SHARP Health Plan

Sharp Direct Advantage®

Lista de medicamentos completa 2027

Lista de medicamentos cubiertos para planes de Medicare Sharp Direct Advantage (HMO)



Sharp Direct Advantage (HMO)

Formulario 2027 (Lista de medicamentos cubiertos o “Lista de medicamentos”)

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

Formulario 2027 de la Parte D Vigencia 01/01/2027
ID del formulario: 00027089

Este formulario se actualizó el 10/05/2026. Para obtener información más reciente o en caso de tener otras preguntas, llame a nuestra línea de ayuda exclusiva para recetas de Medicare al 1-855-222-3183 (sin cargo), o para los usuarios TTY/TDD, 711. Los representantes están a su disposición las 24 horas del día, los 7 días de la semana. O visite **sharpmedicareadvantage.com**.

Nota para los afiliados existentes: El formulario cambió desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que usted toma.

Cuando en esta Lista de medicamentos (formulario), se menciona a “nosotros”, “nuestro” o “nos”, hace referencia a Sharp Health Plan. Cuando se menciona al “plan” o “nuestro plan,” se refiere a Sharp Direct Advantage (HMO).

Este documento incluye una Lista de medicamentos (formulario) para nuestro plan, que está vigente a partir del 10/05/2026. Para obtener una Lista de medicamentos (formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (formulario), aparece en la primera y última página.

Por lo general, deberá usar farmacias dentro de la red para acceder al beneficio de medicamento bajo receta. Los beneficios, el formulario, la red de farmacias y/o los copagos/el coseguro pueden cambiar el 1 de enero de cada año y de vez en cuando durante el año.

¿Qué es el formulario de Sharp Direct Advantage (HMO)?

En este documento, utilizamos los términos Lista de medicamentos y formulario con el mismo significado. Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se cree que son una parte necesaria de un programa de tratamiento de calidad. En general, cubriremos los medicamentos que figuran en nuestro formulario siempre que el medicamento sea necesario por razones médicas, la receta haya sido abastecida en una farmacia de la red del plan y se hayan cumplido otras reglas del plan. Para obtener más información sobre cómo abastecer sus recetas, revise su *Evidencia de cobertura*.

¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero es posible que añadamos o retiremos medicamentos del formulario durante el año, los traslademos a niveles de costo compartido diferentes o añadamos nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí: **sharpmedicareadvantage.com/druglist**.

Cambios que pueden afectarlo este año: en los siguientes casos, usted se verá afectado por los cambios en la cobertura en el transcurso del año:

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos retirar de inmediato un medicamento de nuestro formulario si lo reemplazamos por una determinada versión nueva de ese medicamento que aparecerá en el mismo nivel de costos compartidos o en uno inferior y tendrá las mismas restricciones o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero trasladarlo inmediatamente a un nivel diferente de costos compartidos o agregar nuevas restricciones.

  Solo podemos realizar estos cambios inmediatos si agregamos una nueva versión genérica de un medicamento de marca o determinadas versiones biosimilares nuevas de un producto biológico original que ya estaba incluido en el formulario (por ejemplo, agregar un biosimilar intercambiable que una farmacia pueda sustituir por un producto biológico original sin una nueva receta).

  Si usted está tomando actualmente ese medicamento de marca, podemos no informarle anticipadamente que haremos el cambio, pero le proporcionaremos información más adelante sobre el (los) cambio(s) específico(s) que hicimos.

  Si realizamos dicho cambio, usted o su profesional de la salud que receta puede solicitarnos una excepción para continuar cubriendo el medicamento que está cambiando. Para más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Sharp Direct Advantage (HMO)?".

  Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los productos biosimilares?"

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA) determina que se retiró por razones de seguridad o eficacia, podemos retirar inmediatamente el medicamento de nuestro formulario y notificar a los miembros que lo toman.

- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los afiliados que actualmente tomen un medicamento. Por ejemplo, podemos retirar un medicamento de marca del formulario cuando agregamos un equivalente genérico o retirar un producto biológico original cuando agregamos uno biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, trasladarlo a un nivel diferente de costos compartidos o ambas cosas. Podemos

realizar cambios en función de nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad y/o restricciones de terapia escalonada a un medicamento, o trasladamos un medicamento a un nivel de costos compartidos más alto, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que entre en vigor. Como alternativa, cuando un miembro solicite un resurtido del medicamento, puede recibir un suministro del medicamento para 30 días y una notificación del cambio.

Si realizamos estos otros cambios, usted o su profesional de la salud que receta puede solicitarnos una excepción para usted y continuar cubriendo el medicamento que ha estado tomando. El aviso incluirá también información sobre cómo solicitar una excepción y puede también encontrar información en la sección que está a continuación llamada "¿Cómo solicito una excepción al formulario de Sharp Direct Advantage (HMO)?"

Cambios que no lo afectarán si está tomando actualmente el medicamento. Por lo general, si toma un medicamento de nuestro formulario de 2027 que estaba cubierto al comienzo del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2027, excepto en los casos descritos anteriormente. Esto significa que estos medicamentos continuarán estando disponibles al mismo costo compartido y sin nuevas restricciones para aquellos afiliados que los tomen durante el resto del año de cobertura. Este año usted no recibirá un aviso directo sobre cambios que no le afecten. Sin embargo, el 1 de enero del año siguiente, dichos cambios podrían afectarle, y es importante que consulte el formulario para el nuevo año por cualquier cambio en los medicamentos.

El formulario adjunto está actualizado a partir del 10/05/2026. Para obtener información actualizada sobre los medicamentos que cubre nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en la primera y en la última página.

En el caso de que a mitad de año ocurran cambios en el formulario que no sean de mantenimiento, publicaremos una versión actualizada del formulario del plan en nuestro sitio web en **sharpmedicareadvantage.com/druglist**. Si desea obtener una versión impresa de las correcciones, se la enviaremos por correo postal cuando la solicite.

¿Cómo uso el formulario?

Puede encontrar su medicamento en el formulario de dos maneras:

- **Afección médica**
  El formulario comienza en la página 1. Los medicamentos en este formulario están agrupados en categorías dependiendo del tipo de afección médica que se usan para tratar. Por ejemplo, los medicamentos que se usan para tratar una afección cardíaca se encuentran en la categoría "Cardiovascular". Si usted sabe para qué se usa el medicamento que toma, busque el nombre de la categoría en la lista que comienza en la página 1. Después, busque en el nombre de la categoría su medicamento.

- **Orden alfabético**
  Si no está seguro de la categoría donde debe buscar, busque su medicamento en el índice que comienza en la página 88. El índice ofrece una lista en orden alfabético de todos los medicamentos incluidos en este documento. El índice incluye tanto medicamentos de marca como medicamentos genéricos. Busque su medicamento en el índice. Junto al medicamento encontrará el número de página donde puede encontrar la información de cobertura. Vaya hasta la página que figura en el índice y encuentre el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Cubrimos tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico cuenta con la aprobación de la FDA de que tiene los mismos ingredientes activos que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien que los medicamentos de marca y normalmente cuestan menos. Existen medicamentos genéricos que sustituyen a muchos medicamentos de marca. Por lo general, los medicamentos genéricos pueden sustituirse por el medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes estatales.

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

En el formulario, cuando nos referimos a medicamentos, esto puede significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Debido a que los productos biológicos son más complejos que los medicamentos convencionales, no tienen versiones genéricas, sino alternativas llamadas productos biosimilares. Por lo general, los biosimilares funcionan igual de bien que el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituirse por los medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la *Evidencia de cobertura*, capítulo 5, sección 3.1, “La ‘Lista de medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

¿Hay restricciones para mi cobertura?

Algunos medicamentos cubiertos podrían tener requisitos adicionales o límites de cobertura. Estos requisitos y límites podrían incluir los siguientes:

- **Autorización previa:** le exigimos a usted o a su profesional de la salud que receta que obtenga una autorización previa para determinados medicamentos. Esto significa que deberá obtener nuestra aprobación, según criterios específicos, antes de surtir sus recetas. Si no obtiene aprobación, es posible que no cubramos el medicamento.
- **Límites de cantidad:** para determinados medicamentos, limitamos la cantidad que cubriremos. Por ejemplo, proveemos 30 comprimidos para 30 días por receta de rosuvastatina. Esto puede ser además de un suministro estándar de un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, necesitamos que pruebe antes con determinados medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, nosotros podemos no cubrir el medicamento B a menos que pruebe antes con el A. Si el medicamento A no le resulta efectivo, entonces cubriremos el medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales en el formulario que comienza en la página 1. Puede también obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la primera y en la última página.

Puede solicitarnos que hagamos una excepción a estas restricciones o límites o pedirnos una lista de otros medicamentos similares que podrían tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al formulario de Sharp Direct Advantage (HMO)?” en la página v para obtener información sobre cómo solicitar una excepción.

¿Qué ocurre si mi medicamento no figura en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), deberá antes comunicarse con Atención al Cliente y preguntar si el medicamento tiene cobertura.

Si descubre que el medicamento no está cubierto por nuestro plan, tiene dos opciones:

- Puede pedir en Atención al Cliente una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitarnos que hagamos una excepción y que cubramos el medicamento. Consulte a continuación la información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Sharp Direct Advantage (HMO)?

Puede solicitarnos que hagamos una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no se encuentra en nuestro formulario. De ser aprobado, este medicamento estará cubierto a un nivel predeterminado de costo compartido y usted no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido inferior.
- Puede solicitarnos que no apliquemos una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad para su medicamento. Por ejemplo, para determinados medicamentos, limitamos la cantidad que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que renunciemos al límite y cubramos una cantidad mayor.
- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido inferior si este medicamento no se encuentra en la categoría de medicamentos especializados. De ser aprobado, esto disminuiría la cantidad que debe pagar por el medicamento.

En términos generales, solo aprobaremos su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento con un nivel de costos compartidos más bajo o la aplicación de la restricción no serían igual de eficaces para usted y/o le causarían efectos adversos.

Usted o su profesional de la salud que receta deben comunicarse con nosotros para solicitar una excepción al formulario, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, su profesional de la salud que receta deberá explicar el motivo médico por el que necesita la excepción.** En general, debemos tomar una decisión dentro de un plazo de 72 horas luego de recibir la declaración de respaldo de su profesional de la salud que receta. Puede solicitar una decisión acelerada (rápida) si considera, y nosotros estamos de acuerdo, que su salud podría verse gravemente perjudicada por esperar hasta 72 horas para recibir una decisión. Si estamos de acuerdo, o si su profesional de la salud solicita una decisión rápida, debemos comunicarle nuestra decisión a más tardar 24 horas después de recibir la declaración de respaldo de su profesional de la salud.

¿Qué puedo hacer si mi medicamento no está incluido en el formulario o tiene una restricción?

Como afiliado nuevo o actual de nuestro plan, es posible que esté tomando medicamentos que no estén en el formulario. También es posible que esté tomando un medicamento que está incluido en nuestro formulario, pero que tiene una restricción de cobertura, como una autorización previa. Debe hablar con su profesional de la salud que receta sobre la posibilidad de solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción adecuado para usted, podemos cubrir su medicamento en determinados casos durante los primeros 90 días en los que sea miembro de nuestro plan.

Por cada uno de sus medicamentos que no esté incluido en nuestro formulario o que tenga una restricción de cobertura, cubriremos un suministro temporal para 30 días. Si su receta fue emitida para menos días, permitiremos varias reposiciones a fin de que alcance el suministro máximo de medicamento de 30 días. Si no se aprueba la cobertura, después de su primer suministro de 30 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si usted es residente en un centro de atención a largo plazo y necesita un medicamento que no está cubierto en nuestro formulario o si su posibilidad de obtener sus medicamentos es limitada, pero ya pasó el plazo de los primeros 90 días desde su afiliación a nuestro plan, cubriremos un suministro de emergencia de 34 días de dicho medicamento mientras usted solicita la excepción al formulario.

Si es un afiliado que está ingresando a un centro de atención a largo plazo (long-term care, LTC) desde otro entorno de centro de atención y tiene un cambio en el nivel de atención, cubriremos un suministro de 34 días de un determinado medicamento, o menos si la receta es por menos días.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos bajo receta de su plan, revise su *Evidencia de cobertura* y demás material del plan.

En caso de tener preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la primera y en la última página.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de los servicios TTY/TDD deben llamar al 1-877-486-2048. O bien, visite **http://www.medicare.gov**.

Formulario de Sharp Direct Advantage (HMO)

El formulario que comienza en la página 1 ofrece información de cobertura acerca de los medicamentos cubiertos por nuestro plan. En caso de tener problemas para encontrar su medicamento en la lista, consulte el índice que comienza en la página 88.

- La primera columna del cuadro indica el nombre del medicamento. Los medicamentos de marca están en mayúsculas (p. ej., SYNTHROID) y los medicamentos genéricos están en minúscula cursiva (p. ej., *levothyroxine*).
- La segunda columna, "Nivel de medicamento", indicará en qué número de nivel se encuentra el medicamento.

La información que figura en la columna Requisitos/Límites le indica si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

La cantidad que pague por un medicamento cubierto dependerá de:

- **Su etapa de pago de medicamentos.** Su plan tiene diferentes etapas de cobertura de medicamento. Cuando repone una receta, la cantidad que paga depende de la etapa de cobertura en la que está.
- **El nivel de su medicamento.** Cada medicamento cubierto se encuentra en uno de seis niveles de medicamento. Cada nivel tiene un monto de copago o coseguro. En el siguiente cuadro se muestran las diferencias entre los niveles.

Nivel de medicamento	Incluye
Nivel 1: medicamentos genéricos preferidos	Medicamentos genéricos preferidos y pueden incluir algunos medicamentos de marca
Nivel 2: medicamentos genéricos	Medicamentos genéricos y pueden incluir algunos medicamentos de marca
Nivel 3: medicamentos de marca preferidos	Medicamentos de marca preferidos y medicamentos genéricos no preferidos
Nivel 4: medicamentos no preferidos	Medicamentos genéricos no preferidos y medicamentos de marca no preferidos
Nivel 5: medicamentos especializados	Medicamentos de marca y genéricos de costo muy elevado, lo que puede requerir un manejo especial y/o control minucioso
Nivel 6: medicamentos de atención seleccionados	Medicamentos genéricos de atención seleccionados para tratar afecciones como la diabetes, la presión arterial elevada y el colesterol elevado

Para obtener más información sobre la cobertura de medicamentos y los montos de copago o coseguro para cada nivel, revise su *Evidencia de cobertura*.

Podrá encontrar las siguientes abreviaturas a lo largo de este documento.

