



UNIVERSITY OF MICHIGAN HEALTH PLAN
UNIVERSITY OF MICHIGAN HEALTH

3-Tier and 4-Tier Prescription Drug List

April 2025

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	LUMIZYME	Non-Preferred
ALPROLIX	Preferred	MIRENA	Preferred
ALTUVIIIIO	Preferred	MONOVISC	Preferred
ARALAST NP	Non-Preferred	MVASI	Preferred
ASCENIV	Non-Preferred	NEXPLANON	Preferred
BENEFIX	Non-Preferred	NEXVIAZYME	Preferred
BENLYSTA	Preferred	NOVOEIGHT	Preferred
BERINERT	Non-Preferred	NUCALA	Preferred
BIVIGAM	Non-Preferred	NUWIQ	Non-Preferred
BRIUMVI	Non-Preferred	OCREVUS	Preferred
CEREZYME	Non-Preferred	OCTAGAM	Preferred
CINQAIR	Non-Preferred	ONPATTRO	Preferred
CUTAQUIG	Preferred	ONTRUZANT	Non-Preferred
CUVITRU	Non-Preferred	ORTHOVISC	Preferred
DUPIXENT	Non-Preferred	PANZYGA	Non-Preferred
DUROLANE	Non-Preferred	PARAGARD	Preferred
ELIGARD	Preferred		
ELELYSO	Preferred	POMBILITI	Non-Preferred
ELFABRIO	Preferred	PRIVIGEN	Preferred
ELOCTATE	Preferred	PROLASTIN-C	Preferred
EMPAVELI	Non-Preferred	PROLIA	Preferred
ESPEROCT	Preferred	REBINYN	Preferred
EUFLEXXA	Non-Preferred	RECOMBINATE	Non-Preferred
EVENITY	Non-Preferred	RIABNI	Non-Preferred
FABRAZYME	Non-Preferred	RITUXAN	Non-Preferred
FASENRA	Preferred	RITUXAN HYCELA	Non-Preferred
FERAHEME	Non-Preferred	RIXUBIS	Non-Preferred

Product Name	Note - Formulary	Product Name	Note - Formulary
FERRLECIT	Preferred	RUCONEST	Preferred
GAMMAGARD	Preferred	RUXIENCE	Non-Preferred
GAMMAKED	Non-Preferred	SANDOSTATIN LAR DEPOT	Preferred
GAMMAPLEX	Preferred	SAPHNELO	Non-Preferred
GAMUNEX-C	Non-Preferred	SIGNIFOR	Non-Preferred
GEL-ONE	Non-Preferred	SIGNIFOR LAR	Non-Preferred
GELSYN-3	Non-Preferred	SKYLA	Preferred
GENVISC 850	Non-Preferred	SOLIRIS	Preferred
GLASSIA	Non-Preferred	SOMAVERT	Non-Preferred
HERCEPTIN HYLECTA	Non-Preferred	SUPARTZ FX	Non-Preferred
HERZUMA	Non-Preferred	SYNVISC	Non-Preferred
HIZENTRA	Preferred	SYNVISC ONE	Preferred
HYALGAN	Non-Preferred	TEZSPIRE	Preferred
HYMOVIS	Non-Preferred	TRAZIMERA	Preferred
HYQVIA	Non-Preferred	TRILURON	Non-Preferred
IDELVION	Preferred	TRIVISC	Non-Preferred
INFED	Preferred	TRUXIMA	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

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:

اتصل برقم رقم هاتف الصم والبكم

إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان.

ملحوظة:

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. 1-800-649-3777 (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: লক্ষ্য কখনঃ যিদি আদন বাঙ্গালী, কথা বলেত িনেতন, সে াাাাাাাােল দানঃতেচায় ভাষা সেসােয়া িদেতাবা িউল আত। ফ াাাান কন 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		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	MB	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	MB	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	MB	
<i>leucovorin calcium injection solution 10 mg/ml</i>	MB	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	MB	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	MB	
<i>mesna intravenous solution 100 mg/ml</i>	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
EYE ANTI-INFLAMMATORY AGENTS		

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
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	MB	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML	Tier 4	PA; SP
GLUCOCORTICOIDS		
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	M
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 4	PA; SP; LA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 4	PA; SP
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	MB	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	Tier 1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	MB	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	MB	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	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
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	M
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	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	MB	

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

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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Drug Name	Drug Tier	Requirements / Limits
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 RECEPTOR 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 ANTAGONIST; DOPAMINE RECEPTOR INHIBITOR		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 3	ST; M
ANTIARRHYTHMIC AGENTS		
ANTIARRHYTHMICS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	M
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	M
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	M
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	M
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	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
<i>pacерone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	M
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	M
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	M
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	M
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
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
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	M
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	MB	PA
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	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	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 3	
OPHTHALMIC ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 3	PA
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	Tier 3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	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 RECEPTOR		
GEMTESA ORAL TABLET 75 MG	Tier 3	M
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	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		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	M
<i>flavoxate oral tablet 100 mg</i>	Tier 1	M
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	M
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	Tier 1	M; QL
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	M
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	M
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	M
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 3	M
<i>tropium oral capsule,extended release 24hr 60 mg</i>	Tier 1	M; QL
<i>tropium oral tablet 20 mg</i>	Tier 1	M; QL
URINARY TRACT ANTISPASMODIC; M(3) SELECTIVE ANTAG.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	M; QL
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	M; QL
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 3	PA; M
ANTICONVULSANTS		
ANTICONVULSANT - BENZODIAZEPINE TYPE		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	PA; M
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	PA; M
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	M
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	M
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 3	M
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL
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

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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
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	M
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	M
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	M
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	M
<i>carbamazepine oral tablet, chewable 100 mg</i>	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

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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
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	M
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	M
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	M
<i>epitol oral tablet 200 mg</i>	Tier 1	M
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	M
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	M
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	M
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	M
<i>felbamate oral tablet 400 mg, 600 mg</i>	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
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	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
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	M
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	Tier 1	M
<i>gabapentin oral tablet 600 mg, 800 mg</i>	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
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 3	M

