UNIVERSITY OF MICHIGAN HEALTH PLAN
UNIVERSITY OF MICHIGAN HEALTH

3-Tier and 4-Tier Prescription Drug List

January 2026

Introduction

The Prescription Drug List (PDL) is the list of covered medications for University of Michigan Health Plan (UM Health Plan) Marketplace Members and Members who have coverage through their employer group. The PDL applies only to prescription medications that a UM Health Plan Member picks up at a pharmacy or other outpatient location; it does not include inpatient medications or medications obtained or administered in a Physician's office. Some over-the-counter medications are covered due to federal regulations and the Member's specific pharmacy benefit plan.

The PDL does not define benefit coverage. Benefit coverage is determined by the Member's specific pharmacy benefit plan. This means that there may be medications listed on the PDL that are not covered because it is not a covered benefit under the Member's pharmacy benefit plan.

You may also access PDL information by visiting our website at UofMHealthPlan.org. For general questions regarding the PDL, call toll-free UM Health Plan's Customer Service Department at 1-800-832-9186.

Pharmaceutical Management Procedures

Prescription Drug List Medication Overview

Medications on the PDL fall under different benefit tiers. Which medications are on a tier is based on a review of clinical, economic, and other factors. The UM Health Plan Pharmacy & Therapeutics (P&T) Committee, composed of Physicians and Pharmacists, reviews new and existing medications, and provides clinical guidance for formulary development and tier placement. Guidance is based on similarities and differences compared with other medications that treat the same disease or condition. This helps ensure Members have access to a wide range of medications while controlling healthcare costs.

The tier placement of a medication on the PDL may be subject to change. When a medication changes tiers, the Member may be required to pay more or less. These changes may occur without prior notice. Members may visit the UM Health Plan website at UofMHealthPlan.org. Call UM Health Plan's Customer Service Department at 1-800-832-9186 or 517-364-8500 for the most up-to-date tier status and co-payment information.

Tier Designations

Prescription medications are categorized within four tiers on the PDL. Each tier is assigned a copayment, which is determined by the Member's pharmacy benefit plan. Providers may refer to the PDL as a guide to select the most appropriate medication with the lowest Member copayment for your patients.

ACA

A select list of prescription and over-the-counter medications are classified as preventive medications based on the Health Care Reform (HCR) Affordable Care Act (ACA) guidelines. These medications are available to Members at zero ($0) copayment. More information on preventive medications is included in the Member's specific benefit plan. Additional age restrictions may apply. All requirements for a certain drug are included in the Preventive Medication Flyer listed on the UM Health Plan website.

Tier 1
Medications on Tier 1 will have the lowest member cost share. Most medications on this tier are generic medications.

Tier 2
Tier 2 medications are preferred branded traditional and specialty medications. A provider may consider a Tier 2 medication if no Tier 1 medication is appropriate to treat the Member's condition. Members will have a higher cost share for Tier 2 medications.

Tier 3
Tier 3 medications are non-preferred traditional medications. Members will have the highest cost share for Tier 3 medications unless the medication is a specialty medication and is designated as Tier 4.

Tier 4
Tier 4 medications are non-preferred specialty medications. Tier 4 medications will have the highest member cost share. For Members who have a 3-tier benefit plan structure, medications within this PDL denoted as tier 4 medications will assess the 3-tier Member cost share.

Medications listed in *lowercase italics* indicate the generic name of the medication. Medications listed in all UPPERCASE indicate a branded, single-source, or authorized generic medication.

Specific information about the member's cost share, including copays, deductible and coinsurance amounts, can be found in the member's Certificate of Coverage. For more information, please call UM Health Plan's Customer Service Department at 1-800-832-9186 or 517-364-8500.

Over-the-Counter Medications

For many conditions, an over the counter (OTC) medication may be the most appropriate treatment. OTC medications are defined as medications that do not require a prescription by federal or state law to be dispensed. Specific OTC medications are covered based on the member's specific benefit plan and federal regulations. Therapeutic equivalent and OTC medications may not be covered under the Member's pharmacy benefit, and they may cost less than the Member's out-of- pocket expense for prescription medications. However, if the Patient or Physician requests a therapeutic equivalent product or an OTC product, the patient may be required to pay the entire cost of the product. This is determined by the Member's pharmacy benefit plan.

Generic Medication Policy

Most generic medications are included on the PDL as Tier 1 medications. Members will have the lowest cost share with a Tier 1 medication, so consider prescribing a generic, Tier 1 medication when appropriate. Note that when a brand-name medication becomes available as a generic, that brand-name product may move to a higher tier. Unless the Physician specifies that the medication must be Dispensed As Written (DAW), the pharmacist may substitute the name brand for a lower cost generic equivalent. When generic substitution conflicts with state regulations or restrictions, the dispensing Pharmacist must obtain approval from the prescribing Physician or other health care professional to substitute the generic equivalent.

Self-Administered Injectables

Some Members may have coverage for self-administered injectable medications through their pharmacy benefit plan. You will find these medications included in the body of this document within the appropriate therapeutic categories.

Medications Requiring Notification and Other Pharmacy Programs

Prior Authorization Process

Certain drugs on the formulary require prior authorization, noted in the PDL with PA. These drugs will not be approved for payment until the conditions for approval of the drug are met and the authorization processed by UM Health Plan. To initiate a PA review for medical necessity, the Member, Member representative, provider, or provider's designee must complete the Prior Authorization Request Form and fax the completed form to the UM Health Plan Pharmacy Department at 517-364-8413. Please visit https://www.uofmhealthplan.org/providers/medical-drug-policies to access prior authorization criteria.

Certain Medical Benefit drugs, noted in the PDL with MB, may require prior authorization. For additional information on specific HCPCS code coverage please visit
the Medication Notification Table at the link below:
https://www.uofmhealthplan.org/providers/pharmacy-services

The Prior Authorization Request Form for medications can be found on the website using the link Medication Authorization Form

Please note: Medications requiring prior authorization, as well as criteria for use, are subject to change. For the most up-to-date information on coverage and the cost of a medication, call customer service at 1- 800-832-9186. Coverage is based on the member's benefit plan.

Exception Process

Medications that are not listed in the prescription drug list (PDL) are excluded from coverage, or medications that are excluded based upon the member's benefit design must be reviewed with the exception process.

Providers may initiate the exception process using the link below:

https://www.uofmhealthplan.org/forms/pharmacy-provider

Online requests will be reviewed within twenty-four hours of receipt. Applicable chart notes can be attached to facilitate review. Notification will go out within 15 days from the date of the request based upon the type and urgency of the request.

Quantity limitations

Quantity limitations are based on FDA-approved dosing recommendations and package size as well as plan benefit limitations. Such medications have a notation "QL," for quantity limit. These quantity limitations define either the maximum supply of medication per copayment or a defined maximum amount that can be covered in a specific time period, as specified by the pharmacy benefit plan. Exceptions to the QL for certain medications are reviewed through the PA process, outlined above.

Step Therapy

All drugs with a step therapy are labeled with ST in the prescription drug list. All requirements related to step therapy for a certain drug are included in the step therapy document listed on the UM Health Plan website.

Excluded Medications

Some medications are excluded for certain uses or are only covered for specific diagnoses. In general, UM Health Plan benefit plans do not cover medications that are prescribed for conditions outside of those approved by the Federal Drug Administration (FDA).
If you have questions about the PDL or specific coverage requirements, call UM Health Plan's. Customer Service Department at 1-800-832-9186 or 517-364-8500.

Therapeutic Interchange

1. UM Health Plan may call or fax the office indicating that criteria was not met for the requested medication, however the member would meet criteria for a different medication(s) with similar therapeutic objectives.

2. UM Health Plan would ask the provider if they would be willing to switch to the preferred medication.

3. If the provider agrees, UM Health Plan will withdraw the original case with a note stating that the provider is willing to switch to a preferred medication.

4. For preferred medication that requires authorization, a new case will be started for the preferred medication.

5. An approval letter for the preferred medication that the provider agreed to change will be sent to the member and provider.

Keys To Symbols
Symbols used throughout the PDL have these definitions:

ACA = Affordable Care Act Preventive Medications. These are covered at zero copayment($0) to the Member. Additional age restrictions may apply. All requirements for a certain drug are included in the Preventive Medication Flyer listed on the UM Health Plan website.

AR = Age Restriction. Prior notification may be required to be eligible for coverage, depending on the Patient's age.

GENDER = Gender Limits. Prior notification may be required to be eligible for coverage depending on the Patient's Gender.

LA: Limited Availability. This prescription may be available only at certain pharmacies.

M: Maintenance medications. Prescription medications that treat many ongoing or long-term conditions like high blood pressure, diabetes, allergies, or asthma. They are often taken every day.

MB = Medical Benefit. Medication is covered only through the medical benefit. See the Medication Notification Table on UM Health Plan's website for additional HCPCS code specific coverage.

PA = Prior Authorization required. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
QL = Quantity limit. How much of a drug you can fill during a specific time period.

SP = Specialty Medication. This medication allows a maximum of a one-month supply per fill.

ST = Step therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug

Formulary preference for select Medical Benefit Medications is as follows:

Product Name	Note - Formulary	Product Name	Note - Formulary
ADYNOVATE	Preferred	MIRENA	Preferred
ALPROLIX	Preferred	MONOVISC	Preferred
ALTUVIIIO	Preferred	MVASI	Preferred
ARALAST NP	Non-Preferred	NEXPLANON	Preferred
ASCENIV	Non-Preferred	NEXVIAZYME	Preferred
AVZIVI	Non-Preferred	NOVOEIGHT	Preferred
BENEFIX	Non-Preferred	NUCALA	Preferred
BENLYSTA	Preferred	NUWIQ	Non-Preferred
BERINERT	Non-Preferred	OCREVUS	Preferred
BEYFORTUS	Preferred	OCREVUS ZUNOVO	Non-Preferred
BIVIGAM	Non-Preferred	OCTAGAM	Preferred
BRIUMVI	Non-Preferred	OCTREOTIDE ACETATE	Preferred
CEREZYME	Preferred	ONPATTRO	Preferred
CINQAIR	Non-Preferred	ONTRUZANT	Non-Preferred
CUTAQUIG	Preferred	ORTHOVISC	Preferred
CUVITRU	Non-Preferred	PANZYGA	Non-Preferred
DUPIXENT	Non-Preferred	PARAGARD	Preferred
DUROLANE	Non-Preferred	PAVBLU	Preferred
ELELYSO	Preferred	POMBILITI	Non-Preferred
ELFABRIO	Preferred	PRIVIGEN	Preferred
ELIGARD	Preferred	PROLASTIN-C	Preferred
ELOCTATE	Preferred	PROLIA	Preferred
EMPAVELI	Non-Preferred	REBINYN	Preferred
ESPEROCT	Preferred	RECOMBINATE	Non-Preferred
EUFLEXXA	Non-Preferred	RIABNI	Non-Preferred
EVENITY	Non-Preferred	RITUXAN	Non-Preferred
FABRAZYME	Preferred	RITUXAN HYCELA	Non-Preferred
FASENRA	Preferred	RIXUBIS	Non-Preferred
FERAHEME	Non-Preferred	RUCONEST	Preferred
FERRLECIT	Preferred	RUXIENCE	Non-Preferred
GAMMAGARD	Non-Preferred	SANDOSTATIN LAR	Non-Preferred
GAMMAKED	Non-Preferred	SANDOSTATIN LAR DEPOT	Preferred
GAMMAPLEX	Preferred	SAPHNELO	Non-Preferred
GAMUNEX	Non-Preferred	SIGNIFOR	Non-Preferred
GAMUNEX-C	Non-Preferred	SIGNIFOR LAR	Non-Preferred
GEL-ONE	Non-Preferred	SKYLA	Preferred
GELSYN-3	Non-Preferred	SOLIRIS	Preferred
GENVISC 850	Non-Preferred	SOMAVERT	Non-Preferred

GLASSIA	Non-Preferred	SUPARTZ FX	Non-Preferred
Product Name	**Note - Formulary**	**Product Name**	**Note - Formulary**
HERCEPTIN HYLECTA	Non-Preferred	SYNAGIS	Non-Preferred
HERCESSI	Non-Preferred	SYNVISC	Non-Preferred
HERZUMA	Non-Preferred	SYNVISC ONE	Preferred
HIZENTRA	Preferred	TEZSPIRE	Preferred
HYALGAN	Non-Preferred	TRAZIMERA	Preferred
HYMOVIS	Non-Preferred	TRILURON	Non-Preferred
HYQVIA	Non-Preferred	TRIVISC	Non-Preferred
IDELVION	Preferred	TRUXIMA	Preferred
INFED	Preferred	TYRUKO	Preferred
INJECTAFER	Non-Preferred	TYSABRI	Preferred
IXINITY	Non-Preferred	ULTOMIRIS	Preferred
JIVI	Preferred	VENOFER	Preferred
KANJINTI	Preferred	VISCO-3	Non-Preferred
KOGENATE FS	Preferred	VPRIV	Non-Preferred
KOVALTRY	Preferred	XOLAIR	Preferred
KYLEENA	Preferred	ZEMAIRA	Non-Preferred
LEUKINE	Non-Preferred	ZIRABEV	Non-Preferred
LILETTA	Preferred	ZOLGENSMA	Preferred
LUMIZYME	Non-Preferred		

Language Access Information

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-649-3777 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-649-3777 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم:

800-649-377 (TTY: 711)-1

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-649-3777 (TTY: 711)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-649-3777 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-649-3777 (TTY: 711).

Japanese：注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-649-3777 (TTY: 711) まで、お電話にてご連絡ください

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-

1-800-649-3777 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-649-3777 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-649-3777 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-649-3777 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-649-3777 (TTY: 711).

Bengali: ল�� ক�নঃ যিদ যিদন বাাাাাাাাাাাংলা, কথা বললত য ালে তন, ে া া া া া া ালে তল দানঃল তচায় ভাষা
ে সাল য়া য ল দতাষবা য উল ে িত। ফ া া া া ান ক ন ১-1-800-649-3777 (TTY: 711)।

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-649-3777 (TTY: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-649-3777 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Syriac:

1-800-649-3777 (TTY: 711)

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Drug Name	Drug Tier	Requirements / Limits
ADJUNCTIVE AGENTS		
BONE RESORPTION INHIBITORS		
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	PA; SP
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	MB	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	MB	
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	MB	
leucovorin calcium injection solution 10 mg/ml	MB	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	
levoleucovorin calcium intravenous solution 10 mg/ml	MB	
mesna intravenous solution 100 mg/ml	MB	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	MB	PA
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 4	PA; SP; LA
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	MB	PA
HYPERURICEMIA TX - URATE-OXIDASE ENZYME-TYPE		
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	MB	PA
ADRENAL HORMONES		
ADRENOCORTICOTROPHIC HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	MB	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	MB	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	MB	PA; SP
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	MB	PA; SP
EYE ANTI-INFLAMMATORY AGENTS		

Drug Name	Drug Tier	Requirements / Limits
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	MB	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML	MB	PA; SP
GLUCOCORTICOIDS		
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	M
deflazacort oral suspension 22.75 mg/ml	Tier 4	PA; SP
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 4	PA; SP
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	MB	
dexamethasone intensol oral drops 1 mg/ml	Tier 1	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)	Tier 1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	MB	
dexamethasone sodium phosphate injection solution 10 mg/ml	MB	
dexamethasone sodium phosphate injection solution 4 mg/ml	Tier 1	
dexamethasone sodium phosphate injection syringe 4 mg/ml	Tier 1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 4	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 4	PA; SP
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	M
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 4	PA; SP; LA
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	MB	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	Tier 3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	MB	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	Tier 3	
prednisolone oral solution 15 mg/5 ml	Tier 1	
prednisolone oral tablet 5 mg	Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	Tier 1	
prednisone intensol oral concentrate 5 mg/ml	Tier 1	
prednisone oral solution 5 mg/5 ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 1	
pyquvi oral suspension 22.75 mg/ml	Tier 4	PA; SP; LA
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS)	Tier 1	
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	MB	
MINERALOCORTICOIDS		
fludrocortisone oral tablet 0.1 mg	Tier 1	M
ANOREXIANTS		
ANTI-OBESITY - ANOREXIC AGENTS		
benzphetamine oral tablet 50 mg	Tier 1	
diethylpropion oral tablet 25 mg	Tier 1	
diethylpropion oral tablet extended release 75 mg	Tier 1	
phendimetrazine tartrate oral capsule, extended release 105 mg	Tier 1	QL
phendimetrazine tartrate oral tablet 35 mg	Tier 1	
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
phentermine oral tablet 37.5 mg	Tier 1	
phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	Tier 2	M
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Tier 2	M
ANTI-OBESITY - MELANOCORTIN 4 RECEPTOR AGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA; SP; LA
ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 2	PA; M; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Tier 2	PA; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA; M; QL
ANTI-OBESITY-OPIOID ANTAG-NOREPI;DOPAMINE RU INHIB		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 3	ST; M
ANTIARRHYTHMIC AGENTS		
ANTIARRHYTHMICS		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	M
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	M
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	M
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	M
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	M
MULTAQ ORAL TABLET 400 MG	Tier 2	M
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 3	M
NORPACE ORAL CAPSULE 100 MG, 150 MG	Tier 3	M
pacerone oral tablet 100 mg, 200 mg	Tier 1	M
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 1	M
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
quinidine gluconate oral tablet extended release 324 mg	Tier 1	M
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	M
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Tier 3	M
BETA-ADRENERGIC BLOCKING AGENTS		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 3	M
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 3	M
sotalol af oral tablet 120 mg, 160 mg, 80 mg	Tier 1	M
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	MB	PA
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	M
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	M
ANTIBIOTICS		
EYE ANTI-INFECTIVES (RX ONLY)		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
povidone-iodine ophthalmic (eye) solution 5 %	Tier 3	
OPHTHALMIC ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 3	PA
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	Tier 3	
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Tier 3	
OPHTHALMIC ANTIFUNGAL AGENTS		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 2	
ANTICHOLINERGICS & ANTISPASMODICS		
OVERACTIVE BLADDER AGENTS; BETA-3 ADRENERGIC RECEP		
GEMTESA ORAL TABLET 75 MG	Tier 3	M
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	Tier 1	M; QL
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 2	M; QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 3	M; QL
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 1	M
flavoxate oral tablet 100 mg	Tier 1	M
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	M
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	Tier 1	M; QL

Drug Name	Drug Tier	Requirements / Limits
oxybutynin chloride oral tablet 5 mg	Tier 1	M
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	M
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	M
tolterodine oral tablet 1 mg, 2 mg	Tier 1	M
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 3	M
trospium oral capsule,extended release 24hr 60 mg	Tier 1	M; QL
trospium oral tablet 20 mg	Tier 1	M; QL
URINARY TRACT ANTISPASMODIC; M(3) SELECTIVE ANTAG.		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 1	M; QL
solifenacin oral tablet 10 mg, 5 mg	Tier 1	M; QL
ANTICONVULSANTS		
ANTICONVULSANT - BENZODIAZEPINE TYPE		
clobazam oral suspension 2.5 mg/ml	Tier 1	PA; M
clobazam oral tablet 10 mg, 20 mg	Tier 1	PA; M
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	M
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	M
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 3	M
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 3	PA; M
ONFI ORAL TABLET 10 MG, 20 MG	Tier 3	PA; M
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA; M
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL
ANTICONVULSANT - CANNABINOID TYPE		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 3	M
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 3	M
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 3	M
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	MB	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	ST; M
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	ST; M
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	M
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	Tier 1	M
carbamazepine oral tablet 200 mg	Tier 1	M
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	M
carbamazepine oral tablet,chewable 100 mg	Tier 1	M
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	Tier 1	M
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	M
CELONTIN ORAL CAPSULE 300 MG	Tier 3	M
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML	MB	PA
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	MB	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 3	M
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 3	M
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 3	M
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4	ST; SP; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 4	ST; SP; LA

Drug Name	Drug Tier	Requirements / Limits
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 3	M
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Tier 3	M
DILANTIN ORAL CAPSULE 30 MG	Tier 2	M
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 3	M
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	M
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	M
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	M
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	M
eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Tier 3	M
ethosuximide oral capsule 250 mg	Tier 1	M
ethosuximide oral solution 250 mg/5 ml	Tier 1	M
felbamate oral suspension 600 mg/5 ml	Tier 1	M
felbamate oral tablet 400 mg, 600 mg	Tier 1	M
FELBATOL ORAL TABLET 400 MG, 600 MG	Tier 3	M
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 2	PA; SP; LA
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	MB	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	ST; M
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST; M
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	M
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	Tier 1	M
gabapentin oral tablet 600 mg, 800 mg	Tier 1	M
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML	MB	PA
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 3	M
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 3	M

Drug Name	Drug Tier	Requirements / Limits
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 3	M
lacosamide intravenous solution 200 mg/20 ml	MB	PA
lacosamide oral solution 10 mg/ml	Tier 1	AR; M; QL
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	M
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	M
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 3	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 3	M
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 3	M
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Tier 3	M
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	M
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Tier 1	M
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1	M
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	M
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	MB	
levetiracetam intravenous solution 500 mg/5 ml	MB	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	Tier 1	M
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	M
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	M
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 3	M; QL
LYRICA ORAL SOLUTION 20 MG/ML	Tier 3	M
methsuximide oral capsule 300 mg	Tier 1	M
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 3	M
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Tier 3	M
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Tier 3	M
NEURONTIN ORAL TABLET 600 MG, 800 MG	Tier 3	M
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	M
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg	Tier 1	M
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Tier 3	M
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 3	ST; M
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	M
phenytoin oral suspension 125 mg/5 ml	Tier 1	M
phenytoin oral tablet,chewable 50 mg	Tier 1	M
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	M
phenytoin sodium intravenous solution 50 mg/ml	MB	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	M; QL
pregabalin oral solution 20 mg/ml	Tier 1	M
PRIMIDONE ORAL TABLET 125 MG	Tier 1	M
primidone oral tablet 250 mg, 50 mg	Tier 1	M
roweepra oral tablet 500 mg	Tier 1	M
rufinamide oral tablet 200 mg, 400 mg	Tier 1	M
SABRIL ORAL POWDER IN PACKET 500 MG	Tier 4	PA; SP
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 3	PA; M
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	M
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	Tier 1	
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	Tier 1	
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 3	M
TEGRETOL ORAL TABLET 200 MG	Tier 3	M
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 3	M
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg	Tier 1	M
topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	M
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	Tier 1	M
topiramate oral solution 25 mg/ml	Tier 1	M
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	M
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	Tier 3	M
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Tier 3	M
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	M
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	MB	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	Tier 1	M
valproic acid oral capsule 250 mg	Tier 1	M
vigabatrin oral tablet 500 mg	Tier 1	PA; SP
vigadrone oral tablet 500 mg	Tier 1	PA; SP; LA
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 4	PA; SP; LA
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	MB	PA
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 3	AR; M; QL
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	M; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 3	ST; M
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 3	ST; M
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 3	ST
ZARONTIN ORAL CAPSULE 250 MG	Tier 3	M

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy M – Maintenance LA – Limited Availability

Drug Name	Drug Tier	Requirements / Limits
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 3	M
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 3	M
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 1	AR; M
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	M
BARBITURATES		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	M
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	M
BIPOLAR DISORDER DRUGS		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	M
NEUROPATHIC AGENTS		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	Tier 3	M
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	Tier 1	M
POSTHERPETIC NEURALGIA AGENTS		
gabapentin oral tablet extended release 24 hr 300 mg, 600 mg	Tier 1	PA; M
gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg	Tier 3	PA; M
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	Tier 3	PA; M
ANTIDIARRHEALS & ANTISPASMODICS		
ANTICHOLINERGICS/ANTISPASMODICS		
dicyclomine intramuscular solution 10 mg/ml	MB	
dicyclomine oral capsule 10 mg	Tier 1	M
dicyclomine oral solution 10 mg/5 ml	Tier 1	M
dicyclomine oral tablet 20 mg	Tier 1	M
ANTICHOLINERGICS;QUATERNARY AMMONIUM		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	M
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	Tier 1	M
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
ROBINUL FORTE ORAL TABLET 2 MG	Tier 3	M
ROBINUL ORAL TABLET 1 MG	Tier 3	M
ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 4	PA; SP
ANTIDIARRHEALS		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG	Tier 3	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 2	
BELLADONNA ALKALOIDS		
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML)	MB	
atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)	MB	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	M
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	M
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	M
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	M
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	M
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	M
hyosyne oral drops 0.125 mg/ml	Tier 1	M
hyosyne oral elixir 0.125 mg/5 ml	Tier 1	M
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 3	M
LEVSIN ORAL TABLET 0.125 MG	Tier 3	M
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	Tier 3	M
methscopolamine oral tablet 2.5 mg	Tier 1	
methscopolamine oral tablet 5 mg	Tier 1	M
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	M
oscimin oral tablet 0.125 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
oscimin sl sublingual tablet 0.125 mg	Tier 1	M
ANTIFUNGAL AGENTS		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Tier 3	
clotrimazole mucous membrane troche 10 mg	Tier 1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	MB	PA
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	MB	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	QL
itraconazole oral solution 10 mg/ml	Tier 1	
ketoconazole oral tablet 200 mg	Tier 1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	MB	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 2	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	PA
posaconazole intravenous solution 300 mg/16.7 ml	MB	PA
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	Tier 2	
SPORANOX ORAL CAPSULE 100 MG	Tier 3	QL
terbinafine hcl oral tablet 250 mg	Tier 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	PA
VFEND IV INTRAVENOUS RECON SOLN 200 MG	MB	PA