ABREVIATURAS DE LAS NOTAS DE COBERTURA

Abreviatura	Descripción	Explicación
NDS	Suministro no extendido de días	Este medicamento está limitado a un suministro para 30 días.
NM	Sin pedido por correo	Este medicamento no está disponible para pedido por correo.
PA	Restricción de autorización previa	Usted (o su proveedor) debe obtener nuestra autorización previa antes de que se resurta la receta para este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.
PA NSO	Restricción de autorización previa para nuevos tratamientos solamente	Si es un miembro nuevo o no ha tomado este medicamento anteriormente, usted (o su proveedor) debe obtener una autorización previa de nuestra parte antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.
B/D	Restricción de autorización previa para la determinación de Parte B en comparación con la Parte D	Este medicamento podría estar cubierto bajo la Parte B o la Parte D de Medicare, dependiendo de la circunstancia. Quizás sea necesario enviar información que describa el uso y contexto del medicamento a fin de tomar una determinación.
QL	Restricciones en el límite de cantidad	Limitamos la cantidad de este medicamento cubierto por receta o dentro de un período específico.
ST	Restricción por terapia escalonada	Antes de que le proporcionemos cobertura para este medicamento, deberá primero probar otro(s) medicamento(s) para tratar su afección médica. Este medicamento podría estar cubierto únicamente si el (los) demás medicamento(s) no resulta(n) efectivos para usted.

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NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	Tier 1	
colchicine TABS .6mg	Tier 2	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	Tier 2	
probenecid TABS 500mg	Tier 2	
MISCELLANEOUS		
JOURNAVX TABS 50mg	Tier 3	QL (29 tabs / 14 days), PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	Tier 2	B/D
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg	Tier 2	QL (60 caps / 30 days)
celecoxib CAPS 400mg	Tier 2	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	Tier 2	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg	Tier 2	QL (60 tabs / 30 days)
diclofenac sodium TBEC 25mg, 50mg, 75mg	Tier 2	
diflunisal TABS 500mg	Tier 2	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 2	
flurbiprofen TABS 100mg	Tier 2	
ibu TABS 400mg, 600mg, 800mg	Tier 1	
ibuprofen SUSP 100mg/5ml	Tier 2	
ibuprofen TABS 400mg, 600mg, 800mg	Tier 1	
meloxicam TABS 7.5mg, 15mg	Tier 1	
nabumetone TABS 500mg, 750mg	Tier 1	
naproxen TABS 250mg, 375mg, 500mg	Tier 1	
naproxen TBEC 375mg	Tier 2	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	Tier 2	
piroxicam CAPS 10mg, 20mg	Tier 2	
sulindac TABS 150mg, 200mg	Tier 2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	Tier 2	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Tier 2	QL (30 tabs / 30 days), PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
methadone hcl SOLN 5mg/5ml, 10mg/5ml	Tier 2	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	Tier 2	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	Tier 2	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	Tier 2	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	Tier 2	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	Tier 2	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	Tier 2	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	Tier 2	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	Tier 4	
endocet tab 2.5-325mg	Tier 2	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	Tier 2	QL (240 tabs / 30 days)
endocet tab 10-325mg	Tier 2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 2	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	Tier 2	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	Tier 2	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	Tier 2	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	Tier 2	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	Tier 2	QL (180 tabs / 30 days)
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	Tier 4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	Tier 2	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	Tier 2	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	Tier 2	QL (180 tabs / 30 days)
oxycodone hcl CONC 100mg/5ml	Tier 2	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	Tier 2	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	Tier 2	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	Tier 2	QL (360 tabs / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 2	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	Tier 2	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	Tier 2	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	Tier 2	QL (240 tabs / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	Tier 2	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	Tier 2	
ARIKAYCE SUSP 590mg/8.4ml	Tier 5	NDS, NM, PA
atovaquone SUSP 750mg/5ml	Tier 2	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	Tier 2	
BLUJEPA TABS 750mg	Tier 3	
CAYSTON SOLR 75mg	Tier 5	NDS, NM, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	Tier 1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	Tier 2	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	Tier 2	
clindamycin phosphate in d5w iv soln 600 mg/50ml	Tier 2	
clindamycin phosphate in d5w iv soln 900 mg/50ml	Tier 2	
CLINDMYC/NAC INJ 300/50ML	Tier 4	
CLINDMYC/NAC INJ 600/50ML	Tier 4	
CLINDMYC/NAC INJ 900/50ML	Tier 4	
colistimethate sodium SOLR 150mg	Tier 2	
dapsone TABS 25mg, 100mg	Tier 2	
DAPTOMYCIN SOLR 350mg	Tier 4	
daptomycin SOLR 350mg, 500mg	Tier 2	
EMVERM CHEW 100mg	Tier 5	NDS, QL (12 tabs / year)
ertapenem sodium SOLR 1gm	Tier 2	
fosfomycin tromethamine PACK 3gm	Tier 2	
gentamicin in saline inj 0.8 mg/ml	Tier 2	
gentamicin in saline inj 1 mg/ml	Tier 2	
gentamicin in saline inj 1.2 mg/ml	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
gentamicin in saline inj 1.6 mg/ml	Tier 2	
gentamicin in saline inj 2 mg/ml	Tier 2	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	Tier 2	
imipenem-cilastatin intravenous for soln 250 mg	Tier 2	
imipenem-cilastatin intravenous for soln 500 mg	Tier 2	
ivermectin TABS 3mg	Tier 2	QL (20 tabs / 90 days), PA
ivermectin TABS 6mg	Tier 2	QL (10 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	Tier 2	
linezolid SUSR 100mg/5ml	Tier 2	QL (1800 mL / 30 days)
linezolid TABS 600mg	Tier 2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	Tier 4	
meropenem SOLR 1gm, 2gm, 500mg	Tier 2	
methenamine hippurate TABS 1gm	Tier 2	
metronidazole SOLN 500mg/100ml	Tier 2	
metronidazole TABS 250mg, 500mg	Tier 1	
neomycin sulfate TABS 500mg	Tier 2	
nitazoxanide TABS 500mg	Tier 2	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	Tier 3	
nitrofurantoin monohyd macro CAPS 100mg	Tier 3	
pentamidine isethionate inh SOLR 300mg	Tier 2	B/D
pentamidine isethionate inj SOLR 300mg	Tier 2	
polymyxin b sulfate SOLR 500000unit	Tier 2	
praziquantel TABS 600mg	Tier 2	
pyrimethamine TABS 25mg	Tier 5	NDS, QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	Tier 5	NDS
sulfadiazine TABS 500mg	Tier 5	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 2	
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
tinidazole TABS 250mg, 500mg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
TOBI PODHALER CAPS 28mg	Tier 5	NDS, NM, PA
tobramycin NEBU 300mg/5ml	Tier 5	NDS, NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	Tier 2	
trimethoprim TABS 100mg	Tier 2	
vancomycin hcl CAPS 125mg	Tier 2	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	Tier 2	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 2	
VANCOMYCIN INJ 1 GM	Tier 4	
VANCOMYCIN INJ 500MG	Tier 4	
VANCOMYCIN INJ 750MG	Tier 4	
XIFAXAN TABS 200mg	Tier 3	QL (9 tabs / 30 days)
ANTIFUNGALS		
amphotericin b SOLR 50mg	Tier 2	B/D
amphotericin b liposome SUSR 50mg	Tier 5	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	Tier 2	
CRESEMBA CAPS 74.5mg, 186mg	Tier 5	NDS, PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 2	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 2	
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 2	
flucytosine CAPS 250mg, 500mg	Tier 5	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 2	
griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 2	
itraconazole CAPS 100mg	Tier 2	QL (120 caps / 30 days)
ketoconazole TABS 200mg	Tier 2	PA
micafungin sodium SOLR 50mg, 100mg	Tier 2	
nystatin TABS 500000unit	Tier 2	
posaconazole TBEC 100mg	Tier 2	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	Tier 2	PA
voriconazole SUSR 40mg/ml	Tier 5	NDS, QL (600 mL / 28 days), PA
voriconazole TABS 50mg	Tier 2	QL (480 tabs / 30 days)
voriconazole TABS 200mg	Tier 2	QL (120 tabs / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 2	
atovaquone-proguanil hcl tab 250-100 mg	Tier 2	
chloroquine phosphate TABS 250mg, 500mg	Tier 2	
COARTEM TAB 20-120MG	Tier 4	
mefloquine hcl TABS 250mg	Tier 2	
primaquine phosphate TABS 26.3mg	Tier 2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 3	
quinine sulfate CAPS 324mg	Tier 2	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	Tier 2	NM
APTIVUS CAPS 250mg	Tier 5	NDS, NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	Tier 2	NM
darunavir TABS 600mg	Tier 2	QL (60 tabs / 30 days), NM
darunavir TABS 800mg	Tier 2	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	Tier 5	NDS, NM
EDURANT PED TBSO 2.5mg	Tier 5	NDS, NM
efavirenz TABS 600mg	Tier 2	NM
emtricitabine CAPS 200mg	Tier 2	NM
EMTRIVA SOLN 10mg/ml	Tier 4	NM
etravirine TABS 100mg, 200mg	Tier 2	NM
fosamprenavir calcium TABS 700mg	Tier 2	NM
INTELENCE TABS 25mg	Tier 4	NM
ISENTRESS CHEW 25mg	Tier 4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 5	NDS, NM
ISENTRESS HD TABS 600mg	Tier 5	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
maraviroc TABS 150mg, 300mg	Tier 2	NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 2	NM
NORVIR PACK 100mg	Tier 4	NM
PIFELTRO TABS 100mg	Tier 5	NDS, NM
PREZISTA SUSP 100mg/ml	Tier 5	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	Tier 4	QL (480 tabs / 30 days), NM

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
PREZISTA TABS 150mg	Tier 4	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	Tier 5	NDS, NM
rilpivirine hcl TABS 25mg	Tier 2	NM
ritonavir TABS 100mg	Tier 2	NM
RUKOBIA TB12 600mg	Tier 5	NDS, NM
SELZENTRY SOLN 20mg/ml	Tier 5	NDS, NM
SUNLENCA TABS 300mg; TBPK 300mg	Tier 5	NDS, NM
tenofovir disoproxil fumarate TABS 300mg	Tier 2	NM
TIVICAY TABS 50mg	Tier 5	NDS, NM
TIVICAY PD TBSO 5mg	Tier 5	NDS, NM
TROGARZO SOLN 200mg/1.33ml	Tier 5	NDS, NM
VIRACEPT TABS 250mg, 625mg	Tier 4	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 5	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 2	NM
BIKTARVY TAB 30-120-15 MG	Tier 5	NDS, NM
BIKTARVY TAB 50-200-25 MG	Tier 5	NDS, NM
CIMDUO TAB 300-300	Tier 5	NDS, NM
DELSTRIGO TAB	Tier 5	NDS, NM
DESCOVY TAB 120-15MG	Tier 5	NDS, NM
DESCOVY TAB 200/25MG	Tier 5	NDS, NM
DOVATO TAB 50-300MG	Tier 5	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 2	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 2	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 2	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	Tier 5	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 2	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 2	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 2	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 2	NM

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
EVOTAZ TAB 300-150	Tier 5	NDS, NM
GENVOYA TAB	Tier 5	NDS, NM
IDVYNSO TAB 100-0.25	Tier 5	NDS, NM
JULUCA TAB 50-25MG	Tier 5	NDS, NM
KALETRA SOL	Tier 4	NM
lamivudine-zidovudine tab 150-300 mg	Tier 2	NM
lopinavir-ritonavir tab 100-25 mg	Tier 2	NM
lopinavir-ritonavir tab 200-50 mg	Tier 2	NM
ODEFSEY TAB	Tier 5	NDS, NM
PREZCOBIX TAB 675/150	Tier 5	NDS, NM
PREZCOBIX TAB 800-150	Tier 5	NDS, NM
STRIBILD TAB	Tier 5	NDS, NM
SYMTUZA TAB	Tier 5	NDS, NM
TRIUMEQ PD TAB	Tier 4	NM
TRIUMEQ TAB	Tier 5	NDS, NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 5	NDS
ethambutol hcl TABS 100mg, 400mg	Tier 2	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	Tier 2	
PRETOMANID TABS 200mg	Tier 4	
pyrazinamide TABS 500mg	Tier 2	
rifabutin CAPS 150mg	Tier 2	
rifampin CAPS 150mg, 300mg; SOLR 600mg	Tier 2	
rifapentine TABS 150mg	Tier 2	
SIRTURO TABS 20mg, 100mg	Tier 5	NDS, NM, PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1	
acyclovir SUSP 200mg/5ml	Tier 2	
acyclovir sodium SOLN 50mg/ml	Tier 2	B/D
adefovir dipivoxil TABS 10mg	Tier 2	NM
BARACLUDE SOLN .05mg/ml	Tier 5	NDS, NM, ST
entecavir TABS .5mg, 1mg	Tier 2	NM
famciclovir TABS 125mg, 250mg, 500mg	Tier 2	
ganciclovir sodium SOLR 500mg	Tier 2	B/D
lamivudine (hbv) TABS 100mg	Tier 2	NM
LIVTENCITY TABS 200mg	Tier 5	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	Tier 5	NDS, NM, PA
MAVYRET TAB 100-40MG	Tier 5	NDS, NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
oseltamivir phosphate CAPS 30mg	Tier 2	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	Tier 2	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	Tier 2	QL (1080 mL / year)
PAXLOVID PAK	Tier 2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	Tier 2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	Tier 2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 5	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	Tier 5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	Tier 3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 2	NM
rimantadine hydrochloride TABS 100mg	Tier 2	
valacyclovir hcl TABS 1gm, 500mg	Tier 2	
valganciclovir hcl SOLR 50mg/ml	Tier 5	NDS
valganciclovir hcl TABS 450mg	Tier 2	
VOSEVI TAB	Tier 5	NDS, NM, PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	Tier 2	
cefadroxil CAPS 500mg	Tier 1	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	Tier 2	
CEFAZOLIN SOLR 2gm, 3gm	Tier 4	
CEFAZOLIN INJ 1GM/50ML	Tier 4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 2	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 4	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 2	
cefepime hcl SOLR 1gm, 2gm	Tier 2	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2	
cefotetan disodium SOLR 1gm, 2gm	Tier 2	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 2	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 2	
ceftaroline fosamil SOLR 400mg, 600mg	Tier 5	NDS