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Drug Name	Drug Tier	Requirements / Limits
<i>lacosamide intravenous solution 200 mg/20 ml</i>	MB	PA
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	AR; M; QL
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	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	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	

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Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	M
<i>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)</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	M
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	M
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	MB	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	MB	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	Tier 1	M
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	M
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	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
<i>methsuximide oral capsule 300 mg</i>	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
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	M
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	M
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	Tier 3	M

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OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Tier 3	M
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	M
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	M
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	M
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	M
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	MB	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	M; QL
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	M
PRIMIDONE ORAL TABLET 125 MG	Tier 1	M
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	M
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 3	M
<i>roweepra oral tablet 500 mg</i>	Tier 1	M
<i>rufinamide oral tablet 200 mg, 400 mg</i>	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
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	M
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	Tier 1	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	Tier 1	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	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
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 1	M
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	M
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	M

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<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 3	M
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	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
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	MB	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	Tier 1	M
<i>valproic acid oral capsule 250 mg</i>	Tier 1	M
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	PA; SP
<i>vigadrone oral tablet 500 mg</i>	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
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
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
BARBITURATES		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	M
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	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
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	Tier 1	M
POSTHERPETIC NEURALGIA AGENTS		
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Tier 1	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	Tier 3	PA
ANTIDIARRHEALS & ANTISPASMODICS		
ANTICHOLINERGICS/ANTISPASMODICS		
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	MB	
<i>dicyclomine intramuscular solution 10 mg/ml</i>	MB	
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	M
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	M
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	M
ANTICHOLINERGICS;QUATERNARY AMMONIUM		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	M
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	M
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	M
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

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Drug Name	Drug Tier	Requirements / Limits
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	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	
<i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	MB	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	M
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	M
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	M
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	M
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	Tier 1	M
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	M
<i>hyosyne oral drops 0.125 mg/ml</i>	Tier 1	M
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	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
<i>methscopolamine oral tablet 2.5 mg</i>	Tier 1	
<i>methscopolamine oral tablet 5 mg</i>	Tier 1	M
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	Tier 1	M
<i>oscimin oral tablet 0.125 mg</i>	Tier 1	M
<i>oscimin sl sublingual tablet 0.125 mg</i>	Tier 1	M
ANTIFUNGAL AGENTS		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Tier 3	

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Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole mucous membrane troche 10 mg</i>	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	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	Tier 3	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	MB	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	QL
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	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
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	MB	PA
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 2	
SPORANOX ORAL CAPSULE 100 MG	Tier 3	QL
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	PA
VFEND IV INTRAVENOUS RECON SOLN 200 MG	MB	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	Tier 3	PA
VFEND ORAL TABLET 50 MG	Tier 3	PA
VIVJOA ORAL CAPSULE 150 MG	Tier 4	PA; SP; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>voriconazole intravenous recon soln 200 mg</i>	MB	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	PA
ANTIFUNGAL ANTIBIOTICS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	MB	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	MB	
<i>amphotericin b injection recon soln 50 mg</i>	MB	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	MB	
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA; QL
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	MB	
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	MB	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	MB	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	MB	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	MB	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
ANTI-HISTAMINE & ANTI-ALLERGENIC 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
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL

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

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Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	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
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	M
ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	Tier 3	M
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	M
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	M
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	M
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	M
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	M
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 3	M
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	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		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	M
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	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
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
ALPHA-ADRENERGIC BLOCKING AGENTS		
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
DIBENZYLINE ORAL CAPSULE 10 MG	Tier 3	PA
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	M
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 1	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	M
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	M
ANGIOTEN.RECEPTR ANTAG-CALCIUM CHANL BLKR-THIAZIDE		
<i>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</i>	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
<i>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</i>	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
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	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
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	M
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Tier 3	M
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	M; QL
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	M
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	M

ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR

<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	M
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	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
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	M

ANTIHYPERTENSIVES; ACE INHIBITORS

ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	M
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	M
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	AR; M
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	M
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	M
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	M
LOTENSIN ORAL TABLET 20 MG, 40 MG	Tier 3	M
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	M
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	M
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	PA; M

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Drug Name	Drug Tier	Requirements / Limits
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	M
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	M
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	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, 75 MG	Tier 3	M
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	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
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	M
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	M
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 3	M
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	M; QL
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	M
VALSARTAN ORAL SOLUTION 4 MG/ML	Tier 1	PA; M
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	M

ANTIHYPERTENSIVES; MISCELLANEOUS

<i>metyrosine oral capsule 250 mg</i>	Tier 1	PA; M
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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

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Drug Name	Drug Tier	Requirements / Limits
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	M
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	M; QL
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	M
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	M
ANTIHYPERTENSIVES; VASODILATORS		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	M
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	M
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	M
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	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
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	M
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	M
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	M
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	M
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	M
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	M
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	M
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	M
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	M
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	M
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	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		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	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
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 1	M
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	M
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	M
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	M
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	M
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	M
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	M
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	M
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	M
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	M
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	M
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	M
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	M
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	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, 90 MG	Tier 3	M
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Tier 3	M
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	M
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	M
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	M
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	M
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	M
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	Tier 3	M
LOOP DIURETICS		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	M
EDECRIN ORAL TABLET 25 MG	Tier 3	PA; M

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Drug Name	Drug Tier	Requirements / Limits
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 3	PA; M
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	M
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	M
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 3	M
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	M
POTASSIUM SPARING DIURETICS IN COMBINATION		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	M
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	M
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	M
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	M
POTASSIUM SPARING DIURETICS		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	M
<i>amiloride oral tablet 5 mg</i>	Tier 1	M
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 3	PA; M
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	M
INSPIRA ORAL TABLET 25 MG, 50 MG	Tier 3	M
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; M
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 1	AR; M
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	M
PULMONARY ANTIHYPERTENSIVES; PROSTACYCLIN-TYPE		
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	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