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	Tier 3	PA
VIVJOA ORAL CAPSULE 150 MG	Tier 4	PA; SP; LA
voriconazole intravenous recon soln 200 mg	MB	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 1	PA
voriconazole oral tablet 200 mg, 50 mg	Tier 1	PA
voriconazole-hpbcd intravenous recon soln 200 mg	MB	PA
ANTIFUNGAL ANTIBIOTICS		
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	MB	
amphotericin b injection recon soln 50 mg	MB	
amphotericin b liposome intravenous suspension for reconstitution 50 mg	MB	
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA; QL
caspofungin intravenous recon soln 50 mg, 70 mg	MB	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	MB	
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1	
micafungin intravenous recon soln 100 mg, 50 mg	MB	
nystatin oral suspension 100,000 unit/ml	Tier 1	
nystatin oral tablet 500,000 unit	Tier 1	
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Tier 3	QL
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	Tier 1	QL
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 3	QL

Drug Name	Drug Tier	Requirements / Limits
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 3	QL
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML)	Tier 3	AR
NEFFY NASAL SPRAY,NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 3	QL
ANTIEMETIC/ANTIVERTIGO AGENTS		
promethazine rectal suppository 12.5 mg, 25 mg	Tier 1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
ANTIHISTAMINES - 1ST GENERATION		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	
carbinoxamine maleate oral tablet 4 mg	Tier 1	
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
diphenhydramine hcl injection solution 50 mg/ml	MB	
diphenhydramine hcl injection syringe 50 mg/ml	MB	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	MB	
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	MB	
promethazine injection solution 25 mg/ml, 50 mg/ml	MB	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
ANTIHYPERTENSIVE THERAPY		
ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION		

Drug Name	Drug Tier	Requirements / Limits
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	M
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Tier 3	M
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 3	M
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	M
ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	M
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	M
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	M
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	M
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	M
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 3	M
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	M
VASERETIC ORAL TABLET 10-25 MG	Tier 3	M
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 3	M
ALPHA/BETA-ADRENERGIC BLOCKING AGENTS		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	M
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	M
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Tier 3	M
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Tier 3	M
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1	M
ALPHA-ADRENERGIC BLOCKING AGENTS		

Drug Name	Drug Tier	Requirements / Limits
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Tier 3	M
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	M
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	M
phenoxybenzamine oral capsule 10 mg	Tier 1	PA
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	M
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	M
ANGIOTEN.RECEPTR ANTAG-CALCIUM CHANL BLKR-THIAZIDE		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	M
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	Tier 3	M
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	M
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Tier 3	M
ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	Tier 3	M
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Tier 3	M
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	M
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	Tier 3	M
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 3	M
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Tier 3	M
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	M
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Tier 3	M
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	M; QL
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	M
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	M
ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	M
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	M
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Tier 3	M
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Tier 3	M
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	M
ANTIHYPERTENSIVES; ACE INHIBITORS		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	M
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	M
enalapril maleate oral solution 1 mg/ml	Tier 1	AR; M
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	M
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	M
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	M
LOTENSIN ORAL TABLET 20 MG, 40 MG	Tier 3	M
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	M
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	M
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	PA; M
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	M
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	M
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 3	M
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Tier 3	M
ANTIHYPERTENSIVES; ANGIOTENSIN RECEPTOR ANTAGONIST		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	Tier 3	M
AVAPRO ORAL TABLET 150 MG, 300 MG	Tier 3	M
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	M
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	M
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	Tier 3	M
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 3	M
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	M
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 1	M
MICARDIS ORAL TABLET 40 MG, 80 MG	Tier 3	M
olmesartan oral tablet 20 mg, 40 mg, 5 mg	Tier 1	M; QL
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	M
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	M
ANTIHYPERTENSIVES; MISCELLANEOUS		
metyrosine oral capsule 250 mg	Tier 1	PA; M
ANTIHYPERTENSIVES; SYMPATHOLYTIC		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	Tier 3	M; QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	Tier 3	M; QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	Tier 3	M; QL
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	M
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 1	M; QL
guanfacine oral tablet 1 mg, 2 mg	Tier 1	M
methyldopa oral tablet 250 mg, 500 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
ANTIHYPERTENSIVES; VASODILATORS		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	M
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	M
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	M
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	M
betaxolol oral tablet 10 mg, 20 mg	Tier 1	M
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	M
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 3	M
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 4	SP; LA
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Tier 3	M
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Tier 3	M
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	M
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	M
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	M
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	M
pindolol oral tablet 10 mg, 5 mg	Tier 1	M
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	M
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	M
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	M
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	M
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	M
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	M
BETA-BLOCKERS AND THIAZIDE;THIAZIDE-LIKE DIURETICS		

Drug Name	Drug Tier	Requirements / Limits
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	M
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	M
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	M
TENORETIC 100 ORAL TABLET 100-25 MG	Tier 3	M
TENORETIC 50 ORAL TABLET 50-25 MG	Tier 3	M
CALCIUM CHANNEL BLOCKING AGENTS		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	M
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 3	M
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 3	M
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Tier 3	M
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	Tier 1	M
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	M
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	M
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	M
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	M
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	M
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	M
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	M
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	M
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	M
nicardipine oral capsule 20 mg, 30 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
nifedipine oral capsule 10 mg, 20 mg	Tier 1	M
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 1	M
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 1	M
nimodipine oral capsule 30 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 1	M
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	PA; M
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	M
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 3	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 3	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	Tier 3	M
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Tier 3	M
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	M
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 1	M
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	M
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	M
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	M
LOOP DIURETICS		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	M
EDECRIN ORAL TABLET 25 MG	Tier 3	PA; M
ethacrynic acid oral tablet 25 mg	Tier 3	PA; M
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 1	M
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	M
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 3	M
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	M
POTASSIUM SPARING DIURETICS IN COMBINATION		

Drug Name	Drug Tier	Requirements / Limits
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	M
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1	M
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	M
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1	M
POTASSIUM SPARING DIURETICS		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	M
amiloride oral tablet 5 mg	Tier 1	M
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 3	PA; M
eplerenone oral tablet 25 mg, 50 mg	Tier 1	M
INSPRA ORAL TABLET 25 MG, 50 MG	Tier 3	M
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	PA; M
spironolactone oral suspension 25 mg/5 ml	Tier 1	AR; M
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	M
PULMONARY ANTIHYPERTENSIVES; PROSTACYCLIN-TYPE		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	MB	PA; SP
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	MB	PA; SP
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 4	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 4	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	Tier 4	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4	PA; SP
REMODULIN INJECTION SOLUTION 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	MB	PA; SP
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	MB	PA; SP; LA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA; SP
veletri intravenous recon soln 0.5 mg, 1.5 mg	MB	PA; SP
RENIN INHIBITOR; DIRECT		
aliskiren oral tablet 150 mg, 300 mg	Tier 1	M
TEKTURNA ORAL TABLET 150 MG, 300 MG	Tier 3	M
THIAZIDE AND RELATED DIURETICS		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	M
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	M
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	M
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	M
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	M
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	M
VASODILATORS; COMBINATION		
BIDIL ORAL TABLET 20-37.5 MG	Tier 3	M
isosorbide-hydralazine oral tablet 20-37.5 mg	Tier 1	M
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)		
bexarotene oral capsule 75 mg	Tier 1	SP
TARGRETIN ORAL CAPSULE 75 MG	Tier 4	PA; SP
ANTIBIOTIC ANTINEOPLASTICS		
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	MB	
bleomycin injection recon soln 15 unit, 30 unit	MB	
dactinomycin intravenous recon soln 0.5 mg	MB	PA
daunorubicin intravenous solution 5 mg/ml	MB	

Drug Name	Drug Tier	Requirements / Limits
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	MB	PA
doxorubicin intravenous recon soln 10 mg, 50 mg	MB	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	MB	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	MB	PA
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	MB	
epirubicin intravenous solution 200 mg/100 ml	MB	
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	MB	PA
idarubicin intravenous solution 1 mg/ml	MB	
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	MB	PA; SP; LA
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	MB	
ANTI-CD19 (B LYMPHOCYTE) MONOCLONAL ANTIBODY		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP
ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY		
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	MB	SP
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	Tier 4	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	MB	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP
ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR		
XERMELO ORAL TABLET 250 MG	Tier 4	PA; SP; LA
ANTILEPROTICS		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY		
MVASI INTRAVENOUS SOLUTION 25 MG/ML	MB	SP
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	MB	SP
ANTINEOPLAST;HISTONE DEACETYLASE (HDAC) INHIBITORS		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	MB	PA; SP; LA
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	MB	PA; SP
romidepsin intravenous recon soln 10 mg/2 ml	MB	PA; SP; LA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	SP
ANTINEOPLASTIC - ALKYLATING AGENTS		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP
bendamustine intravenous recon soln 100 mg, 25 mg	MB	PA; SP
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP
BICNU INTRAVENOUS RECON SOLN 100 MG	MB	PA
busulfan intravenous solution 60 mg/10 ml	MB	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	MB	
carboplatin intravenous solution 10 mg/ml	MB	
carmustine intravenous recon soln 100 mg	MB	PA
cisplatin intravenous solution 1 mg/ml	MB	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	MB	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML, 200 MG/ML, 500 MG/ML	MB	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	MB	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML	MB	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 3	
GLIADEL WAFER IMPLANT WAFER 7.7 MG	MB	
GRAFAPEX INTRAVENOUS RECON SOLN 1 GRAM, 5 GRAM	MB	PA
HYDREA ORAL CAPSULE 500 MG	Tier 3	M
hydroxyurea oral capsule 500 mg	Tier 1	M
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	MB	
ifosfamide intravenous recon soln 1 gram, 3 gram	MB	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	MB	
kemoplat intravenous solution 1 mg/ml	MB	
LEUKERAN ORAL TABLET 2 MG	Tier 2	
melphalan hcl intravenous recon soln 50 mg	MB	
MYLERAN ORAL TABLET 2 MG	Tier 2	
oxaliplatin intravenous recon soln 100 mg, 50 mg	MB	
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	MB	
paraplatin intravenous solution 10 mg/ml	MB	
TEMODAR INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 1	SP
TEPADINA INJECTION RECON SOLN 100 MG	MB	PA
TEPADINA INJECTION SOLUTION 200 MG	MB	PA
thiotepa injection recon soln 100 mg	MB	PA
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	MB	PA; SP
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP
YONDELIS INTRAVENOUS RECON SOLN 1 MG	MB	PA; SP; LA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	MB	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - ANTIANDROGENIC AGENTS		
abiraterone oral tablet 250 mg	Tier 1	PA; SP; GENDER
abiraterone oral tablet 500 mg	Tier 4	PA; SP; GENDER
abirtega oral tablet 250 mg	Tier 2	PA; SP; GENDER
bicalutamide oral tablet 50 mg	Tier 1	M
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 2	PA; SP
EULEXIN ORAL CAPSULE 125 MG	Tier 3	M
NUBEQA ORAL TABLET 300 MG	Tier 2	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 2	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
YONSA ORAL TABLET 125 MG	Tier 2	PA; SP; GENDER
ZYTIGA ORAL TABLET 500 MG	Tier 4	PA; SP; GENDER
ANTINEOPLASTIC - ANTIBIOTIC AND ANTIMETABOLITE		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	MB	PA; SP; LA
ANTINEOPLASTIC - ANTI-CD38 MONOCLONAL ANTIBODY		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	MB	PA; SP
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	MB	PA; SP
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	MB	PA; SP; LA
ANTINEOPLASTIC - ANTIMETABOLITES		
adrucil intravenous solution 2.5 gram/50 ml	MB	
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	MB	M
AVGEMSI INTRAVENOUS SOLUTION 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML)	MB	
azacitidine injection recon soln 100 mg	MB	PA; SP
capecitabine oral tablet 150 mg, 500 mg	Tier 1	SP
cladribine intravenous solution 10 mg/10 ml	MB	
clofarabine intravenous solution 1 mg/ml	MB	PA
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	MB	

Drug Name	Drug Tier	Requirements / Limits
cytarabine injection solution 20 mg/ml	MB	
decitabine intravenous recon soln 50 mg	MB	SP
floxuridine injection recon soln 0.5 gram	MB	
fludarabine intravenous recon soln 50 mg	MB	
fludarabine intravenous solution 50 mg/2 ml	MB	
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	MB	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	MB	PA; SP
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	MB	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	MB	
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	MB	
INQOVI ORAL TABLET 35-100 MG	Tier 4	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	M
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA; SP
mercaptopurine oral suspension 20 mg/ml	Tier 1	SP
mercaptopurine oral tablet 50 mg	Tier 1	M
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	M
NIPENT INTRAVENOUS RECON SOLN 10 MG	MB	PA
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA; SP; QL
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	MB	M
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML	MB	M
PEMETREXED INTRAVENOUS SOLUTION 25 MG/ML	MB	M

Drug Name	Drug Tier	Requirements / Limits
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML	MB	M
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	MB	M
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	MB	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	SP; LA
TABLOID ORAL TABLET 40 MG	Tier 2	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	PA; M
VIDAZA INJECTION RECON SOLN 100 MG	MB	PA; SP
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	M
XELODA ORAL TABLET 150 MG, 500 MG	Tier 4	SP
ANTINEOPLASTIC - ANTI-SLAMF7 MONOCLONAL ANTIBODY		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	MB	PA; SP
ANTINEOPLASTIC - AROMATASE INHIBITORS		
anastrozole oral tablet 1 mg	Tier 1	M
ARIMIDEX ORAL TABLET 1 MG	Tier 3	M
AROMASIN ORAL TABLET 25 MG	Tier 3	M
exemestane oral tablet 25 mg	Tier 1	M
FEMARA ORAL TABLET 2.5 MG	Tier 3	M
letrozole oral tablet 2.5 mg	Tier 1	M
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 4	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; SP
ANTINEOPLASTIC - CD19 (B LYMPHOCYTE) MC ANTIBODY		
MONJUVI INTRAVENOUS RECON SOLN 200 MG	MB	PA; SP; LA
ANTINEOPLASTIC - EGFR AND MET RECEPTOR INHIB; MAB		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - EPOTHILONES AND ANALOGS		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	MB	PA; SP
ANTINEOPLASTIC - GENE THERAPY AGENTS		
ADSTILADRIN INTRAVESICAL SUSPENSION 3X10EXP11 VP/ML	MB	PA; SP; LA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA; SP
ANTINEOPLASTIC - IMMUNOTHERAPY; T-CELL ENGAGER		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	MB	SP; LA
ANTINEOPLASTIC - IMMUNOTHERAPY; T-CELL THERAPY		
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 510X10EXP6 CELL	MB	PA; SP; LA
BREYANZI INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML	MB	PA; SP; LA
CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL	MB	PA; SP; LA
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	MB	PA; SP; LA
TECARTUS INTRAVENOUS SUSPENSION 1X10EXP6 TO 1X10EXP8 CELL, 2X10EXP6 TO 2X10EXP8 CELL	MB	PA; SP; LA
YESCARTA INTRAVENOUS SUSPENSION	MB	PA; SP; LA
ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; SP
ANTINEOPLASTIC - KRAS PROTEIN INHIBITOR		
KRAZATI ORAL TABLET 200 MG	Tier 2	PA; SP; LA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 2	PA; SP
ANTINEOPLASTIC - MEK KINASE INHIBITORS		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	MB	PA; SP; LA; QL
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	MB	PA; SP; LA; QL
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA; SP; LA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 4	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA; SP
ANTINEOPLASTIC - MICROTUBULE INHIBITORS		
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	MB	PA; SP; LA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	MB	PA; SP
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 4	PA; SP
AFINITOR ORAL TABLET 10 MG	Tier 4	PA; SP
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; SP
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 1	PA; SP
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	MB	PA; SP; LA
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	MB	SP
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	MB	SP
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; SP; LA
ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA; SP; LA
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	MB	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	SP
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	MB	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	MB	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
topotecan intravenous recon soln 4 mg	MB	SP
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	MB	SP
ANTINEOPLASTIC - VEGF-A;B AND PLGF INHIBITORS		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	MB	PA; SP
ANTINEOPLASTIC - VEGFR ANTAGONIST		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP
ANTINEOPLASTIC - VINCA ALKALOIDS		
vinblastine intravenous solution 1 mg/ml	MB	
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml	MB	
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	MB	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	MB	
ANTINEOPLASTIC- CD22 ANTIBODY-CYTOTOXIC ANTIBIOTIC		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	MB	PA; SP
ANTINEOPLASTIC- CD33 ANTIBODY-CYTOTOXIC ANTIBIOTIC		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	MB	PA; SP
ANTINEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	MB	PA; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	MB	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	MB	SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	MB	SP
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	MB	SP; LA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	MB	SP

Drug Name	Drug Tier	Requirements / Limits
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	MB	PA; SP
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	MB	SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	MB	PA; SP
ANTINEOPLASTIC IMMUNOMODULATOR AGENTS		
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	Tier 2	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
ANTINEOPLASTIC LHRH(GNRH) AGONIST;PITUITARY SUPPR.		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	MB	SP; LA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	MB	SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	MB	SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	MB	SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	MB	SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 2	SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 2	SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 2	SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 2	SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	MB	PA; M

Drug Name	Drug Tier	Requirements / Limits
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	MB	SP
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST;PITUIT.SUPPRS		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	Tier 4	SP
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA; SP; LA
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA; SP
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	MB	PA; SP; LA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; SP; LA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA; SP; LA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 4	PA; SP; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4	PA; SP; LA
AYVAKIT ORAL TABLET 25 MG, 50 MG	Tier 4	SP; LA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA; SP; LA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	MB	PA; SP
bortezomib injection recon soln 3.5 mg	MB	PA; SP
BORUZU INJECTION SOLUTION 2.5 MG/ML	MB	PA; SP; LA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA; SP; LA
BRUKINSA ORAL TABLET 160 MG	Tier 4	PA; SP; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 4	PA; SP; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 4	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4	PA; SP; LA
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 2	PA; SP; LA
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	Tier 2	PA; SP
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 1	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA; SP; LA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4	PA; SP; LA
GAVRETO ORAL CAPSULE 100 MG	Tier 2	PA; SP; LA
gefitinib oral tablet 250 mg	Tier 1	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 2	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 2	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA; SP; LA; QL
imatinib oral tablet 100 mg, 400 mg	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA; SP; LA; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4	PA; SP; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4	PA; SP; LA; QL
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 4	PA; SP; LA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA; SP
IRESSA ORAL TABLET 250 MG	Tier 4	PA; SP
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 2	PA; SP
IWILFIN ORAL TABLET 192 MG	Tier 4	PA; SP; LA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; SP; LA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 2	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	MB	SP; LA

Drug Name	Drug Tier	Requirements / Limits
lapatinib oral tablet 250 mg	Tier 1	PA; SP
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 2	PA; SP; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 4	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 4	PA; SP; LA
NERLYNX ORAL TABLET 40 MG	Tier 4	PA; SP
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; SP; LA
NILOTINIB D-TARTRATE ORAL CAPSULE 50 MG	Tier 4	PA; SP; LA; QL
nilotinib hcl oral capsule 150 mg, 200 mg	Tier 4	PA; SP
nilotinib hcl oral capsule 50 mg	Tier 4	PA; SP; QL
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	PA; SP; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	PA; SP; LA
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; SP; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 4	PA; SP; LA
QINLOCK ORAL TABLET 50 MG	Tier 4	PA; SP; LA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 2	PA; SP
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 2	PA; SP; LA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	MB	PA; SP; LA; QL
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA; SP
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	MB	PA; SP; LA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 4	PA; SP; LA
sorafenib oral tablet 200 mg	Tier 1	SP; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; SP
TASIGNA ORAL CAPSULE 50 MG	Tier 4	PA; SP; QL
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA; SP; LA
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 4	PA; SP; LA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA; SP; LA
TURALIO ORAL CAPSULE 125 MG	Tier 4	PA; SP; LA
TYKERB ORAL TABLET 250 MG	Tier 4	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4	PA; SP; LA
VELCADE INJECTION RECON SOLN 3.5 MG	MB	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA; SP; QL
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 4	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 4	PA; SP; LA
ZEJULA ORAL TABLET 200 MG, 300 MG	Tier 2	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA; SP
ANTINEOPLASTIC;ANTI-PROGRAMMED DEATH-1 (PD-1) MAB		

Drug Name	Drug Tier	Requirements / Limits
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	MB	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	MB	SP; LA
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	MB	SP; LA
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	MB	PA; SP; LA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	MB	SP
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	MB	SP; LA
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP; LA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	MB	PA; SP; LA
ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA; SP; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Tier 4	PA; SP; LA
ANTINEOPLASTIC-CD123-DIRECTED CYTOTOXIN CONJUGATE		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	MB	PA; SP; LA
ANTINEOPLASTIC-ENZYME INHIB; ANTIANDROGEN COMB.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 2	PA; SP; LA
ANTINEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH		
WELIREG ORAL TABLET 40 MG	Tier 2	PA; SP; LA
ANTINEOPLASTIC-IMMUNOTHERAPY CHECKPOINT INHIB COMB		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	MB	PA; SP
ANTINEOPLASTIC-INTERLEUKIN-6(IL-6)INHIB;ANTIBODY		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	MB	PA; SP
ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS		

Drug Name	Drug Tier	Requirements / Limits
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4	PA; SP; LA
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA; SP; LA
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 2	PA; SP; LA
ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	MB	PA; SP
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	MB	PA; SP; LA
BLENREP INTRAVENOUS RECON SOLN 70 MG	MB	PA; SP; LA
BLINCYTO INTRAVENOUS KIT 35 MCG	MB	PA; SP; LA
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	MB	PA; SP
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	MB	PA; SP; LA
DATROWAY INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP; LA
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	MB	PA; SP; LA
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	MB	PA; SP; LA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	MB	PA; SP; LA
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	MB	PA; SP; LA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	MB	PA; SP
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	MB	PA; SP
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	MB	PA; SP
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	MB	SP
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	MB	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	MB	PA; SP; LA
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	Tier 4	PA; SP; LA
TIVDAK INTRAVENOUS RECON SOLN 40 MG	MB	PA; SP
TRODELVY INTRAVENOUS RECON SOLN 180 MG	MB	PA; SP; LA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	MB	PA; SP; LA
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	MB	PA; SP; LA
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	MB	PA
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	MB	PA; SP; LA
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	MB	PA; SP; LA
ANTINEOPLASTICS;MISCELLANEOUS		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	MB	PA; SP
arsenic trioxide intravenous solution 1 mg/ml	MB	PA
arsenic trioxide intravenous solution 2 mg/ml	MB	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	MB	PA; SP; LA
dacarbazine intravenous recon soln 100 mg, 200 mg	MB	
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	MB	
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML)	MB	
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	MB	
etoposide intravenous solution 20 mg/ml	MB	
etoposide oral capsule 50 mg	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	MB	PA; SP
LYSODREN ORAL TABLET 500 MG	Tier 2	SP; LA
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP; LA
mitoxantrone intravenous concentrate 2 mg/ml	MB	SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	MB	
paclitaxel intravenous concentrate 6 mg/ml	MB	
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	MB	PA; SP
tretinoin (antineoplastic) oral capsule 10 mg	Tier 1	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	MB	
ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA; SP; LA
ANTI-PROGRAMMED CELL DEATH-LIGAND 1 (PD-L1) MAB		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; LA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	MB	PA; SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	MB	SP
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	MB	SP
APPETITE STIM. FOR ANOREXIA;CACHEXIA;WASTING SYND.		
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	Tier 1	M
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
COSELA INTRAVENOUS RECON SOLN 300 MG	MB	PA; SP; LA
CYTOTOXIC T-LYMPHOCYTE ANTIGEN(CTLA-4)RMC ANTIBODY		

Drug Name	Drug Tier	Requirements / Limits
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	MB	PA; SP
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	MB	PA; SP
IMMUNOSUPPRESSANT - MONOCLONAL ANTIBODY		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	MB	PA
IMMUNOSUPPRESSANT-INTERFERON INHIBITOR; MAB		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	MB	PA; SP; LA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	MB	SP
IMMUNOSUPPRESSIVES		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 4	M
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 4	M
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	M
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	MB	
CELLCEPT ORAL CAPSULE 250 MG	Tier 4	M
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Tier 4	M
CELLCEPT ORAL TABLET 500 MG	Tier 4	M
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	M
cyclosporine modified oral solution 100 mg/ml	Tier 1	M
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	M
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	M
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	PA; M
gengraf oral capsule 100 mg, 25 mg	Tier 1	M
gengraf oral solution 100 mg/ml	Tier 1	M
IMURAN ORAL TABLET 50 MG	Tier 4	M
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	MB	