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ceftazidime SOLR 1gm, 2gm, 6gm	Tier 2	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 2	
cefuroxime axetil TABS 250mg, 500mg	Tier 2	
cefuroxime sodium SOLR 1.5gm, 750mg	Tier 2	
cephalexin CAPS 250mg, 500mg	Tier 1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	Tier 2	
tazicef SOLR 1gm, 2gm, 6gm	Tier 2	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2	
azithromycin TABS 250mg, 500mg, 600mg	Tier 1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 2	
DIFICID SUSR 40mg/ml	Tier 5	NDS
e.e.s. 400 TABS 400mg	Tier 2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 4	
erythromycin base TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 2	
erythromycin ethylsuccinate SUSR 200mg/5ml, 400mg/5ml	Tier 2	
erythromycin lactobionate SOLR 500mg	Tier 2	
fidaxomicin TABS 200mg	Tier 5	NDS
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	Tier 2	
ciprofloxacin 400 mg/200ml in d5w	Tier 2	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	Tier 2	
levofloxacin SOLN 25mg/ml	Tier 2	
levofloxacin TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 2	
levofloxacin in d5w iv soln 500 mg/100ml	Tier 2	
levofloxacin in d5w iv soln 750 mg/150ml	Tier 2	
moxifloxacin hcl TABS 400mg	Tier 2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 2	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
amoxicillin CHEW 125mg, 250mg	Tier 2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 2	
amoxicillin & k clavulanate tab 250-125 mg	Tier 2	
amoxicillin & k clavulanate tab 500-125 mg	Tier 2	
amoxicillin & k clavulanate tab 875-125 mg	Tier 2	
ampicillin CAPS 500mg	Tier 1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	Tier 2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	Tier 2	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	Tier 2	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 2	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 4	
dicloxacillin sodium CAPS 250mg, 500mg	Tier 2	
nafcillin sodium SOLR 1gm, 2gm	Tier 2	
nafcillin sodium SOLR 10gm	Tier 5	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	Tier 2	
penicillin g potassium SOLR 5000000unit, 20000000unit	Tier 2	
penicillin g sodium SOLR 5000000unit	Tier 2	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	Tier 2	
penicillin v potassium TABS 250mg, 500mg	Tier 1	
pfizerpen SOLR 5000000unit, 20000000unit	Tier 2	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 2	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 2	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 2	
TETRACYCLINES		
doxy 100 SOLR 100mg	Tier 2	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 2	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	Tier 1	
doxycycline hyclate SOLR 100mg	Tier 2	
minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 2	
NUZYRA SOLR 100mg	Tier 5	NDS, NM
NUZYRA TABS 150mg	Tier 5	NDS, QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	Tier 2	
tigecycline SOLR 50mg	Tier 2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	Tier 5	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	Tier 5	NDS, B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 2	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 2	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLN 500mg/2.5ml; SOLR 1gm, 2gm, 500mg	Tier 2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 5	NDS, B/D, NM
cyclophosphamide SOLN 1gm/5ml	Tier 5	NDS, B/D
CYCLOPHOSPHAMIDE SOLN 500mg/5ml, 1000mg/10ml, 2000mg/20ml	Tier 5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 50mg	Tier 4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 5	NDS, B/D, NM
LEUKERAN TABS 2mg	Tier 5	NDS, PA NSO
lomustine CAPS 10mg, 40mg	Tier 2	NM
lomustine CAPS 100mg	Tier 5	NDS, NM

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	Tier 2	B/D
oxaliplatin SOLR 50mg, 100mg	Tier 5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	Tier 5	NDS, B/D, NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	Tier 5	NDS, B/D, NM
cytarabine SOLN 20mg/ml	Tier 2	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 2	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 2	B/D
INQOVI TAB 35-100MG	Tier 5	NDS, QL (5 tabs / 28 days), NM, PA NSO
LONSURF TAB 15-6.14	Tier 5	NDS, QL (100 tabs / 28 days), NM, PA NSO
LONSURF TAB 20-8.19	Tier 5	NDS, QL (80 tabs / 28 days), NM, PA NSO
mercaptopurine SUSP 2000mg/100ml	Tier 5	NDS, NM
mercaptopurine TABS 50mg	Tier 2	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 2	B/D
ONUREG TABS 200mg, 300mg	Tier 5	NDS, QL (14 tabs / 28 days), NM, PA NSO
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	Tier 5	NDS, B/D
TABLOID TABS 40mg	Tier 5	NDS, PA NSO
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
abiraterone acetate TABS 500mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
abirtega TABS 250mg	Tier 2	QL (120 tabs / 30 days), NM, PA NSO
AKEEGA TAB 50/500MG	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
AKEEGA TAB 100/500	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
anastrozole TABS 1mg	Tier 1	
bicalutamide TABS 50mg	Tier 2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	NM, PA NSO
ERLEADA TABS 60mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ERLEADA TABS 240mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
EULEXIN CAPS 125mg	Tier 5	NDS
exemestane TABS 25mg	Tier 2	
FIRMAGON SOLR 80mg	Tier 4	NM, PA NSO
FIRMAGON SOLR 120mg/vial	Tier 5	NDS, NM, PA NSO
fulvestrant SOSY 250mg/5ml	Tier 2	B/D
INLURIYO TABS 200mg	Tier 5	NDS, QL (56 tabs / 28 days), NM, PA NSO
letrozole TABS 2.5mg	Tier 1	
leuprolide acetate KIT 1mg/0.2ml	Tier 2	NM, PA NSO
LIFYORLI CAP 125MG DS	Tier 5	NDS, QL (18 caps / 28 days), NM, PA NSO
LIFYORLI CAP 150MG DS	Tier 5	NDS, QL (27 caps / 28 days), NM, PA NSO
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 5	NDS, NM, PA NSO
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 5	NDS, NM, PA NSO
LYSODREN TABS 500mg	Tier 5	NDS, NM
megestrol acetate TABS 20mg, 40mg	Tier 3	
nilutamide TABS 150mg	Tier 5	NDS
NUBEQA TABS 300mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
ORGOVYX TABS 120mg	Tier 5	NDS, NM, PA NSO
ORSERDU TABS 86mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
ORSERDU TABS 345mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
SOLTAMOX SOLN 10mg/5ml	Tier 5	NDS
tamoxifen citrate TABS 10mg, 20mg	Tier 2	
toremifene citrate TABS 60mg	Tier 2	PA NSO
VEPPANU TABS 100mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
VEPPANU TABS 200mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
XTANDI CAPS 40mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
XTANDI TABS 40mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
XTANDI TABS 80mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
YONSA TABS 125mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 5	NDS, QL (28 caps / 28 days), NM, PA NSO
lenalidomide CAPS 20mg, 25mg	Tier 5	NDS, QL (21 caps / 28 days), NM, PA NSO
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	Tier 5	NDS, QL (21 caps / 28 days), NM, PA NSO
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 5	NDS, QL (21 caps / 28 days), NM, PA NSO
THALOMID CAPS 50mg	Tier 5	NDS, QL (84 caps / 28 days), NM, PA NSO
THALOMID CAPS 100mg	Tier 5	NDS, QL (112 caps / 28 days), NM, PA NSO
ZENBEXUS CAPS .75mg, 1mg	Tier 5	NDS, QL (21 caps / 28 days), NM, PA NSO
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	Tier 5	NDS, QL (2 syringes / 28 days), NM, PA NSO
BESREMI PEN SOPN 500mcg/0.5ml	Tier 5	NDS, QL (2 pens / 28 days), NM, PA NSO
bexarotene CAPS 75mg	Tier 5	NDS, QL (300 caps / 30 days), NM, PA NSO
doxorubicin hcl SOLN 2mg/ml	Tier 2	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	Tier 5	NDS, B/D
hydroxyurea CAPS 500mg	Tier 2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 2	B/D
IWILFIN TABS 192mg	Tier 5	NDS, QL (240 tabs / 30 days), NM, PA NSO
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 2	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 2	
MATULANE CAPS 50mg	Tier 5	NDS, NM
mesna TABS 400mg	Tier 2	
MODEYSO CAPS 125mg	Tier 5	NDS, QL (20 caps / 28 days), NM, PA NSO
tretinoin (chemotherapy) CAPS 10mg	Tier 5	NDS
WELIREG TABS 40mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
MITOTIC INHIBITORS		
BEIZRAY CONC 20mg/ml	Tier 4	B/D, NM

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 4	B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 4	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 4	B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 2	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 2	B/D
paclitaxel protein-bound particles for iv susp 100 mg	Tier 5	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	Tier 2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	Tier 2	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	Tier 5	NDS, QL (240 caps / 30 days), NM, PA NSO
ALUNBRIG TABS 30mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
ALUNBRIG TABS 90mg, 180mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ALUNBRIG PAK	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
AUGTYRO CAPS 40mg	Tier 5	NDS, QL (240 caps / 30 days), NM, PA NSO
AUGTYRO CAPS 160mg	Tier 5	NDS, QL (60 caps / 30 days), NM, PA NSO
AVMAPKI PAK FAKZYNJA	Tier 5	NDS, QL (1 pack / 28 days), NM, PA NSO
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
BALVERSA TABS 3mg	Tier 5	NDS, QL (84 tabs / 28 days), NM, PA NSO
BALVERSA TABS 4mg	Tier 5	NDS, QL (56 tabs / 28 days), NM, PA NSO
BALVERSA TABS 5mg	Tier 5	NDS, QL (28 tabs / 28 days), NM, PA NSO
BORTEZOMIB SOLR 1mg, 2.5mg	Tier 4	NM, PA NSO
bortezomib SOLR 3.5mg	Tier 2	NM, PA NSO
BOSULIF CAPS 50mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
BOSULIF CAPS 100mg	Tier 5	NDS, QL (300 caps / 30 days), NM, PA NSO
BOSULIF TABS 100mg	Tier 5	NDS, QL (180 tabs / 30 days), NM, PA NSO
BOSULIF TABS 500mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
bosutinib TABS 100mg	Tier 5	NDS, QL (180 tabs / 30 days), NM, PA NSO
bosutinib TABS 400mg, 500mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
BRAFTOVI CAPS 75mg	Tier 5	NDS, QL (180 caps / 30 days), NM, PA NSO
BRUKINSA CAPS 80mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
BRUKINSA TABS 160mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
CABOMETYX TABS 20mg, 40mg, 60mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
CALQUENCE TABS 100mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
CAPRELSA TABS 100mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
CAPRELSA TABS 300mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
CAVHANZA TBDP 60mg, 80mg	Tier 5	NDS, QL (112 tabs / 28 days), NM, PA NSO
COMETRIQ (60MG DOSE) KIT 20mg	Tier 5	NDS, QL (84 caps / 28 days), NM, PA NSO
COMETRIQ KIT 100MG	Tier 5	NDS, QL (56 caps / 28 days), NM, PA NSO
COMETRIQ KIT 140MG	Tier 5	NDS, QL (112 caps / 28 days), NM, PA NSO
COPIKTRA CAPS 15mg, 25mg	Tier 5	NDS, QL (56 caps / 28 days), NM, PA NSO
COTELLIC TABS 20mg	Tier 5	NDS, QL (63 tabs / 28 days), NM, PA NSO
DANZITEN TABS 71mg, 95mg	Tier 5	NDS, QL (112 tabs / 28 days), NM, PA NSO
dasatinib TABS 20mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
DAURISMO TABS 25mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
DAURISMO TABS 100mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ENSACOVE CAPS 25mg	Tier 5	NDS, QL (270 caps / 30 days), NM, PA NSO
ENSACOVE CAPS 100mg	Tier 5	NDS, QL (60 caps / 30 days), NM, PA NSO
ERIVEDGE CAPS 150mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA NSO
erlotinib hcl TABS 25mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
erlotinib hcl TABS 100mg, 150mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
everolimus TBSO 2mg, 5mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
everolimus TBSO 3mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
FOTIVDA CAPS .89mg, 1.34mg	Tier 5	NDS, QL (21 caps / 28 days), NM, PA NSO
FRUZAQLA CAPS 1mg	Tier 5	NDS, QL (84 caps / 28 days), NM, PA NSO
FRUZAQLA CAPS 5mg	Tier 5	NDS, QL (21 caps / 28 days), NM, PA NSO
GAVRETO CAPS 100mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
gefitinib TABS 250mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
GOMEKLI CAPS 1mg	Tier 5	NDS, QL (168 caps / 28 days), NM, PA NSO
GOMEKLI CAPS 2mg	Tier 5	NDS, QL (84 caps / 28 days), NM, PA NSO
GOMEKLI TBSO 1mg	Tier 5	NDS, QL (168 tabs / 28 days), NM, PA NSO
HERCEP HYLEC SOL 60-10000	Tier 5	NDS, NM, PA NSO
HERCEPTIN SOLR 150mg	Tier 5	NDS, NM, PA NSO
HERCESSI SOLR 150mg, 420mg	Tier 5	NDS, NM, PA NSO
HERNEXEOS TABS 60mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
HERZUMA SOLR 150mg, 420mg	Tier 5	NDS, NM, PA NSO
HYRNUO TABS 10mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
IBRANCE CAPS 125mg	Tier 5	NDS, QL (21 caps / 28 days), NM, PA NSO
IBRANCE TABS 75mg, 100mg, 125mg	Tier 5	NDS, QL (21 tabs / 28 days), NM, PA NSO
IBTROZI CAPS 200mg	Tier 5	NDS, QL (90 caps / 30 days), NM, PA NSO
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
IDHIFA TABS 50mg, 100mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
imatinib mesylate TABS 100mg	Tier 2	QL (90 tabs / 30 days), NM, PA NSO
imatinib mesylate TABS 400mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
IMBRUVICA CAPS 70mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA NSO
IMBRUVICA CAPS 140mg	Tier 5	NDS, QL (90 caps / 30 days), NM, PA NSO
IMBRUVICA SUSP 70mg/ml	Tier 5	NDS, QL (216 mL / 30 days), NM, PA NSO
IMBRUVICA TABS 140mg, 280mg, 420mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
IMKELDI SOLN 80mg/ml	Tier 5	NDS, QL (280 mL / 28 days), NM, PA NSO
INLYTA TABS 1mg	Tier 5	NDS, QL (180 tabs / 30 days), NM, PA NSO
INLYTA TABS 5mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
INREBIC CAPS 100mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
ITOVEBI TABS 3mg	Tier 5	NDS, QL (56 tabs / 28 days), NM, PA NSO
ITOVEBI TABS 9mg	Tier 5	NDS, QL (28 tabs / 28 days), NM, PA NSO
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
JAYPIRCA TABS 50mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
JAYPIRCA TABS 100mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
JIDEYTRO TABS 25mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
JIDEYTRO TABS 100mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
KADCYLA SOLR 100mg, 160mg	Tier 5	NDS, B/D, NM