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Drug Name	Drug Tier	Requirements / Limits
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 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	MB	PA; SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	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
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	MB	PA; SP
RENIN INHIBITOR; DIRECT		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	M
TEKTURNA ORAL TABLET 150 MG, 300 MG	Tier 3	M
THIAZIDE AND RELATED DIURETICS		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	M
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	M
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	M
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	M
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	M
VASODILATORS; COMBINATION		
BIDIL ORAL TABLET 20-37.5 MG	Tier 3	M
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	M
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)		
<i>bexarotene oral capsule 75 mg</i>	Tier 1	SP
TARGETIN ORAL CAPSULE 75 MG	Tier 4	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
ANTIBIOTIC ANTINEOPLASTICS		
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	MB	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	MB	
<i>dactinomycin intravenous recon soln 0.5 mg</i>	MB	PA
<i>daunorubicin intravenous solution 5 mg/ml</i>	MB	
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	MB	PA
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	MB	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	MB	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	MB	PA
ELLEENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	MB	
<i>epirubicin intravenous solution 200 mg/100 ml</i>	MB	
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	MB	PA
<i>idarubicin intravenous solution 1 mg/ml</i>	MB	
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	MB	PA; SP; LA
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	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

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Drug Name	Drug Tier	Requirements / Limits
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP
ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR		
XERMELO ORAL TABLET 250 MG	Tier 4	PA; SP; LA
ANTILEPTICS		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
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
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	MB	PA; SP; LA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	SP
ANTINEOPLASTIC - ALKYLATING AGENTS		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	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
<i>busulfan intravenous solution 60 mg/10 ml</i>	MB	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	MB	
<i>carboplatin intravenous solution 10 mg/ml</i>	MB	
<i>carmustine intravenous recon soln 100 mg</i>	MB	PA
<i>cisplatin intravenous solution 1 mg/ml</i>	MB	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	MB	

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Drug Name	Drug Tier	Requirements / Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML, 200 MG/ML, 500 MG/ML	MB	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	MB	PA; SP; LA
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	
HYDREA ORAL CAPSULE 500 MG	Tier 3	M
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	M
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	MB	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	MB	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	MB	
<i>kemoplant intravenous solution 1 mg/ml</i>	MB	
LEUKERAN ORAL TABLET 2 MG	Tier 2	
<i>melfhalan hcl intravenous recon soln 50 mg</i>	MB	
MYLERAN ORAL TABLET 2 MG	Tier 2	
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	MB	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	MB	
<i>paraplatin intravenous solution 10 mg/ml</i>	MB	
TEMODAR INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	SP
TEPADINA INJECTION RECON SOLN 100 MG	MB	PA
<i>thiotepa injection recon soln 100 mg</i>	MB	PA
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	MB	PA; SP
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
YONDELIS INTRAVENOUS RECON SOLN 1 MG	MB	PA; SP; LA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	MB	PA; SP; LA
ANTINEOPLASTIC - ANTIANDROGENIC AGENTS		
<i>abiraterone oral tablet 250 mg</i>	Tier 1	PA; SP; GENDER
<i>abiraterone oral tablet 500 mg</i>	Tier 4	PA; SP; GENDER
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	M
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 2	PA; SP
EULEXIN ORAL CAPSULE 125 MG	Tier 3	M
NILANDRON ORAL TABLET 150 MG	Tier 3	PA; 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		
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	MB	
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	MB	M
<i>azacitidine injection recon soln 100 mg</i>	MB	PA; SP
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	SP
<i>cladribine intravenous solution 10 mg/10 ml</i>	MB	
<i>clofarabine intravenous solution 1 mg/ml</i>	MB	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	MB	
<i>cytarabine injection solution 20 mg/ml</i>	MB	
<i>decitabine intravenous recon soln 50 mg</i>	MB	SP
<i>floxuridine injection recon soln 0.5 gram</i>	MB	
<i>fludarabine intravenous recon soln 50 mg</i>	MB	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	MB	
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	MB	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	MB	PA; SP
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	MB	
<i>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)</i>	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
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	M
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	M
NIPENT INTRAVENOUS RECON SOLN 10 MG	MB	PA
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA; SP; QL
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	MB	M
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML	MB	M
PEMETREXED INTRAVENOUS RECON SOLN 100 MG, 500 MG	MB	M

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Drug Name	Drug Tier	Requirements / Limits
PEMETREXED INTRAVENOUS SOLUTION 25 MG/ML	MB	M
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		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	M
ARIMIDEX ORAL TABLET 1 MG	Tier 3	M
AROMASIN ORAL TABLET 25 MG	Tier 3	M
<i>exemestane oral tablet 25 mg</i>	Tier 1	M
FEMARA ORAL TABLET 2.5 MG	Tier 3	M
<i>letrozole oral tablet 2.5 mg</i>	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		

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Drug Name	Drug Tier	Requirements / Limits
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	MB	PA; SP
ANTINEOPLASTIC - EPOTHILONES AND ANALOGS		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	MB	PA; SP
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 - MEK1 AND MEK2 KINASE INHIBITORS		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA; SP; LA

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i>	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
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; SP
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 1	PA; SP
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	MB	PA; SP; LA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	MB	SP
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	MB	SP
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	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
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	MB	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	MB	PA; SP; LA
<i>topotecan intravenous recon soln 4 mg</i>	MB	SP
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	MB	SP
ANTINEOPLASTIC - VEGF-A;B AND PLGF INHIBITORS		

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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		
<i>vinblastine intravenous solution 1 mg/ml</i>	MB	
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	MB	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	MB	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	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
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	MB	PA; SP
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	MB	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
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		
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
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	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
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

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Drug Name	Drug Tier	Requirements / Limits
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
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
<i>bortezomib injection recon soln 3.5 mg</i>	MB	PA; SP
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
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
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
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 4	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	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

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Drug Name	Drug Tier	Requirements / Limits
GAVRETO ORAL CAPSULE 100 MG	Tier 2	PA; SP; LA
<i>gefitinib oral tablet 250 mg</i>	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
<i>imatinib oral tablet 100 mg, 400 mg</i>	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
IWILFIN ORAL TABLET 192 MG	Tier 4	PA; SP; LA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; SP
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
<i>lapatinib oral tablet 250 mg</i>	Tier 1	PA; SP
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 X 2), 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

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Drug Name	Drug Tier	Requirements / Limits
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
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
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
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; SP
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
<i>sorafenib oral tablet 200 mg</i>	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
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 4	PA; SP
TARCEVA ORAL TABLET 100 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

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Drug Name	Drug Tier	Requirements / Limits
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

JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	MB	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/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
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
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ANTINEOPLASTIC-ENZYME INHIB; ANTIANDROGEN COMB.

AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 2	PA; SP; LA
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ANTINEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH

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Drug Name	Drug Tier	Requirements / Limits
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		
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
ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	MB	PA; SP
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
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

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Drug Name	Drug Tier	Requirements / Limits
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	MB	PA; SP; LA
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
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	MB	PA
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	MB	PA; SP; LA
ANTINEOPLASTICS;MISCELLANEOUS		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	MB	PA; SP
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	MB	PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	MB	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	MB	PA; SP; LA
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	MB	
<i>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)</i>	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	
<i>etoposide intravenous solution 20 mg/ml</i>	MB	
<i>etoposide oral capsule 50 mg</i>	Tier 1	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	MB	PA; SP
LYSODREN ORAL TABLET 500 MG	Tier 2	SP; LA

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Drug Name	Drug Tier	Requirements / Limits
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP; LA
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	MB	SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	MB	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	MB	
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	MB	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	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 (40 MG X 1), 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.		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	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		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	MB	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
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
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	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
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	M
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	M
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	M
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	PA; M
<i>engraf oral capsule 100 mg, 25 mg</i>	Tier 1	M
<i>engraf oral solution 100 mg/ml</i>	Tier 1	M
IMURAN ORAL TABLET 50 MG	Tier 4	M
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	MB	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	M
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	M
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	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
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	M
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	M
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	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
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	MB	SP

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml</i>	MB	
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
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	MB	M
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4	PA; SP; LA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 3	M
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	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
SOMATOSTATIC AGENTS		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	MB	PA; SP
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 4	PA; SP; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	MB	SP

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Drug Name	Drug Tier	Requirements / Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	MB	SP
<i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg, 30 mg</i>	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		
<i>megestrol oral tablet 20 mg, 40 mg</i>	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		
<i>bexarotene topical gel 1 %</i>	Tier 1	PA; SP
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 3	PA
ANTIPARKINSONISM AGENTS		
ANTIPARKINSONISM DRUGS;ANTICHOLINERGIC		
<i>benztropine injection solution 1 mg/ml</i>	MB	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	M
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	M
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	M
ANTIPARKINSONISM DRUGS;OTHER		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	Tier 1	SP; LA
AZILECT ORAL TABLET 0.5 MG, 1 MG	Tier 3	M
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	M
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	M
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	M
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	M
<i>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</i>	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
<i>entacapone oral tablet 200 mg</i>	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
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	M
<i>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</i>	Tier 1	M
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 1	M
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	M
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	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
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	M
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	M
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Tier 3	M

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Drug Name	Drug Tier	Requirements / Limits
TASMAR ORAL TABLET 100 MG	Tier 3	M
<i>tolcapone oral tablet 100 mg</i>	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		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	M
LODOSYN ORAL TABLET 25 MG	Tier 3	M
ANTIPSORIATIC / ANTISEBORRHEIC		
ANTIPSORIATIC AGENTS;SYSTEMIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	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
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	MB	PA; SP
ANTIPSORIATICS AGENTS		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	QL
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	QL

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Drug Name	Drug Tier	Requirements / Limits
CALCIPOTRIENE TOPICAL FOAM 0.005 %	Tier 3	QL
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	
SORILUX TOPICAL FOAM 0.005 %	Tier 3	QL
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	Tier 3	
ANTISEBORRHEIC AGENTS		
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS; MAB		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	MB	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA; SP; QL
STELARA 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
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP; QL
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		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	QL
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	QL
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Tier 3	QL

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Drug Name	Drug Tier	Requirements / Limits
ANTITHYROID AGENTS		
ANTITHYROID PREPARATIONS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	M
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	M
ANTIVIRALS		
ANTIPARKINSONISM DRUGS;OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	M
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	M
<i>amantadine hcl oral tablet 100 mg</i>	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		
SUNLENCA ORAL TABLET 300 MG	Tier 4	PA; SP; LA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 4	PA; SP; LA
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 150-100 MG, 300 MG (150 MG X 2)-100 MG	Tier 2	QL
ANTIVIRAL - RNA POLYMERASE INHIBITOR		

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Drug Name	Drug Tier	Requirements / Limits
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
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	
<i>acyclovir oral capsule 200 mg</i>	Tier 1	M
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	M
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	M
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	MB	
<i>cidofovir intravenous solution 75 mg/ml</i>	MB	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	M; QL
<i>foscarnet intravenous solution 24 mg/ml</i>	MB	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	MB	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	MB	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	MB	
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA; LA
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 2	
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	Tier 3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier 3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	M
VALCYTE ORAL RECON SOLN 50 MG/ML	Tier 3	M
VALCYTE ORAL TABLET 450 MG	Tier 3	M; QL
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	M; QL