Drug Name	Drug Tier	Requirements / Limits
mycophenolate mofetil oral capsule 250 mg	Tier 1	M
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	M
mycophenolate mofetil oral tablet 500 mg	Tier 1	M
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 1	M
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 4	M; LA
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 4	M
NEORAL ORAL SOLUTION 100 MG/ML	Tier 4	M
NULOJIX INTRAVENOUS RECON SOLN 250 MG	MB	PA; M
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	MB	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 4	M
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 4	M
sirolimus oral solution 1 mg/ml	Tier 1	M
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	M
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	M
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	PA; M
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA; SP
LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 2	SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 2	SP
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	MB	SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	MB	SP

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	MB	SP
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	MB	SP
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	MB	PA; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	MB	PA; SP; LA
OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY		
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	MB	M
PHOTOACTIVATED; ANTINEOPLASTIC AGENTS (SYSTEMIC)		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	MB	
RHO KINASE INHIBITOR		
REZUROCK ORAL TABLET 200 MG	Tier 4	PA; M; LA
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
FARESTON ORAL TABLET 60 MG	Tier 3	M
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	MB	M
fulvestrant intramuscular syringe 250 mg/5 ml	MB	M
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4	PA; SP; LA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 3	M
tamoxifen oral tablet 10 mg, 20 mg	Tier 1	M
SICKLE CELL ANEMIA AGENTS		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 2	M
SIKLOS ORAL TABLET 1,000 MG	Tier 3	PA; M
SIKLOS ORAL TABLET 100 MG	Tier 3	PA; M; QL
XROMI ORAL SOLUTION 100 MG/ML	Tier 2	AR; M
SOMATOSTATIC AGENTS		
lanreotide subcutaneous syringe 120 mg/0.5 ml	MB	PA; SP
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	MB	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	MB	SP
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	MB	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	MB	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	MB	PA; SP; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	MB	PA; SP; LA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	MB	PA; SP
STEROID ANTINEOPLASTICS		
megestrol oral tablet 20 mg, 40 mg	Tier 1	
SYSTEMIC ENZYME INHIBITORS		
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 4	PA; SP; LA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 4	PA; SP; LA
TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS		
bexarotene topical gel 1 %	Tier 1	PA; SP
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 3	PA
ANTIPARKINSONISM AGENTS		
ANTIPARKINSONISM DRUGS;ANTICHOLINERGIC		
benztropine injection solution 1 mg/ml	MB	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	M
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	M
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	M
ANTIPARKINSONISM DRUGS;OTHER		

Drug Name	Drug Tier	Requirements / Limits
apomorphine subcutaneous cartridge 10 mg/ml	Tier 1	SP; LA
AZILECT ORAL TABLET 0.5 MG, 1 MG	Tier 3	M
bromocriptine oral capsule 5 mg	Tier 1	M
bromocriptine oral tablet 2.5 mg	Tier 1	M
CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	M
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	M
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	M
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	M
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1	M
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	Tier 3	M
DHIVY ORAL TABLET 25-100 MG	Tier 3	M
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA; SP
entacapone oral tablet 200 mg	Tier 1	M
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 3	M
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	Tier 2	SP; LA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	M
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	M
rasagiline oral tablet 0.5 mg, 1 mg	Tier 1	M
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	M
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	M
selegiline hcl oral capsule 5 mg	Tier 1	M
selegiline hcl oral tablet 5 mg	Tier 1	M
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Tier 3	M
TASMAR ORAL TABLET 100 MG	Tier 3	M
tolcapone oral tablet 100 mg	Tier 1	M
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Tier 3	PA; SP
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	PA; M
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	M
DECARBOXYLASE INHIBITORS		
carbidopa oral tablet 25 mg	Tier 1	M
LODOSYN ORAL TABLET 25 MG	Tier 3	M
ANTIPSORIATIC / ANTISEBORRHEIC		
ANTIPSORIATIC AGENTS;SYSTEMIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	M
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP; QL
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 2	PA; SP; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP; QL
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	MB	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	MB	PA; SP
ANTIPSORIATICS AGENTS		
calcipotriene scalp solution 0.005 %	Tier 1	QL
calcipotriene topical cream 0.005 %	Tier 1	QL
CALCIPOTRIENE TOPICAL FOAM 0.005 %	Tier 3	QL
calcipotriene topical ointment 0.005 %	Tier 1	QL
calcitriol topical ointment 3 mcg/gram	Tier 1	
SORILUX TOPICAL FOAM 0.005 %	Tier 3	QL
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	Tier 3	
ANTISEBORRHEIC AGENTS		
selenium sulfide topical lotion 2.5 %	Tier 1	
HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS; MAB		
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	MB	PA; SP
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	SP; QL
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; SP; QL
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION 130 MG/26 ML	MB	PA; SP
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; SP; QL
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	MB	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA; SP; QL
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; SP; QL
IL-23 RECEPTOR ANTAGONIST; MONOCLONAL ANTIBODY		
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP; QL
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 2	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP; QL
TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 %	Tier 3	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 3	
TOPICAL VIT D ANALOG/ANTI-INFLAMMATORY STEROID		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	QL
calcipotriene-betamethasone topical suspension 0.005-0.064 %	Tier 1	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	QL
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Tier 3	QL
ANTITHYROID AGENTS		
ANTITHYROID PREPARATIONS		
methimazole oral tablet 10 mg, 5 mg	Tier 1	M
propylthiouracil oral tablet 50 mg	Tier 1	M
ANTIVIRALS		
ANTIPARKINSONISM DRUGS;OTHER		
amantadine hcl oral capsule 100 mg	Tier 1	M
amantadine hcl oral solution 50 mg/5 ml	Tier 1	M
amantadine hcl oral tablet 100 mg	Tier 1	M
ANTIRETROVIRAL - ANTI-CD4 DOMAIN 2 MONOCLONAL AB		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	MB	PA; SP
ANTIRETROVIRAL - CAPSID INHIBITORS		

Drug Name	Drug Tier	Requirements / Limits
SUNLENCA ORAL TABLET 300 MG	Tier 4	PA; SP; LA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 4	PA; SP; LA
YEZTUGO ORAL TABLET 300 MG	Tier 4	SP; ACA
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 4	SP; ACA
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	MB	PA; SP
JULUCA ORAL TABLET 50-25 MG	Tier 4	M
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NRTI COMB.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	M
ANTIRETROVIRAL-NRTIS AND INTEGRASE INHIBITORS COMB		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	M
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 2	M
ANTIRETROVIRAL-NUCLEOSIDE;NUCLEOTIDE;PROTEASE INH.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	M
ANTIVIRAL - MAIN PROTEASE (MPRO) INHIBITOR		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	Tier 2	QL
ANTIVIRAL - RNA POLYMERASE INHIBITOR		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 3	QL
ANTIVIRAL MONOCLONAL ANTIBODIES		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	MB	ACA
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	MB	ACA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	MB	PA; SP
ANTIVIRALS; GENERAL		
ACYCLOVIR IN 0.9 % SODIUM CHLR INTRAVENOUS PIGGYBACK 200 MG/100 ML	MB	

Drug Name	Drug Tier	Requirements / Limits
acyclovir oral capsule 200 mg	Tier 1	M
acyclovir oral suspension 200 mg/5 ml	Tier 1	M
acyclovir oral tablet 400 mg, 800 mg	Tier 1	M
acyclovir sodium intravenous solution 50 mg/ml	MB	
cidofovir intravenous solution 75 mg/ml	MB	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	M; QL
foscarnet intravenous solution 24 mg/ml	MB	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	MB	
ganciclovir sodium intravenous recon soln 500 mg	MB	
ganciclovir sodium intravenous solution 50 mg/ml	MB	
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA; LA
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	Tier 1	
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 1	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 2	
rimantadine oral tablet 100 mg	Tier 1	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	Tier 3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier 3	
valacyclovir oral tablet 1 gram, 500 mg	Tier 1	M
VALCYTE ORAL RECON SOLN 50 MG/ML	Tier 3	M
VALCYTE ORAL TABLET 450 MG	Tier 3	M; QL
valganciclovir oral tablet 450 mg	Tier 1	M; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	Tier 3	QL
ANTIVIRALS; HIV-SPEC.; NUCLEOSIDE ANALOG; RTI COMB		
abacavir-lamivudine oral tablet 600-300 mg	Tier 1	M
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	M
ANTIVIRALS; HIV-SPEC; NON-PEPTIDIC PROTEASE INHIB		
APTIVUS ORAL CAPSULE 250 MG	Tier 4	M

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy M – Maintenance LA – Limited Availability

Drug Name	Drug Tier	Requirements / Limits
darunavir oral tablet 600 mg, 800 mg	Tier 1	M
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	Tier 2	M
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	M
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 2	M
PREZISTA ORAL TABLET 600 MG, 800 MG	Tier 4	M
ANTIVIRALS; HIV-SPEC; NUCLEOSIDE-NUCLEOTIDE ANALOG		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	M
DESCOVY ORAL TABLET 120-15 MG	Tier 2	M
DESCOVY ORAL TABLET 200-25 MG	Tier 2	M; ACA
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	M
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	Tier 1	M; ACA
ANTIVIRALS; HIV-SPECIFIC; CCR5 CO-RECEPTOR ANTAG.		
maraviroc oral tablet 150 mg, 300 mg	Tier 1	M
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 4	M
SELZENTRY ORAL TABLET 150 MG, 300 MG	Tier 4	M
ANTIVIRALS; HIV-SPECIFIC; CD4 ATTACHMENT INHIBITOR		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 4	PA; M
ANTIVIRALS; HIV-SPECIFIC; NON-NUCLEOSIDE; RTI		
EDURANT ORAL TABLET 25 MG	Tier 4	M
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	Tier 4	
efavirenz oral tablet 600 mg	Tier 1	M
etravirine oral tablet 100 mg, 200 mg	Tier 1	M
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 4	M
nevirapine oral suspension 50 mg/5 ml	Tier 1	M
nevirapine oral tablet 200 mg	Tier 1	M
nevirapine oral tablet extended release 24 hr 400 mg	Tier 1	M
PIFELTRO ORAL TABLET 100 MG	Tier 4	M
ANTIVIRALS; HIV-SPECIFIC; NUCLEOSIDE ANALOG; RTI		

Drug Name	Drug Tier	Requirements / Limits
abacavir oral solution 20 mg/ml	Tier 1	M
abacavir oral tablet 300 mg	Tier 1	M
emtricitabine oral capsule 200 mg	Tier 1	M
EMTRIVA ORAL CAPSULE 200 MG	Tier 2	M
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	M
EPIVIR ORAL SOLUTION 10 MG/ML	Tier 4	M
EPIVIR ORAL TABLET 150 MG, 300 MG	Tier 4	M
lamivudine oral solution 10 mg/ml	Tier 1	M
lamivudine oral tablet 150 mg, 300 mg	Tier 1	M
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	MB	
RETROVIR ORAL CAPSULE 100 MG	Tier 4	M
RETROVIR ORAL SYRUP 10 MG/ML	Tier 4	M
ZIAGEN ORAL SOLUTION 20 MG/ML	Tier 4	M
zidovudine oral capsule 100 mg	Tier 1	M
zidovudine oral syrup 10 mg/ml	Tier 1	M
zidovudine oral tablet 300 mg	Tier 1	M
ANTIVIRALS; HIV-SPECIFIC; NUCLEOTIDE ANALOG; RTI		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1	M
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 4	M
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	Tier 4	M
ANTIVIRALS; HIV-SPECIFIC; PROTEASE INHIBITOR COMB		
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Tier 4	M
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 4	M
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	Tier 1	M
ANTIVIRALS; HIV-SPECIFIC; PROTEASE INHIBITORS		
atazanavir oral capsule 150 mg, 200 mg, 300 mg	Tier 1	M
EVOTAZ ORAL TABLET 300-150 MG	Tier 4	M
fosamprenavir oral tablet 700 mg	Tier 1	M
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 4	M

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL TABLET 100 MG	Tier 4	M
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Tier 4	M
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 4	M
ritonavir oral tablet 100 mg	Tier 1	M
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 4	M
ANTIVIRALS;HIV-1 INTEGRASE STRAND TRANSFER INHIBTR		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	Tier 2	ST; SP; ACA
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	M
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	M
ISENTRESS ORAL TABLET 400 MG	Tier 2	M
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	M
TIVICAY ORAL TABLET 50 MG	Tier 4	M
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 4	M
ARTV NUCLEOSIDE;NUCLEOTIDE;NON-NUCLEOSIDE RTI COMB		
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 4	M
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	M
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	Tier 4	M
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	M
SYMFI ORAL TABLET 600-300-300 MG	Tier 4	M
ARV-NUCLEOSIDE;NUCLEOTIDE RTI;INTEGRASE INHIBITORS		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	M
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	M
CYTOCHROME P450 INHIBITORS		
TYBOST ORAL TABLET 150 MG	Tier 4	M
EYE ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	
HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO.		
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	Tier 4	PA; SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	Tier 2	PA; SP
HEPATITIS B TREATMENT AGENTS		
adefovir oral tablet 10 mg	Tier 1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 3	M
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	Tier 3	M; QL
entecavir oral tablet 0.5 mg, 1 mg	Tier 1	M; QL
lamivudine oral tablet 100 mg	Tier 1	M
VEMLIDY ORAL TABLET 25 MG	Tier 3	M
HEPATITIS C TREATMENT AGENTS		
ribavirin oral capsule 200 mg	Tier 1	PA; SP; QL
ribavirin oral tablet 200 mg	Tier 1	PA; SP; QL
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 2	SP
MAVYRET ORAL TABLET 100-40 MG	Tier 2	SP
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	M; QL
AVODART ORAL CAPSULE 0.5 MG	Tier 3	AR; GENDER; M
dutasteride oral capsule 0.5 mg	Tier 1	AR; GENDER; M
finasteride oral tablet 5 mg	Tier 1	AR; GENDER; M
PROSCAR ORAL TABLET 5 MG	Tier 3	AR; GENDER; M
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Tier 3	M
silodosin oral capsule 4 mg, 8 mg	Tier 1	M
tamsulosin oral capsule 0.4 mg	Tier 1	M
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	Tier 3	M; QL
BPH 5-ALPHA-REDUCTASE INHIB-ALPHA1-ADRENOCEP ANTAG		

Drug Name	Drug Tier	Requirements / Limits
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 1	GENDER; M
BPH AGENT-5-ALPHA-REDUCTASE INH AND PDE5 INH COMB		
ENTADFI ORAL CAPSULE 5-5 MG	Tier 3	
DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)		
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	GENDER; M; QL
BETA-BLOCKERS		
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	M
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	Tier 2	M
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	M
carteolol ophthalmic (eye) drops 1 %	Tier 1	M
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	Tier 3	M
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	M
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	Tier 1	M
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	M
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	Tier 1	M
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Tier 1	M
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	Tier 3	M
BIOTECHNOLOGY DRUGS		
ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 2	PA; SP; LA
ANTI-INFLAMMATORY; INTERLEUKIN-1 BETA BLOCKERS		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4	PA; SP
CXCR4 CHEMOKINE RECEPTOR ANTAGONIST		
APHEXDA SUBCUTANEOUS RECON SOLN 62 MG	MB	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	MB	PA; SP
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	MB	PA; SP
ERYTHROID MATURATION AGENTS		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	MB	PA; SP; LA
ERYTHROPOIESIS-STIMULATING AGENTS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 2	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 2	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	MB	PA; SP; LA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA; SP
IMMUNOMODULATORS		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	MB	SP
LEUKOCYTE (WBC) STIMULANTS		
LEUKINE INJECTION RECON SOLN 250 MCG	MB	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	SP

Drug Name	Drug Tier	Requirements / Limits
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	SP; QL
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	SP; QL
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
BLOOD SUGAR DIAGNOSTICS		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	Tier 1	M; QL
ACCU-CHEK GUIDE TEST STRIPS STRIP	Tier 1	M; QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	Tier 1	M; QL
ACCUTREND GLUCOSE TEST STRIPS STRIP	Tier 3	M; QL
ADVANCED GLUC METER TEST STRIP STRIP	Tier 3	M; QL
ADVOCATE REDI-CODE PLUS STRIP	Tier 3	M; QL
AGAMATRIX AMP TEST STRIPS STRIP	Tier 3	M; QL
AGAMATRIX JAZZ TEST STRIPS STRIP	Tier 3	M; QL
AGAMATRIX PRESTO TEST STRIPS STRIP	Tier 3	M; QL
ASSURE 4 STRIPS STRIP	Tier 3	M; QL
ASSURE PLATINUM TEST STRIP STRIP	Tier 3	M; QL
ASSURE PRISM MULTI STRIP STRIP	Tier 3	M; QL
BIONIME RIGHTEST TEST STRIPS STRIP	Tier 3	M; QL
BLOOD GLUCOSE TEST STRIP	Tier 3	M; QL
CARESENS N TEST STRIPS STRIP	Tier 3	M; QL
CARETOUCH TEST STRIP STRIP	Tier 3	M; QL
CLEVER CHOICE MICRO TEST STRIP STRIP	Tier 3	M; QL
CLEVER CHOICE PRO STRIP	Tier 3	M; QL
CLEVER CHOICE TALK TEST STRIP	Tier 3	M; QL
CLEVER CHOICE TEST STRIPS STRIP	Tier 3	M; QL
CLEVER CHOICE VOICE PLUS TEST STRIP	Tier 3	M; QL
CONTOUR NEXT TEST STRIPS STRIP	Tier 3	M; QL
CONTOUR PLUS TEST STRIP STRIP	Tier 3	M; QL
CONTOUR TEST STRIPS STRIP	Tier 3	M; QL
DIATRUE PLUS TEST STRIP STRIP	Tier 3	M; QL
EASY PLUS II TEST STRIP	Tier 3	M; QL

Drug Name	Drug Tier	Requirements / Limits
EASY STEP STRIP	Tier 3	M; QL
EASY TALK GLUCOSE TEST STRIP	Tier 3	M; QL
EASY TALK PLUS II TEST STRIP STRIP	Tier 3	M; QL
EASY TOUCH BLULINK TEST STRIP STRIP	Tier 3	M; QL
EASY TOUCH TEST STRIP STRIP	Tier 3	M; QL
EASY TRAK GLUCOSE TEST STRIP	Tier 3	M; QL
EASY TRAK II TEST STRIP STRIP	Tier 3	M; QL
EASYGLUCO TEST STRIP	Tier 3	M; QL
EASYMAX STRIP	Tier 3	M; QL
ELEMENT COMPACT TEST STRIPS STRIP	Tier 3	M; QL
ELEMENT TEST STRIPS STRIP	Tier 3	M; QL
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	Tier 3	M; QL
EMBRACE EVO TEST STRIPS STRIP	Tier 3	M; QL
EMBRACE PRO TEST STRIPS STRIP	Tier 3	M; QL
EMBRACE TALK TEST STRIPS STRIP	Tier 3	M; QL
EVOLUTION TEST STRIPS STRIP	Tier 3	M; QL
FORA 6 CONNECT GLUCOSE STRIP STRIP	Tier 3	M; QL
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	Tier 3	M; QL
FORA D40-G31 TEST STRIPS STRIP	Tier 3	M; QL
FORA G20 STRIP	Tier 3	M; QL
FORA GD50 TEST STRIPS STRIP	Tier 3	M; QL
FORA GTEL GLUCOSE TEST STRIP STRIP	Tier 3	M; QL
FORA TEST STRIP STRIP	Tier 3	M; QL
FORA TN'G ADVAN PRO TEST STRIP STRIP	Tier 3	M; QL
FORA TN'G VOICE TEST STRIPS STRIP	Tier 3	M; QL
FORA V10 STRIP	Tier 3	M; QL
FORA V10-V12-D10-D20 STRIPS STRIP	Tier 3	M; QL
FORACARE GD20 STRIP	Tier 3	M; QL
FORACARE GD40 TEST STRIPS STRIP	Tier 3	M; QL
FREESTYLE INSULINX STRIP	Tier 3	M; QL
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 3	M; QL
FREESTYLE LITE STRIPS STRIP	Tier 3	M; QL
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 3	M; QL

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE TEST STRIP	Tier 3	M; QL
GE100 BLOOD GLUCOSE TEST STRIP STRIP	Tier 3	M; QL
GE333 BLOOD GLUCOSE TEST STRIP STRIP	Tier 3	M; QL
GLUCO NAVII TEST STRIP STRIP	Tier 3	M; QL
GLUCOCARD 01 SENSOR PLUS STRIP	Tier 3	M; QL
GLUCOCARD EXPRESSION STRIP	Tier 3	M; QL
GLUCOCARD SHINE TEST STRIPS STRIP	Tier 3	M; QL
GLUCOCARD VITAL SENSOR STRIP	Tier 3	M; QL
GLUCOCARD VITAL TEST STRIPS STRIP	Tier 3	M; QL
GLUCOCOM GLUCOSE STRIP	Tier 3	M; QL
GM100 STRIP	Tier 3	M; QL
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	Tier 3	M; QL
HEALTHPRO TEST STRIPS STRIP	Tier 3	M; QL
IHEALTH GLUCOSE TEST STRIP STRIP	Tier 3	M; QL
INFINITY TEST STRIPS STRIP	Tier 3	M; QL
MICRO BLOOD GLUCOSE STRIP	Tier 3	M; QL
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	Tier 3	M; QL
MICRODOT XTRA BLOOD GLUCOSE STRIP	Tier 3	M; QL
MYGLUCOHEALTH STRIP	Tier 3	M; QL
NEUTEK 2TEK TEST STRIPS STRIP	Tier 3	M; QL
NOVA MAX GLUCOSE TEST STRIP	Tier 3	M; QL
ON CALL EXPRESS TEST STRIP STRIP	Tier 3	M; QL
ONETOUCH ULTRA TEST STRIP	Tier 1	M; QL
ONETOUCH VERIO TEST STRIPS STRIP	Tier 1	M; QL
OPTIUM EZ STRIP	Tier 3	M; QL
PHARMACIST CHOICE STRIP	Tier 3	M; QL
PIP BLOOD GLUCOSE TEST STRIP STRIP	Tier 3	M; QL
PLATINUM TEST STRIP STRIP	Tier 3	M; QL
PRECISION XTRA TEST STRIP	Tier 3	M; QL
PREMIER TEST STRIP STRIP	Tier 3	M; QL
PREMIUM V10 STRIP	Tier 3	M; QL
PRO VOICE V8-V9 TEST STRIP STRIP	Tier 3	M; QL
PRODIGY NO CODING STRIP	Tier 3	M; QL

Drug Name	Drug Tier	Requirements / Limits
QUINTET AC STRIP	Tier 3	M; QL
REFUAH PLUS STRIP	Tier 3	M; QL
RELION CONFIRM-MICRO STRIP	Tier 3	M; QL
RELION PRIME TEST STRIPS STRIP	Tier 3	M; QL
RELION ULTIMA STRIP	Tier 3	M; QL
RIGHTEST GS550 TEST STRIPS STRIP	Tier 3	M; QL
RIGHTEST GT333 TEST STRIP STRIP	Tier 3	M; QL
SMART SENSE TEST STRIPS STRIP	Tier 3	M; QL
SMARTEST TEST STRIP	Tier 3	M; QL
SOLUS V2 TEST STRIPS STRIP	Tier 3	M; QL
TELCARE TEST STRIPS STRIP	Tier 3	M; QL
TEST N'GO TEST STRIP	Tier 3	M; QL
TRUE METRIX GLUCOSE TEST STRIP STRIP	Tier 3	M; QL
TRUETEST TEST STRIPS STRIP	Tier 3	M; QL
TRUETRACK TEST STRIP	Tier 3	M; QL
UNISTRIP1 TEST STRIP STRIP	Tier 3	M; QL
VIVAGUARD INO TEST STRIP STRIP	Tier 3	M; QL
DIABETIC SUPPLIES		
ACCU-CHEK GUIDE GLUCOSE METER	Tier 1	M
ACCU-CHEK GUIDE ME GLUCOSE MTR	Tier 1	M
ADVOCATE REDI-CODE PLUS	Tier 3	M
AGAMATRIX JAZZ WIRELESS 2 MNTR KIT	Tier 3	M
AGAMATRIX PRESTO SYSTEM	Tier 3	M
ASSURE PLATINUM GLUCOSE METER	Tier 3	M
ASSURE PRISM MULTI METER	Tier 3	M
BIONIME RIGHTEST GM300 SYSTEM KIT	Tier 3	M
BIOTEL CARE BGM-4 METER	Tier 3	M
BLOOD-GLUCOSE METER	Tier 3	M
CARESENS N	Tier 3	M
CARESENS N FELIZ GLUCOSE METER	Tier 3	M
CARESENS N VOICE	Tier 3	M
CARETOUCH GLUCOSE MONITORING KIT	Tier 3	M
CLEVER CHEK BLOOD GLUCOSE	Tier 3	M

Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE GLUCOSE MONITOR	Tier 3	M
CLEVER CHOICE MICRO	Tier 3	M
CLEVER CHOICE PRO	Tier 3	M
CLEVER CHOICE TALK GLUCOSE SYS	Tier 3	M
CONTOUR NEXT EZ METER	Tier 3	M
CONTOUR NEXT GEN METER KIT	Tier 3	M
CONTOUR NEXT LINK 2.4 KIT	Tier 3	M
CONTOUR NEXT LINK KIT	Tier 3	M
CONTOUR NEXT METER	Tier 3	M
CONTOUR NEXT ONE METER	Tier 3	M
CONTOUR PLUS BLUE METER	Tier 3	M
DIATRUE PLUS BLOOD GLUCOSE MET	Tier 3	M
EASY STEP BLOOD GLUCOSE METER	Tier 3	M
EASY TOUCH BLULINK GLUC SYST	Tier 3	M
EASY TOUCH GLUCOSE MONITOR	Tier 3	M
EASY TRAK II BLOOD GLUCOSE MTR	Tier 3	M
EASYGLUCO METER KIT	Tier 3	M
EASYMAX NG KIT	Tier 3	M
EASYMAX T1 KIT	Tier 3	M
EASYMAX V SPEAKING GLUCOSE SYS	Tier 3	M
ELEMENT COMPACT GLUCOSE METER	Tier 3	M
ELEMENT COMPACT V GLUCOSE MTR	Tier 3	M
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	Tier 3	M
EMBRACE BLOOD GLUCOSE SYSTEM	Tier 3	M
EMBRACE PRO GLUCOSE METER	Tier 3	M
EMBRACE TALK BLOOD GLUCOSE SYS KIT	Tier 3	M
EMBRACE WAVE PLUS GLUCOSE MTR	Tier 3	M
EVOLUTION BLOOD GLUCOSE METER KIT	Tier 3	M
FORA G20 KIT	Tier 3	M
FORA G30A	Tier 3	M
FORA GD50 BLOOD GLUCOSE SYSTEM	Tier 3	M
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	Tier 3	M
FORA PREMIUM V10 GLUCOSE METER	Tier 3	M

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy M – Maintenance LA – Limited Availability

Drug Name	Drug Tier	Requirements / Limits
FORA TEST N'GO VOICE METER	Tier 3	M
FORA TN'G VOICE METER	Tier 3	M
FORA V12 BLOOD GLUCOSE SYSTEM	Tier 3	M
FORACARE GD20 GLUCOSE METER	Tier 3	M
FORACARE GD40B GLUCOSE METER	Tier 3	M
FREESTYLE FREEDOM LITE KIT	Tier 3	M
FREESTYLE LITE METER KIT	Tier 3	M
FREESTYLE PRECISION NEO METER	Tier 3	M
GE100 BLOOD GLUCOSE SYSTEM KIT	Tier 3	M
GE333 BLOOD GLUCOSE SYSTEM	Tier 3	M
GLUCOCARD 01 METER KIT	Tier 3	M
GLUCOCARD EXPRESSION	Tier 3	M
GLUCOCARD SHINE CONNEX METER	Tier 3	M
GLUCOCARD SHINE EXPRESS METER	Tier 3	M
GLUCOCARD SHINE METER	Tier 3	M
GLUCOCARD SHINE XL METER	Tier 3	M
GLUCOCARD VITAL KIT	Tier 3	M
GLUCOCOM BLOOD GLUCOSE KIT	Tier 3	M
GM100 KIT	Tier 3	M
HEALTHPRO GLUCOSE MONITOR	Tier 3	M
IHEALTH GLUCO PLUS METER KIT	Tier 1	M
INFINITY STARTER KIT KIT	Tier 3	M
MICRODOT BLOOD GLUCOSE SYSTEM	Tier 3	M
MYGLUCOHEALTH KIT	Tier 3	M
NOVA MAX PLUS GLUC-KETON METER DEVICE	Tier 3	M
NOVA MAX PLUS GLUC-KETON METER KIT	Tier 3	M
ON CALL EXPRESS METER KIT	Tier 3	M
ONETOUCH ULTRA2 METER	Tier 1	M
ONETOUCH VERIO FLEX METER	Tier 1	M
ONETOUCH VERIO REFLECT METER	Tier 1	M
PHARMACIST CHOICE GLUCOSE SYS	Tier 3	M
PIP BLOOD GLUCOSE MONITOR	Tier 3	M
PRECISION XTRA KETONE-GLUCOSE KIT	Tier 3	M

Drug Name	Drug Tier	Requirements / Limits
PREMIER BLU GLUCOSE METER	Tier 3	M
PREMIER CLASSIC GLUCOSE METER	Tier 3	M
PREMIER COMPACT GLUCOSE METER KIT	Tier 3	M
PREMIER VOICE GLUCOSE METER	Tier 3	M
PREMIUM BLOOD GLUCOSE MONITOR	Tier 3	M
PREMIUM V10	Tier 3	M
PRO VOICE V9 GLUCOSE MONITOR	Tier 3	M
PRODIGY AUTOCODE METER KIT	Tier 3	M
PRODIGY AUTOCODE MONITOR SYST	Tier 3	M
PRODIGY POCKET METER KIT	Tier 3	M
PRODIGY VOICE GLUCOSE METER KIT	Tier 3	M
QUINTET BLOOD GLUCOSE METER	Tier 3	M
REFUAH PLUS GLUCOSE MONITOR KIT	Tier 3	M
RELION ALL-IN-ONE METER KIT	Tier 2	M
RELION CONFIRM KIT	Tier 3	M
RELION MICRO GLUCOSE MONITOR KIT	Tier 3	M
RELION PRIME METER	Tier 3	M
RIGHTEST GM550 SYSTEM KIT	Tier 3	M
RIGHTEST GT333 GLUCOSE METER	Tier 3	M
SMART SENSE MONITORING SYSTEM	Tier 3	M
SMARTEST EJECT KIT	Tier 3	M
SMARTEST PERSONA STARTER KIT	Tier 3	M
SMARTEST PRONTO STARTER KIT	Tier 3	M
SMARTEST PROTEGE KIT	Tier 3	M
SOLUS V2 AUDIBLE METER	Tier 3	M
SOLUS V2 AUDIBLE METER KIT	Tier 3	M
TEST N'GO BLOOD GLUCOSE SYSTEM	Tier 3	M
TRUE METRIX AIR GLUCOSE METER	Tier 3	M
TRUE METRIX GLUCOSE METER	Tier 3	M
TRUE METRIX GO GLUCOSE METER	Tier 3	M
TRUERESULT BLOOD GLUCOSE SYSTM KIT	Tier 3	M
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	Tier 3	M
TRUETRACK SMART SYSTEM KIT	Tier 3	M

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Drug Name	Drug Tier	Requirements / Limits
ULTIMA MONITOR	Tier 3	M
VIVAGUARD INO GLUCOSE METER	Tier 3	M
VIVAGUARD INO SMART GLUC METER	Tier 3	M
BURN THERAPY		
TOPICAL SULFONAMIDES		
SILVADENE TOPICAL CREAM 1 %	Tier 3	
silver sulfadiazine topical cream 1 %	Tier 1	
ssd topical cream 1 %	Tier 1	
CARDIAC GLYCOSIDES		
DIGITALIS GLYCOSIDES		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 1	M
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	Tier 1	M
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	Tier 3	M
CEPHALOSPORINS		
CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	MB	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	MB	
cefazolin injection recon soln 1 gram, 3 gram, 500 mg	MB	
cefazolin intravenous recon soln 1 gram	MB	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	MB	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 250 mg/5 ml	Tier 1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	MB	
cefotetan injection recon soln 1 gram, 2 gram	MB	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	MB	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	MB	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime sodium injection recon soln 750 mg	MB	
cefuroxime sodium intravenous recon soln 1.5 gram	MB	
CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	MB	
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	QL
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	MB	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	MB	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	MB	
ceftriaxone intravenous recon soln 1 gram, 2 gram	MB	

Drug Name	Drug Tier	Requirements / Limits
tazicef injection recon soln 1 gram, 2 gram, 6 gram	MB	
tazicef intravenous recon soln 1 gram, 2 gram	MB	
CEPHALOSPORIN ANTIBIOTICS - 4TH GENERATION		
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	MB	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	MB	
cefepime injection recon soln 1 gram	MB	
CEPHALOSPORIN ANTIBIOTICS - 5TH GENERATION		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	MB	PA
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	MB	
CEPHALOSPORIN ANTIBIOTICS - SIDEROPHORE		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	MB	PA
CHOLINERGIC STIMULANTS		
PARASYMPATHETIC AGENTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	M
CHOLINESTERASE INHIBITOR MIOTICS		
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 2	SP; LA
COAGULATION THERAPY		
AGENTS TO TX THROMBOTIC THROMBOCYTOPENIC PURPURA		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP; LA
ANTICOAGULANTS;COUMARIN TYPE		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	M
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	M
ANTIFIBRINOLYTIC AGENTS		

Drug Name	Drug Tier	Requirements / Limits
aminocaproic acid oral solution 250 mg/ml (25 %)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	Tier 1	
CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML)	MB	PA
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	MB	PA; SP; LA
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	MB	PA; SP
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	MB	PA
ANTIHEMOPHILIC FACTORS		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	MB	PA; SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	MB	PA; SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	MB	PA; SP
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	MB	PA; SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	MB	PA; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	MB	PA; SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	MB	PA; SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	MB	PA; SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	MB	PA; SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	MB	PA; SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	MB	PA; SP
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	MB	PA; SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	MB	PA; SP; LA
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	MB	PA; SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	MB	PA; SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
BLOOD FACTORS;MISCELLANEOUS		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	MB	PA; SP
DIRECT FACTOR XA INHIBITORS		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 2	M
rivaroxaban oral suspension for reconstitution 1 mg/ml	Tier 2	AR; M
rivaroxaban oral tablet 2.5 mg	Tier 1	M; QL
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 2	AR; M
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	Tier 2	M
XARELTO ORAL TABLET 2.5 MG	Tier 2	M; QL
FACTOR IX COMPLEX (PCC) PREPARATIONS		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
FACTOR IX PREPARATIONS		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	MB	PA; SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	MB	PA; SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	MB	PA; SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	MB	PA; SP
FACTOR X PREPARATIONS		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	MB	PA; SP
FACTOR XIII PREPARATIONS		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	MB	PA; SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	MB	PA; SP
HEMOPHILIA TREATMENT AGENTS;NON-FACTOR REPLACEMENT		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	MB	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
HEMORRHEOLOGIC AGENTS		
pentoxifylline oral tablet extended release 400 mg	Tier 1	M
HEPARIN AND RELATED PREPARATIONS		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	Tier 4	SP; QL
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 1	SP; QL

Drug Name	Drug Tier	Requirements / Limits
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	Tier 1	SP; QL
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	Tier 1	SP; QL
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	Tier 2	SP; QL
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	SP; QL
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	MB	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	MB	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml	Tier 1	
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	MB	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	MB	
heparin, porcine (pf) intravenous syringe 100 unit/ml	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	Tier 4	SP; QL
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	Tier 4	SP; QL
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 1	M
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	M
cilostazol oral tablet 100 mg, 50 mg	Tier 1	M
clopidogrel oral tablet 300 mg	Tier 1	
clopidogrel oral tablet 75 mg	Tier 1	M
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	M
EFFIENT ORAL TABLET 10 MG, 5 MG	Tier 3	M
PLAVIX ORAL TABLET 75 MG	Tier 3	M
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 1	M
ticagrelor oral tablet 60 mg, 90 mg	Tier 1	M
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	M
PROTEIN C PREPARATIONS		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	MB	PA; SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	MB	PA; SP
THROMBIN INHIBITORS; SELECTIVE; DIRECT; REVERSIBLE		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	M
THROMBOPOIETIN RECEPTOR AGONISTS		
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	Tier 4	PA; SP
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	Tier 4	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 4	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 4	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; SP
VITAMIN K PREPARATIONS		
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	MB	
phytonadione (vitamin k1) injection solution 10 mg/ml	MB	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	MB	
phytonadione (vitamin k1) oral tablet 5 mg	Tier 1	
vitamin k injection solution 1 mg/0.5 ml	MB	
vitamin k1 injection solution 10 mg/ml	MB	
COUGH & COLD THERAPY		
1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	Tier 1	
ANTITUSSIVES; NON-OPIOID		
benzonatate oral capsule 100 mg, 200 mg	Tier 1	
NON-OPIOID ANTITUS-1ST GEN.ANTIHISTAMINE-DECONGEST		
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	Tier 1	
NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	QL
OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS		
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	Tier 1	
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	
hydromet oral solution 5-1.5 mg/5 ml	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
CYCLOPLEGIC MYDRIATICS		
MYDRIATICS		
ATROPINE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	M
atropine ophthalmic (eye) drops 1 %	Tier 1	M
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	M
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	Tier 3	
cyclopentolate ophthalmic (eye) drops 1 %	Tier 1	
homatropaire ophthalmic (eye) drops 5 %	Tier 1	M
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	Tier 1	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
DIABETIC SUPPLIES		
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	
SYRINGES AND ACCESSORIES		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	M; QL
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CONDOMS		
FC2 FEMALE CONDOM	Tier 3	ACA
DIAPHRAGMS/CERVICAL CAP		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Tier 3	ACA
FEMCAP VAGINAL DEVICE 22 MM	Tier 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 3	ACA
INTRA-UTERINE DEVICES (IUDS)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	MB	SP; ACA; LA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	MB	SP; ACA

Drug Name	Drug Tier	Requirements / Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	MB	SP; ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	MB	SP; ACA; LA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	MB	SP; ACA; LA
DIRECT ACTING MIOTICS		
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	M
ELECTROLYTES		
ELECTROLYTE DEPLETERS		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	M
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	M
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	M
FERRIC CITRATE ORAL TABLET 210 MG IRON	Tier 1	M
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	M
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Tier 3	M
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 1	M
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	M
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Tier 3	M
RENVELA ORAL TABLET 800 MG	Tier 3	M
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 1	M
sevelamer carbonate oral tablet 800 mg	Tier 1	M
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	M
sodium polystyrene sulfonate oral powder 15 gram	Tier 1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
sps (with sorbitol) rectal enema 30-40 gram/120 ml	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 3	PA; M
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	Tier 3	PA; M
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 4	ST; SP; LA; QL
POTASSIUM REPLACEMENT		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 2	M
effer-k oral tablet, effervescent 25 meq	Tier 1	M
klor-con 10 oral tablet extended release 10 meq	Tier 1	M
klor-con 8 oral tablet extended release 8 meq	Tier 1	M
klor-con m10 oral tablet,er particles/crystals 10 meq	Tier 1	M
klor-con m15 oral tablet,er particles/crystals 15 meq	Tier 1	M
klor-con m20 oral tablet,er particles/crystals 20 meq	Tier 1	M
klor-con oral packet 20 meq	Tier 1	M
POKONZA ORAL PACKET 10 MEQ	Tier 3	M
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	M
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	M
potassium chloride oral packet 20 meq	Tier 1	M
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1	M
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	M
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1	M
SODIUM/SALINE PREPARATIONS		
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	MB	
ERYTHROMYCINS & OTHER MACROLIDES		
MACROLIDE ANTIBIOTICS		

Drug Name	Drug Tier	Requirements / Limits
azithromycin intravenous recon soln 500 mg	MB	
azithromycin oral packet 1 gram	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	QL
DIFICID ORAL TABLET 200 MG	Tier 3	QL
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Tier 3	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Tier 1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	MB	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 1	
erythromycin lactobionate intravenous recon soln 500 mg	MB	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	Tier 1	
fidaxomicin oral tablet 200 mg	Tier 3	QL
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	MB	PA

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Tier 3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	Tier 3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	Tier 3	
ESTROGENS & PROGESTINS		
CONTRACEPTIVES;INJECTABLE		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 3	M
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	Tier 3	M
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 3	M
medroxyprogesterone intramuscular suspension 150 mg/ml	Tier 1	M; ACA
medroxyprogesterone intramuscular syringe 150 mg/ml	Tier 1	M; ACA
CONTRACEPTIVES;ORAL		
camila oral tablet 0.35 mg	Tier 1	M; ACA
deblitane oral tablet 0.35 mg	Tier 1	M
emzahh oral tablet 0.35 mg	Tier 1	M
errin oral tablet 0.35 mg	Tier 1	M
heather oral tablet 0.35 mg	Tier 1	M
incassia oral tablet 0.35 mg	Tier 1	M
jencycla oral tablet 0.35 mg	Tier 1	M
lyleq oral tablet 0.35 mg	Tier 1	M
lyza oral tablet 0.35 mg	Tier 1	M
meleya oral tablet 0.35 mg	Tier 1	M
nora-be oral tablet 0.35 mg	Tier 1	M
norethindrone (contraceptive) oral tablet 0.35 mg	Tier 1	M
orquidea oral tablet 0.35 mg	Tier 1	M
sharobel oral tablet 0.35 mg	Tier 1	M
ESTROGEN AND PROGESTIN COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 3	M
ESTROGENIC AGENTS		
abigale lo oral tablet 0.5-0.1 mg	Tier 1	M
abigale oral tablet 1-0.5 mg	Tier 1	M
ACTIVELLA ORAL TABLET 1-0.5 MG	Tier 3	M
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	M
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 3	M
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	M
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 2	M; QL
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	MB	PA; M
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML	MB	M
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	MB	M
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Tier 3	M
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	M
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	M
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	M
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	Tier 1	M
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 1 mg/gram (0.1 %)	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
estradiol transdermal gel in packet 0.75 mg/0.75 gram (0.1%), 1.25 mg/1.25 gram (0.1 %)	Tier 3	M
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	M
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	M
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	MB	M
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	M
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 3	M
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	M
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	M
jinteli oral tablet 1-5 mg-mcg	Tier 1	M
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	M
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 2	M
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	M
mimvey oral tablet 1-0.5 mg	Tier 1	M
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 3	M
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	M
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	M; QL
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	M
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	M

Drug Name	Drug Tier	Requirements / Limits
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 3	M
ESTROGEN-PROGESTIN WITH ANTIMINERALOCORTICOID COMB		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	M
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD(SERM)COMB		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 3	M
PROGESTATIONAL AGENTS		
CRINONE VAGINAL GEL 4 %	Tier 2	QL
gallifrey oral tablet 5 mg	Tier 1	M
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	M
norethindrone acetate oral tablet 5 mg	Tier 1	M
progesterone intramuscular oil 50 mg/ml	Tier 1	SP
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1	M
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Tier 3	M
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	M
VAGINAL ESTROGEN FOR SEXUAL DYSFUNCTION		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	M
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	
VAGINAL ESTROGEN PREPARATIONS		
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Tier 3	M
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 1	M
estradiol vaginal tablet 10 mcg	Tier 1	M
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 2	M
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	M

Drug Name	Drug Tier	Requirements / Limits
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	M; QL
VAGIFEM VAGINAL TABLET 10 MCG	Tier 3	M
yuvafem vaginal tablet 10 mcg	Tier 1	M
GLUCOSE ELEVATING AGENTS		
AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	Tier 2	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	Tier 2	QL
glucagon emergency kit (human) injection recon soln 1 mg	Tier 1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	QL
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	QL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 3	PA; M
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	QL
GOUT THERAPY		
COLCHICINE		
colchicine oral capsule 0.6 mg	Tier 1	M
colchicine oral tablet 0.6 mg	Tier 1	M
MITIGARE ORAL CAPSULE 0.6 MG	Tier 3	M
HYPERURICEMIA TX - URATE-OXIDASE ENZYME-TYPE		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	MB	PA; SP
HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	M
febuxostat oral tablet 40 mg, 80 mg	Tier 1	M
URICOSURIC AGENTS		
probenecid oral tablet 500 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
probenecid-colchicine oral tablet 500-0.5 mg	Tier 1	M
GROWTH HORMONES		
GROWTH HORMONE RELEASING HORMONE(GHRH) AND ANALOGS		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; SP
GROWTH HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 2	PA; SP
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
DIABETIC SUPPLIES		
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	M
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	M
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	M
DURABLE MEDICAL EQUIPMENT;MISC(GROUP 1)		
BD EMBECTA MICROTAINER LANCET 30 GAUGE	Tier 2	M; QL
LANCETS 33 GAUGE	Tier 2	M; QL
NEEDLES/NEEDLELESS DEVICES		
BD EMBECTA INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	Tier 2	QL
BD EMBECTA SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	Tier 2	QL
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	M; QL
INSULIN THERAPY		
ANTIHYPERGLY;INSULIN;LONG ACT-GLP-1 RECEPT.AGONIST		

Drug Name	Drug Tier	Requirements / Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	ST; M
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 3	ST; M
INSULINS		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1	M; QL
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 1	M; QL
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 1	M; QL
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	M; QL
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	M
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1	M
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	M
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	M; QL
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	M; QL
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	M; QL
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1	M
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 1	M; QL
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	M; QL

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 1	M
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	M
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 1	M
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1	M
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1	M
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	M; QL
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	M
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	M; QL
INTERFERONS		
HEPATITIS C TREATMENT AGENTS		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA; SP; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA; SP
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 2	PA; SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 2	PA; SP; LA
IRRIGATING SOLUTIONS		
IRRIGANTS		
lactated ringers irrigation solution	MB	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	MB	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	MB	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	MB	

Drug Name	Drug Tier	Requirements / Limits
ringer's irrigation solution	MB	
LIPID/CHOLESTEROL LOWERING AGENTS		
ANTIHYPERLIP.HMG COA REDUCT INHIB-CHOLEST.AB.INHIB		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 1	M; QL
VYTORIN 10-10 ORAL TABLET 10-10 MG	Tier 3	M; QL
VYTORIN 10-20 ORAL TABLET 10-20 MG	Tier 3	M; QL
VYTORIN 10-40 ORAL TABLET 10-40 MG	Tier 3	M; QL
VYTORIN 10-80 ORAL TABLET 10-80 MG	Tier 3	M; QL
ANTIHYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	M; QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Tier 3	M; QL
ANTIHYPERLIPIDEMIC - ANGIOPOIETIN-LIKE 3 INHIBITOR		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	MB	PA; SP; LA
ANTIHYPERLIPIDEMIC - APOLIPOPROTEIN INHIBITOR		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 4	PA; SP; LA
ANTIHYPERLIPIDEMIC - ATP CITRATE LYASE INHIBITOR		
NEXLETOL ORAL TABLET 180 MG	Tier 2	PA; M
ANTIHYPERLIPIDEMIC - MTP INHIBITOR		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA; SP
ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS		
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 4	PA; SP; LA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3	PA; M
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3	PA; M; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3	PA; M; QL

Drug Name	Drug Tier	Requirements / Limits
ANTIHYPERLIPIDEMIC-ACLY AND CHOLES ABSORP INHIB		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	PA; M
ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB(STATINS)		
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA; M
atorvastatin oral tablet 10 mg, 20 mg	Tier 1	M; ACA
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	M
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Tier 3	PA; M
fluvastatin oral capsule 20 mg, 40 mg	Tier 1	M; ACA
fluvastatin oral tablet extended release 24 hr 80 mg	Tier 1	M; ACA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	Tier 3	M
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	Tier 3	M
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 1	M; ACA
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	Tier 1	M; ACA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	M; ACA
rosuvastatin oral tablet 10 mg, 5 mg	Tier 1	M; ACA; QL
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	M; QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	M; ACA
simvastatin oral tablet 80 mg	Tier 1	M
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	M
BILE SALT SEQUESTRANTS		
cholestyramine (with sugar) oral powder 4 gram	Tier 1	M
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	M
cholestyramine light oral powder 4 gram	Tier 1	M
cholestyramine light oral powder in packet 4 gram	Tier 1	M
colesevelam oral tablet 625 mg	Tier 1	M
COLESTID ORAL GRANULES 5 GRAM	Tier 3	M
COLESTID ORAL TABLET 1 GRAM	Tier 3	M
colestipol oral granules 5 gram	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
colestipol oral packet 5 gram	Tier 1	M
colestipol oral tablet 1 gram	Tier 1	M
prevalite oral powder 4 gram	Tier 1	M
prevalite oral powder in packet 4 gram	Tier 1	M
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 3	M
QUESTRAN ORAL POWDER 4 GRAM	Tier 3	M
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	Tier 3	M
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Tier 3	M
WELCHOL ORAL TABLET 625 MG	Tier 3	M
LIPOTROPICS		
ezetimibe oral tablet 10 mg	Tier 1	M; QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	M
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	M
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	Tier 3	M
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 1	M
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	Tier 1	M
fenofibric acid oral tablet 105 mg, 35 mg	Tier 1	M
FIBRICOR ORAL TABLET 105 MG	Tier 3	M
gemfibrozil oral tablet 600 mg	Tier 1	M
icosapent ethyl oral capsule 0.5 gram, 1 gram	Tier 1	M
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 3	M
LOPID ORAL TABLET 600 MG	Tier 3	M
LOVAZA ORAL CAPSULE 1 GRAM	Tier 3	M; QL
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	M
omega-3 acid ethyl esters oral capsule 1 gram	Tier 1	M; QL
TRICOR ORAL TABLET 145 MG	Tier 3	M
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	Tier 2	M

Drug Name	Drug Tier	Requirements / Limits
ZETIA ORAL TABLET 10 MG	Tier 3	M; QL
MIGRAINE & CLUSTER HEADACHE THERAPY		
ANTIMIGRAINE PREPARATIONS		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	ST; M; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	ST; M; QL
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	QL
dihydroergotamine injection solution 1 mg/ml	Tier 1	QL
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 1	PA; QL
eletriptan oral tablet 20 mg, 40 mg	Tier 1	QL
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	ST; M; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	ST; M; QL
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 2	
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	
frovatriptan oral tablet 2.5 mg	Tier 1	QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	Tier 3	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	Tier 3	PA; QL
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	Tier 3	PA; QL
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 2	ST; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Tier 3	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	ST; M; QL
rizatriptan oral tablet 10 mg, 5 mg	Tier 1	QL
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 1	QL