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
KANJINTI SOLR 150mg, 420mg	Tier 5	NDS, NM, PA NSO
KEYTRUDA SOLN 100mg/4ml	Tier 5	NDS, NM, PA NSO
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	Tier 5	NDS, QL (1 vial / 21 days), NM, PA NSO
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	Tier 5	NDS, QL (1 vial / 42 days), NM, PA NSO
KISQALI 200 DOSE TBPK 200mg	Tier 5	NDS, QL (21 tabs / 28 days), NM, PA NSO
KISQALI 400 DOSE TBPK 200mg	Tier 5	NDS, QL (42 tabs / 28 days), NM, PA NSO
KISQALI 600 DOSE TBPK 200mg	Tier 5	NDS, QL (63 tabs / 28 days), NM, PA NSO
KOMZIFTI CAPS 200mg	Tier 5	NDS, QL (90 caps / 30 days), NM, PA NSO
KOSELUGO CAPS 10mg	Tier 5	NDS, QL (240 caps / 30 days), NM, PA NSO
KOSELUGO CAPS 25mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
KOSELUGO CPSP 5mg	Tier 5	NDS, QL (600 caps / 30 days), NM, PA NSO
KOSELUGO CPSP 7.5mg	Tier 5	NDS, QL (360 caps / 30 days), NM, PA NSO
KRAZATI TABS 200mg	Tier 5	NDS, QL (180 tabs / 30 days), NM, PA NSO
lapatinib ditosylate TABS 250mg	Tier 5	NDS, QL (180 tabs / 30 days), NM, PA NSO
LAZCLUZE TABS 80mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
LAZCLUZE TABS 240mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA NSO
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 5	NDS, QL (60 caps / 30 days), NM, PA NSO
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA NSO
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 5	NDS, QL (90 caps / 30 days), NM, PA NSO
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 5	NDS, QL (60 caps / 30 days), NM, PA NSO
LENVIMA CAP 14 MG	Tier 5	NDS, QL (60 caps / 30 days), NM, PA NSO
LENVIMA CAP 18 MG	Tier 5	NDS, QL (90 caps / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
LENVIMA CAP 24 MG	Tier 5	NDS, QL (90 caps / 30 days), NM, PA NSO
LORBRENA TABS 25mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
LORBRENA TABS 100mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
LUMAKRAS TABS 120mg	Tier 5	NDS, QL (240 tabs / 30 days), NM, PA NSO
LUMAKRAS TABS 240mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
LUMAKRAS TABS 320mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
LYNPARZA TABS 100mg, 150mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	Tier 5	NDS, QL (84 tabs / 28 days), NM, PA NSO
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	Tier 5	NDS, QL (112 tabs / 28 days), NM, PA NSO
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	Tier 5	NDS, QL (140 tabs / 28 days), NM, PA NSO
MEKINIST SOLR .05mg/ml	Tier 5	NDS, QL (1260 mL / 30 days), NM, PA NSO
MEKINIST TABS 2mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
MEKINIST TABS .5mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
MEKTOVI TABS 15mg	Tier 5	NDS, QL (180 tabs / 30 days), NM, PA NSO
MONJUVI SOLR 200mg	Tier 5	NDS, NM, PA NSO
NERLYNX TABS 40mg	Tier 5	NDS, QL (180 tabs / 30 days), NM, PA NSO
nilotinib hcl CAPS 50mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
nilotinib hcl CAPS 150mg, 200mg	Tier 5	NDS, QL (112 caps / 28 days), NM, PA NSO
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 5	NDS, QL (3 caps / 28 days), NM, PA NSO
ODOMZO CAPS 200mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA NSO
OGIVRI SOLR 150mg, 420mg	Tier 5	NDS, NM, PA NSO
OGSIVEO TABS 100mg, 150mg	Tier 5	NDS, QL (56 tabs / 28 days), NM, PA NSO
OJEMDA SUSR 25mg/ml	Tier 5	NDS, QL (96 mL / 28 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
OJEMDA TABS 100mg	Tier 5	NDS, QL (24 tabs / 28 days), NM, PA NSO
OJJAARA TABS 100mg, 150mg, 200mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ONTRUZANT SOLR 150mg, 420mg	Tier 5	NDS, NM, PA NSO
pazopanib hcl TABS 200mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
pazopanib hcl TABS 400mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 5	NDS, QL (28 tabs / 28 days), NM, PA NSO
PHESGO SOL	Tier 5	NDS, NM, PA NSO
PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 5	NDS, QL (28 tabs / 28 days), NM, PA NSO
PIQRAY 250MG TAB DOSE	Tier 5	NDS, QL (56 tabs / 28 days), NM, PA NSO
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 5	NDS, QL (56 tabs / 28 days), NM, PA NSO
QINLOCK TABS 50mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
RETEVMO TABS 40mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
RETEVMO TABS 80mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
RETEVMO TABS 120mg, 160mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
REVUFORJ TABS 25mg	Tier 5	NDS, QL (240 tabs / 30 days), NM, PA NSO
REVUFORJ TABS 110mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
REVUFORJ TABS 160mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
REZLIDHIA CAPS 150mg	Tier 5	NDS, QL (60 caps / 30 days), NM, PA NSO
ROMVIMZA CAPS 14mg, 20mg, 30mg	Tier 5	NDS, QL (8 caps / 28 days), NM, PA NSO
ROZLYTREK CAPS 100mg	Tier 5	NDS, QL (180 caps / 30 days), NM, PA NSO
ROZLYTREK CAPS 200mg	Tier 5	NDS, QL (90 caps / 30 days), NM, PA NSO
ROZLYTREK PACK 50mg	Tier 5	NDS, QL (336 packets / 28 days), NM, PA NSO
RUBRACA TABS 200mg, 250mg, 300mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
RYDAPT CAPS 25mg	Tier 5	NDS, QL (224 caps / 28 days), NM, PA NSO
SCEMBLIX TABS 20mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
SCEMBLIX TABS 40mg	Tier 5	NDS, QL (300 tabs / 30 days), NM, PA NSO
SCEMBLIX TABS 100mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
sorafenib tosylate TABS 200mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
STIVARGA TABS 40mg	Tier 5	NDS, QL (84 tabs / 28 days), NM, PA NSO
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA NSO
TABRECTA TABS 150mg, 200mg	Tier 5	NDS, QL (112 tabs / 28 days), NM, PA NSO
TAFINLAR CAPS 50mg, 75mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
TAFINLAR TBSO 10mg	Tier 5	NDS, QL (840 tabs / 28 days), NM, PA NSO
TAGRISSO TABS 40mg, 80mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA NSO
TALZENNA CAPS .25mg	Tier 5	NDS, QL (90 caps / 30 days), NM, PA NSO
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 5	NDS, NM, PA NSO
TECENTRIQ INJ HYBREZA	Tier 5	NDS, QL (1 vial / 21 days), NM, PA NSO
TEPMETKO TABS 225mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
TIBSOVO TABS 250mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
TRAZIMERA SOLR 150mg, 420mg	Tier 5	NDS, NM, PA NSO
TRUQAP TABS 200mg; TBPK 160mg, 200mg	Tier 5	NDS, QL (64 tabs / 28 days), NM, PA NSO
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 5	NDS, NM, PA NSO
TUKYSA TABS 50mg, 150mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
TURALIO CAPS 125mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
VANFLYTA TABS 17.7mg, 26.5mg	Tier 5	NDS, QL (56 tabs / 28 days), NM, PA NSO
VENCLEXTA TABS 10mg	Tier 3	QL (112 tabs / 28 days), NM, PA NSO
VENCLEXTA TABS 50mg	Tier 5	NDS, QL (112 tabs / 28 days), NM, PA NSO
VENCLEXTA TABS 100mg	Tier 5	NDS, QL (180 tabs / 30 days), NM, PA NSO
VENCLEXTA TAB START PK	Tier 5	NDS, QL (42 tabs / 28 days), NM, PA NSO
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 5	NDS, QL (56 tabs / 28 days), NM, PA NSO
VITRAKVI CAPS 25mg	Tier 5	NDS, QL (180 caps / 30 days), NM, PA NSO
VITRAKVI CAPS 100mg	Tier 5	NDS, QL (60 caps / 30 days), NM, PA NSO
VITRAKVI SOLN 20mg/ml	Tier 5	NDS, QL (300 mL / 30 days), NM, PA NSO
VONJO CAPS 100mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
VORANIGO TABS 10mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
VORANIGO TABS 40mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
XALKORI CPSP 150mg	Tier 5	NDS, QL (180 caps / 30 days), NM, PA NSO
XOSPATA TABS 40mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	Tier 5	NDS, QL (16 tabs / 28 days), NM, PA NSO
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	Tier 5	NDS, QL (8 tabs / 28 days), NM, PA NSO
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	Tier 5	NDS, QL (4 tabs / 28 days), NM, PA NSO
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	Tier 5	NDS, QL (24 tabs / 28 days), NM, PA NSO
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	Tier 5	NDS, QL (8 tabs / 28 days), NM, PA NSO
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	Tier 5	NDS, QL (4 tabs / 28 days), NM, PA NSO
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	Tier 5	NDS, QL (32 tabs / 28 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	Tier 5	NDS, QL (8 tabs / 28 days), NM, PA NSO
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 2	QL (30 tabs / 30 days), NM, PA NSO
ZEJULA TABS 100mg, 200mg, 300mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ZELBORAF TABS 240mg	Tier 5	NDS, QL (240 tabs / 30 days), NM, PA NSO
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 5	NDS, NM, PA NSO
ZOLINZA CAPS 100mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
ZYKADIA TABS 150mg	Tier 5	NDS, QL (84 tabs / 28 days), NM, PA NSO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
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	
captopril & hydrochlorothiazide tab 25-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-15 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-25 mg	Tier 1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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 6	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 6	
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 6	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 6	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 6	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 6	
moexipril hcl TABS 7.5mg, 15mg	Tier 1	
perindopril erbumine TABS 2mg, 4mg, 8mg	Tier 1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 6	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 6	
trandolapril TABS 1mg, 2mg, 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	Tier 2	
KERENDIA TABS 10mg, 20mg, 40mg	Tier 3	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	Tier 1	
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 2	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
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)
ENTRESTO CAP 6-6MG	Tier 3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	Tier 3	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	Tier 6	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	Tier 6	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 6	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 6	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 6	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 6	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 6	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 6	QL (30 tabs / 30 days)
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)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	Tier 1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	Tier 2	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	Tier 2	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	Tier 2	QL (60 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 6	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 6	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 6	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 6	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 6	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	Tier 1	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	Tier 6	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg	Tier 6	QL (60 tabs / 30 days)
losartan potassium TABS 100mg	Tier 6	QL (30 tabs / 30 days)
olmesartan medoxomil TABS 5mg	Tier 1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	Tier 1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	Tier 1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	Tier 1	QL (60 tabs / 30 days)
valsartan TABS 320mg	Tier 1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	Tier 2	
amiodarone hcl TABS 200mg	Tier 1	
disopyramide phosphate CAPS 100mg, 150mg	Tier 4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	Tier 2	NM
flecainide acetate TABS 50mg, 100mg, 150mg	Tier 2	
MULTAQ TABS 400mg	Tier 4	QL (60 tabs / 30 days)
pacerone TABS 100mg	Tier 2	
pacerone TABS 200mg	Tier 1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 2	
quinidine sulfate TABS 200mg, 300mg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	Tier 1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	Tier 2	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	Tier 2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	Tier 2	
gemfibrozil TABS 600mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	Tier 6	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	Tier 6	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	Tier 6	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	Tier 1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	Tier 6	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	Tier 2	
cholestyramine light PACK 4gm; POWD 4gm/dose	Tier 2	
colesevelam hcl PACK 3.75gm; TABS 625mg	Tier 2	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	Tier 2	
ezetimibe TABS 10mg	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 TABS 180mg	Tier 3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	Tier 3	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	Tier 2	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	Tier 2	
REDEMPLO SOSY 25mg/0.5ml	Tier 5	NDS, QL (1 syringe / 90 days), NM, PA
REPATHA SOSY 140mg/ml	Tier 3	QL (6 syringes / 28 days), NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
REPATHA SURECLICK SOAJ 140mg/ml	Tier 3	QL (6 pens / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	Tier 3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
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	
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 2	
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 2	
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 2	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	Tier 2	
atenolol TABS 25mg, 50mg, 100mg	Tier 1	
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 2	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
metoprolol tartrate SOLN 5mg/5ml	Tier 2	
metoprolol tartrate TABS 25mg, 50mg, 100mg	Tier 1	
nadolol TABS 20mg, 40mg, 80mg	Tier 2	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	Tier 2	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	Tier 2	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	Tier 2	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 2	
timolol maleate TABS 5mg, 10mg, 20mg	Tier 2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	Tier 1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
cartia xt CP24 120mg, 180mg, 240mg, 300mg	Tier 2	
dilt-xr CP24 120mg, 180mg, 240mg	Tier 2	
diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 2	
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	Tier 1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 2	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
felodipine TB24 2.5mg, 5mg, 10mg	Tier 1	
nifedipine TB24 30mg, 60mg, 90mg	Tier 2	
nimodipine CAPS 30mg	Tier 2	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	Tier 2	
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	Tier 2	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl TABS 5mg	Tier 1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	Tier 2	
chlorthalidone TABS 25mg, 50mg	Tier 1	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	Tier 1	
furosemide inj SOLN 10mg/ml	Tier 2	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
indapamide TABS 1.25mg, 2.5mg	Tier 1	
methazolamide TABS 25mg, 50mg	Tier 2	
metolazone TABS 2.5mg, 5mg, 10mg	Tier 2	
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 2	
torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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 TABS 150mg, 300mg	Tier 1	QL (30 tabs / 30 days)
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 2	
clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1	
digoxin SOLN .05mg/ml, .25mg/ml	Tier 2	
digoxin TABS 125mcg, 250mcg	Tier 2	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	Tier 2	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	Tier 5	NDS, QL (180 caps / 30 days), NM, PA
epinephrine SOLN 1mg/ml	Tier 2	
guanfacine hcl TABS 1mg, 2mg	Tier 3	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml	Tier 2	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
ivabradine hcl TABS 5mg, 7.5mg	Tier 2	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	Tier 5	NDS, NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	Tier 2	
minoxidil TABS 2.5mg, 10mg	Tier 2	
ranolazine TB12 500mg, 1000mg	Tier 2	
VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 3	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	Tier 2	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	Tier 1	
nitro-bid OINT 2%	Tier 2	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA NSO
alyq TABS 20mg	Tier 2	QL (60 tabs / 30 days), NM, PA NSO
ambrisentan TABS 5mg, 10mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
bosentan TABS 62.5mg, 125mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
bosentan TBSO 32mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA NSO
macitentan TABS 10mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO
sildenafil citrate (pulmonary hypertension) TABS 20mg	Tier 2	QL (360 tabs / 30 days), NM, PA NSO
tadalafil (pulmonary hypertension) TABS 20mg	Tier 2	QL (60 tabs / 30 days), NM, PA NSO
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 5	NDS, NM, PA NSO
UPTRAVI TABS 100mcg, 150mcg	Tier 5	NDS, QL (280 tabs / 28 days), NM, PA NSO
UPTRAVI TABS 200mcg	Tier 5	NDS, QL (140 tabs / 28 days), NM, PA NSO
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA NSO
UPTRAVI PACK TAB 200/800	Tier 5	NDS, QL (200 tabs / 28 days), NM, PA NSO
WINREVAIR KIT 45mg, 60mg	Tier 5	NDS, QL (2 vials / 21 days), NM, PA NSO
WINREVAIR INJ 45MG	Tier 5	NDS, QL (2 vials / 21 days), NM, PA NSO
WINREVAIR INJ 60MG	Tier 5	NDS, QL (2 vials / 21 days), NM, PA NSO
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	Tier 5	NDS, QL (140 caps / 28 days), NM, PA NSO
YUTREPIA CAPS 106mcg	Tier 5	NDS, QL (224 caps / 28 days), NM, PA NSO
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	Tier 2	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
fluvoxamine maleate TABS 25mg, 50mg, 100mg	Tier 2	
lorazepam CONC 2mg/ml	Tier 2	QL (150 mL / 30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	Tier 2	
lorazepam TABS .5mg, 1mg, 2mg	Tier 2	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	Tier 2	QL (150 mL / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	Tier 1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	Tier 1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	Tier 2	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	Tier 2	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	Tier 2	QL (60 tabs / 30 days)
LEQEMBI IQLIK SOAJ 250mg/1.25ml	Tier 5	NDS, QL (8 pens / 28 days), NM, PA
LEQEMBI IQLIK SOAJ 360mg/1.8ml	Tier 5	NDS, QL (4 pens / 28 days), NM, PA
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	Tier 2	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	Tier 2	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	Tier 2	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	Tier 2	
NAMZARIC CAP 7-10MG	Tier 4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Tier 2	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	Tier 2	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3	PA NSO; PA applies if 65 years and older
amoxapine TABS 25mg, 50mg, 100mg, 150mg	Tier 3	PA NSO; PA applies if 65 years and older
AUVELITY TAB 45-105MG	Tier 4	QL (60 tabs / 30 days)
AUVELITY TAB TITRATIO	Tier 5	NDS, QL (2 packs / year)
bupropion hcl TABS 75mg, 100mg	Tier 2	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	Tier 2	QL (60 tabs / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
bupropion hcl TB24 300mg	Tier 2	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml	Tier 2	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	Tier 1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	Tier 4	PA NSO
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 4	PA NSO; PA applies if 65 years and older
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	Tier 2	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 3	PA NSO; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	Tier 4	QL (60 caps / 30 days), PA NSO
duloxetine hcl CPEP 20mg	Tier 2	QL (120 caps / 30 days)
duloxetine hcl CPEP 30mg	Tier 2	QL (90 caps / 30 days)
duloxetine hcl CPEP 60mg	Tier 2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	Tier 5	NDS, QL (30 patches / 30 days), PA NSO
escitalopram oxalate SOLN 5mg/5ml	Tier 2	
escitalopram oxalate TABS 5mg, 10mg, 20mg	Tier 1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	Tier 5	NDS, QL (30 tabs / 30 days), PA NSO
EXXUA TITRATION PACK TB24 18.2mg	Tier 5	NDS, QL (2 packs / year), PA NSO
FETZIMA CP24 20mg, 40mg	Tier 4	QL (60 caps / 30 days), PA NSO
FETZIMA CP24 80mg, 120mg	Tier 4	QL (30 caps / 30 days), PA NSO
FETZIMA CAP TITRATIO	Tier 4	QL (2 packs / year), PA NSO
fluoxetine hcl CAPS 10mg, 20mg, 40mg	Tier 1	
fluoxetine hcl SOLN 20mg/5ml	Tier 2	
imipramine hcl TABS 10mg, 25mg, 50mg	Tier 2	PA NSO; PA applies if 65 years and older
MARPLAN TABS 10mg	Tier 4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	Tier 2	
mirtazapine TABS 15mg, 30mg, 45mg	Tier 1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 2	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
nortriptyline hcl SOLN 10mg/5ml	Tier 4	
paroxetine hcl SUSP 10mg/5ml	Tier 4	QL (900 mL / 30 days), PA NSO; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	Tier 2	PA NSO; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	Tier 2	
protriptyline hcl TABS 5mg, 10mg	Tier 4	
RALDESY SOLN 10mg/ml	Tier 4	QL (1800 mL / 30 days), PA NSO
sertraline hcl CONC 20mg/ml	Tier 2	
sertraline hcl TABS 25mg, 50mg, 100mg	Tier 1	
tranylcypromine sulfate TABS 10mg	Tier 2	
trazodone hcl TABS 50mg, 100mg, 150mg	Tier 1	
trimipramine maleate CAPS 25mg, 50mg	Tier 4	QL (120 caps / 30 days), PA NSO; PA applies if 65 years and older
trimipramine maleate CAPS 100mg	Tier 4	QL (60 caps / 30 days), PA NSO; PA applies if 65 years and older
TRINTELLIX TABS 5mg, 10mg, 20mg	Tier 4	QL (30 tabs / 30 days), PA NSO
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	Tier 1	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2	
vilazodone hcl TABS 10mg, 20mg, 40mg	Tier 2	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	Tier 5	NDS, QL (28 caps / 14 days), NM, PA NSO
ZURZUVAE CAPS 30mg	Tier 5	NDS, QL (14 caps / 14 days), NM, PA NSO
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	Tier 2	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	Tier 2	
benztropine mesylate SOLN 1mg/ml	Tier 2	
benztropine mesylate TABS .5mg, 1mg, 2mg	Tier 2	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	Tier 2	
carb/levo orally disintegrating tab 10-100mg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
carb/levo orally disintegrating tab 25-100mg	Tier 2	
carb/levo orally disintegrating tab 25-250mg	Tier 2	
carbidopa & levodopa tab 10-100 mg	Tier 2	
carbidopa & levodopa tab 25-100 mg	Tier 2	
carbidopa & levodopa tab 25-250 mg	Tier 2	
carbidopa & levodopa tab er 25-100 mg	Tier 2	
carbidopa & levodopa tab er 50-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 2	
entacapone TABS 200mg	Tier 2	
INBRIJA CAPS 42mg	Tier 5	NDS, QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
rasagiline mesylate TABS .5mg, 1mg	Tier 2	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
selegiline hcl CAPS 5mg; TABS 5mg	Tier 2	
trihexyphenidyl hcl SOLN .4mg/ml	Tier 3	
trihexyphenidyl hcl TABS 2mg, 5mg	Tier 2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	Tier 5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	Tier 5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	Tier 5	NDS, QL (1 vial / 28 days)
aripiprazole SOLN 1mg/ml	Tier 2	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Tier 2	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	Tier 2	QL (60 tabs / 30 days), ST