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Drug Name	Drug Tier	Requirements / Limits
XOFLUZA ORAL TABLET 40 MG, 80 MG	Tier 3	QL
ANTIVIRALS; HIV-SPEC.; NUCLEOSIDE ANALOG; RTI COMB		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	M
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	M
ANTIVIRALS; HIV-SPEC; NON-PEPTIDIC PROTEASE INHIB		
APTIVUS ORAL CAPSULE 250 MG	Tier 4	M
<i>darunavir oral tablet 600 mg, 800 mg</i>	Tier 1	M
PREZCOBIX ORAL TABLET 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
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	M
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 1	M; ACA
ANTIVIRALS; HIV-SPECIFIC; CCR5 CO-RECEPTOR ANTAG.		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	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; FUSION INHIBITORS		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 4	M
ANTIVIRALS; HIV-SPECIFIC; NON-NUCLEOSIDE; RTI		
EDURANT ORAL TABLET 25 MG	Tier 4	M
<i>efavirenz oral tablet 600 mg</i>	Tier 1	M
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 4	M
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	M
<i>nevirapine oral tablet 200 mg</i>	Tier 1	M
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	M
PIFELTRO ORAL TABLET 100 MG	Tier 4	M
ANTIVIRALS; HIV-SPECIFIC; NUCLEOSIDE ANALOG; RTI		
<i>abacavir oral solution 20 mg/ml</i>	Tier 1	M
<i>abacavir oral tablet 300 mg</i>	Tier 1	M
<i>emtricitabine oral capsule 200 mg</i>	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
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	M
<i>lamivudine oral tablet 150 mg, 300 mg</i>	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
<i>zidovudine oral capsule 100 mg</i>	Tier 1	M
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	M
<i>zidovudine oral tablet 300 mg</i>	Tier 1	M
ANTIVIRALS; HIV-SPECIFIC; NUCLEOTIDE ANALOG; RTI		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	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

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Drug Name	Drug Tier	Requirements / Limits
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 4	M
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 1	M
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 1	M
ANTIVIRALS; HIV-SPECIFIC; PROTEASE INHIBITORS		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 1	M
EVOTAZ ORAL TABLET 300-150 MG	Tier 4	M
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	M
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 4	M
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
<i>ritonavir oral tablet 100 mg</i>	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
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	M
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	M
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 4	M
SYMFI ORAL TABLET 600-300-300 MG	Tier 4	M

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
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		
<i>adefovir oral tablet 10 mg</i>	Tier 1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 3	M
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	Tier 3	M; QL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	M; QL
<i>lamivudine oral tablet 100 mg</i>	Tier 1	M
VEMLIDY ORAL TABLET 25 MG	Tier 3	M
HEPATITIS C TREATMENT AGENTS		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	PA; SP; QL
<i>ribavirin oral tablet 200 mg</i>	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		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	M; QL
AVODART ORAL CAPSULE 0.5 MG	Tier 3	AR; GENDER; M
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	AR; GENDER; M

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Drug Name	Drug Tier	Requirements / Limits
<i>finasteride oral tablet 5 mg</i>	Tier 1	AR; GENDER; M
FLOMAX ORAL CAPSULE 0.4 MG	Tier 3	M
PROSCAR ORAL TABLET 5 MG	Tier 3	AR; GENDER; M
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Tier 3	M
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	M
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	M
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	Tier 3	M; QL
BPH 5-ALPHA-REDUCTASE INHIB-ALPHA1-ADRENOCEP ANTAG		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	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)		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	GENDER; M; QL
BETA-BLOCKERS		
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	M
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 2	M
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	M
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	M
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	Tier 3	M
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	M
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 1	M
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	M
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 1	M
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	M
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	Tier 3	M

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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
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	MB	PA; SP
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	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

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Drug Name	Drug Tier	Requirements / Limits
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
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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; QL
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	SP; QL
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
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

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Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
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
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
WAVESENSE JAZZ STRIP	Tier 3	M; QL
WAVESENSE PRESTO STRIP	Tier 3	M; QL
DIABETIC SUPPLIES		
ACCU-CHEK GUIDE GLUCOSE METER	Tier 1	M
ACCU-CHEK GUIDE ME GLUCOSE MTR	Tier 1	M
ADVANCED GLUCOSE METER	Tier 3	M
ADVOCATE REDI-CODE PLUS	Tier 3	M

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Drug Name	Drug Tier	Requirements / Limits
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
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 MONITORING SYSTEM 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

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Drug Name	Drug Tier	Requirements / Limits
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
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
JAZZ WIRELESS 2 METER KIT KIT	Tier 3	M

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Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
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
TEMPO SMART BUTTON DEVICE	Tier 2	M
TEMPO WELCOME KIT KIT	Tier 3	
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
ULTIMA MONITOR	Tier 3	M
VIVAGUARD INO GLUCOSE METER	Tier 3	M
VIVAGUARD INO SMART GLUC METER	Tier 3	M
WAVESENSE PRESTO	Tier 3	M

BURN THERAPY

TOPICAL SULFONAMIDES

SILVADENE TOPICAL CREAM 1 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
<i>ssd topical cream 1 %</i>	Tier 1	

CARDIAC GLYCOSIDES

DIGITALIS GLYCOSIDES

<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 1	M
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	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

<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
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Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	MB	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	MB	
<i>cefazolin injection recon soln 1 gram, 3 gram, 500 mg</i>	MB	
<i>cefazolin intravenous recon soln 1 gram</i>	MB	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	MB	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	Tier 1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	MB	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	MB	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	MB	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	MB	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	MB	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	MB	
CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION		

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Drug Name	Drug Tier	Requirements / Limits
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	MB	
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	QL
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	MB	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	MB	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	MB	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	MB	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	MB	
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	MB	
CEPHALOSPORIN ANTIBIOTICS - 4TH GENERATION		
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	MB	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	MB	
<i>cefepime injection recon soln 1 gram</i>	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

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Drug Name	Drug Tier	Requirements / Limits
PARASYMPATHETIC AGENTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	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		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	M
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	M
ANTIFIBRINOLYTIC AGENTS		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	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
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	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

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Drug Name	Drug Tier	Requirements / Limits
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
ALTUVIPIO 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, 500 (+/-) UNIT	MB	PA; SP
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, 500 (+/-) UNIT	MB	PA; SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	MB	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
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
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
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	

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Drug Name	Drug Tier	Requirements / Limits
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
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, 2,000 UNIT, 250 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

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Drug Name	Drug Tier	Requirements / Limits
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
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline oral tablet extended release 400 mg</i>	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
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 1	SP; QL
<i>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</i>	Tier 1	SP; QL
<i>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</i>	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
<i>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)</i>	MB	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	MB	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	MB	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	MB	
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	Tier 1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	Tier 1	
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		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	M
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	M
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	M
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	M
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	M
EFFIENT ORAL TABLET 10 MG, 5 MG	Tier 3	M
PLAVIX ORAL TABLET 75 MG	Tier 3	M
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	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