Drug Name	Drug Tier	Requirements / Limits
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Tier 1	QL
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	Tier 1	QL
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	Tier 1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1	QL
sumatriptan-naproxen oral tablet 85-500 mg	Tier 1	QL
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 3	PA; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	ST; QL
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	MB	PA; SP; LA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 3	PA; QL
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	Tier 1	PA; QL
zolmitriptan nasal spray,non-aerosol 5 mg	Tier 1	PA; QL
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	QL
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	Tier 3	PA; QL
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 1	QL
CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	ST; QL
MISCELLANEOUS AGENTS		
ADRENERGIC VASOPRESSOR AGENTS		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 1	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 4	PA; SP
AGENTS FOR STOMATOLOGICAL USE		

Drug Name	Drug Tier	Requirements / Limits
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Tier 4	PA; SP; LA
AMMONIA INHIBITORS		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	Tier 4	PA; SP; LA
carglumic acid oral tablet, dispersible 200 mg	Tier 1	SP; LA
glycerol phenylbutyrate oral liquid 1.1 gram/ml	Tier 4	PA; SP
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 4	PA; SP; LA
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 4	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 4	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram	Tier 1	PA; M
sodium phenylbutyrate oral tablet 500 mg	Tier 1	PA; M
AMYOTROPHIC LATERAL SCLEROSIS AGENTS		
riluzole oral tablet 50 mg	Tier 1	M
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	SP; LA
ANTI-ALCOHOLIC PREPARATIONS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	M
disulfiram oral tablet 250 mg, 500 mg	Tier 1	M
BONE RESORPTION INHIBITORS		
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	MB	PA; SP
risedronate oral tablet 30 mg	Tier 1	QL
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	MB	SP
CELL/GENE THERAPY AGENTS - HEMATOPOIETIC		
OMISIRGE INTRAVENOUS SUSPENSION	MB	PA
COMPLEMENT INHIBITORS		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	MB	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	MB	PA; SP; LA
FABHALTA ORAL CAPSULE 200 MG	Tier 4	PA; SP; LA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	MB	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 4	PA; SP; LA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	MB	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 2	PA; SP; LA
DENTAL AIDS AND PREPARATIONS		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
kourzeq dental paste 0.1 %	Tier 1	QL
oralone dental paste 0.1 %	Tier 1	QL
paroex oral rinse mucous membrane mouthwash 0.12 %	Tier 1	
periogard mucous membrane mouthwash 0.12 %	Tier 1	
triamcinolone acetonide dental paste 0.1 %	Tier 1	QL
FLUORIDE PREPARATIONS		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	M
denta 5000 plus dental cream 1.1 %	Tier 1	M
denta 5000 plus sensitive dental paste 1.1-5 %	Tier 3	M
dentagel dental gel 1.1 %	Tier 1	M
fluoride (sodium) dental cream 1.1 %	Tier 1	M
fluoride (sodium) dental gel 1.1 %	Tier 1	M
fluoride (sodium) dental paste 1.1 %	Tier 3	M
fluoride (sodium) dental solution 0.2 %	Tier 1	M
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	Tier 3	M
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3	M
FLUORIMAX 5000 DENTAL PASTE 1.1 %	Tier 3	M
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Tier 3	M
fraiche 5000 dental gel 1.1 %	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Tier 3	M
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Tier 3	M
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	Tier 3	M
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	Tier 3	M
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Tier 3	M
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Tier 3	M
PREVIDENT DENTAL GEL 1.1 %	Tier 3	M
PREVIDENT DENTAL SOLUTION 0.2 %	Tier 3	M
PREVIDENT KIDS DENTAL PASTE 1.1 %	Tier 3	M
sf 5000 plus dental cream 1.1 %	Tier 1	M
sf dental gel 1.1 %	Tier 1	M
sodium fluoride 5000 plus dental cream 1.1 %	Tier 1	M
sodium fluoride-pot nitrate dental paste 1.1-5 %	Tier 3	M
HYDROXYPHENYL-PYRUVATE DIOXYGENASE(HPPD) INHIBITOR		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 4	PA; SP; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA; SP; LA
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	MB	PA; SP; LA
IRON REPLACEMENT		
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	MB	PA
sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml	MB	
IRRIGANTS		
acetic acid irrigation solution 0.25 %	MB	
curity sterile water irrigation solution	MB	
sodium chloride irrigation solution 0.9 %	MB	

Drug Name	Drug Tier	Requirements / Limits
water for irrigation, sterile irrigation solution	MB	
KIDNEY STONE AGENTS		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 4	PA; SP; LA
THIOLA ORAL TABLET 100 MG	Tier 4	PA; SP; LA
tiopronin oral tablet 100 mg	Tier 4	PA; SP
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	Tier 2	PA; SP; LA
METABOLIC DEFICIENCY AGENTS		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 3	M
CARNITOR ORAL SOLUTION 100 MG/ML	Tier 3	M
CARNITOR ORAL TABLET 330 MG	Tier 3	M
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 1	M
levocarnitine oral solution 100 mg/ml	Tier 1	M
levocarnitine oral tablet 330 mg	Tier 1	M
METABOLIC DISEASE ENZYME REPLACEMENT; ASMD		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	MB	PA; SP
METALLIC POISON;AGENTS TO TREAT		
CHEMET ORAL CAPSULE 100 MG	Tier 2	
CUVRIOR ORAL TABLET 300 MG	Tier 4	SP; LA
deferasirox oral granules in packet 90 mg	Tier 4	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 1	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 1	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	Tier 4	PA; SP
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	Tier 4	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Tier 4	PA; SP; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA; SP; LA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	Tier 4	PA; SP; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Tier 4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
JADENU SPRINKLE ORAL GRANULES IN PACKET 90 MG	Tier 4	PA; SP
SYPRINE ORAL CAPSULE 250 MG	Tier 3	M
TRIENTINE ORAL CAPSULE 500 MG	Tier 3	M
NASAL ANTIHISTAMINE		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	Tier 1	M; QL
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	Tier 1	M
olopatadine nasal spray,non-aerosol 0.6 %	Tier 1	
NOSE PREPARATIONS; MISCELLANEOUS (RX)		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	Tier 1	M
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	Tier 1	
NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA; SP; LA
PARASYMPATHETIC AGENTS		
cevimeline oral capsule 30 mg	Tier 1	M
EVOXAC ORAL CAPSULE 30 MG	Tier 3	M
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	M
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	Tier 3	M
PLATELET REDUCING AGENTS		
AGRYLIN ORAL CAPSULE 0.5 MG	Tier 3	M
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	M
PYRUVATE KINASE ACTIVATORS		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4	PA; SP; LA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 4	PA; SP; LA
RETINOIC ACID RECEPTOR (RAR) AGONISTS		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 4	PA; SP; LA
SODIUM/SALINE PREPARATIONS		

Drug Name	Drug Tier	Requirements / Limits
sodium chloride 0.9 % injection solution	MB	
sodium chloride 0.9 % intravenous parenteral solution	MB	
sodium chloride 0.9 % intravenous piggyback	MB	
sodium chloride injection syringe 0.9 %	MB	
SYSTEMIC ENZYME INHIBITORS		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	MB	PA; SP
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	MB	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	MB	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	MB	PA; SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; SP; LA
THYROID HORMONE RECEPTOR (THR) AGONIST		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 2	PA; SP
TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	MB	
HYLENEX INJECTION SOLUTION 150 UNIT/ML	MB	
XANTHINES		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
MISCELLANEOUS ANTIINFECTIVES		
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	QL
tinidazole oral tablet 250 mg, 500 mg	Tier 1	QL
AMINOGLYCOSIDE ANTIBIOTICS		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	MB	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Tier 4	PA; SP
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	MB	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	MB	
gentamicin injection solution 40 mg/ml	MB	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	MB	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 4	PA; SP
neomycin oral tablet 500 mg	Tier 1	
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	MB	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 4	PA; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 2	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA; SP
tobramycin sulfate injection recon soln 1.2 gram	MB	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	MB	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 2	PA; SP
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	MB	PA
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS		
metro i.v. intravenous piggyback 500 mg/100 ml	MB	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	MB	
metronidazole oral capsule 375 mg	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
ANTHELMINTICS		
albendazole oral tablet 200 mg	Tier 1	QL

Drug Name	Drug Tier	Requirements / Limits
BILTRICIDE ORAL TABLET 600 MG	Tier 3	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 3	PA
ivermectin oral tablet 3 mg	Tier 1	
praziquantel oral tablet 600 mg	Tier 1	PA
STROMECTOL ORAL TABLET 3 MG	Tier 3	
ANTILEPROTICS		
dapsone oral tablet 100 mg, 25 mg	Tier 1	M
ANTIMALARIAL DRUGS		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 1	PA
chloroquine phosphate oral tablet 250 mg, 500 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 2	PA
DARAPRIM ORAL TABLET 25 MG	Tier 4	PA; SP; LA
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier 1	M
MALARONE ORAL TABLET 250-100 MG	Tier 3	PA
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	Tier 3	PA
mefloquine oral tablet 250 mg	Tier 1	QL
pyrimethamine oral tablet 25 mg	Tier 1	PA
quinine sulfate oral capsule 324 mg	Tier 1	
SOVUNA ORAL TABLET 300 MG	Tier 1	M
ANTI-MYCOBACTERIUM AGENTS		
ethambutol oral tablet 100 mg, 400 mg	Tier 1	
isoniazid injection solution 100 mg/ml	MB	
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
pyrazinamide oral tablet 500 mg	Tier 1	
rifabutin oral capsule 150 mg	Tier 1	QL
ANTIPARASITICS		
nitazoxanide oral tablet 500 mg	Tier 1	PA
ANTIPROTOZOAL DRUGS;MISCELLANEOUS		
atovaquone oral suspension 750 mg/5 ml	Tier 1	QL

Drug Name	Drug Tier	Requirements / Limits
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	PA
MEPRON ORAL SUSPENSION 750 MG/5 ML	Tier 3	QL
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 3	M
PENTAM INJECTION RECON SOLN 300 MG	MB	
pentamidine inhalation recon soln 300 mg	Tier 1	M
pentamidine injection recon soln 300 mg	MB	
ANTITUBERCULAR ANTIBIOTICS		
cycloserine oral capsule 250 mg	Tier 1	
PRETOMANID ORAL TABLET 200 MG	Tier 3	PA
PRIFTIN ORAL TABLET 150 MG	Tier 3	QL
RIFADIN INTRAVENOUS RECON SOLN 600 MG	MB	PA
rifampin intravenous recon soln 600 mg	MB	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA
BETALACTAMS		
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	MB	PA
aztreonam injection recon soln 1 gram, 2 gram	MB	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA; SP
CARBAPENEM/PENEM ANTIBIOTICS		
ertapenem injection recon soln 1 gram	MB	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	MB	
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg	MB	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	MB	PA
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	MB	PA
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	MB	PA
CHLORAMPHENICOL ANTIBIOTICS AND DERIVATIVES		

Drug Name	Drug Tier	Requirements / Limits
chloramphenicol sod succinate intravenous recon soln 1 gram	MB	
CYCLIC LIPOPEPTIDES		
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	MB	PA
daptomycin intravenous recon soln 500 mg	MB	PA
GLYCYLCYCLINES		
tigecycline intravenous recon soln 50 mg	MB	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	MB	
LINCOSAMIDE ANTIBIOTICS		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	Tier 3	
CLEOCIN INJECTION SOLUTION 150 MG/ML	MB	PA
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	MB	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	MB	
clindamycin pediatric oral recon soln 75 mg/5 ml	Tier 1	
clindamycin phosphate injection solution 150 mg/ml	MB	
LINCOCIN INJECTION SOLUTION 300 MG/ML	MB	
lincomycin injection solution 300 mg/ml	MB	
OXAZOLIDINONE ANTIBIOTICS		
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	MB	PA
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 1	QL
linezolid oral tablet 600 mg	Tier 1	QL
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	MB	PA

Drug Name	Drug Tier	Requirements / Limits
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	MB	PA
SIVEXTRO ORAL TABLET 200 MG	Tier 3	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	MB	PA
POLYMYXIN ANTIBIOTICS AND DERIVATIVES		
colistin (colistimethate na) injection recon soln 150 mg	MB	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	MB	PA
polymyxin b sulfate injection recon soln 500,000 unit	MB	
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS		
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA; M
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	M
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	Tier 1	M
ANTIANGINAL; ANTI-ISCHEMIC AGENTS;NON-HEMODYNAMIC		
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	Tier 1	M; QL
ANTIHYPERTENSIVES; GANGLIONIC BLOCKERS		
VECAMYL ORAL TABLET 2.5 MG	Tier 3	PA; M
ANTI-INFLAMMATORY - ANTIMITOTICS		
LODOCO ORAL TABLET 0.5 MG	Tier 3	M
CARDIAC MYOSIN INHIBITOR		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO ORAL TABLET 12.5 MG	Tier 3	PA; SP; LA
VANRAFIA ORAL TABLET 0.75 MG	Tier 2	PA; SP; LA; QL
HEART RATE REDUCING;SA SELECTIVE I(F) CURRENT INH.		

Drug Name	Drug Tier	Requirements / Limits
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 4	SP; LA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 3	M
ivabradine oral tablet 5 mg, 7.5 mg	Tier 1	M
PROTEIN STABILIZERS		
ATTRUBY ORAL TABLET 356 MG	Tier 4	PA; SP; LA
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; SP
SOLUBLE GUANYLATE CYCLASE (SGC) STIMULATOR		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 2	PA; M
MISCELLANEOUS DERMATOLOGICALS		
ANTIPERSPIRANTS		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 2	
ANTIPRURITICS;TOPICAL		
doxepin topical cream 5 %	Tier 1	PA; QL
prudoxin topical cream 5 %	Tier 3	PA; QL
ZONALON TOPICAL CREAM 5 %	Tier 3	PA; QL
ANTIPSORIATIC AGENTS;SYSTEMIC		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	M
EMOLLIENTS		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 %	Tier 1	
GENE THERAPY AGENTS - CONNECTIVE TISSUE DISORDERS		
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	MB	PA; SP; LA
HYPERPIGMENTATION AGENTS; SYSTEMIC		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	MB	PA; SP; LA
IMMUNOMODULATORS		
imiquimod topical cream in metered-dose pump 3.75 %	Tier 1	PA
imiquimod topical cream in packet 3.75 %	Tier 1	PA
imiquimod topical cream in packet 5 %	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	Tier 3	PA
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	Tier 3	PA
INTERLEUKIN-13 (IL-13) INHIBITORS; MAB		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 2	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Tier 2	PA; SP
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Tier 2	PA; SP
INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST; MAB		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
JANUS KINASE (JAK) INHIBITORS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 2	PA; SP
KERATOLYTICS		
CONDYLOX TOPICAL GEL 0.5 %	Tier 3	
podofilox topical gel 0.5 %	Tier 3	
podofilox topical solution 0.5 %	Tier 1	QL
PHOTOACT;TOPICAL ANTINEOPLAST;PREMALIGNANT LESIONS		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
TOP. ANTI-INFLAM.;PHOSPHODIESTERASE-4 (PDE4) INHIB		
EUCRISA TOPICAL OINTMENT 2 %	Tier 3	ST
TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3	ST; QL
TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS		
EFUDEX TOPICAL CREAM 5 %	Tier 3	
fluorouracil topical cream 5 %	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
fluorouracil topical solution 2 %, 5 %	Tier 1	
PANRETIN TOPICAL GEL 0.1 %	Tier 3	PA
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA; SP
TOPICAL IMMUNOSUPPRESSIVE AGENTS		
ELIDEL TOPICAL CREAM 1 %	Tier 3	ST; QL
HYFTOR TOPICAL GEL 0.2 %	Tier 4	PA; SP; LA
pimecrolimus topical cream 1 %	Tier 1	QL
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AMMONIA INHIBITORS		
enulose oral solution 10 gram/15 ml	Tier 1	M
generlac oral solution 10 gram/15 ml	Tier 1	M
lactulose oral solution 10 gram/15 ml	Tier 1	M
ANTIEMETIC/ANTIVERTIGO AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	MB	PA
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	MB	PA
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 3	PA
APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML)	MB	PA
aprepitant oral capsule 125 mg, 40 mg, 80 mg	Tier 1	QL
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 1	QL
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	Tier 3	PA
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	MB	
compro rectal suppository 25 mg	Tier 1	
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	MB	
EMEND ORAL CAPSULE 80 MG	Tier 3	QL

Drug Name	Drug Tier	Requirements / Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	QL
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50 ML (3 MG/ML)	MB	
fosaprepitant intravenous recon soln 150 mg	MB	
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	MB	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	MB	
granisetron hcl oral tablet 1 mg	Tier 1	
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
ondansetron hcl (pf) injection solution 4 mg/2 ml	MB	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	MB	
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
palonosetron intravenous solution 0.25 mg/5 ml	MB	
palonosetron intravenous syringe 0.25 mg/5 ml	MB	
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5 ML	MB	PA
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	MB	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	PA; QL
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	Tier 3	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	MB	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Tier 3	
trimethobenzamide oral capsule 300 mg	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
VARUBI ORAL TABLET 90 MG	Tier 3	PA
ANTIEMETIC; CANNABINOID-TYPE		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	Tier 3	
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR		
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP; LA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP
ANTIPSYCHOTICS;DOPAMINE ANTAGONISTS;BUTYROPHENONES		
droperidol injection solution 2.5 mg/ml	MB	
BILE SALTS		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; SP; LA
URSO FORTE ORAL TABLET 500 MG	Tier 3	M
ursodiol oral capsule 300 mg	Tier 1	M
ursodiol oral tablet 250 mg, 500 mg	Tier 1	M
CHRONIC INFLAM. COLON DX; 5-A-SALICYLAT;RECTAL TX		
CANASA RECTAL SUPPOSITORY 1,000 MG	Tier 3	M
mesalamine rectal enema 4 gram/60 ml	Tier 1	M
mesalamine rectal suppository 1,000 mg	Tier 1	M
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1	M
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	Tier 3	M
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	Tier 3	M
DRUG TX-CHRONIC INFLAM. COLON DX;5-AMINOSALICYLAT		
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Tier 3	M
AZULFIDINE ORAL TABLET 500 MG	Tier 3	M
balsalazide oral capsule 750 mg	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	M
mesalamine oral capsule (with del rel tablets) 400 mg	Tier 1	M; QL
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 1	M
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	Tier 1	M
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	M; QL
sulfasalazine oral tablet 500 mg	Tier 1	M
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	M
GASTRIC ENZYMES		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA; SP; LA
GLUCOCORTICOIDS		
budesonide oral capsule,delayed,extend.release 3 mg	Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	Tier 1	QL
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 2	QL
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	Tier 3	QL
HEMORRHOID PREP;ANTI-INFLAM STEROID-LOCAL ANESTHET		
ANALPRAM-HC RECTAL CREAM 1-1 %	Tier 3	
hydrocortisone-pramoxine rectal cream 1-1 %	Tier 1	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
IBS AGENTS;MIXED OPIOID RECEP AGONISTS/ANTAGONISTS		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA; M
IBS-C/CIC AGENTS; GUANYLATE CYCLASE-C AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	M; QL
TRULANCE ORAL TABLET 3 MG	Tier 3	M; QL
IL-23 RECEPTOR ANTAGONIST; MONOCLONAL ANTIBODY		
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 2	PA; SP
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 4	PA; SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG	Tier 4	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 4	PA; SP; LA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 4	PA; SP; LA
INTEGRIN RECEPTOR ANTAGONIST; MONOCLONAL ANTIBODY		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	MB	PA; SP
INTESTINAL MOTILITY STIMULANTS		
metoclopramide hcl injection solution 5 mg/ml	MB	
metoclopramide hcl injection syringe 5 mg/ml	MB	
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3	M
prucalopride oral tablet 1 mg, 2 mg	Tier 1	M
REGLAN ORAL TABLET 10 MG, 5 MG	Tier 3	
IRRITABLE BOWEL SYNDROME AGENTS; 5-HT3 ANTAGONIST		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	PA; QL
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	Tier 3	PA; QL
LAXATIVES AND CATHARTICS		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 3	M; QL
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	Tier 1	AR; ACA
citroma oral solution	Tier 1	AR; ACA
constulose oral solution 10 gram/15 ml	Tier 1	M
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	Tier 1	ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	Tier 1	ACA
gavilyte-n oral recon soln 420 gram	Tier 1	ACA

Drug Name	Drug Tier	Requirements / Limits
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	Tier 1	AR; ACA
KRISTALOSE ORAL PACKET 20 GRAM	Tier 3	M
lactulose oral packet 20 gram	Tier 1	M
lactulose oral solution 10 gram/15 ml	Tier 1	M
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	Tier 1	AR; ACA
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	M; QL
magnesium citrate oral solution	Tier 1	AR; ACA
onelax magnesium citrate oral solution	Tier 1	AR; ACA
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	Tier 1	ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	Tier 1	ACA
peg-electrolyte soln oral recon soln 420 gram	Tier 1	ACA
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 3	
polyethylene glycol 3350 oral powder 17 gram/dose	Tier 1	AR; ACA
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	Tier 1	ACA
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Tier 3	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Tier 2	QL
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	Tier 1	AR; ACA
LOCAL ANORECTAL NITRATE PREPARATIONS		
nitroglycerin rectal ointment 0.4 % (w/w)	Tier 1	
MAST CELL STABILIZERS		
cromolyn oral concentrate 100 mg/5 ml	Tier 1	M
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	Tier 3	M
MU-OPIOID RECEPTOR ANTAGONISTS;PERIPHERALLY-ACTING		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	PA

Drug Name	Drug Tier	Requirements / Limits
PANCREATIC ENZYMES		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	M
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	Tier 3	ST; M
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 8,000-28,750- 30,250 UNIT	Tier 3	ST; M
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT	Tier 3	M
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 2	M
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	M
RECTAL/LOWER BOWEL PREP.;GLUCOCORT. (NON-HEMORR)		
budesonide rectal foam 2 mg/actuation	Tier 1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	Tier 3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 2	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 3	PA
TOPICAL ANTI-INFLAMMATORY STEROIDAL		
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 3	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
procto-med hc topical cream with perineal applicator 2.5 %	Tier 1	
proctosol hc topical cream with perineal applicator 2.5 %	Tier 1	
proctozone-hc topical cream with perineal applicator 2.5 %	Tier 1	
MISCELLANEOUS HORMONES		
ADRENAL STEROID INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; SP; LA
ANDROGENIC AGENTS		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier 3	GENDER; M; QL
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	Tier 2	SP; GENDER; LA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Tier 1	GENDER; M
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 3	PA; GENDER; M
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 2	GENDER; M; QL
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 3	ST; GENDER; M
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Tier 3	ST; GENDER; M; QL
TESTOPEL IMPLANT PELLET 75 MG	MB	SP; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	GENDER; M
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	M
testosterone transdermal gel 50 mg/5 gram (1 %)	Tier 1	GENDER; M; QL
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	Tier 1	GENDER; M
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	Tier 1	GENDER; M; QL
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	Tier 1	GENDER; M; QL

Drug Name	Drug Tier	Requirements / Limits
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	Tier 1	GENDER; M
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 1	GENDER; M
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; GENDER; M
UNDECATREX ORAL CAPSULE 200 MG	Tier 2	GENDER; M; LA; QL
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Tier 3	ST; GENDER; M; QL
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Tier 3	ST; GENDER; M; QL
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	M; QL
ANTIDIURETIC AND VASOPRESSOR HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Tier 3	M
desmopressin injection solution 4 mcg/ml	Tier 1	SP
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 1	M
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	Tier 3	M
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 1	M
ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS		
SAMSCA ORAL TABLET 15 MG, 30 MG	Tier 4	PA; SP
tolvaptan oral tablet 15 mg, 30 mg	Tier 1	PA; SP
BONE RESORPTION INHIBITORS		
calcitonin (salmon) injection solution 200 unit/ml	MB	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	M; QL
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	MB	
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	MB	
zoledronic acid intravenous solution 4 mg/5 ml	MB	SP
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	MB	PA; SP
CALCIMIMETIC;PARATHYROID CALCIUM ENHANCER		

Drug Name	Drug Tier	Requirements / Limits
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	Tier 1	M
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	MB	M
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 3	M
FIBROBLAST GROWTH FACTOR 23 (FGF23) INHIBITORS;MAB		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	MB	PA; SP
GLUCOSYLCERAMIDE SYNTHASE (GCS) INHIBITOR		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 2	PA; SP
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	PA; SP
HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE		
doxercalciferol intravenous solution 4 mcg/2 ml	MB	M
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	M
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	MB	PA; M
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 2 MCG/ML, 5 MCG/ML	MB	M
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	MB	M
paricalcitol oral capsule 1 mcg, 2 mcg	Tier 1	M; QL
paricalcitol oral capsule 4 mcg	Tier 1	M
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3	PA; M
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	MB	M
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Tier 3	M; QL
INSULIN-LIKE GROWTH FACTOR RECEPTOR (IGF-R) INHIB		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	MB	PA; SP
LEPTIN HORMONE ANALOGS		