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	Tier 5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	Tier 5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 5	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	Tier 2	QL (60 tabs / 30 days)
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Tier 5	NDS, QL (60 tabs / 30 days), PA NSO
BYSANTI TAB PACK A	Tier 4	QL (2 packs / year), PA NSO
BYSANTI TAB PACK B	Tier 4	QL (2 packs / year), PA NSO
BYSANTI TAB PACK C	Tier 4	QL (2 packs / year), PA NSO
CAPLYTA CAPS 10.5mg, 21mg, 42mg	Tier 5	NDS, QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 2	
clozapine TABS 25mg, 50mg	Tier 2	
clozapine TABS 100mg	Tier 2	QL (270 tabs / 30 days)
clozapine TABS 200mg	Tier 2	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	Tier 2	PA NSO
clozapine TBDP 100mg	Tier 2	QL (270 tabs / 30 days), PA NSO
clozapine TBDP 150mg	Tier 2	QL (180 tabs / 30 days), PA NSO
clozapine TBDP 200mg	Tier 2	QL (120 tabs / 30 days), PA NSO
COBENFY CAP 50-20MG	Tier 5	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	Tier 5	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	Tier 5	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	Tier 5	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	Tier 4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Tier 5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	Tier 5	NDS, QL (2 syringes / year)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Tier 5	NDS, QL (60 tabs / 30 days), PA NSO
FANAPT PAK PACK A	Tier 4	QL (2 packs / year), PA NSO
FANAPT PAK PACK B	Tier 4	QL (2 packs / year), PA NSO
FANAPT PAK PACK C	Tier 4	QL (2 packs / year), PA NSO
fluphenazine decanoate SOLN 25mg/ml	Tier 2	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 2	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	Tier 2	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	Tier 2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	Tier 5	NDS, QL (1 syringe / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	Tier 4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Tier 5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	Tier 5	NDS, QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	Tier 2	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	Tier 2	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	Tier 5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	Tier 5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	Tier 5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	Tier 5	NDS, QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	Tier 2	
NUPLAZID CAPS 34mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA NSO
NUPLAZID TABS 10mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
olanzapine SOLR 10mg	Tier 2	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	Tier 2	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	Tier 2	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	Tier 2	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	Tier 2	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	Tier 5	NDS, QL (30 films / 30 days), PA NSO
OPIPZA FILM 10mg	Tier 5	NDS, QL (90 films / 30 days), PA NSO
paliperidone TB24 1.5mg, 3mg, 9mg	Tier 2	QL (30 tabs / 30 days)
paliperidone TB24 6mg	Tier 2	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	Tier 2	
pimozide TABS 1mg, 2mg	Tier 2	
quetiapine fumarate TABS 25mg	Tier 2	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	Tier 2	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	Tier 2	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	Tier 2	QL (60 tabs / 30 days), PA NSO
quetiapine fumarate TB24 150mg, 200mg	Tier 2	QL (30 tabs / 30 days), PA NSO
REXULTI TABS 3mg, 4mg	Tier 5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	Tier 5	NDS, QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	Tier 2	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
risperidone TBDP 1mg, 2mg, 3mg	Tier 2	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	Tier 2	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	Tier 2	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	Tier 2	QL (2 vials / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	Tier 5	NDS, QL (2 vials / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	Tier 5	NDS, QL (30 patches / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	Tier 2	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
VERSACLOZ SUSP 50mg/ml	Tier 5	NDS, QL (600 mL / 30 days), PA NSO
VRAYLAR CAPS 1.5mg	Tier 3	QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	Tier 3	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	Tier 2	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	Tier 2	QL (6 vials / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	Tier 5	NDS, QL (2 vials / 28 days), NM, PA NSO
ZYPREXA RELPREVV SUSR 405mg	Tier 5	NDS, QL (1 vial / 28 days), NM, PA NSO
ANTISEIZURE AGENTS		
brivaracetam SOLN 10mg/ml	Tier 2	QL (600 mL / 30 days), PA NSO
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 2	QL (60 tabs / 30 days), PA NSO
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 2	
clobazam SUSP 2.5mg/ml	Tier 2	QL (480 mL / 30 days), PA NSO
clobazam TABS 10mg, 20mg	Tier 2	QL (60 tabs / 30 days), PA NSO
clonazepam TABS 2mg; TBDP 2mg	Tier 2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	Tier 2	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	Tier 2	QL (180 tabs / 30 days), PA NSO; PA applies if 65 years and older
DIACOMIT CAPS 250mg	Tier 5	NDS, QL (360 caps / 30 days), NM, PA NSO
DIACOMIT CAPS 500mg	Tier 5	NDS, QL (180 caps / 30 days), NM, PA NSO
DIACOMIT PACK 250mg	Tier 5	NDS, QL (360 packets / 30 days), NM, PA NSO
DIACOMIT PACK 500mg	Tier 5	NDS, QL (180 packets / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
diazepam SOLN 5mg/5ml	Tier 2	QL (1200 mL / 30 days), PA NSO; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	Tier 2	QL (120 tabs / 30 days), PA NSO; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 2	
diazepam inj SOLN 5mg/ml	Tier 2	
diazepam intensol CONC 5mg/ml	Tier 2	QL (240 mL / 30 days), PA NSO; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	Tier 4	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg	Tier 2	
divalproex sodium TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml	Tier 5	NDS, QL (600 mL / 30 days), NM, PA NSO
eslicarbazepine acetate TABS 200mg, 400mg	Tier 2	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	Tier 2	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	Tier 2	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	Tier 2	
FINTEPLA SOLN 2.2mg/ml	Tier 5	NDS, QL (360 mL / 30 days), NM, PA NSO
gabapentin CAPS 100mg, 300mg	Tier 1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	Tier 1	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	Tier 2	QL (2160 mL / 30 days)
gabapentin TABS 600mg	Tier 2	QL (180 tabs / 30 days)
gabapentin TABS 800mg	Tier 2	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	Tier 2	
lacosamide TABS 50mg	Tier 2	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	Tier 2	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	Tier 2	QL (1200 mL / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
lamotrigine CHEW 5mg, 25mg	Tier 2	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 2	ST
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 2	
levetiracetam TB3D 250mg	Tier 2	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	Tier 2	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	Tier 2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	Tier 2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	Tier 2	
methsuximide CAPS 300mg	Tier 2	
NAYZILAM SOLN 5mg/0.1ml	Tier 4	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 2	
perampanel SUSP .5mg/ml	Tier 5	NDS, QL (680 mL / 28 days), PA NSO
perampanel TABS 2mg	Tier 2	QL (60 tabs / 30 days), PA NSO
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	Tier 2	QL (30 tabs / 30 days), PA NSO
phenobarbital ELIX 20mg/5ml	Tier 4	QL (1500 mL / 30 days), PA NSO; PA applies if 65 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Tier 3	QL (120 tabs / 30 days), PA NSO; PA applies if 65 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	Tier 4	PA NSO; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	Tier 2	
phenytoin CHEW 50mg; SUSP 125mg/5ml	Tier 2	
phenytoin sodium SOLN 50mg/ml	Tier 2	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	Tier 2	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2	QL (120 caps / 30 days)
pregabalin CAPS 200mg	Tier 2	QL (90 caps / 30 days)
pregabalin CAPS 225mg, 300mg	Tier 2	QL (60 caps / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
pregabalin SOLN 20mg/ml	Tier 2	QL (900 mL / 30 days), PA NSO; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	Tier 1	
relgaabi CAPS 300mg	Tier 1	QL (360 caps / 30 days)
relgaabi CAPS 400mg	Tier 1	QL (270 caps / 30 days)
roweepra TABS 500mg	Tier 2	
rufinamide SUSP 40mg/ml	Tier 5	NDS, QL (2400 mL / 30 days), PA NSO
rufinamide TABS 200mg	Tier 2	QL (480 tabs / 30 days), PA NSO
rufinamide TABS 400mg	Tier 2	QL (240 tabs / 30 days), PA NSO
SUBVENITE SUSP 10mg/ml	Tier 5	NDS, ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg	Tier 4	QL (60 films / 30 days), PA NSO
SYMPAZAN FILM 10mg, 20mg	Tier 5	NDS, QL (60 films / 30 days), PA NSO
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 2	
topiramate CPSP 15mg, 25mg, 50mg	Tier 2	
topiramate SOLN 25mg/ml	Tier 2	QL (480 mL / 30 days), PA NSO
topiramate TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	Tier 2	
valproic acid CAPS 250mg	Tier 2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 4	QL (10 blister packs / 30 days)
vigabatrin PACK 500mg	Tier 5	NDS, QL (180 packets / 30 days), NM, PA NSO
vigabatrin TABS 500mg	Tier 5	NDS, QL (180 tabs / 30 days), NM, PA NSO
vigadrone PACK 500mg	Tier 5	NDS, QL (180 packets / 30 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
vigadrone TABS 500mg	Tier 5	NDS, QL (180 tabs / 30 days), NM, PA NSO
VIGAFYDE SOLN 100mg/ml	Tier 5	NDS, QL (900 mL / 30 days), NM, PA NSO
XCOPRI TABS 25mg, 50mg, 100mg	Tier 5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	Tier 5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	Tier 4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	Tier 5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	Tier 5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	Tier 5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	Tier 5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	Tier 5	NDS, QL (900 mL / 30 days), PA NSO
zonisamide CAPS 25mg, 50mg, 100mg	Tier 2	
ZTALMY SUSP 50mg/ml	Tier 5	NDS, QL (1100 mL / 30 days), NM, PA NSO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	Tier 2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	Tier 2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	Tier 2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	Tier 2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	Tier 2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	Tier 2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	Tier 2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	Tier 2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	Tier 2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	Tier 2	QL (60 tabs / 30 days), PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
amphetamine-dextroamphetamine tab 15 mg	Tier 2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	Tier 2	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	Tier 2	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	Tier 2	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	Tier 2	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	Tier 2	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	Tier 2	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	Tier 2	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	Tier 3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl (adhd) TB24 3mg	Tier 3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
methylphenidate hcl SOLN 5mg/5ml	Tier 2	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	Tier 2	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	Tier 2	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	Tier 2	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	Tier 3	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	Tier 2	QL (30 tabs / 30 days)
ramelteon TABS 8mg	Tier 2	QL (30 tabs / 30 days)
tasimelteon CAPS 20mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	Tier 2	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	Tier 2	QL (60 caps / 30 days), PA; PA applies if 65 years and older