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Drug Name	Drug Tier	Requirements / Limits
THROMBIN INHIBITORS; SELECTIVE; DIRECT; REVERSIBLE		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	M
THROMBOPOIETIN RECEPTOR AGONISTS		
DOPTELET (15 TAB PACK) ORAL TABLET 20 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
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	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	MB	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	MB	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
<i>vitamin k injection solution 1 mg/0.5 ml</i>	MB	
<i>vitamin k1 injection solution 10 mg/ml</i>	MB	
COUGH & COLD THERAPY		
1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION		
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
ANTITUSSIVES; NON-OPIOID		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
NON-OPIOID ANTITUS-1ST GEN.ANTIHISTAMINE-DECONGEST		
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE		

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	QL

OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS

<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	Tier 1	

CYCLOPLEGIC MYDRIATICS

MYDRIATICS

ATROPINE OPHTHALMIC (EYE) DROPS 0.025 %, 0.05 %	Tier 3	M
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	M
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	M
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	Tier 1	M
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	

DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT

RESPIRATORY AIDS;DEVICES;EQUIPMENT

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	

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Drug Name	Drug Tier	Requirements / Limits
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	
SYRINGES AND ACCESSORIES		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 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
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		

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Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	M
ELECTROLYTES		
ELECTROLYTE DEPLETERS		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	M
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	M
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	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
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 1	M
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	M
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Tier 3	M
REVELA ORAL TABLET 800 MG	Tier 3	M
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 1	M
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	M
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	M
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	Tier 1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 3	PA; M
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 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
<i>effe-r-k oral tablet, effervescent 25 meq</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con 10 oral tablet extended release 10 meq</i>	Tier 1	M
<i>klor-con 8 oral tablet extended release 8 meq</i>	Tier 1	M
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	Tier 1	M
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	Tier 1	M
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	Tier 1	M
<i>klor-con oral packet 20 meq</i>	Tier 1	M
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	Tier 1	M
POKONZA ORAL PACKET 10 MEQ	Tier 3	M
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	M
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	M
<i>potassium chloride oral packet 20 meq</i>	Tier 1	M
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	M
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	M
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1	M
SODIUM/SALINE PREPARATIONS		
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	MB	
ERYTHROMYCINS & OTHER MACROLIDES		
MACROLIDE ANTIBIOTICS		
<i>azithromycin intravenous recon soln 500 mg</i>	MB	
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	Tier 1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	MB	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	MB	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 1	
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	MB	PA
ZITHROMAX ORAL PACKET 1 GRAM	Tier 3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 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

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Drug Name	Drug Tier	Requirements / Limits
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
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Tier 1	M; ACA
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Tier 1	M; ACA
CONTRACEPTIVES;ORAL		
<i>camila oral tablet 0.35 mg</i>	Tier 1	M; ACA
<i>deblitane oral tablet 0.35 mg</i>	Tier 1	M
<i>emzahh oral tablet 0.35 mg</i>	Tier 1	M
<i>errin oral tablet 0.35 mg</i>	Tier 1	M
<i>heather oral tablet 0.35 mg</i>	Tier 1	M
<i>incassia oral tablet 0.35 mg</i>	Tier 1	M
<i>jencycla oral tablet 0.35 mg</i>	Tier 1	M
<i>lyleq oral tablet 0.35 mg</i>	Tier 1	M
<i>lyza oral tablet 0.35 mg</i>	Tier 1	M
<i>nora-be oral tablet 0.35 mg</i>	Tier 1	M
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 1	M
<i>sharobel oral tablet 0.35 mg</i>	Tier 1	M
ESTROGEN AND PROGESTIN COMBINATIONS		
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 3	M
ESTROGENIC AGENTS		
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

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Drug Name	Drug Tier	Requirements / Limits
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
<i>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</i>	Tier 1	M
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	M
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 3	M
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	M
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	Tier 1	M
<i>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 %)</i>	Tier 1	M
<i>estradiol transdermal gel in packet 0.75 mg/0.75 gram (0.1%), 1.25 mg/1.25 gram (0.1 %)</i>	Tier 3	M
<i>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</i>	Tier 1	M
<i>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</i>	Tier 1	M
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	MB	M
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	M
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 3	M

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Drug Name	Drug Tier	Requirements / Limits
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	M
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	M
<i>jinteli oral tablet 1-5 mg-mcg</i>	Tier 1	M
<i>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</i>	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
<i>mimvey oral tablet 1-0.5 mg</i>	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
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	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
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
<i>gallifrey oral tablet 5 mg</i>	Tier 1	M
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	M
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	SP
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	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
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	M
<i>estradiol vaginal tablet 10 mcg</i>	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
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	M; QL
VAGIFEM VAGINAL TABLET 10 MCG	Tier 3	M
<i>yuvafem vaginal tablet 10 mcg</i>	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
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	Tier 1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	QL

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Drug Name	Drug Tier	Requirements / Limits
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

<i>colchicine oral capsule 0.6 mg</i>	Tier 1	M
<i>colchicine oral tablet 0.6 mg</i>	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
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HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS

<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	M
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	M

URICOSURIC AGENTS

<i>probenecid oral tablet 500 mg</i>	Tier 1	M
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	M

GROWTH HORMONES

GROWTH HORMONE RELEASING HORMONE(GHRH) AND ANALOGS

EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; SP
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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

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Drug Name	Drug Tier	Requirements / Limits
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 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	M
DURABLE MEDICAL EQUIPMENT;MISC(GROUP 1)		
BD MICROTAINER LANCET 30 GAUGE	Tier 2	M; QL
LANCETS 33 GAUGE	Tier 2	M; QL
NEEDLES/NEEDLELESS DEVICES		
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	Tier 2	QL
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	Tier 2	QL
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	Tier 2	M; QL
INSULIN THERAPY		
ANTIHYPERGLY;INSULIN;LONG ACT-GLP-1 RECEPT.AGONIST		
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