Drug Name	Drug Tier	Requirements / Limits
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	PA; SP
LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 2	PA
LHRH(GNRH) ANTAGONIST;PITUITARY SUPPRESSANT AGENTS		
ORILISSA ORAL TABLET 150 MG	Tier 2	PA; M
ORILISSA ORAL TABLET 200 MG	Tier 2	PA
METABOLIC DISEASE ENZYME REPLACE; HYPOPHOSPHATASIA		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	MB	PA; SP; LA
METABOLIC DISEASE ENZYME REPLACEMENT; FABRY'S DX		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	MB	PA; SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	MB	PA; SP
METABOLIC DISEASE ENZYME REPLACEMENT; GAUCHER'S DX		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	MB	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	MB	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	MB	PA; SP
METABOLIC DISEASE ENZYME REPLACEMENT;POMPE DISEASE		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	MB	PA; SP
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP
POMBILITI INTRAVENOUS RECON SOLN 105 MG	MB	PA; SP
METABOLIC DX ENZYME REPLACE; MUCOPOLYSACCHARIDOSIS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	MB	PA; SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	MB	PA; SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	MB	PA; SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	MB	PA; SP
METABOLIC DX ENZYME REPLACEMENT;LYSO.ACID LIP.DEF.		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	MB	PA; SP
NATRIURETIC PEPTIDES		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	MB	PA; SP
PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ		
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA; SP
PITUITARY SUPPRESSIVE AGENTS		
cabergoline oral tablet 0.5 mg	Tier 1	M
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE		
javygtor oral powder in packet 100 mg, 500 mg	Tier 1	PA; SP
javygtor oral tablet,soluble 100 mg	Tier 1	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 4	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 4	PA; SP
sapropterin oral powder in packet 100 mg, 500 mg	Tier 1	PA; SP
sapropterin oral tablet,soluble 100 mg	Tier 1	PA; SP
zelvysia oral powder in packet 100 mg, 500 mg	Tier 1	PA; SP; LA
POLYCYSTIC KIDNEY DISEASE AGENT; AVP RECEP. ANTAG		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 4	PA; SP; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 4	PA; SP; LA
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	Tier 1	PA; SP

Drug Name	Drug Tier	Requirements / Limits
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	Tier 1	PA; SP
VITAMIN D PREPARATIONS		
calcitriol intravenous solution 1 mcg/ml	MB	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	M
calcitriol oral solution 1 mcg/ml	Tier 1	M
ROCALTROL ORAL SOLUTION 1 MCG/ML	Tier 3	M
MISCELLANEOUS NEUROLOGICAL THERAPY		
AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH		
dichlorphenamide oral tablet 50 mg	Tier 4	PA; SP
KEVEYIS ORAL TABLET 50 MG	Tier 4	PA; SP; LA
ormalvi oral tablet 50 mg	Tier 4	PA; SP; LA
AGTS TX NEUROMUSC TRANSMISSION DIS;POT-CHAN BLKR		
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 1	PA; SP
ALZHEIMER'S THERAPY; NMDA RECEPTOR ANTAGONISTS		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	M
memantine oral solution 2 mg/ml	Tier 1	M
memantine oral tablet 10 mg, 5 mg	Tier 1	M; QL
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	Tier 3	QL
ALZHEIMER'S THX;NMDA RECEPTOR ANTAG-CHOLINES INHIB		
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	Tier 1	M
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 3	M
AMYLOIDOSIS AGENTS-TRANSTHYRETIN (TTR) SUPPRESSION		
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	MB	PA; SP
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 4	PA; SP; LA
AMYOTROPHIC LATERAL SCLEROSIS AGENTS		
edaravone intravenous solution 30 mg/100 ml	MB	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
EDARAVONE INTRAVENOUS SOLUTION 60 MG/100 ML	MB	PA; SP; LA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	MB	PA; SP; LA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 4	PA; SP
CHOLINESTERASE INHIBITORS		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 3	PA; M
ARICEPT ORAL TABLET 10 MG, 5 MG	Tier 3	M; QL
ARICEPT ORAL TABLET 23 MG	Tier 3	PA; M; QL
donepezil oral tablet 10 mg, 5 mg	Tier 1	M; QL
donepezil oral tablet 23 mg	Tier 1	PA; M; QL
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	M; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 4.6 MG/24 HOUR	Tier 3	M
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	M
galantamine oral solution 4 mg/ml	Tier 1	M; QL
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	M; QL
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	M; QL
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 1	M
DRUGS TO TREAT MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 42 MG, 48 MG, 6 MG	Tier 4	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA; SP; LA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; SP; LA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4	PA; SP; LA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA; SP

Drug Name	Drug Tier	Requirements / Limits
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Tier 4	PA; SP
GENE THERAPY AGENTS - SMN PROTEIN DEFICIENCY		
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	MB	PA; SP
GENETIC D/O TX - SMN PROTEIN DEFICIENCY TREATMENT		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 4	PA; SP
EVRYSDI ORAL TABLET 5 MG	Tier 4	PA; SP
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	MB	PA; SP
GENETIC D/O TX-EXON SKIPPING ANTISENSE OLIGONUCLEO		
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	MB	PA; SP; LA
LEUKOCYTE ADHESION INHIB;ALPHA4-MEDIAT IGG4K MC AB		
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML	MB	PA; SP
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	MB	PA; SP
METABOLIC DISEASE ENZYME REPLACEMENT; MOCD		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	MB	PA; SP; LA
NUCLEAR FACTOR ERYTHROID 2-REL. FACTOR 2 ACTIVATOR		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA; SP; LA
PSEUDOBULBAR AFFECT (PBA) AGENTS; NMDA ANTAGONISTS		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATOR		
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 2	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 2	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 2	PA; SP
MISCELLANEOUS OB/GYN		
ABORTIFACIENT-PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX ORAL TABLET 200 MG	Tier 3	QL

Drug Name	Drug Tier	Requirements / Limits
ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3	
ANTIFIBRINOLYTIC AGENTS		
tranexamic acid oral tablet 650 mg	Tier 1	M
CONTRACEPTIVES; INTRAVAGINAL; SYSTEMIC		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 3	M; QL
eluryng vaginal ring 0.12-0.015 mg/24 hr	Tier 1	M; ACA
enilloring vaginal ring 0.12-0.015 mg/24 hr	Tier 1	M
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	Tier 1	M; ACA
haloette vaginal ring 0.12-0.015 mg/24 hr	Tier 1	M
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 3	M
CONTRACEPTIVES;IMPLANTABLE		
NEXPLANON SUBDERMAL IMPLANT 68 MG	MB	SP; ACA; LA
CONTRACEPTIVES;INTRAVAGINAL		
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 1	ACA
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 3	
CONTRACEPTIVES;TRANSDERMAL		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	Tier 1	M
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 3	M
xulane transdermal patch weekly 150-35 mcg/24 hr	Tier 1	M; ACA
zafemy transdermal patch weekly 150-35 mcg/24 hr	Tier 1	M
LHRH (GNRH) ANTAGONIST;ESTROGEN AND PROGESTIN COMB		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA; M
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA; M
MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR		
OSPHENA ORAL TABLET 60 MG	Tier 3	PA; M

Drug Name	Drug Tier	Requirements / Limits
VAGINAL ANTIBIOTICS		
CLEOCIN VAGINAL CREAM 2 %	Tier 3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	
clindamycin phosphate vaginal cream 2 %	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 2	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Tier 3	
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	Tier 3	
VAGINAL ANTIFUNGALS		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
miconazole-3 vaginal suppository 200 mg	Tier 1	QL
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	QL
MISCELLANEOUS OPHTHALMOLOGICS		
ARTIFICIAL TEARS		
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	
EYE ANTIHISTAMINES		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	
bepotastine besilate ophthalmic (eye) drops 1.5 %	Tier 1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Tier 3	
epinastine ophthalmic (eye) drops 0.05 %	Tier 1	
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 3	PA
EYE LOCAL ANESTHETICS		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 3	
proparacaine ophthalmic (eye) drops 0.5 %	Tier 1	
EYE MAST CELL STABILIZERS		
cromolyn ophthalmic (eye) drops 4 %	Tier 1	
OPHTH VASC. ENDOTHELIAL GROWTH FACTOR ANTAGONISTS		

Drug Name	Drug Tier	Requirements / Limits
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML	MB	PA; SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	MB	PA; SP
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	MB	PA; SP
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML	MB	PA; SP
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML	MB	PA; SP
OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	MB	PA; SP
BEVACIZUMAB INTRAVITREAL SYRINGE 2.25 MG/0.09 ML, 2.75 MG/0.11 ML	MB	M
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	MB	PA; SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	MB	PA; SP
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	MB	SP
OPHTHALMIC (EYE) ANTIPARASITICS		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	SP; LA
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	M
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 1	M
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	M
OPHTHALMIC CYSTINE DEPLETING AGENTS		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA; SP; LA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA; SP; LA
OPHTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF)		

Drug Name	Drug Tier	Requirements / Limits
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA; SP
OPHTHALMIC VEGF-A AND ANG-2 INHIB; BISPECIFIC AB		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	MB	PA; SP
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML	MB	PA; SP
MISCELLANEOUS OTIC PREPARATIONS		
EAR PREPARATIONS ANTI-INFLAMMATORY		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	Tier 3	
flac otic oil otic (ear) drops 0.01 %	Tier 1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 1	
EAR PREPARATIONS; MISC. ANTI-INFECTIVES		
acetic acid otic (ear) solution 2 %	Tier 1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 1	
EAR PREPARATIONS;ANTIBIOTICS		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	Tier 3	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	
MISCELLANEOUS UROLOGICALS		
CYSTINE-DEPLETING AGENTS; NEPHROPATHIC CYSTINOSIS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	PA; SP; LA
DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 2	GENDER; M; QL
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 2	GENDER; M; QL
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 2	GENDER; M; QL
sildenafil oral tablet 100 mg, 25 mg, 50 mg	Tier 1	GENDER; M; QL
OXALOSIS AGENT - OXALATE INHIBITOR; SIRNA BASED		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	MB	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 4	PA; SP; LA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 4	PA; SP; LA
URINARY PH MODIFIERS		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1	M
sodium citrate-citric acid oral solution 490-640 mg/5 ml	Tier 3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	Tier 3	M
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 3	M
URINARY TRACT ANALGESIC AGENTS		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	QL
VASODILATORS;MISCELLANEOUS		
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	MB	
MULTIPLE SCLEROSIS AGENTS		
AGENTS TO TREAT MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 4	SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 2	SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 2	SP
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 4	SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	Tier 1	SP
fingolimod oral capsule 0.5 mg	Tier 1	SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 4	AR; SP; LA

Drug Name	Drug Tier	Requirements / Limits
GILENYA ORAL CAPSULE 0.5 MG	Tier 4	SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	Tier 1	SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 2	SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 2	SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 2	SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	MB	PA; SP
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	MB	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	SP
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.5 MG	Tier 4	SP

Drug Name	Drug Tier	Requirements / Limits
teriflunomide oral tablet 14 mg, 7 mg	Tier 1	SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 2	SP
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
ANTI-ANXIETY DRUGS		
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
CHOLINESTERASE INHIBITORS		
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 3	M
MESTINON ORAL TABLET 60 MG	Tier 3	M
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	Tier 3	M
pyridostigmine bromide oral syrup 60 mg/5 ml	Tier 1	M
pyridostigmine bromide oral tablet 60 mg	Tier 1	M
pyridostigmine bromide oral tablet extended release 180 mg	Tier 1	M
regonol injection solution 5 mg/ml	MB	PA
COMPLEMENT INHIBITORS		
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 4	PA; SP; LA
NEONATAL FC RECEPTOR (FCRN) INHIBITORS		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	MB	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	MB	PA; SP
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	MB	PA; SP
SKELETAL MUSCLE RELAXANTS		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	M
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	Tier 1	
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	
DANTRIUM ORAL CAPSULE 25 MG	Tier 3	M
dantrolene oral capsule 100 mg, 25 mg, 50 mg	Tier 1	M
metaxalone oral tablet 400 mg, 800 mg	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
methocarbamol injection solution 100 mg/ml	MB	
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	PA
NORGESIC ORAL TABLET 25-385-30 MG	Tier 3	PA
orphenadrine citrate injection solution 30 mg/ml	MB	
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	Tier 3	PA
orphengesic forte oral tablet 50-770-60 mg	Tier 3	PA
ROBAXIN INJECTION SOLUTION 100 MG/ML	MB	PA
SOMA ORAL TABLET 250 MG, 350 MG	Tier 3	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	Tier 1	M
tizanidine oral tablet 2 mg, 4 mg	Tier 1	M
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Tier 3	M
ZANAFLEX ORAL TABLET 4 MG	Tier 3	M
NARCOTIC ANALGESICS		
ANALGESIC; NON-SALICYLATE AND BARBITURATE COMBINAT		
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
tencon oral tablet 50-325 mg	Tier 1	
ANALGESIC; SALICYLATE; BARBITURATE; XANTHINE COMB.		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
ANALGESIC;NON-SALICYLATE;BARBITURATE;XANTHINE COMB		
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 3	
OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	Tier 1	PA

Drug Name	Drug Tier	Requirements / Limits
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 1	PA; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	Tier 1	PA
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	Tier 3	PA; QL
OPIOID ANALGESIC AND NSAID COMBINATION		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	PA; QL
OPIOID ANALGESIC;NON-SALICYLATE;XANTHINE COMB		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	Tier 1	PA; QL
TREZIX ORAL CAPSULE 320.5-30-16 MG	Tier 1	PA; QL
OPIOID ANALGESICS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 3	PA
buprenorphine hcl injection solution 0.3 mg/ml	MB	PA
buprenorphine hcl injection syringe 0.3 mg/ml	MB	PA
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	QL
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	Tier 1	PA
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML, 75 MG/ML	MB	PA
DEMEROL INJECTION SOLUTION 50 MG/ML	MB	PA
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML	MB	PA
DILAUDID ORAL LIQUID 1 MG/ML	Tier 3	PA
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	Tier 3	PA
diskets oral tablet,soluble 40 mg	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml	MB	PA
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	MB	PA
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 400 MCG, 600 MCG, 800 MCG	Tier 1	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 3	QL
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	PA
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	PA
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 30 MG/30 ML (1 MG/ML)	MB	PA
hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml	MB	PA
HYDROMORPHONE (PF) INJECTION SOLUTION 4 MG/ML	MB	PA
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml	MB	PA
hydromorphone injection solution 2 mg/ml	MB	PA
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	MB	PA
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	MB	PA
hydromorphone oral liquid 1 mg/ml	Tier 1	PA
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1	PA
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA
hydromorphone rectal suppository 3 mg	Tier 1	PA
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 3	PA

Drug Name	Drug Tier	Requirements / Limits
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	MB	PA
levorphanol tartrate oral tablet 2 mg, 3 mg	Tier 1	PA
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	MB	PA
meperidine oral solution 50 mg/5 ml	Tier 1	PA
meperidine oral tablet 50 mg	Tier 1	PA
methadone injection solution 10 mg/ml	MB	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methadone oral tablet 10 mg, 5 mg	Tier 1	
methadone oral tablet,soluble 40 mg	Tier 1	
methadose oral tablet,soluble 40 mg	Tier 1	
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	MB	PA
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML)	MB	PA
morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	MB	PA
morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	MB	PA
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	MB	PA
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	PA
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	MB	PA
MORPHINE INJECTION SYRINGE 2 MG/ML	MB	PA
morphine injection syringe 4 mg/ml	MB	PA
morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml	MB	PA
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	MB	PA
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	MB	PA
morphine intravenous syringe 4 mg/ml	MB	PA

Drug Name	Drug Tier	Requirements / Limits
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	QL
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 1	QL
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	PA
morphine oral tablet 15 mg, 30 mg	Tier 1	PA
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	QL
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	Tier 3	QL
oxycodone oral capsule 5 mg	Tier 1	PA
oxycodone oral concentrate 20 mg/ml	Tier 1	PA
oxycodone oral solution 5 mg/5 ml	Tier 1	PA
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	PA
OXYCODONE ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	Tier 3	PA
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG	Tier 3	QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG, 60 MG, 80 MG	Tier 3	
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	Tier 3	PA
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	Tier 3	PA
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 3	PA
OPIOID AND SALICYLATE ANALGESICS;BARBIT;XANTHINE		
ascomp with codeine oral capsule 30-50-325-40 mg	Tier 1	PA; QL
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	Tier 1	PA; QL
OPIOID WITHDRAWAL THERAPY AGENTS; OPIOID-TYPE		

Drug Name	Drug Tier	Requirements / Limits
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	MB	PA; SP
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	MB	PA; SP
OPIOID;NON-SALICYL.ANALGESIC;BARBITURATE;XANTHINE		
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	PA; QL
NITRATES		
VASODILATORS;CORONARY		
ISORDIL ORAL TABLET 40 MG	Tier 3	M
ISORDIL TITRADOSE ORAL TABLET 5 MG	Tier 3	M
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	M
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	M
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	M
nitro-bid transdermal ointment 2 %	Tier 2	M
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	Tier 3	M
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	M
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	M
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	Tier 1	M
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	Tier 3	M
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	Tier 3	M
NON-INSULIN HYPOGLYCEMIC AGENTS		
ANTIHYPERGLY;INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)		

Drug Name	Drug Tier	Requirements / Limits
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	Tier 3	PA; M
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; M
RYBELSUS ORAL TABLET 14 MG, 7 MG	Tier 2	PA; M
RYBELSUS ORAL TABLET 3 MG	Tier 2	PA
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	PA; M
ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; M
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	Tier 2	PA
ANTIHYPERGLYCEMIC; ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	M
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	M
ANTIHYPERGLYCEMIC; BIGUANIDE TYPE		
metformin oral solution 500 mg/5 ml	Tier 1	PA; M
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	M
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	M
RIOMET ORAL SOLUTION 500 MG/5 ML	Tier 3	PA; M
ANTIHYPERGLYCEMIC; DPP-4 INHIBITORS		
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	Tier 3	PA; M
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	PA; M; QL
ANTIHYPERGLYCEMIC; INSULIN-RELEASE STIMULANT TYPE		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	M
glipizide oral tablet 10 mg, 5 mg	Tier 1	M
GLIPIZIDE ORAL TABLET 2.5 MG	Tier 1	M; QL
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	M
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	M
nateglinide oral tablet 120 mg, 60 mg	Tier 1	M; QL
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	M; QL
ANTIHYPERGLYCEMIC; SGLT-2 AND DPP-4 INHIBITOR COMB		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	PA; M
ANTIHYPERGLYCEMIC; THIAZOLIDINEDIONE AND BIGUANIDE		
ACTOPLUS MET ORAL TABLET 15-850 MG	Tier 3	M; QL
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	M; QL
ANTIHYPERGLYCEMIC; THIAZOLIDINEDIONE-SULFONYLUREA		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Tier 3	M
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	M
ANTIHYPERGLYCEMIC;DPP-4 INHIBITOR-BIGUANIDE COMBS.		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	PA; M; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	Tier 2	PA; M; QL
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	Tier 1	PA; M
SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 1	PA; M
ANTIHYPERGLYCEMIC;INSULIN-RELEASE STIM.-BIGUANIDE		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	M
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	M
ANTIHYPERGLYCEMIC;THIAZOLIDINEDIONE(PPARG AGONIST)		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 3	M
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	M
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS.		

Drug Name	Drug Tier	Requirements / Limits
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	Tier 1	PA; M
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	Tier 3	PA; M
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INH		
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	Tier 1	PA; M
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3	PA; M
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	PA; M
NON-NARCOTIC ANALGESICS		
ANALGESIC/ANTIPYRETICS; SALICYLATES		
diflunisal oral tablet 500 mg	Tier 1	M
salsalate oral tablet 500 mg, 750 mg	Tier 1	M
ANTI-ALCOHOLIC PREPARATIONS		
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	MB	SP
ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS; MISC.		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	MB	SP
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	MB	SP
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	MB	SP
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	MB	SP
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML	MB	SP; LA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	MB	SP
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	MB	SP
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	MB	SP
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	MB	SP

Drug Name	Drug Tier	Requirements / Limits
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	MB	SP
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	MB	SP
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML	MB	SP; LA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	MB	SP
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	SP
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	MB	SP
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	MB	SP; LA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	MB	SP
NASAL NSAIDS; COX NON-SELECTIVE;SYSTEMIC ANALGESIC		
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	Tier 4	PA; SP; LA
NSAIDS(COX NON-SPEC.INHIB)AND PROSTAGLANDIN ANALOG		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	Tier 3	M
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 1	M
NSAIDS; CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS		
ANAPROX DS ORAL TABLET 550 MG	Tier 3	M
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	MB	
diclofenac potassium oral tablet 50 mg	Tier 1	M
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 1	M
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 1	M
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 3	M
etodolac oral capsule 200 mg, 300 mg	Tier 1	M
etodolac oral tablet 400 mg, 500 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	Tier 1	M
FENOPROFEN ORAL CAPSULE 200 MG	Tier 3	PA; M
fenoprofen oral capsule 400 mg	Tier 3	PA; M
fenoprofen oral tablet 600 mg	Tier 1	M
flurbiprofen oral tablet 100 mg	Tier 1	M
ibu oral tablet 400 mg, 600 mg, 800 mg	Tier 1	M
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	M
indomethacin oral capsule 25 mg, 50 mg	Tier 1	M
indomethacin oral capsule, extended release 75 mg	Tier 1	M
indomethacin oral suspension 25 mg/5 ml	Tier 1	M
ketoprofen oral capsule 50 mg	Tier 1	M
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	MB	QL
ketorolac injection syringe 15 mg/ml, 30 mg/ml	MB	QL
ketorolac intramuscular solution 60 mg/2 ml	MB	QL
ketorolac intramuscular syringe 60 mg/2 ml	MB	QL
ketorolac oral tablet 10 mg	Tier 1	QL
meclofenamate oral capsule 100 mg, 50 mg	Tier 1	M
mefenamic acid oral capsule 250 mg	Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	M
nabumetone oral tablet 500 mg, 750 mg	Tier 1	M
NALFON ORAL CAPSULE 400 MG	Tier 3	PA; M
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	Tier 3	M; QL
NAPROSYN ORAL TABLET 500 MG	Tier 3	M
naproxen oral suspension 125 mg/5 ml	Tier 1	M; QL
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	M
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	Tier 1	M
naproxen sodium oral tablet 275 mg, 550 mg	Tier 1	M
oxaprozin oral tablet 600 mg	Tier 1	M
piroxicam oral capsule 10 mg, 20 mg	Tier 1	M
sulindac oral tablet 150 mg, 200 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
tolmetin oral capsule 400 mg	Tier 1	M
NSAIDS;CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR		
celecoxib oral capsule 100 mg, 200 mg, 400 mg	Tier 1	M; QL
celecoxib oral capsule 50 mg	Tier 1	M
OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	PA; QL
OPIOID ANALGESICS		
butorphanol injection solution 1 mg/ml, 2 mg/ml	MB	PA
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	PA; QL
nalbuphine injection solution 10 mg/ml, 20 mg/ml	MB	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	PA
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	PA
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	PA
tramadol oral tablet 100 mg, 50 mg	Tier 1	PA
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	Tier 1	QL
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	Tier 1	QL
OPIOID ANTAGONISTS		
naloxone injection solution 0.4 mg/ml	Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naltrexone oral tablet 50 mg	Tier 1	M
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	Tier 1	QL
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	Tier 2	QL
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	Tier 1	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 2	
OPIOID WITHDRAWAL THERAPY AGENTS; OPIOID-TYPE		
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	M
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	Tier 3	M
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 3	M
PLATELET AGGREGATION INHIBITORS		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	Tier 1	M; ACA
aspirin childrens oral tablet,chewable 81 mg	Tier 1	M; ACA
aspirin oral tablet,chewable 81 mg	Tier 1	M; ACA
aspirin oral tablet,delayed release (dr/ec) 81 mg	Tier 1	M; ACA
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	Tier 1	M; ACA
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	Tier 1	M; ACA
st joseph aspirin oral tablet,chewable 81 mg	Tier 1	M; ACA
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	Tier 1	M; ACA
TOPICAL ANTI-INFLAMMATORY; NSAIDS		
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	Tier 1	
diclofenac sodium topical drops 1.5 %	Tier 1	
diclofenac sodium topical gel 1 %	Tier 1	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
EYE ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	Tier 3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	Tier 3	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 3	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	Tier 1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
ORAL CONTRACEPTIVES & RELATED AGENTS		
CONTRACEPTIVES;ORAL		
afirmelle oral tablet 0.1-20 mg-mcg	Tier 1	M
after pill oral tablet 1.5 mg	Tier 1	
AFTERA ORAL TABLET 1.5 MG	Tier 1	ACA
altavera (28) oral tablet 0.15-0.03 mg	Tier 1	M
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	Tier 1	M
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 1	M
amethyst (28) oral tablet 90-20 mcg (28)	Tier 1	M
apri oral tablet 0.15-0.03 mg	Tier 1	M; ACA
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	Tier 1	M
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	M
aubra eq oral tablet 0.1-20 mg-mcg	Tier 1	M
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 1	M
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	Tier 1	M
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	M
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	M
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	M
aviane oral tablet 0.1-20 mg-mcg	Tier 1	M
ayuna oral tablet 0.15-0.03 mg	Tier 1	M
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	M
balziva (28) oral tablet 0.4-35 mg-mcg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	Tier 3	PA; M
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	M
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	M
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	M
briellyn oral tablet 0.4-35 mg-mcg	Tier 1	M
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	Tier 1	M
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	M
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 1	M
chateal eq (28) oral tablet 0.15-0.03 mg	Tier 1	M
cryselle (28) oral tablet 0.3-30 mg-mcg	Tier 1	M
cyred eq oral tablet 0.15-0.03 mg	Tier 1	M
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	Tier 1	M
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 1	M
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	M
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	M
dolishale oral tablet 90-20 mcg (28)	Tier 1	M
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	Tier 1	M
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 1	M
econtra ez oral tablet 1.5 mg	Tier 1	ACA
econtra one-step oral tablet 1.5 mg	Tier 1	ACA
elinest oral tablet 0.3-30 mg-mcg	Tier 1	M
ELLA ORAL TABLET 30 MG	Tier 2	ACA; QL
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	M; ACA
enskyce oral tablet 0.15-0.03 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
estarylla oral tablet 0.25-0.035 mg	Tier 1	M
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 1	M
falmina (28) oral tablet 0.1-20 mg-mcg	Tier 1	M
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	M
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 1	M
galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	Tier 1	M
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	Tier 1	M
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	M
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	M
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	M
hailey oral tablet 1.5-30 mg-mcg	Tier 1	M
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1	M
isibloom oral tablet 0.15-0.03 mg	Tier 1	M
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	M
jasmiel (28) oral tablet 3-0.02 mg	Tier 1	M
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1	M
juleber oral tablet 0.15-0.03 mg	Tier 1	M
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 1	M
junel 1/20 (21) oral tablet 1-20 mg-mcg	Tier 1	M
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	M; ACA
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	M; ACA
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	M; ACA
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	Tier 1	M
kalliga oral tablet 0.15-0.03 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	M; ACA
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	Tier 1	M
kurvelo (28) oral tablet 0.15-0.03 mg	Tier 1	M
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	Tier 1	M
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 1	M
larin 1/20 (21) oral tablet 1-20 mg-mcg	Tier 1	M
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	M
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	M
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	M
lessina oral tablet 0.1-20 mg-mcg	Tier 1	M
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	M
levonorgestrel oral tablet 1.5 mg	Tier 1	ACA
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	Tier 1	M
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1	M
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	M
levora-28 oral tablet 0.15-0.03 mg	Tier 1	M
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 3	M; ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	M
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	M
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	M
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	M
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	Tier 1	M
loryna (28) oral tablet 3-0.02 mg	Tier 1	M
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	Tier 1	M; ACA