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
zolpidem tartrate TABS 5mg, 10mg	Tier 2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	Tier 3	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 4mg/ml	Tier 2	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	Tier 3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	Tier 3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	Tier 3	QL (2 syringes / 30 days), NM, PA
ergotamine w/ caffeine tab 1-100 mg	Tier 2	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	Tier 2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	Tier 3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	Tier 3	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	Tier 2	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	Tier 2	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	Tier 2	QL (12 units / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml	Tier 2	QL (12 syringes / 30 days)
sumatriptan succinate SOLN 6mg/0.5ml	Tier 2	QL (12 vials / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	Tier 1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	Tier 3	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	Tier 5	NDS, QL (2 packs / year), NM, PA
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	Tier 2	QL (60 caps / 30 days), PA
lithium SOLN 8meq/5ml	Tier 2	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	Tier 1	
lithium carbonate TBCR 300mg, 450mg	Tier 2	
NUEDEXTA CAP 20-10MG	Tier 5	NDS, QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	Tier 2	
riluzole TABS 50mg	Tier 2	
tetrabenazine TABS 12.5mg	Tier 2	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	Tier 5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA NSO
BETASERON KIT .3mg	Tier 5	NDS, QL (14 kits / 28 days), NM, PA NSO
COPAXONE SOSY 20mg/ml	Tier 5	NDS, QL (30 syringes / 30 days), NM, PA NSO
COPAXONE SOSY 40mg/ml	Tier 5	NDS, QL (12 syringes / 28 days), NM, PA NSO
dalfampridine TB12 10mg	Tier 2	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	Tier 5	NDS, QL (30 caps / 30 days), NM, PA NSO
glatiramer acetate SOSY 20mg/ml	Tier 5	NDS, QL (30 syringes / 30 days), NM, PA NSO
glatiramer acetate SOSY 40mg/ml	Tier 5	NDS, QL (12 syringes / 28 days), NM, PA NSO
glatopa SOSY 20mg/ml	Tier 5	NDS, QL (30 syringes / 30 days), NM, PA NSO
glatopa SOSY 40mg/ml	Tier 5	NDS, QL (12 syringes / 28 days), NM, PA NSO
KESIMPTA SOAJ 20mg/0.4ml	Tier 5	NDS, QL (16 pens / 365 days), NM, PA NSO

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	Tier 2	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	Tier 2	
cyclobenzaprine hcl TABS 5mg, 10mg	Tier 3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	Tier 2	
tizanidine hcl TABS 2mg, 4mg	Tier 2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	Tier 2	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	Tier 2	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	Tier 2	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	Tier 2	QL (60 tabs / 30 days), PA
sodium oxybate SOLN 500mg/ml	Tier 5	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	Tier 2	
buprenorphine hcl SUBL 2mg	Tier 2	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	Tier 2	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 2	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 2	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 2	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 2	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	Tier 2	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	Tier 2	
KLOXXADO LIQD 8mg/0.1ml	Tier 3	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 2	
naltrexone hcl TABS 50mg	Tier 2	
NICOTROL NS SOLN 10mg/ml	Tier 4	
varenicline tartrate TABS .5mg, 1mg	Tier 2	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 2	QL (2 packs / year)
VIVITROL SUSR 380mg	Tier 5	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	Tier 2	
depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 2	PA
testosterone GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm	Tier 2	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 2	PA
testosterone enanthate SOLN 200mg/ml	Tier 2	PA
testosterone pump GEL 20.25mg/act	Tier 2	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 2	
dapagliflozin TABS 5mg, 10mg	Tier 1	QL (30 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 5-500 mg	Tier 1	QL (60 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	Tier 1	QL (60 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 10-500 mg	Tier 1	QL (30 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	Tier 1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	Tier 3	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	Tier 1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	Tier 1	QL (60 tabs / 30 days)
glipizide TABS 5mg	Tier 6	QL (240 tabs / 30 days)
glipizide TABS 10mg	Tier 6	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	Tier 6	QL (90 tabs / 30 days)
glipizide TB24 10mg	Tier 6	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 3	QL (30 tabs / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
GLYXAMBI TAB 25-5 MG	Tier 3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	Tier 3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	Tier 3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	Tier 3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	Tier 3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	Tier 3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	Tier 3	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	Tier 6	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	Tier 6	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	Tier 6	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	Tier 6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	Tier 6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	Tier 3	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	Tier 1	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	Tier 3	QL (30 tabs / 30 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	Tier 3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	Tier 3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	Tier 3	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	Tier 6	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 TABS 2mg	Tier 1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	Tier 1	QL (120 tabs / 30 days)
sitagliptin phosphate TABS 25mg, 50mg, 100mg	Tier 1	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	Tier 1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	Tier 1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	Tier 1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	Tier 1	QL (60 tabs / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	Tier 1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	Tier 3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Tier 3	QL (4 pens / 28 days), PA
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 3	PA
CEQUR EXT WR MIS INSERTER	Tier 4	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	Tier 4	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	Tier 4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	Tier 4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	Tier 4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	Tier 3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 3	
FIASP PENFILL SOCT 100unit/ml	Tier 3	
FIASP PUMPCART SOCT 100unit/ml	Tier 3	B/D
GAUZE PADS 2" X 2"	Tier 3	PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 5	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 3	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 3	PA
LANTUS SOLN 100unit/ml	Tier 3	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 3	
NOVOLIN INJ 70/30	Tier 3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	Tier 3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	Tier 3	(brand RELION not covered)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
NOVOLIN N FLEXPEN SUPN 100unit/ml	Tier 3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	Tier 3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	Tier 3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	Tier 3	B/D; (brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	Tier 3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	Tier 3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	Tier 3	
OMNIPOD5 LIB KIT INTRO	Tier 4	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	Tier 4	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	Tier 4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	Tier 4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	Tier 4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	Tier 4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	Tier 3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 3	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 3	
XULTOPHY INJ 100/3.6	Tier 3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg, 70mg	Tier 1	
BILDYOS SOSY 60mg/ml	Tier 4	QL (1 syringe / 180 days), NM
calcitonin (salmon) spray SOLN 200unit/act	Tier 2	B/D
ibandronate sodium TABS 150mg	Tier 2	B/D
OSPOMYV SOSY 60mg/ml	Tier 4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 4	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
TYMLOS SOPN 3120mcg/1.56ml	Tier 5	NDS, QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	Tier 5	NDS, NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
XTRENBO SOLN 120mg/1.7ml	Tier 4	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	Tier 2	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 5	NDS
deferasirox TABS 90mg; TBSO 125mg	Tier 2	NM, PA
deferasirox TABS 180mg, 360mg	Tier 4	NM, PA
deferasirox TBSO 250mg, 500mg	Tier 5	NDS, NM, PA
kionex SUSP 15gm/60ml	Tier 2	
LOKELMA PACK 5gm, 10gm	Tier 3	
penicillamine TABS 250mg	Tier 5	NDS, NM
sodium polystyrene sulfonate SUSP 15gm/60ml	Tier 2	
sodium polystyrene sulfonate powder	Tier 2	
sps SUSP 15gm/60ml	Tier 2	
sps rectal SUSP 15gm/60ml	Tier 2	
trientine hcl CAPS 250mg	Tier 5	NDS, NM, PA
CONTRACEPTIVES		
afirmelle	Tier 2	
altavera	Tier 2	
alyacen 1/35	Tier 2	
alyacen 7/7/7	Tier 2	
apri	Tier 2	
aranelle	Tier 2	
aubra eq	Tier 2	
aurovela 1/20	Tier 2	
aurovela fe 1.5/30	Tier 2	
aurovela fe 1/20	Tier 2	
aviane	Tier 2	
ayuna	Tier 2	
azurette	Tier 2	
balziva	Tier 2	
blisovi fe 1.5/30	Tier 2	
blisovi fe 1/20	Tier 2	
briellyn	Tier 2	
camila TABS .35mg	Tier 2	
chateal eq	Tier 2	
cryselle	Tier 2	
cyred eq	Tier 2	
dasetta 1/35	Tier 2	
dasetta 7/7/7	Tier 2	
deblitane TABS .35mg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 2	
elinest	Tier 2	
eluryng	Tier 2	
emzahh TABS .35mg	Tier 2	
enilloring	Tier 2	
enskyce	Tier 2	
errin TABS .35mg	Tier 2	
estarylla	Tier 2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	Tier 2	
falmina	Tier 2	
feirza 1.5/30	Tier 2	
feirza 1/20	Tier 2	
hailey 1.5/30	Tier 2	
hailey fe 1/20	Tier 2	
heather TABS .35mg	Tier 2	
iclevia	Tier 2	
incassia TABS .35mg	Tier 2	
introvale	Tier 2	
isibloom	Tier 2	
jasmiel	Tier 2	
jencycla TABS .35mg	Tier 2	
jolessa	Tier 2	
juleber	Tier 2	
junel 1.5/30	Tier 2	
junel 1/20	Tier 2	
junel fe 1.5/30	Tier 2	
junel fe 1/20	Tier 2	
kariva	Tier 2	
kelnor 1/35	Tier 2	
kurvelo	Tier 2	
larin 1.5/30	Tier 2	
larin 1/20	Tier 2	
larin fe 1.5/30	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
larin fe 1/20	Tier 2	
lessina	Tier 2	
levonest	Tier 2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 2	
LILETTA IUD 20.1mcg/day	Tier 3	NM
loestrin 1.5/30-21	Tier 2	
loestrin 1/20-21	Tier 2	
loestrin fe 1.5/30	Tier 2	
loestrin fe 1/20	Tier 2	
loryna	Tier 2	
luizza 1.5/30	Tier 2	
luizza 1/20	Tier 2	
lutera	Tier 2	
lyleq TABS .35mg	Tier 2	
lyza TABS .35mg	Tier 2	
marlissa	Tier 2	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2	
meleya TABS .35mg	Tier 2	
microgestin 1.5/30	Tier 2	
microgestin 1/20	Tier 2	
microgestin fe 1.5/30	Tier 2	
microgestin fe 1/20	Tier 2	
mili	Tier 2	
mono-linyah	Tier 2	
necon 0.5/35-28	Tier 2	
NEXPLANON IMPL 68mg	Tier 3	NM
nikki	Tier 2	
nora-be TABS .35mg	Tier 2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	Tier 2	
norethindrone (contraceptive) TABS .35mg	Tier 2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 2	
norlyroc TABS .35mg	Tier 2	
nortrel 0.5/35 (28)	Tier 2	
nortrel 1/35 (21)	Tier 2	
nortrel 1/35 (28)	Tier 2	
nortrel 7/7/7	Tier 2	
nylia 1/35	Tier 2	
nylia 7/7/7	Tier 2	
orquidea TABS .35mg	Tier 2	
philith	Tier 2	
pimtrea	Tier 2	
portia-28	Tier 2	
reclipsen	Tier 2	
setlakin	Tier 2	
sharobel TABS .35mg	Tier 2	
simliya	Tier 2	
sprintec 28	Tier 2	
syeda	Tier 2	
tarina fe 1/20 eq	Tier 2	
tilia fe	Tier 2	
tri-estarylla	Tier 2	
tri-legest fe	Tier 2	
tri-linyah	Tier 2	
tri-lo-estarylla	Tier 2	
tri-lo-marzia	Tier 2	
tri-lo-mili	Tier 2	
tri-lo-sprintec	Tier 2	
tri-mili	Tier 2	
tri-sprintec	Tier 2	
tri-vylibra	Tier 2	
tri-vylibra lo	Tier 2	
turqoz	Tier 2	
valtya 1/35	Tier 2	
valtya 1/50	Tier 2	
velivet	Tier 2	
vestura	Tier 2	
vienva	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
viorele	Tier 2	
vyfemla	Tier 2	
vylibra	Tier 2	
wera	Tier 2	
xarah fe	Tier 2	
xulane	Tier 2	
zafemy	Tier 2	
zovia 1/35	Tier 2	
zumandimine	Tier 2	
ESTROGENS		
abigale	Tier 2	
abigale lo	Tier 2	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	Tier 2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 2	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 2	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	Tier 2	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 2	
fyavolv tab 0.5mg-2.5mcg	Tier 2	
fyavolv tab 1mg-5mcg	Tier 2	
jinteli	Tier 2	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
mimvey	Tier 2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 2	
yuvafem TABS 10mcg	Tier 2	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 2	
fludrocortisone acetate TABS .1mg	Tier 2	
hydrocortisone TABS 5mg, 10mg, 20mg	Tier 2	
hydrocortisone sod succinate SOLR 100mg	Tier 2	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	Tier 2	B/D
methylprednisolone TBPK 4mg	Tier 2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	Tier 2	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	Tier 2	B/D
prednisolone SOLN 15mg/5ml	Tier 2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 2	B/D
prednisone SOLN 5mg/5ml	Tier 2	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
prednisone TBPK 5mg, 10mg	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	Tier 2	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 3	
GVOKE KIT SOLN 1mg/0.2ml	Tier 3	
GVOKE PFS SOSY 1mg/0.2ml	Tier 3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 5	NDS, NM, PA
betaine powder for oral solution	Tier 5	NDS, NM
cabergoline TABS .5mg	Tier 2	
carglumic acid TBSO 200mg	Tier 5	NDS, NM, PA
CERDELGA CAPS 84mg	Tier 5	NDS, NM, PA
CEREZYME SOLR 400unit	Tier 5	NDS, NM, PA
cinacalcet hcl TABS 30mg, 60mg	Tier 2	B/D, QL (60 tabs / 30 days), NM