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Drug Name	Drug Tier	Requirements / Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	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 MIX 70-30 U-100 INSULIN 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
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

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Drug Name	Drug Tier	Requirements / Limits
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
INTERLEUKINS		
IMMUNOMODULATORS		
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	Tier 1	PA
<i>imiquimod topical cream in packet 3.75 %</i>	Tier 1	PA
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	Tier 3	PA
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	Tier 3	PA
IRRIGATING SOLUTIONS		
IRRIGANTS		
<i>lactated ringers irrigation solution</i>	MB	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	MB	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	MB	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	MB	
<i>ringer's irrigation solution</i>	MB	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	MB	
LIPID/CHOLESTEROL LOWERING AGENTS		
ANTIHYPERLIP.HMG COA REDUCT INHIB-CHOLEST.AB.INHIB		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 1	M; QL

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>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</i>	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 - 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
ANTIHYPERLIPIDEMIC-ACLY AND CHOLESTEROL ABSORPTION INHIBITORS		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	PA; M
ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIBITORS (STATINS)		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	PA; M
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA; M
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 1	M; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	M
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Tier 3	PA; M
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	Tier 1	M; ACA
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	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
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	M; ACA
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	M; ACA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	M; ACA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 1	M; ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	M; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	M; ACA
<i>simvastatin oral tablet 80 mg</i>	Tier 1	M
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	M
BILE SALT SEQUESTRANTS		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	M
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	M
<i>cholestyramine light oral powder 4 gram</i>	Tier 1	M
<i>cholestyramine light oral powder in packet 4 gram</i>	Tier 1	M
<i>colesevelam oral tablet 625 mg</i>	Tier 1	M
COLESTID ORAL GRANULES 5 GRAM	Tier 3	M
COLESTID ORAL TABLET 1 GRAM	Tier 3	M
<i>colestipol oral granules 5 gram</i>	Tier 1	M
<i>colestipol oral packet 5 gram</i>	Tier 1	M
<i>colestipol oral tablet 1 gram</i>	Tier 1	M
<i>prevalite oral powder 4 gram</i>	Tier 1	M
<i>prevalite oral powder in packet 4 gram</i>	Tier 1	M
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 3	M
QUESTRAN ORAL POWDER 4 GRAM	Tier 3	M

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	M; QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	M
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	M
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	Tier 3	M
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Tier 1	M
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	Tier 1	M
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	M
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Tier 3	M
FIBRICOR ORAL TABLET 105 MG	Tier 3	M
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	M
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	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
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	M
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	M; QL
TRICOR ORAL TABLET 145 MG, 48 MG	Tier 3	M
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 135 MG, 45 MG	Tier 3	M
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	Tier 2	M
ZETIA ORAL TABLET 10 MG	Tier 3	M; QL

MIGRAINE & CLUSTER HEADACHE THERAPY

ANTIMIGRAINE PREPARATIONS

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Drug Name	Drug Tier	Requirements / Limits
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
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 1	PA; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	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	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	
<i>frovatriptan oral tablet 2.5 mg</i>	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
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	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
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	QL
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	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
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	Tier 1	PA; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	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		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; SP
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 4	PA; SP
AGENTS FOR STOMATOLOGICAL USE		
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Tier 4	PA; SP; LA
AMMONIA INHIBITORS		

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Drug Name	Drug Tier	Requirements / Limits
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	Tier 4	PA; SP; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 1	SP; LA
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
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 1	PA; M
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 1	PA; M
AMYOTROPHIC LATERAL SCLEROSIS AGENTS		
<i>riluzole oral tablet 50 mg</i>	Tier 1	M
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	SP; LA
ANTI-ALCOHOLIC PREPARATIONS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	M
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	M
BONE RESORPTION INHIBITORS		
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	MB	PA; SP
<i>risedronate oral tablet 30 mg</i>	Tier 1	QL
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	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
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

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>kourzeq dental paste 0.1 %</i>	Tier 1	QL
<i>oralone dental paste 0.1 %</i>	Tier 1	QL
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	QL
DRUGS TO TREAT HEREDITARY TYROSINEMIA		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	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
FLUORIDE PREPARATIONS		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	M
<i>denta 5000 plus dental cream 1.1 %</i>	Tier 1	M
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	Tier 3	M
<i>dentagel dental gel 1.1 %</i>	Tier 1	M
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	M
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	M
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 3	M
<i>fluoride (sodium) dental solution 0.2 %</i>	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

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Drug Name	Drug Tier	Requirements / Limits
<i>fraiche 5000 dental gel 1.1 %</i>	Tier 1	M
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
<i>sf 5000 plus dental cream 1.1 %</i>	Tier 1	M
<i>sf dental gel 1.1 %</i>	Tier 1	M
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 1	M
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 3	M
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
<i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>	MB	
IRRIGANTS		
<i>acetic acid irrigation solution 0.25 %</i>	MB	
<i>curity sterile water irrigation solution</i>	MB	
<i>sodium chloride irrigation solution 0.9 %</i>	MB	
<i>water for irrigation, sterile irrigation solution</i>	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

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Drug Name	Drug Tier	Requirements / Limits
<i>tiopronin oral tablet 100 mg</i>	Tier 4	PA; SP
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	Tier 4	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
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	M
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	M
<i>levocarnitine oral tablet 330 mg</i>	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
<i>deferasirox oral granules in packet 90 mg</i>	Tier 4	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 1	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	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
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		

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Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 1	M; QL
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 1	M
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	
NOSE PREPARATIONS; MISCELLANEOUS (RX)		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	Tier 1	M
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	Tier 1	
NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA; SP; LA
PARASYMPATHETIC AGENTS		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	M
EVOXAC ORAL CAPSULE 30 MG	Tier 3	M
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	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
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	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		
<i>sodium chloride 0.9 % injection solution</i>	MB	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	MB	
<i>sodium chloride 0.9 % intravenous piggyback</i>	MB	
<i>sodium chloride injection syringe 0.9 %</i>	MB	