Drug Name	Drug Tier	Requirements / Limits
lo-zumandimine (28) oral tablet 3-0.02 mg	Tier 1	M
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 1	M
lutera (28) oral tablet 0.1-20 mg-mcg	Tier 1	M
marlissa (28) oral tablet 0.15-0.03 mg	Tier 1	M
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 1	M
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 1	M
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	Tier 1	M
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	M
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	M
mili oral tablet 0.25-0.035 mg	Tier 1	M
mono-linyah oral tablet 0.25-0.035 mg	Tier 1	M
my choice oral tablet 1.5 mg	Tier 1	ACA
my way oral tablet 1.5 mg	Tier 1	ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 2	M; ACA
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	Tier 1	M
new day oral tablet 1.5 mg	Tier 1	ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	Tier 3	M
nikki (28) oral tablet 3-0.02 mg	Tier 1	M
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	Tier 1	M
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 1	M
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	Tier 1	M
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	M
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 1	M
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	Tier 1	M
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	Tier 1	M
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	Tier 1	M
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 1	M
nylia 1/35 (28) oral tablet 1-35 mg-mcg	Tier 1	M
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 1	M
ocella oral tablet 3-0.03 mg	Tier 1	M
opcicon one-step oral tablet 1.5 mg	Tier 1	ACA
option-2 oral tablet 1.5 mg	Tier 1	ACA
philith oral tablet 0.4-35 mg-mcg	Tier 1	M
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	M
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Tier 3	
portia 28 oral tablet 0.15-0.03 mg	Tier 1	M
reclipsen (28) oral tablet 0.15-0.03 mg	Tier 1	M
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 1	M
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 1	M
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 3	M
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1	M
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	M
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	M
SLYND ORAL TABLET 4 MG (28)	Tier 3	M
sprintec (28) oral tablet 0.25-0.035 mg	Tier 1	M; ACA
sronyx oral tablet 0.1-20 mg-mcg	Tier 1	M
syeda oral tablet 3-0.03 mg	Tier 1	M
TAKE ACTION ORAL TABLET 1.5 MG	Tier 1	ACA
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	M
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 3	M
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 1	M
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	Tier 1	M
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 1	M
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	Tier 1	M
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	Tier 1	M
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	Tier 1	M
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	Tier 1	M
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	Tier 1	M
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	Tier 1	M
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	Tier 1	M; ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	Tier 1	M
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	Tier 1	M
turqoz (28) oral tablet 0.3-30 mg-mcg	Tier 1	M
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	Tier 3	M
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	Tier 1	M
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 1	M
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	Tier 1	M; ACA
vestura (28) oral tablet 3-0.02 mg	Tier 1	M
vienva oral tablet 0.1-20 mg-mcg	Tier 1	M
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	M
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	M
vyfemla (28) oral tablet 0.4-35 mg-mcg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
vylibra oral tablet 0.25-0.035 mg	Tier 1	M
wera (28) oral tablet 0.5-35 mg-mcg	Tier 1	M
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	Tier 1	M
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 1	M
YASMIN (28) ORAL TABLET 3-0.03 MG	Tier 3	M
YAZ (28) ORAL TABLET 3-0.02 MG	Tier 3	M
zovia 1-35 (28) oral tablet 1-35 mg-mcg	Tier 1	M
zumandimine (28) oral tablet 3-0.03 mg	Tier 1	M
ORAL DRUGS FOR GLAUCOMA		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide oral capsule, extended release 500 mg	Tier 1	M
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	M
methazolamide oral tablet 25 mg, 50 mg	Tier 1	M
OSTEOPOROSIS THERAPY		
BONE FORMATION AGENTS - SCLEROSTIN INHIBITOR; MONO		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	MB	PA; SP
BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA; SP
BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.		
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3	M; QL
BONE RESORPTION INHIBITORS		
ACTONEL ORAL TABLET 150 MG, 35 MG	Tier 3	M; QL
alendronate oral solution 70 mg/75 ml	Tier 1	M; QL
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	M; QL
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	Tier 3	M; QL
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 3	M; QL

Drug Name	Drug Tier	Requirements / Limits
EVISTA ORAL TABLET 60 MG	Tier 3	M
FOSAMAX ORAL TABLET 70 MG	Tier 3	M; QL
ibandronate intravenous syringe 3 mg/3 ml	MB	SP
ibandronate oral tablet 150 mg	Tier 1	M; QL
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	MB	PA; SP
raloxifene oral tablet 60 mg	Tier 1	M
risedronate oral tablet 150 mg, 35 mg, 5 mg	Tier 1	M; QL
risedronate oral tablet,delayed release (dr/ec) 35 mg	Tier 1	M; QL
OTHER GLAUCOMA DRUGS		
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	M
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	M; QL
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 %	Tier 1	M
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	Tier 1	M
brinzolamide ophthalmic (eye) drops,suspension 1 %	Tier 1	M
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 3	M
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Tier 3	M
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Tier 3	M; QL
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	Tier 3	M
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	M
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Tier 1	M
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	M; QL
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	M; QL
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	M

Drug Name	Drug Tier	Requirements / Limits
miostat intraocular solution 0.01 %	MB	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST; M
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST; M
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 3	M
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	Tier 1	M
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	Tier 3	ST; M; QL
travoprost ophthalmic (eye) drops 0.004 %	Tier 1	M; QL
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	PA; M
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	M
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 3	ST; M
OTHER RHEUMATOLOGICALS		
ANTI-ARTHRITIC AND CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG	Tier 3	M
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 3	M
penicillamine oral capsule 250 mg	Tier 1	M
ANTI-ARTHRITIC; FOLATE ANTAGONIST AGENTS		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	Tier 3	PA; M
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR		
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 2	PA; SP; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA; SP; QL
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 2	PA; SP; QL
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 2	PA; SP; QL
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Tier 2	PA; SP; QL
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 2	PA; SP; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 2	PA; SP; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 2	PA; SP; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 2	PA; SP; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP; QL
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	MB	PA; SP
ANTI-INFLAMMATORY; PYRIMIDINE SYNTHESIS INHIBITOR		
ARAVA ORAL TABLET 10 MG, 20 MG	Tier 3	M; QL
leflunomide oral tablet 10 mg, 20 mg	Tier 1	M; QL
ANTI-INFLAMMATORY;PHOSPHODIESTERASE-4(PDE4) INHIB.		

Drug Name	Drug Tier	Requirements / Limits
OTEZLA ORAL TABLET 20 MG	Tier 2	PA; SP
OTEZLA ORAL TABLET 30 MG	Tier 2	PA; SP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	Tier 2	PA; SP; QL
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	Tier 2	PA; SP
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	Tier 2	PA; SP
ANTINFLAMMATORY; SEL.COSTIM.MOD.;T-CELL INHIBITOR		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	MB	PA; SP
FIBROMYALGIA AGENTS;SEROTONIN-NOREPINEPH RU INHIB		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	M
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	
GOLD SALTS		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	PA; M
IMMUNOMODULATOR;B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	MB	SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 4	SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	SP
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	MB	PA; SP
JANUS KINASE (JAK) INHIBITORS		
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 45 MG	Tier 2	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA; SP; QL
OTIC STEROID / ANTIBIOTIC		
EAR PREPARATIONS;ANTIBIOTICS		
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
OTIC PREPARATIONS;ANTI-INFLAMMATORY-ANTIBIOTICS		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 3	
OXYTOCICS		
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	Tier 1	QL
PENICILLINS		
PENICILLIN ANTIBIOTICS		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 400-57 mg	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	MB	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	MB	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	MB	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	MB	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	MB	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	MB	
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	MB	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	MB	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	MB	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	MB	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	MB	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	MB	

Drug Name	Drug Tier	Requirements / Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	MB	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	MB	
penicillin g sodium injection recon soln 5 million unit	MB	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
pfizerpen-g injection recon soln 20 million unit, 5 million unit	MB	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 4.5 GRAM/100 ML	MB	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	MB	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	MB	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	MB	
PSYCHOTHERAPEUTIC DRUGS		
ADRENERGICS; AROMATIC; NON-CATECHOLAMINE		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 3	M; QL
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 3	M; QL
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	M; QL
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	Tier 1	M; QL
dextroamphetamine sulfate oral solution 5 mg/5 ml	Tier 1	M
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	M
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 2	M; QL

Drug Name	Drug Tier	Requirements / Limits
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Tier 1	M; QL
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	M; QL
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	M; QL
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	M; QL
methamphetamine oral tablet 5 mg	Tier 1	PA; M
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	M; QL
procentra oral solution 5 mg/5 ml	Tier 1	M
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 3	M; QL
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 3	M; QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Tier 1	M
ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Tier 1	M
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	Tier 1	M; QL
REMERON ORAL TABLET 15 MG, 30 MG	Tier 3	M
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	Tier 3	M; QL
ANTI-ANXIETY - BENZODIAZEPINES		
alprazolam intensol oral concentrate 1 mg/ml	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam injection solution 5 mg/ml	MB	
diazepam injection syringe 5 mg/ml	MB	
diazepam intensol oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
lorazepam intensol oral concentrate 2 mg/ml	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 3	
ANTI-ANXIETY DRUGS		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	M
ANTIDEPRESSANT - NMDA RECEPTOR ANTAGONIST		
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	MB	PA; SP
ANTI-NARCOLEPSY;ANTI-CATAPLEXY;SEDATIVE-TYPE AGENT		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 2	PA; SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 4	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 2	PA; SP
ANTIPSYCH;DOPAMINE ANTAG.;DIPHENYLBUTYLPIPERIDINES		
pimozide oral tablet 1 mg, 2 mg	Tier 1	M
ANTIPSYCHOTIC;ATYPICAL;DOPAMINE;SEROTONIN ANTAGNST		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	M
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST; M
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	M
CLOZARIL ORAL TABLET 100 MG, 25 MG	Tier 3	M
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	MB	M
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST; M
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	Tier 3	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	Tier 3	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Tier 3	ST
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	MB	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	ST; M
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	MB	M
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	MB	M
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	MB	M
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	ST; M
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	M
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	M
olanzapine intramuscular recon soln 10 mg	MB	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	M
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 1	ST; M
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	MB	M; QL
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	M
QUETIAPINE ORAL TABLET 150 MG	Tier 1	M
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	M
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	MB	M
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 3	M
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	M
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	MB	M
risperidone oral solution 1 mg/ml	Tier 1	M
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	M
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	M
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	MB	M
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	ST; M
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	ST; M
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 3	ST; M
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 3	ST; M
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	M

Drug Name	Drug Tier	Requirements / Limits
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	M
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	MB	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	Tier 3	M
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	MB	M
ANTIPSYCHOTIC-ATYPICAL;D3/D2 PARTIAL AG-5HT MIXED		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	ST; M
ANTIPSYCHOTICS; ATYP; D2 PARTIAL AGONIST/5HT MIXED		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	MB	M
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	MB	M
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	MB	M
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 3	ST; M
aripiprazole oral solution 1 mg/ml	Tier 1	M
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	M
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	Tier 1	M
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	MB	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	MB	M
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	ST; M
ANTIPSYCHOTICS; DOPAMINE AND SEROTONIN ANTAGONISTS		

Drug Name	Drug Tier	Requirements / Limits
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	M
ANTIPSYCHOTICS; MUSCARINIC AGONIST/ANTAGONIST COMB		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	Tier 3	PA; M
COBENFY ORAL CAPSULE 50-20 MG	Tier 3	PA
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 3	PA
ANTIPSYCHOTICS;DOPAMINE ANTAGONISTS; THIOXANTHENES		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	M
ANTIPSYCHOTICS;DOPAMINE ANTAGONISTS;BUTYROPHENONES		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	MB	M
haloperidol lactate injection solution 5 mg/ml	MB	
haloperidol lactate intramuscular syringe 5 mg/ml	MB	
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	M
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	M
ANTIPSYCHOTICS;DOPAMINE ANTAGONST;DIHYDROINDOLONES		
molindone oral tablet 10 mg, 25 mg, 5 mg	Tier 1	M
ANTIPSYCHOTICS;PHENOTHIAZINES		
chlorpromazine injection solution 25 mg/ml	MB	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	M
fluphenazine decanoate injection solution 25 mg/ml	MB	M
fluphenazine hcl injection solution 2.5 mg/ml	MB	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	M
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	M
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	M
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	M
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	M
BIPOLAR DISORDER DRUGS		
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	M
lithium carbonate oral tablet 300 mg	Tier 1	M
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1	M
lithium citrate oral solution 8 meq/5 ml	Tier 1	M
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	M
HYPNOTICS; MELATONIN MT1/MT2 RECEPTOR AGONISTS		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA; SP
HETLIOZ ORAL CAPSULE 20 MG	Tier 4	PA; SP
ramelteon oral tablet 8 mg	Tier 1	
tasimelteon oral capsule 20 mg	Tier 4	PA; SP
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) TX AGENTS		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
MAOIS -NON-SELECTIVE;IRREVERSIBLE ANTIDEPRESSANTS		
MARPLAN ORAL TABLET 10 MG	Tier 3	M
NARDIL ORAL TABLET 15 MG	Tier 3	M
PARNATE ORAL TABLET 10 MG	Tier 3	M
phenelzine oral tablet 15 mg	Tier 1	M
tranylcypromine oral tablet 10 mg	Tier 1	M
MENOPAUSAL SYMPTOMS SUPPRESSANT - SSRIS		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	Tier 3	M; QL
MONOAMINE OXIDASE (MAO) INHIBITOR ANTIDEPRESSANTS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	M; QL
NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	M; QL

Drug Name	Drug Tier	Requirements / Limits
modafinil oral tablet 100 mg, 200 mg	Tier 1	M; QL
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA; M
NARCOLEPSY TX-H3-RECEPT.ANTAGONIST/INVERSE AGONIST		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 2	PA; SP
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 3	PA; M; QL
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	M
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	M
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 1	M
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 1	M
SEDATIVE-HYPNOTICS - BENZODIAZEPINES		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	MB	PA
DORAL ORAL TABLET 15 MG	Tier 3	PA
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
HALCION ORAL TABLET 0.25 MG	Tier 3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	MB	
lorazepam injection syringe 2 mg/ml	MB	
QUAZEPAM ORAL TABLET 15 MG	Tier 1	PA
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Tier 3	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
SEDATIVE-HYPNOTICS;NON-BARBITURATE		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	QL
doxepin oral tablet 3 mg, 6 mg	Tier 1	QL
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	PA
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
zaleplon oral capsule 10 mg, 5 mg	Tier 1	
zolpidem oral tablet 10 mg, 5 mg	Tier 1	
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	Tier 1	
SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; SP
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	M
CITALOPRAM ORAL CAPSULE 30 MG	Tier 3	M
citalopram oral solution 10 mg/5 ml	Tier 1	M
citalopram oral tablet 10 mg, 20 mg, 40 mg	Tier 1	M
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1	M
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	M
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 1	M
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	Tier 1	M
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	M
fluoxetine oral tablet 10 mg, 20 mg, 60 mg	Tier 1	M
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 1	M; QL
fluvoxamine oral tablet 100 mg, 50 mg	Tier 1	M; QL
fluvoxamine oral tablet 25 mg	Tier 1	M
paroxetine hcl oral suspension 10 mg/5 ml	Tier 1	M
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	M
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	Tier 1	M; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	Tier 3	M; QL
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	M
sertraline oral capsule 150 mg, 200 mg	Tier 3	M
sertraline oral concentrate 20 mg/ml	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1	M
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Tier 3	M
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)		
nefazodone oral tablet 100 mg, 50 mg	Tier 1	M; QL
nefazodone oral tablet 150 mg, 200 mg, 250 mg	Tier 1	M
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	M
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)		
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	Tier 3	M
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	M
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	Tier 1	M; QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 3	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	M
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	Tier 3	M
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	M; QL
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	M
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	M
SSRI AND 5HT1A PARTIAL AGONIST ANTIDEPRESSANTS		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	M
vilazodone oral tablet 10 mg, 20 mg, 40 mg	Tier 1	M
SSRI; SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANTS		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	ST; M
SSRI-ANTIPSYCH; ATYPICAL;DOPAMINE;SEROTONIN ANTAG		
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
TRICYCLIC ANTIDEPRESSANT-BENZODIAZEPINE COMBINATNS		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	M
TRICYCLIC ANTIDEPRESSANT-PHENOTHIAZINE COMBINATNS		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	M
TRICYCLIC ANTIDEPRESSANTS;REL.NON-SEL.REUPT-INHIB		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	M
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	M
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Tier 3	M
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 1	M
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	M
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	M
doxepin oral concentrate 10 mg/ml	Tier 1	M
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	M
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	M
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	M
nortriptyline oral solution 10 mg/5 ml	Tier 1	M
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Tier 3	M
protriptyline oral tablet 10 mg, 5 mg	Tier 1	M
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	M
TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	M
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	M
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	PA; M
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY		

Drug Name	Drug Tier	Requirements / Limits
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 3	ST; M; QL
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	Tier 3	M; QL
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	Tier 3	ST; M; QL
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 3	ST; M; QL
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	M; QL
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	M; QL
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	M; QL
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Tier 3	M; QL
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 3	M; QL
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	Tier 3	M; QL
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	ST; M; QL
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	M; QL
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	Tier 1	M; QL
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	M; QL
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	M; QL
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	Tier 1	M; QL
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	Tier 1	M; QL

Drug Name	Drug Tier	Requirements / Limits
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	Tier 1	M; QL
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	M; QL
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	Tier 1	ST; M; QL
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	Tier 3	M
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	Tier 3	ST; M; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	Tier 3	M; QL
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	M; QL
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD); NRI-TYPE		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 1	M; QL
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 2	M; QL
VASODILATORS;PERIPHERAL		
ergoloid oral tablet 1 mg	Tier 1	M
PULMONARY AGENTS		
ANTICHOLINERGICS; ORALLY INHALED LONG ACTING		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	M
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 3	M
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	Tier 1	M
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 3	M
ANTICHOLINERGICS; ORALLY INHALED SHORT ACTING		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	M
ipratropium bromide inhalation solution 0.02 %	Tier 1	M
ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS		

Drug Name	Drug Tier	Requirements / Limits
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 4	PA; SP
pirfenidone oral capsule 267 mg	Tier 4	PA; SP
pirfenidone oral tablet 267 mg, 801 mg	Tier 4	PA; SP
PIRFENIDONE ORAL TABLET 534 MG	Tier 4	PA; SP; LA
BETA-ADRENERGIC AGENTS; INHALED; SHORT ACTING		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Tier 1	M
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml	Tier 1	M; QL
albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	Tier 1	M
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 1	M
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 1	M
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 3	M
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 3	M
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 2	M
BETA-ADRENERGIC AGENTS; INHALED; ULTRA-LONG ACTING		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	M
BETA-ADRENERGIC AGENTS; ORALLY INHALED;LONG ACTING		
arformoterol inhalation solution for nebulization 15 mcg/2 ml	Tier 1	PA; M
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 3	PA; M
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	Tier 1	M; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 3	M; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	M

Drug Name	Drug Tier	Requirements / Limits
BETA-ADRENERGIC AGENTS		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	M
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	M
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	M
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO; INHALED		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	M
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	M
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	M; QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	M
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	M
BETA-ADRENERGIC AND GLUCOCORTICOID COMBO; INHALED		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 3	M
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	Tier 3	M
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	Tier 1	M
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	Tier 1	M
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 3	M
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 1	M
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	M
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 1	M
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	M
BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT; INHALED		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	M
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	Tier 2	M
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 4	PA; SP; LA
icatibant subcutaneous syringe 30 mg/3 ml	Tier 1	PA; SP
sajazir subcutaneous syringe 30 mg/3 ml	Tier 1	PA; SP
C1 ESTERASE INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	MB	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	MB	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	MB	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	MB	PA; SP
CYSTIC FIBROSIS - INHALED OSMOTIC AGENTS		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	PA; SP
CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 4	PA; SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL TABLET 200-125 MG	Tier 4	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	Tier 4	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	Tier 4	PA; SP; QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 4	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA; SP
CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 4	PA; SP
GENERAL INHALATION AGENTS		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 2	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 %	Tier 3	
nebusal inhalation solution for nebulization 3 %	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 2	
pulmosal inhalation solution for nebulization 7 %	Tier 1	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	Tier 1	
GLUCOCORTICOIDS; ORALLY INHALED		
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	Tier 1	M; QL
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 1	M
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 1	M
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	Tier 3	M; QL
INTERLEUKIN-5 (IL-5) ANTAGONISTS; MAB		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP; LA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	MB	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 2	PA; SP
INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST; MAB		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 2	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	MB	PA; SP
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Tier 3	M
montelukast oral granules in packet 4 mg	Tier 1	M
montelukast oral tablet 10 mg	Tier 1	M
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1	M
SINGULAIR ORAL GRANULES IN PACKET 4 MG	Tier 3	M
SINGULAIR ORAL TABLET 10 MG	Tier 3	M
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	Tier 3	M
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	M
MAST CELL STABILIZERS; ORALLY INHALED		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	M
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	MB	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 2	PA; SP; QL
MUCOLYTICS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA; SP
NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB.		
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	Tier 1	
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Tier 3	
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	Tier 3	
NASAL ANTI-INFLAMMATORY STEROIDS		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	M
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 1	M
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 1	M
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	Tier 3	ST; M
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	M
PHOSPHODIESTERASE (PDE) INHIBITORS		
DALIRESP ORAL TABLET 250 MCG	Tier 3	M; QL
DALIRESP ORAL TABLET 500 MCG	Tier 3	M
roflumilast oral tablet 250 mcg	Tier 1	M; QL
roflumilast oral tablet 500 mcg	Tier 1	M
PLASMA KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4	PA; SP; LA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 4	PA; SP
PULM ANTI-HTN;SOLUBLE GUANYLATE CYCLASE STIMULATOR		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA; SP
PULM.ANTI-HTN;SEL.C-GMP PHOSPHODIESTERASE T5 INHIB		
ADCIRCA ORAL TABLET 20 MG	Tier 4	PA; SP
alyq oral tablet 20 mg	Tier 1	PA; SP; LA
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	MB	PA; SP
REVATIO ORAL TABLET 20 MG	Tier 4	PA; SP; QL
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	MB	PA; SP
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Tier 1	PA; SP
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 1	PA; SP; QL
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 1	PA; SP
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 2	PA; SP
PULMONARY ANTI-HTN; ENDOTHELIN RECEPTOR ANTAGONIST		
ambrisentan oral tablet 10 mg, 5 mg	Tier 1	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	Tier 1	PA; SP; QL
bosentan oral tablet for suspension 32 mg	Tier 2	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 2	PA; SP
PULMONARY ANTIHYPER AGENT; ACTRIIA-FC		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	Tier 4	PA; SP
PULMONARY ANTIHYPERTENSIVES; PROSTACYCLIN-TYPE		

Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 2	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	Tier 2	PA; SP
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 2	SP
PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA; SP
PULMONARY HTN-ENDOTHELIN RECEPT ANTG-CGMP PDE5 INH		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 4	PA; SP
THYMIC STROMAL LYMPHOPOIETIN (TSLP) INHIBITORS		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 2	PA; SP
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	MB	PA; SP
XANTHINES		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	M
theophylline oral elixir 80 mg/15 ml	Tier 1	M
theophylline oral solution 80 mg/15 ml	Tier 1	M
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	M
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	M
PULMONARY DEVICES		
RESPIRATORY AIDS;DEVICES;EQUIPMENT		

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER MECHANICAL VENT SPACER	Tier 2	
AEROCHAMBER MINI SPACER	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER	Tier 2	
AEROVENT PLUS SPACER	Tier 2	
BREATHERITE MDI SPACER SPACER	Tier 2	
COMPACT SPACE CHAMBER SPACER	Tier 2	
EASIVENT HOLDING CHAMBER SPACER	Tier 2	
FLEXICHAMBER SPACER	Tier 2	
MICROCHAMBER SPACER	Tier 2	
MICROSPACER SPACER	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER	Tier 2	
POCKET CHAMBER SPACER	Tier 2	
PROCHAMBER SPACER	Tier 2	
RITEFLO AEROCHAMBER SPACER	Tier 2	
SPACE CHAMBER SPACER	Tier 2	
VORTEX HOLDING CHAMBER SPACER	Tier 2	
QUINOLONES		
QUINOLONE ANTIBIOTICS		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	MB	
BAXDELA INTRAVENOUS RECON SOLN 300 MG	MB	PA
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML	Tier 3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	MB	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	MB	
levofloxacin intravenous solution 25 mg/ml	MB	
levofloxacin oral solution 250 mg/10 ml	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	MB	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	MB	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
SMOKING DETERRENTS		
SMOKING DETERRENT AGENTS (GANGLIONIC STIM;OTHERS)		
NICORETTE BUCCAL GUM 2 MG	Tier 3	AR
nicorette buccal gum 4 mg	Tier 3	AR; ACA
nicotine (polacrilex) buccal gum 2 mg, 4 mg	Tier 1	AR; ACA
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	Tier 1	AR; ACA
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	Tier 1	AR; ACA
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	Tier 1	AR; ACA
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	Tier 3	AR; ACA
quit 2 buccal gum 2 mg	Tier 1	AR; ACA
quit 2 buccal lozenge 2 mg	Tier 1	AR; ACA
quit 4 buccal gum 4 mg	Tier 1	AR; ACA
quit 4 buccal lozenge 4 mg	Tier 1	AR; ACA
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST		
varenicline tartrate oral tablet 0.5 mg, 1 mg	Tier 1	AR; ACA
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	Tier 1	AR; ACA
SMOKING DETERRENTS; OTHER		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	Tier 1	AR; ACA
STEROID-ANTIBIOTIC COMBINATIONS		
EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 2	
STEROIDS		
EYE ANTI-INFLAMMATORY AGENTS		
CLOBETASOL OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	Tier 1	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	
difluprednate ophthalmic (eye) drops 0.05 %	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	MB	PA; SP
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	Tier 1	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %	Tier 1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	MB	PA; SP
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	MB	PA; SP
STEROID-SULFONAMIDE COMBINATIONS		
EYE SULFONAMIDES		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
SULFA'S & RELATED AGENTS		
ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	Tier 3	
BACTRIM ORAL TABLET 400-80 MG	Tier 3	
sulfadiazine oral tablet 500 mg	Tier 1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	MB	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
sulfatrim oral suspension 200-40 mg/5 ml	Tier 1	
SULFONAMIDES		
EYE SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
SYMPATHOMIMETICS		
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	Tier 3	M; QL
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	Tier 1	M; QL
brimonidine ophthalmic (eye) drops 0.2 %	Tier 1	M
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
TETRACYCLINES		
PERIODONTAL COLLAGENASE INHIBITORS		
doxycycline hyclate oral tablet 20 mg	Tier 1	
TETRACYCLINE ANTIBIOTICS		
avidoxy oral tablet 100 mg	Tier 1	
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Tier 3	PA; QL
doxy-100 intravenous recon soln 100 mg	MB	
doxycycline hyclate intravenous recon soln 100 mg	MB	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline hyclate oral tablet 100 mg	Tier 1	
doxycycline hyclate oral tablet 50 mg	Tier 1	PA
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	Tier 1	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 3	PA

Drug Name	Drug Tier	Requirements / Limits
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	MB	
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
mondoxyne nl oral capsule 100 mg	Tier 1	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	MB	PA
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Tier 3	PA
TARGADOX ORAL TABLET 50 MG	Tier 1	PA
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	MB	PA
THERAPY FOR ACNE		
ACNE AGENTS;SYSTEMIC		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Tier 3	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
ACNE AGENTS;TOPICAL		
ACZONE TOPICAL GEL 5 %	Tier 3	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Tier 3	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
AZELEX TOPICAL CREAM 20 %	Tier 2	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %	Tier 1	
clindamycin-tretinoin topical gel 1.2-0.025 %	Tier 1	
dapsone topical gel 5 %	Tier 3	
DAPSONE TOPICAL GEL 7.5 %	Tier 1	
dapsone topical gel with pump 7.5 %	Tier 1	
neuac topical gel 1.2 %(1 % base) -5 %	Tier 1	
ANTIPSORIATICS AGENTS		
tazarotene topical cream 0.05 %, 0.1 %	Tier 1	
tazarotene topical gel 0.05 %, 0.1 %	Tier 1	
ROSACEA AGENTS; TOPICAL		
azelaic acid topical gel 15 %	Tier 1	
brimonidine topical gel with pump 0.33 %	Tier 1	
FINACEA TOPICAL FOAM 15 %	Tier 3	
ivermectin topical cream 1 %	Tier 1	PA
METROCREAM TOPICAL CREAM 0.75 %	Tier 3	
METROGEL TOPICAL GEL 1 %	Tier 3	
metronidazole topical cream 0.75 %	Tier 1	
metronidazole topical gel 0.75 %	Tier 1	QL
metronidazole topical gel 1 %	Tier 1	
metronidazole topical gel with pump 1 %	Tier 1	
metronidazole topical lotion 0.75 %	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 3	PA
NORITATE TOPICAL CREAM 1 %	Tier 3	PA
RHOFADE TOPICAL CREAM 1 %	Tier 3	PA
TOPICAL ACNE AGENT;RETINOIC ACID RECEPTOR AGONIST		
FABIOR TOPICAL FOAM 0.1 %	Tier 3	
TAZAROTENE TOPICAL FOAM 0.1 %	Tier 3	
TOPICAL ANTIBIOTICS		
BENZAMYCIN TOPICAL GEL 3-5 %	Tier 3	
clindacin etz topical swab 1 %	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
clindacin p topical swab 1 %	Tier 1	
clindacin topical foam 1 %	Tier 1	
clindamycin phosphate topical foam 1 %	Tier 1	
clindamycin phosphate topical gel 1 %	Tier 1	
clindamycin phosphate topical gel, once daily 1 %	Tier 1	
clindamycin phosphate topical lotion 1 %	Tier 1	
clindamycin phosphate topical solution 1 %	Tier 1	
clindamycin phosphate topical swab 1 %	Tier 1	
ery pads topical swab 2 %	Tier 1	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
VITAMIN A DERIVATIVES		
adapalene topical gel 0.3 %	Tier 1	
adapalene topical gel with pump 0.3 %	Tier 1	
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	Tier 1	
THYROID HORMONES		
THYROID HORMONES		
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 2	M
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 2	M
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	M
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 3	M
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	M
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML	MB	PA
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	M
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	M
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	M
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	M
liothyronine intravenous solution 10 mcg/ml	MB	PA
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	M
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 2	M
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 2	M
renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 2	M
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	M
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 2	M
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Tier 3	M
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	M; QL
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	M

TOPICAL ANESTHETICS

Drug Name	Drug Tier	Requirements / Limits
LOCAL ANESTHETICS		
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	MB	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	MB	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	Tier 1	
lidocaine viscous mucous membrane solution 2 %	Tier 1	
TOPICAL LOCAL ANESTHETICS		
dermacinrx lidocan topical adhesive patch,medicated 5 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	
lidocaine topical ointment 5 %	Tier 1	QL
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
lidocan iii topical adhesive patch,medicated 5 %	Tier 1	
lidocan iv topical adhesive patch,medicated 5 %	Tier 1	
lidocan v topical adhesive patch,medicated 5 %	Tier 1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	Tier 2	
TOPICAL ANTIBACTERIALS		
ACNE AGENTS;TOPICAL		
KLARON TOPICAL SUSPENSION 10 %	Tier 3	PA
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID		
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	
TOPICAL ANTIBIOTICS		
gentamicin topical cream 0.1 %	Tier 1	
gentamicin topical ointment 0.1 %	Tier 1	
mupirocin calcium topical cream 2 %	Tier 1	
mupirocin topical ointment 2 %	Tier 1	
TOPICAL SULFONAMIDES		
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
TOPICAL ANTIFUNGALS		
TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY;STEROID AGENT		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 1	
TOPICAL ANTIFUNGALS		
ciclodan topical solution 8 %	Tier 1	
ciclopirox topical cream 0.77 %	Tier 1	
ciclopirox topical gel 0.77 %	Tier 1	QL
ciclopirox topical shampoo 1 %	Tier 1	
ciclopirox topical solution 8 %	Tier 1	
ciclopirox topical suspension 0.77 %	Tier 1	
clotrimazole topical solution 1 %	Tier 1	
econazole nitrate topical cream 1 %	Tier 1	
ECOZA TOPICAL FOAM 1 %	Tier 3	
ERTACZO TOPICAL CREAM 2 %	Tier 3	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 3	PA
ketoconazole topical cream 2 %	Tier 1	
ketoconazole topical shampoo 2 %	Tier 1	
klayesta topical powder 100,000 unit/gram	Tier 1	
LUZU TOPICAL CREAM 1 %	Tier 3	PA
naftifine topical cream 1 %, 2 %	Tier 1	
NAFTIN TOPICAL GEL 2 %	Tier 3	QL
nyamyc topical powder 100,000 unit/gram	Tier 1	
nystatin topical cream 100,000 unit/gram	Tier 1	
nystatin topical ointment 100,000 unit/gram	Tier 1	
nystatin topical powder 100,000 unit/gram	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 1	
nystop topical powder 100,000 unit/gram	Tier 1	
oxiconazole topical cream 1 %	Tier 1	QL

Drug Name	Drug Tier	Requirements / Limits
OXISTAT TOPICAL LOTION 1 %	Tier 3	
tavaborole topical solution with applicator 5 %	Tier 3	PA
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	Tier 3	QL
TOPICAL ANTIVIRALS		
TOPICAL ANTIVIRAL AND ANTI-INFLAMMATORY STEROID		
XERESE TOPICAL CREAM 5-1 %	Tier 3	PA; QL
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	Tier 1	QL
penciclovir topical cream 1 %	Tier 1	PA
TOPICAL CORTICOSTEROIDS		
ANTIPSORIATICS AGENTS		
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	QL
TOPICAL ANTI-INFLAMMATORY STEROIDAL		
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical cream 0.1 %	Tier 1	QL
apexicon e topical cream 0.05 %	Tier 3	PA
betamethasone dipropionate topical cream 0.05 %	Tier 1	
betamethasone dipropionate topical lotion 0.05 %	Tier 1	
betamethasone dipropionate topical ointment 0.05 %	Tier 1	QL
betamethasone valerate topical cream 0.1 %	Tier 1	
betamethasone valerate topical foam 0.12 %	Tier 1	
betamethasone valerate topical lotion 0.1 %	Tier 1	
betamethasone valerate topical ointment 0.1 %	Tier 1	
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 %	Tier 1	
BRYHALI TOPICAL LOTION 0.01 %	Tier 3	QL
clobetasol scalp solution 0.05 %	Tier 1	
CLOBETASOL TOPICAL CREAM 0.025 %	Tier 3	QL

Drug Name	Drug Tier	Requirements / Limits
clobetasol topical cream 0.05 %	Tier 1	
clobetasol topical foam 0.05 %	Tier 1	
clobetasol topical gel 0.05 %	Tier 1	
clobetasol topical lotion 0.05 %	Tier 1	
clobetasol topical ointment 0.05 %	Tier 1	QL
clobetasol topical shampoo 0.05 %	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	Tier 1	
clobetasol-emollient topical cream 0.05 %	Tier 1	
clobetasol-emollient topical foam 0.05 %	Tier 1	
CLOBEX TOPICAL SHAMPOO 0.05 %	Tier 3	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	Tier 3	
clocortolone pivalate topical cream 0.1 %	Tier 1	
clodan topical shampoo 0.05 %	Tier 1	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	PA
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 %	Tier 3	
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %	Tier 3	
desonide topical cream 0.05 %	Tier 1	
desonide topical lotion 0.05 %	Tier 1	
desonide topical ointment 0.05 %	Tier 1	
desoximetasone topical cream 0.05 %, 0.25 %	Tier 1	QL
desoximetasone topical gel 0.05 %	Tier 1	QL
desoximetasone topical ointment 0.05 %	Tier 1	
desoximetasone topical ointment 0.25 %	Tier 1	QL
diflorasone topical cream 0.05 %	Tier 1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	Tier 3	
fluocinolone and shower cap scalp oil 0.01 %	Tier 1	
fluocinolone topical cream 0.01 %, 0.025 %	Tier 1	
fluocinolone topical oil 0.01 %	Tier 1	
fluocinolone topical ointment 0.025 %	Tier 1	
fluocinolone topical solution 0.01 %	Tier 1	

Drug Name	Drug Tier	Requirements / Limits
fluocinonide topical cream 0.05 %	Tier 1	
fluocinonide topical cream 0.1 %	Tier 1	QL
fluocinonide topical gel 0.05 %	Tier 1	
fluocinonide topical ointment 0.05 %	Tier 1	
fluocinonide topical solution 0.05 %	Tier 1	
fluocinonide-e topical cream 0.05 %	Tier 1	
flurandrenolide topical cream 0.05 %	Tier 1	PA
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical lotion 0.05 %	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	
halcinonide topical solution 0.1 %	Tier 1	
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL CREAM 0.1 %	Tier 3	QL
hydrocortisone butyrate topical cream 0.1 %	Tier 1	QL
hydrocortisone butyrate topical ointment 0.1 %	Tier 1	
hydrocortisone butyrate topical solution 0.1 %	Tier 1	
hydrocortisone topical cream 2.5 %	Tier 1	
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 2.5 %	Tier 1	
hydrocortisone valerate topical cream 0.2 %	Tier 1	
hydrocortisone valerate topical ointment 0.2 %	Tier 1	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Tier 3	
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	
PANDEL TOPICAL CREAM 0.1 %	Tier 3	
PROCTOCORT TOPICAL CREAM 1 %	Tier 1	
SYNALAR TOPICAL CREAM 0.025 %	Tier 3	
SYNALAR TOPICAL OINTMENT 0.025 %	Tier 3	
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	Tier 3	QL
TOPICORT TOPICAL GEL 0.05 %	Tier 3	QL
TOPICORT TOPICAL OINTMENT 0.05 %	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
TOPICORT TOPICAL OINTMENT 0.25 %	Tier 3	QL
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %	Tier 3	QL
tovet emollient topical foam 0.05 %	Tier 1	
triamcinolone acetonide topical aerosol 0.147 mg/gram	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	Tier 1	
triderm topical cream 0.5 %	Tier 1	
VANOS TOPICAL CREAM 0.1 %	Tier 3	QL
TOPICAL ENZYMES		
TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	QL
TOPICAL SCABICIDES / PEDICULICIDES		
TOPICAL ANTIPARASITICS		
crotan topical lotion 10 %	Tier 3	PA
malathion topical lotion 0.5 %	Tier 1	
NATROBA TOPICAL SUSPENSION 0.9 %	Tier 3	
OVIDE TOPICAL LOTION 0.5 %	Tier 3	
permethrin topical cream 5 %	Tier 1	QL
pruradik topical lotion 10 %	Tier 3	PA
spinosad topical suspension 0.9 %	Tier 1	
ULCER THERAPY		
ANTI-ULCER PREPARATIONS		
CARAFATE ORAL TABLET 1 GRAM	Tier 3	M
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Tier 3	M
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	M
sucralfate oral suspension 100 mg/ml	Tier 1	M
sucralfate oral tablet 1 gram	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
ANTI-ULCER-H.PYLORI AGENTS		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 3	PA
HISTAMINE H2-RECEPTOR INHIBITORS		
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tier 1	M
famotidine (pf) intravenous solution 20 mg/2 ml	MB	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	MB	
famotidine intravenous solution 10 mg/ml	MB	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	Tier 1	M
famotidine oral tablet 20 mg, 40 mg	Tier 1	M
nizatidine oral capsule 150 mg, 300 mg	Tier 1	M
PROTON-PUMP INHIBITORS		
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg	Tier 1	PA; M
esomeprazole sodium intravenous recon soln 40 mg	MB	PA
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1	M
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 3	PA; M
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	M
PANTOPRAZOLE IN 0.9% SOD CHLOR INTRAVENOUS PIGGYBACK 40 MG/100 ML (0.4 MG/ML), 80 MG/100 ML (0.8 MG/ML)	MB	
pantoprazole intravenous recon soln 40 mg	MB	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	M
PROTONIX INTRAVENOUS RECON SOLN 40 MG	MB	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Tier 3	AR; M; QL
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1	M

Drug Name	Drug Tier	Requirements / Limits
URINARY TRACT AGENTS		
ANTIBIOTIC; ANTIBACTERIAL; MISC.		
fosfomycin tromethamine oral packet 3 gram	Tier 1	QL
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
trimethoprim oral tablet 100 mg	Tier 1	
NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS		
MACROBID ORAL CAPSULE 100 MG	Tier 3	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	Tier 3	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ANTISERA		
ASCENIV INTRAVENOUS SOLUTION 10 %	MB	PA; SP
BIVIGAM INTRAVENOUS SOLUTION 10 %	MB	PA; SP
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 4	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	MB	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	MB	PA; SP; LA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	MB	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	MB	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	MB	PA; SP

Drug Name	Drug Tier	Requirements / Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	MB	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	MB	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	MB	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	MB	PA; SP
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML	MB	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	MB	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	MB	PA; SP
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	MB	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	MB	PA; SP
PANZYGA INTRAVENOUS SOLUTION 10 %	MB	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 %	MB	PA; SP
COVID-19 VACCINES		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 2	ACA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 2	ACA
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	Tier 2	ACA

Drug Name	Drug Tier	Requirements / Limits
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 2	ACA
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 2	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 2	ACA
ENTERIC VIRUS VACCINES		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 2	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 2	ACA
GRAM NEGATIVE COCCI VACCINES		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 2	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Tier 2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Tier 2	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	Tier 2	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	Tier 2	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 2	ACA
GRAM POSITIVE COCCI VACCINES		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	Tier 2	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 2	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 2	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 2	ACA

Drug Name	Drug Tier	Requirements / Limits
IMMUNOSUPPRESSIVES		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	MB	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	MB	
INFLUENZA VIRUS VACCINES		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	QL
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	QL
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 2	ACA; QL
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 2	ACA; QL
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	QL
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 2	ACA; QL
NEUROMUSCULAR BLOCKING AGENTS		

Drug Name	Drug Tier	Requirements / Limits
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	MB	PA; SP
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	MB	PA; SP
NEUROTOXIC VIRUS VACCINES		
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	Tier 2	ACA
VACCINE/TOXOID PREPARATIONS;COMBINATIONS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 2	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 2	ACA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Tier 2	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 2	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 2	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 2	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 2	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	Tier 2	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Tier 2	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 2	ACA

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 2	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 2	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 2	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 2	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 2	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 2	ACA
VIRAL/TUMORIGENIC VACCINES		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 2	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 2	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 2	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Tier 2	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 2	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	Tier 2	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 2	ACA

Drug Name	Drug Tier	Requirements / Limits
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	Tier 2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Tier 2	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 2	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 2	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 2	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 2	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 2	ACA
VANCOMYCIN		
LIPOGLYCOPEPTIDE ANTIBIOTICS		
VIBATIV INTRAVENOUS RECON SOLN 750 MG	MB	PA
VANCOMYCIN ANTIBIOTICS AND DERIVATIVES		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	Tier 3	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	Tier 3	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	MB	
vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/250 ml	MB	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 750 MG/150 ML	MB	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	MB	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg	MB	

Drug Name	Drug Tier	Requirements / Limits
vancomycin oral capsule 125 mg, 250 mg	Tier 1	
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	Tier 1	
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 500 MG/100 ML, 750 MG/150 ML	MB	
VASOCONSTRICTOR DECONGESTANTS		
EYE VASOCONSTRICTORS		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
MYDRIATICS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
VITAMINS & HEMATINICS		
FLUORIDE PREPARATIONS		
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	Tier 1	AR; M; ACA
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	Tier 1	AR; M; ACA
FOLIC ACID PREPARATIONS		
folic acid injection solution 5 mg/ml	MB	
folic acid oral tablet 1 mg	Tier 1	M
folic acid oral tablet 400 mcg, 800 mcg	Tier 1	M; ACA
IRON REPLACEMENT		
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	MB	
ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)	MB	
folitab oral tablet extended release 105 mg iron-500 mg-800 mcg	Tier 1	ACA
INFED INJECTION SOLUTION 50 MG/ML	MB	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML	MB	PA
iron sucrose intravenous solution 100 mg iron/5 ml, 200 mg iron/10 ml, 50 mg iron/2.5 ml	MB	

Drug Name	Drug Tier	Requirements / Limits
tricon oral capsule 110-0.5 mg	Tier 1	ACA
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	MB	
MULTIVITAMIN PREPARATIONS		
pnv-dha oral capsule 27 mg iron-1 mg -300 mg	Tier 1	M
PEDIATRIC VITAMIN PREPARATIONS		
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	Tier 1	AR; M; ACA
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	Tier 1	AR; M; ACA
vitamins a,c,d and fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml	Tier 1	AR; M; ACA
PRENATAL VITAMIN PREPARATIONS		
classic prenatal oral tablet 28 mg iron- 800 mcg	Tier 1	M; ACA
m-natal plus oral tablet 27 mg iron- 1 mg	Tier 2	M
prenatal complete oral tablet 14 mg iron- 400 mcg	Tier 1	M; ACA
prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg	Tier 1	M; ACA
prenatal multivitamins oral tablet 28 mg iron- 800 mcg	Tier 1	M; ACA
prenatal one daily oral tablet 27 mg iron- 800 mcg	Tier 1	M; ACA
prenatal oral tablet 28 mg iron- 800 mcg	Tier 1	M; ACA
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	Tier 2	M
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	Tier 2	M
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	Tier 1	M; ACA
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	Tier 1	M; ACA
prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg	Tier 1	M; ACA
se-natal 19 oral tablet 29 mg iron- 1 mg	Tier 1	M
trinate oral tablet 28 mg iron- 1 mg	Tier 1	M
westab plus oral tablet 27 mg iron- 1 mg	Tier 2	M
VITAMIN B PREPARATIONS		

Drug Name	Drug Tier	Requirements / Limits
b complex 1 (with folic acid) oral tablet 0.4 mg	Tier 1	M; ACA
b complex-vitamin c-folic acid oral tablet 400 mcg	Tier 1	ACA
b-complex with vitamin c oral tablet 400-500 mcg-mg	Tier 1	ACA
dialyvite 800 oral tablet 0.8 mg	Tier 1	M; ACA
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	Tier 1	M; ACA
full spectrum b-vitamin c oral tablet 0.8 mg	Tier 1	M; ACA
kobee oral tablet 0.4 mg	Tier 1	M; ACA
rena-vite oral tablet 0.8 mg	Tier 1	M; ACA
stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron	Tier 1	ACA
super b-50 complex oral capsule 400 mcg-20 mg-50 mg	Tier 1	ACA
super quints oral tablet 0.4 mg	Tier 1	M; ACA
vitamin b complex-folic acid oral tablet 0.4 mg	Tier 1	M; ACA
VITAMIN B12 PREPARATIONS		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 1	M
cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray	Tier 3	PA; M
dodex injection solution 1,000 mcg/ml	Tier 1	M
hydroxocobalamin intramuscular solution 1,000 mcg/ml	MB	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY	Tier 3	PA; M
VITAMIN D PREPARATIONS		
cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)	Tier 1	
decara oral capsule 1,250 mcg (50,000 unit)	Tier 1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	M

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