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
cinacalcet hcl TABS 90mg	Tier 2	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	Tier 4	NM, PA
desmopressin acetate SOLN 4mcg/ml; TABS .1mg, .2mg	Tier 2	
desmopressin acetate spray SOLN .01%	Tier 2	
desmopressin acetate spray refrigerated SOLN .01%	Tier 2	
FABRAZYME SOLR 5mg, 35mg	Tier 5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	Tier 5	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	Tier 3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	Tier 5	NDS, NM, PA
ISTURISA TABS 1mg	Tier 5	NDS, QL (240 tabs / 30 days), NM, PA
ISTURISA TABS 5mg	Tier 5	NDS, QL (360 tabs / 30 days), NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	Tier 5	NDS, NM, PA
lanreotide acetate SOLN 120mg/0.5ml	Tier 5	NDS, NM, PA NSO
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	Tier 2	B/D
LUMIZYME SOLR 50mg	Tier 5	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	Tier 5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	Tier 5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	Tier 5	NDS, NM, PA
mifepristone (hyperglycemia) TABS 300mg	Tier 5	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	Tier 5	NDS, NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	Tier 5	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 2	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 5	NDS, NM, PA
raloxifene hcl TABS 60mg	Tier 2	
REVCOVI SOLN 2.4mg/1.5ml	Tier 5	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	Tier 5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 5	NDS, NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	Tier 5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 5	NDS, NM, PA
SYNAREL SOLN 2mg/ml	Tier 5	NDS, PA
tolvaptan TABS 15mg, 30mg	Tier 5	NDS, NM, PA; (generic of JYNARQUE)
tolvaptan TBPK 15mg	Tier 5	NDS, NM, PA
tolvaptan tab therapy pack 30 & 15 mg	Tier 5	NDS, NM, PA
tolvaptan tab therapy pack 45 & 15 mg	Tier 5	NDS, NM, PA
tolvaptan tab therapy pack 60 & 30 mg	Tier 5	NDS, NM, PA
tolvaptan tab therapy pack 90 & 30 mg	Tier 5	NDS, NM, PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	Tier 3	QL (4 pens / 28 days), PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg	Tier 3	QL (30 tabs / 30 days), PA
zelvysia PACK 100mg, 500mg	Tier 5	NDS, NM, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	Tier 2	B/D, QL (360 caps / 30 days)
sevelamer carbonate TABS 800mg	Tier 2	B/D, QL (540 tabs / 30 days)
PROGESTINS		
gallifrey TABS 5mg	Tier 2	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	Tier 1	
megestrol acetate SUSP 40mg/ml	Tier 3	
megestrol acetate (appetite) SUSP 625mg/5ml	Tier 4	PA
norethindrone acetate TABS 5mg	Tier 2	
progesterone CAPS 100mg, 200mg	Tier 2	
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2	
liomny TABS 5mcg, 25mcg, 50mcg	Tier 2	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	Tier 2	
methimazole TABS 5mg, 10mg	Tier 1	
propylthiouracil TABS 50mg	Tier 2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	Tier 2	B/D
calcitriol (oral) SOLN 1mcg/ml	Tier 2	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	Tier 2	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg	Tier 2	B/D
aprepitant CAPS 125mg	Tier 5	NDS, B/D
aprepitant capsule therapy pack 80 & 125 mg	Tier 2	B/D
compro SUPP 25mg	Tier 2	
dronabinol CAPS 2.5mg, 5mg, 10mg	Tier 2	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	Tier 2	
granisetron hcl TABS 1mg	Tier 2	B/D
meclizine hcl TABS 12.5mg, 25mg	Tier 2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	Tier 2	
metoclopramide hcl TABS 5mg, 10mg	Tier 1	
ondansetron TBDP 4mg, 8mg	Tier 2	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 2	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 2	B/D

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
prochlorperazine SUPP 25mg	Tier 2	
prochlorperazine edisylate SOLN 10mg/2ml	Tier 2	
prochlorperazine maleate TABS 5mg, 10mg	Tier 2	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml	Tier 4	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl TABS 12.5mg, 25mg, 50mg	Tier 2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	Tier 4	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	Tier 3	PA; PA applies if 65 years and older
dicyclomine hcl SOLN 10mg/5ml	Tier 4	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	Tier 2	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	Tier 2	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	Tier 2	
famotidine TABS 20mg, 40mg	Tier 1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 2	
nizatidine CAPS 150mg, 300mg	Tier 2	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	Tier 2	
budesonide CPEP 3mg	Tier 2	QL (90 caps / 30 days)
budesonide TB24 9mg	Tier 2	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	Tier 2	
mesalamine CP24 .375gm	Tier 2	QL (120 caps / 30 days)
mesalamine CPDR 400mg	Tier 2	QL (180 caps / 30 days)
mesalamine ENEM 4gm	Tier 2	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	Tier 2	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	Tier 2	QL (120 tabs / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
mesalamine w/ cleanser KIT 4gm	Tier 2	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg; TBEC 500mg	Tier 2	
LAXATIVES		
constulose SOLN 10gm/15ml	Tier 2	
enulose SOLN 10gm/15ml	Tier 2	
gavilyte-c	Tier 1	
gavilyte-g	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac SOLN 10gm/15ml	Tier 2	
lactulose SOLN 10gm/15ml	Tier 2	
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 2	
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	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 2	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	Tier 2	QL (60 tabs / 30 days), PA
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	Tier 2	
CREON CAP 3000UNIT	Tier 3	
CREON CAP 6000UNIT	Tier 3	
CREON CAP 12000UNT	Tier 3	
CREON CAP 24000UNT	Tier 3	
CREON CAP 36000UNT	Tier 3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	Tier 2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 4	
GATTEX KIT 5mg	Tier 5	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	Tier 3	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	Tier 2	
lubiprostone CAPS 8mcg, 24mcg	Tier 2	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	Tier 2	
MOVANTIK TABS 12.5mg, 25mg	Tier 3	QL (30 tabs / 30 days)
sucralfate TABS 1gm	Tier 2	
TALICIA CAP	Tier 3	
ursodiol CAPS 300mg; TABS 250mg, 500mg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
VOQUEZNA PAK DUAL PAK	Tier 3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	Tier 3	QL (2 kits / year), PA
VOWST CAP	Tier 5	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	Tier 5	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	Tier 3	PA
ZENPEP CAP 3000UNIT	Tier 4	
ZENPEP CAP 5000UNIT	Tier 4	
ZENPEP CAP 10000UNT	Tier 4	
ZENPEP CAP 15000UNT	Tier 4	
ZENPEP CAP 20000UNT	Tier 4	
ZENPEP CAP 25000UNT	Tier 4	
ZENPEP CAP 40000UNT	Tier 4	
ZENPEP CAP 60000UNT	Tier 4	
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg	Tier 2	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	Tier 2	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	Tier 1	
pantoprazole sodium SOLR 40mg	Tier 2	
pantoprazole sodium TBEC 20mg, 40mg	Tier 1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	Tier 1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	Tier 2	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 2	QL (30 caps / 30 days)
finasteride TABS 5mg	Tier 1	QL (30 tabs / 30 days)
tadalafil TABS 5mg	Tier 2	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	Tier 1	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	Tier 2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	Tier 2	
FILSPARI TABS 200mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA
FILSPARI TABS 400mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	Tier 2	
TARPEYO CPDR 4mg	Tier 5	NDS, QL (120 caps / 30 days), NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg	Tier 3	QL (30 tabs / 30 days)
mirabegron SRER 8mg/ml	Tier 2	QL (300 mL / 28 days)
mirabegron TB24 25mg, 50mg	Tier 2	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	Tier 2	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	Tier 2	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	Tier 2	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	Tier 2	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	Tier 2	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	Tier 2	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	Tier 2	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	Tier 2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	Tier 2	
metronidazole vaginal GEL .75%	Tier 2	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	Tier 2	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	Tier 2	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	Tier 2	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	Tier 3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	Tier 3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	Tier 3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	Tier 3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	Tier 3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	Tier 3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	Tier 3	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 2	
fondaparinux sodium SOLN 2.5mg/0.5ml	Tier 2	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 5	NDS
HEP SOD/NACL INJ 25000UNT	Tier 4	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
rivaroxaban SUSR 1mg/ml	Tier 2	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	Tier 2	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO TABS 10mg, 15mg, 20mg	Tier 3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	Tier 3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	Tier 5	NDS, QL (2 syringes / 28 days), NM, PA
LEUKINE SOLR 250mcg	Tier 5	NDS, NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	Tier 2	
BERINERT KIT 500unit	Tier 5	NDS, QL (24 kits / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 5	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	Tier 5	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 4	
HAEGARDA SOLR 2000unit	Tier 5	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	Tier 5	NDS, QL (20 vials / 30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	Tier 5	NDS, QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	Tier 5	NDS, NM, PA
pentoxifylline TBCR 400mg	Tier 1	
sajazir SOSY 30mg/3ml	Tier 5	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	Tier 4	
SIKLOS TABS 1000mg	Tier 5	NDS
TAVNEOS CAPS 10mg	Tier 5	NDS, QL (180 caps / 30 days), NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	Tier 2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 2	
clopidogrel bisulfate TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg	Tier 4	PA; PA applies if 65 years and older
prasugrel hcl TABS 5mg, 10mg	Tier 2	
ticagrelor TABS 60mg, 90mg	Tier 2	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	Tier 5	NDS, QL (6 pens / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	Tier 5	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	Tier 5	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	Tier 5	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	Tier 5	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	Tier 5	NDS, QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	Tier 5	NDS, QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	Tier 5	NDS, QL (20 syringes / 365 days), NM, PA
ENBREL SOLN 25mg/0.5ml	Tier 5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	Tier 5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	Tier 5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	Tier 5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	Tier 5	NDS, QL (8 pens / 28 days), NM, PA
ENTYVIO PEN SOAJ 108mg/0.68ml	Tier 5	NDS, QL (2 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	Tier 5	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	Tier 5	NDS, QL (6 pens / 28 days), NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
INFLIXIMAB SOLR 100mg	Tier 5	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	Tier 5	NDS, QL (28 syringes / 28 days), NM, PA
OTEZLA TABS 20mg, 30mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	Tier 5	NDS, QL (2 packs / year), NM, PA
OTEZLA TAB 10/20/30	Tier 5	NDS, QL (2 packs / year), NM, PA
OTEZLA XR TB24 75mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA
OTEZLA/XR TAB 28 DAY	Tier 5	NDS, QL (2 packs / year), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	Tier 3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	Tier 5	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	Tier 3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	Tier 5	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	Tier 3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	Tier 5	NDS, QL (1 syringe / 28 days), NM, PA
RENFLEXIS SOLR 100mg	Tier 5	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	Tier 5	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	Tier 5	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	Tier 5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	Tier 5	NDS, NM, PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml	Tier 5	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	Tier 5	NDS, QL (6 pens / 365 days), NM, PA
tofacitinib citrate SOLN 1mg/ml	Tier 5	NDS, QL (480 mL / 24 days), NM, PA
tofacitinib citrate TABS 5mg, 10mg	Tier 5	NDS, QL (60 tabs / 30 days), NM, PA
tofacitinib citrate TB24 11mg, 22mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
TREMFYA SOAJ 200mg/2ml	Tier 5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	Tier 5	NDS, NM, PA
TREMFYA SOPN 100mg/ml	Tier 5	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	Tier 5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	Tier 5	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	Tier 5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	Tier 5	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	Tier 5	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 5	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	Tier 5	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	Tier 3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	Tier 3	NM, PA
YESINTEK SOSY 45mg/0.5ml	Tier 3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	Tier 5	NDS, QL (1 syringe / 28 days), NM, PA
ZYMFENTRA 2-PEN AJKT 120mg/ml	Tier 5	NDS, QL (2 pens / 28 days), NM, PA
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml	Tier 5	NDS, QL (2 syringes / 28 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	Tier 2	
JYLAMVO SOLN 2mg/ml	Tier 4	B/D
leflunomide TABS 10mg, 20mg	Tier 2	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	Tier 2	
XATMEP SOLN 2.5mg/ml	Tier 4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 5	NDS, NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
GAMASTAN INJ	Tier 4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	Tier 5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml	Tier 4	NM, PA
OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 5	NDS, NM, PA NSO
ARCALYST SOLR 220mg	Tier 5	NDS, NM, PA
VYVGART SOLN 400mg/20ml	Tier 5	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 5	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 4	B/D, NM
azathioprine TABS 50mg	Tier 2	B/D
BENLYSTA SOAJ 200mg/ml	Tier 5	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	Tier 5	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	Tier 5	NDS, QL (8 syringes / 28 days), NM, PA
cyclosporine CAPS 25mg, 100mg	Tier 2	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 2	B/D, NM
ENVARSUS XR TB24 .75mg, 1mg, 4mg	Tier 4	B/D, NM

