium phosphate

Intranasal Sprays
*budesonide nasal spray ≤ 1 inhaler/30 days
*triamcinolone nasal spray ≤ 1 inhaler/30 days

Medical Foods
*levomethylfolate tablet ≤ 1 unit/day

Opioid Reversal Agents
*Narcan (naloxone 4 mg nasal spray) †
*Rivive (naloxone 3 mg nasal spray)

Otic Agents
*carbamide peroxide

Pediculicides/Scabicides
*permethrin
*piperonyl
*butoxide/pyrethrins

Respiratory Agents
*sodium chloride for inhalation

Smoking Cessation
*nicotine gum, lozenge, patch

Tear/Saliva Replacement Agents
*artificial tears
*saliva substitute

Vitamins/Nutrients/ Supplements
*calcium replacement
*cod liver oil
*coenzyme Q10 < 21 years
*electrolyte solution, pediatric
*ferrous fumarate
*ferrous gluconate
*ferrous sulfate
*folic acid
*glucose products < 21 years
*iron polysaccharide complex
*magnesium salts
*melatonin
*melatonin/pyridoxine
*tablet
*multivitamins
*niacinamide
*nicotinic acid
*pediatric multivitamins
*Phos-Flur (sodium fluoride oral rinse)
*prenatal vitamins
*potassium phosphate
*sodium chloride tablet
*sodium fluoride
*vitamin A (retinol)
*vitamin B-1 (thiamine)
*vitamin B-2 (riboflavin)
*vitamin B-3 (niacin)
*vitamin B-6 (pyridoxine)
*vitamin B-12 (cyanocobalamin)
*vitamin B complex
*vitamin C (ascorbic acid)
*vitamin D
*vitamin E, oral
*vitamins, multiple vitamins,
*multiple/minerals
*vitamins, pediatric
*vitamins, prenatal

† Brand and generic products are covered by MassHealth without PA.

This *Drug List* was updated on 10/06/2025.

For more recent information or other questions, contact us at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week or visit ccama.org.