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
everolimus (immunosuppressant) TABS 1mg	Tier 5	NDS, B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	Tier 2	B/D, NM
gengraf CAPS 25mg, 100mg	Tier 2	B/D, NM
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	Tier 2	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	Tier 2	B/D, NM
NULOJIX SOLR 250mg	Tier 5	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	Tier 4	B/D, NM
REZUROCK TABS 200mg	Tier 5	NDS, QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 2	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg	Tier 2	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
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
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml	Tier 1	QL (2 vials per lifetime)
SHINGRIX SUSY 50mcg/0.5ml	Tier 1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA SUSY .5ml	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	Tier 4	
D5W/NACL INJ 0.2%	Tier 4	
D5W/NACL INJ 0.45%	Tier 4	
D10W/NACL INJ 0.2%	Tier 4	
D10W/NACL INJ 0.45%	Tier 4	
dextrose 2.5% w/ sodium chloride 0.45%	Tier 4	
dextrose 5% in lactated ringers	Tier 4	
dextrose 5% w/ sodium chloride 0.3%	Tier 4	
dextrose 5% w/ sodium chloride 0.9%	Tier 4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
dextrose 5% w/ sodium chloride 0.45%	Tier 4	
dextrose 5% w/ sodium chloride 0.225%	Tier 4	
ISOLYTE-P INJ /D5W	Tier 4	
ISOLYTE-S INJ PH 7.4	Tier 4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 4	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 4	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 4	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	Tier 4	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 4	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 4	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	Tier 4	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 4	
KCL/D5W/NACL INJ 0.15/0.2	Tier 4	
lactated ringer's solution	Tier 4	
magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	Tier 4	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	Tier 4	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 4	
multiple electrolytes ph 5.5	Tier 4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 4	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 4	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 4	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
TPN ELECTROL INJ	Tier 4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 2	
klor-con 8 TBCR 8meq	Tier 1	
klor-con 10 TBCR 10meq	Tier 1	
klor-con m10 TBCR 10meq	Tier 1	
klor-con m15 TBCR 15meq	Tier 2	
klor-con m20 TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 3	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	Tier 2	
potassium chloride TBCR 8meq, 10meq, 20meq	Tier 1	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	Tier 1	
potassium chloride microencapsulated crystals er TBCR 15meq	Tier 2	
PRENATAL TAB 27-1MG	Tier 3	
PRENATAL TAB PLUS	Tier 3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 2	
WESTAB PLUS TAB 27-1MG	Tier 3	
IV NUTRITION		
aminosyn ii soln 15%	Tier 4	B/D
AMINOSYN INJ 10%	Tier 4	B/D
AMINOSYN-PF INJ 10%	Tier 4	B/D
CLINIMIX INJ 4.25/D5W	Tier 4	B/D
CLINIMIX INJ 4.25/D10	Tier 4	B/D
CLINIMIX INJ 5%/D15W	Tier 4	B/D
CLINIMIX INJ 5%/D20W	Tier 4	B/D
CLINIMIX INJ 6/5	Tier 4	B/D
CLINIMIX INJ 8/10	Tier 4	B/D
CLINIMIX INJ 8/14	Tier 4	B/D
clinisol sf 15%	Tier 4	B/D
CLINOLIPID EMU 20%	Tier 4	B/D
dextrose SOLN 5%, 10%	Tier 4	
dextrose SOLN 50%	Tier 4	B/D
DEXTROSE 10% SOLN 10%	Tier 4	
DEXTROSE 70% SOLN 70%	Tier 4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 4	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 4	B/D
plenamine	Tier 4	B/D

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
PREMASOL SOL 10%	Tier 5	NDS, B/D
PROSOL INJ 20%	Tier 4	B/D
TRAVASOL INJ 10%	Tier 4	B/D
TROPHAMINE INJ 10%	Tier 4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 2	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	Tier 2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 2	
neomycin-polymyxin-hc ophth susp	Tier 2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 2	
TOBRADEX OIN 0.3-0.1%	Tier 3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 2	

ANTI-INFECTIVES

bacitracin-polymyxin b ophth oint	Tier 1	
besifloxacin hcl SUSP .6%	Tier 2	
CILOXAN OINT .3%	Tier 3	
ciprofloxacin hcl (ophth) SOLN .3%	Tier 1	
erythromycin (ophth) OINT 5mg/gm	Tier 1	
gatifloxacin (ophth) SOLN .5%	Tier 2	
gentamicin sulfate (ophth) SOLN .3%	Tier 1	
moxifloxacin hcl (ophth) SOLN .5%	Tier 2	QL (12 mL / 30 days)
NATACYN SUSP 5%	Tier 4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 2	
ofloxacin (ophth) SOLN .3%	Tier 2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium (ophth) SOLN 10%	Tier 2	
tobramycin (ophth) SOLN .3%	Tier 1	
trifluridine SOLN 1%	Tier 2	
XDEMVY SOLN .25%	Tier 5	NDS, NM, PA
ZIRGAN GEL .15%	Tier 4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 2	
diclofenac sodium (ophth) SOLN .1%	Tier 2	
fluorometholone (ophth) SUSP .1%	Tier 2	
flurbiprofen sodium SOLN .03%	Tier 2	
ketorolac tromethamine (ophth) SOLN .4%, .5%	Tier 2	
LOTEMAX OINT .5%	Tier 3	
prednisolone acetate (ophth) SUSP 1%	Tier 2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	Tier 2	
cromolyn sodium (ophth) SOLN 4%	Tier 1	
ZERVIATE SOLN .24%	Tier 4	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	Tier 2	
brimonidine tartrate SOLN .2%	Tier 1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	Tier 2	
brinzolamide SUSP 1%	Tier 2	ST
carteolol hcl (ophth) SOLN 1%	Tier 2	
COMBIGAN SOL 0.2/0.5%	Tier 3	
dorzolamide hcl SOLN 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	Tier 1	
latanoprost SOLN .005%	Tier 1	
levobunolol hcl SOLN .5%	Tier 2	
LUMIGAN SOLN .01%	Tier 3	
pilocarpine hcl SOLN 1%, 2%, 4%	Tier 2	
RHOPRESSA SOLN .02%	Tier 4	
ROCKLATAN DRO	Tier 4	
SIMBRINZA SUS 1-0.2%	Tier 4	
timolol maleate (ophth) SOLG .25%, .5%	Tier 2	
timolol maleate (ophth) SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 3	
atropine sulfate (ophthalmic) SOLN 1%	Tier 2	
CYSTADROPS SOLN .37%	Tier 5	NDS, NM, PA
CYSTARAN SOLN .44%	Tier 5	NDS, NM, PA
EYSUVIS SUSP .25%	Tier 4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
MIEBO SOLN 1.338gm/ml	Tier 3	
proparacaine hcl SOLN .5%	Tier 2	
RESTASIS EMUL .05%	Tier 3	
RESTASIS MULTIDOSE EMUL .05%	Tier 3	
XIIDRA SOLN 5%	Tier 3	

OTIC

OTIC AGENTS

acetic acid (otic) SOLN 2%	Tier 2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 2	
fluocinolone acetonide (otic) OIL .01%	Tier 2	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 2	
neomycin-polymyxin-hc otic soln 1%	Tier 2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2	
ofloxacin (otic) SOLN .3%	Tier 2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	Tier 3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	Tier 3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 9MCG	Tier 3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	Tier 3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	Tier 4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	Tier 4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 3	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	Tier 2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ipratropium bromide hfa AERS 17mcg/act	Tier 2	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	Tier 4	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
azelastine hcl SOLN .1%	Tier 2	
cetirizine hcl SOLN 5mg/5ml	Tier 1	QL (300 mL / 30 days)
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	Tier 3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
diphenhydramine hcl SOLN 50mg/ml	Tier 2	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	Tier 4	PA; PA applies if 65 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	Tier 3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	Tier 2	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	Tier 2	QL (30 tabs / 30 days)
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	Tier 2	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	Tier 2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	Tier 2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 2	
levalbuterol tartrate AERO 45mcg/act	Tier 2	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	Tier 3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg	Tier 2	
montelukast sodium TABS 10mg	Tier 1	
zafirlukast TABS 10mg, 20mg	Tier 2	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 2	B/D
cromolyn sodium NEBU 20mg/2ml	Tier 2	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	Tier 2	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	Tier 2	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	Tier 5	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	Tier 5	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	Tier 5	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	Tier 5	NDS, QL (56 tabs / 28 days), NM, PA
nintedanib esylate CAPS 100mg, 150mg	Tier 5	NDS, QL (60 caps / 30 days), NM, PA
NUCALA SOAJ 100mg/ml	Tier 5	NDS, QL (3 pens / 28 days), NM, PA
NUCALA SOLR 100mg	Tier 5	NDS, QL (3 vials / 28 days), NM, PA
NUCALA SOSY 40mg/0.4ml	Tier 5	NDS, QL (1 syringe / 28 days), NM, PA
NUCALA SOSY 100mg/ml	Tier 5	NDS, QL (3 syringes / 28 days), NM, PA
OFEV CAPS 100mg, 150mg	Tier 5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	Tier 5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	Tier 5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	Tier 5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	Tier 5	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	Tier 5	NDS, QL (112 tabs / 28 days), NM, PA
pirfenidone CAPS 267mg	Tier 5	NDS, QL (270 caps / 30 days), NM, PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
pirfenidone TABS 267mg	Tier 5	NDS, QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	Tier 5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 5	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 5	NDS, NM, PA
roflumilast TABS 250mcg	Tier 2	QL (56 tabs / year)
roflumilast TABS 500mcg	Tier 2	QL (30 tabs / 30 days)
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 2	
TRIKAFTA PAK 59.5MG	Tier 5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	Tier 5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 5	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 5	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	Tier 5	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	Tier 5	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	Tier 5	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	Tier 5	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	Tier 5	NDS, QL (8 syringes / 28 days), NM, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	Tier 2	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	Tier 2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	Tier 4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act	Tier 4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Tier 3	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	Tier 2	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	Tier 3	QL (1 inhaler / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ADVAIR HFA AER 115/21	Tier 3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	Tier 3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	Tier 3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	Tier 3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	Tier 3	QL (60 blisters / 30 days)
breyna	Tier 2	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	Tier 2	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	Tier 2	QL (3 inhalers / 30 days)
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	Tier 2	QL (60 blisters / 30 days)
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	Tier 2	QL (60 blisters / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	Tier 2	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	Tier 2	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	Tier 2	QL (60 inhalations / 30 days)
wixela inhub	Tier 2	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
benzoyl peroxide-erythromycin gel 5-3%	Tier 2	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Tier 2	QL (45 gm / 30 days)
clindamycin phosphate (topical) GEL 1%	Tier 2	QL (75 mL / 30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	Tier 2	QL (60 mL / 30 days)
ery PADS 2%	Tier 2	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	Tier 2	QL (60 gm / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
erythromycin (acne aid) SOLN 2%	Tier 2	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
neuac	Tier 2	QL (45 gm / 30 days)
sulfacetamide sodium (acne) LOTN 10%	Tier 2	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	Tier 2	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	Tier 2	QL (60 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	Tier 2	QL (30 gm / 30 days)
mupirocin OINT 2%	Tier 1	QL (30 gm / 30 days)
silver sulfadiazine CREA 1%	Tier 2	
ssd CREA 1%	Tier 2	
SULFAMYLON CREA 85mg/gm	Tier 4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1%	Tier 2	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	Tier 2	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	Tier 2	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	Tier 2	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	Tier 2	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	Tier 2	QL (45 gm / 30 days)
econazole nitrate CREA 1%	Tier 2	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	Tier 2	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	Tier 1	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	Tier 2	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	Tier 2	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	Tier 2	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	Tier 2	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	Tier 2	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	Tier 2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 2	
calcipotriene CREA .005%; OINT .005%	Tier 2	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	Tier 2	QL (120 mL / 30 days), PA
calcitrene OINT .005%	Tier 2	QL (120 gm / 30 days), PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ENSTILAR AER	Tier 5	NDS, QL (120 gm / 30 days), PA
PELLIX SOLN .005%	Tier 2	QL (120 mL / 30 days), PA
tazarotene CREA .05%, .1%	Tier 2	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	Tier 1	
alclometasone dipropionate CREA .05%; OINT .05%	Tier 2	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	Tier 2	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	Tier 2	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	Tier 2	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	Tier 2	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	Tier 2	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	Tier 2	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	Tier 2	QL (120 gm / 30 days)
clobetasol propionate SHAM .05%	Tier 2	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	Tier 2	QL (100 mL / 30 days)
clobetasol propionate e CREA .05%	Tier 2	QL (120 gm / 30 days)
clodan SHAM .05%	Tier 2	QL (236 mL / 30 days)
fluocinolone acetonide CREA .01%	Tier 2	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	Tier 2	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	Tier 2	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	Tier 2	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	Tier 2	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	Tier 2	QL (60 gm / 30 days)
fluocinonide SOLN .05%	Tier 2	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	Tier 2	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	Tier 2	
halobetasol propionate CREA .05%; OINT .05%	Tier 2	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%, 2.5%	Tier 1	
hydrocortisone (topical) LOTN 2.5%; OINT 2.5%	Tier 2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
hydrocortisone (topical) OINT 1%	Tier 2	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	Tier 2	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	Tier 2	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%	Tier 2	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	Tier 1	
triderm CREA .5%	Tier 1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	Tier 2	QL (60 mL / 30 days), PA
lidocaine OINT 5%	Tier 2	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	Tier 2	QL (3 patches / 1 day), PA
lidocaine hcl PRSY 2%	Tier 2	QL (60 mL / 30 days), PA
lidocaine hcl SOLN 4%	Tier 2	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	Tier 2	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	Tier 2	QL (3 patches / 1 day), PA
tridacaine iii PTCH 5%	Tier 2	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	Tier 5	NDS, QL (60 gm / 30 days), NM, PA NSO
diclofenac sodium (topical) SOLN 1.5%	Tier 2	QL (300 mL / 28 days)
EUCRISA OINT 2%	Tier 4	QL (120 gm / 30 days), PA
fluorouracil (topical) CREA 5%	Tier 2	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	Tier 2	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	Tier 2	
imiquimod CREA 5%	Tier 2	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	Tier 2	
metronidazole (topical) CREA .75%; GEL .75%	Tier 2	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	Tier 2	QL (59 mL / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
nitroglycerin (intra-anal) OINT .4%	Tier 2	QL (30 gm / 30 days)
PANRETIN GEL .1%	Tier 5	NDS, QL (60 gm / 30 days), PA NSO
pimecrolimus CREA 1%	Tier 2	QL (100 gm / 30 days), PA
podofilox SOLN .5%	Tier 2	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	Tier 2	
proctocort CREA 1%	Tier 2	
proctosol hc CREA 2.5%	Tier 2	
proctozone-hc CREA 2.5%	Tier 2	
tacrolimus (topical) OINT .03%, .1%	Tier 2	QL (100 gm / 30 days)
VALCHLOR GEL .016%	Tier 5	NDS, QL (60 gm / 30 days), NM, PA NSO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	Tier 2	QL (59 mL / 30 days)
permethrin CREA 5%	Tier 2	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	Tier 4	QL (180 gm / 30 days), PA
sodium chloride (gu irrigant) SOLN .9%	Tier 2	
water for irrigation, sterile irrigation soln	Tier 2	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) SOLN .12%	Tier 1	
clotrimazole TROC 10mg	Tier 2	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	Tier 2	
lidocaine hcl (mouth-throat) SOLN 2%	Tier 2	
nystatin (mouth-throat) SUSP 100000unit/ml	Tier 2	
periogard SOLN .12%	Tier 1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	Tier 2	
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