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Drug Name	Drug Tier	Requirements / Limits
SYSTEMIC ENZYME INHIBITORS		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	MB	PA; SP
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 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		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
MISCELLANEOUS ANTIINFECTIVES		
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	QL
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	QL
AMINOGLYCOSIDE ANTIBIOTICS		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	MB	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA; SP; LA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Tier 4	PA; SP
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	MB	

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GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	MB	
<i>gentamicin injection solution 40 mg/ml</i>	MB	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	MB	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 4	PA; SP
<i>neomycin oral tablet 500 mg</i>	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
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	PA; SP
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	MB	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	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		
FLAGYL ORAL CAPSULE 375 MG	Tier 3	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	MB	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	MB	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
ANTHELMINTICS		
<i>albendazole oral tablet 200 mg</i>	Tier 1	QL
BILTRICIDE ORAL TABLET 600 MG	Tier 3	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 3	PA

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

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1	M
<i>pentamidine injection recon soln 300 mg</i>	MB	
ANTITUBERCULAR ANTIBIOTICS		
<i>cycloserine oral capsule 250 mg</i>	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
<i>rifampin intravenous recon soln 600 mg</i>	MB	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA
BETALACTAMS		
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	MB	PA
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	MB	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA; SP
CARBAPENEM/PENEM ANTIBIOTICS		
<i>ertapenem injection recon soln 1 gram</i>	MB	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	MB	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	MB	
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	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

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Drug Name	Drug Tier	Requirements / Limits
CHLORAMPHENICOL ANTIBIOTICS AND DERIVATIVES		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	MB	
CYCLIC LIPOPEPTIDES		
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	MB	PA
<i>daptomycin intravenous recon soln 500 mg</i>	MB	PA
GLYCYLCYCLINES		
<i>tigecycline intravenous recon soln 50 mg</i>	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	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	MB	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	MB	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	Tier 1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	MB	
LINCOCIN INJECTION SOLUTION 300 MG/ML	MB	
<i>lincomycin injection solution 300 mg/ml</i>	MB	
OXAZOLIDINONE ANTIBIOTICS		
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	MB	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	QL
<i>linezolid oral tablet 600 mg</i>	Tier 1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	MB	PA
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	MB	PA
SIVEXTRO ORAL TABLET 200 MG	Tier 3	PA
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML, 600 MG/300 ML	MB	PA
POLYMYXIN ANTIBIOTICS AND DERIVATIVES		
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	MB	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	MB	PA
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	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
ANTIANGINAL; ANTI-ISCHEMIC AGENTS;NON-HEMODYNAMIC		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	Tier 3	M
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	Tier 1	M; QL
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
HEART RATE REDUCING;SA SELECTIVE I(F) CURRENT INH.		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 4	SP; LA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 3	M
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
PROTEIN STABILIZERS		
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		
<i>doxepin topical cream 5 %</i>	Tier 1	PA; QL
<i>pradoxin topical cream 5 %</i>	Tier 3	PA; QL
ZONALON TOPICAL CREAM 5 %	Tier 3	PA; QL
ANTIPSORIATIC AGENTS;SYSTEMIC		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	M
DIABETIC ULCER PREPARATIONS;TOPICAL		
REGRANEX TOPICAL GEL 0.01 %	Tier 3	PA; QL
EMOLLIENTS		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	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
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
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

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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	
<i>podofilox topical gel 0.5 %</i>	Tier 3	
<i>podofilox topical solution 0.5 %</i>	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	
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	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
<i>pimecrolimus topical cream 1 %</i>	Tier 1	QL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AMMONIA INHIBITORS		
<i>enulose oral solution 10 gram/15 ml</i>	Tier 1	M
<i>generlac oral solution 10 gram/15 ml</i>	Tier 1	M
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	M
ANTIEMETIC/ANTIVERTIGO AGENTS		

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Drug Name	Drug Tier	Requirements / Limits
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
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	Tier 1	QL
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	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	
<i>compro rectal suppository 25 mg</i>	Tier 1	
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	MB	
EMEND ORAL CAPSULE 80 MG	Tier 3	QL
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	
<i>fosaprepitant intravenous recon soln 150 mg</i>	MB	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	MB	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	MB	
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	MB	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	MB	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	MB	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	MB	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	MB	
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5 ML	MB	PA
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	MB	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	PA; QL
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	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	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	PA
ANTIEMETIC; CANNABINOID-TYPE		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	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
RENFLXIS INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP
UNBRANDED INFlixIMAB INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP
ANTIPSYCHOTICS;DOPAMINE ANTAGONISTS;BUTYROPHENONES		
<i>droperidol injection solution 2.5 mg/ml</i>	MB	

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Drug Name	Drug Tier	Requirements / Limits
BILE SALTS		
CHENODAL ORAL TABLET 250 MG	Tier 4	PA; SP; LA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; SP; LA
URSO FORTE ORAL TABLET 500 MG	Tier 3	M
<i>ursodiol oral capsule 300 mg</i>	Tier 1	M
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	M
CHRONIC INFLAM. COLON DX; 5-A-SALICYLAT;RECTAL TX		
CANASA RECTAL SUPPOSITORY 1,000 MG	Tier 3	M
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	M
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	M
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	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
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	M
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	M; QL
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	Tier 1	M
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	Tier 1	M
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	M; QL
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	M
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	Tier 1	M
FARNESOID X RECEPTOR (FXR) AGONIST; BILE AC ANALOG		
OALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA; SP
GASTRIC ENZYMES		

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Drug Name	Drug Tier	Requirements / Limits
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA; SP; LA
GLUCOCORTICOIDS		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	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	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	Tier 1	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
IBS AGENTS; MIXED OPIOID RECEPTOR 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
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 2	PA; SP
INTEGRIN RECEPTOR ANTAGONIST; MONOCLONAL ANTIBODY		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	MB	PA; SP
INTESTINAL MOTILITY STIMULANTS		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	MB	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	MB	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3	M
REGLAN ORAL TABLET 10 MG, 5 MG	Tier 3	

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Drug Name	Drug Tier	Requirements / Limits
IRRITABLE BOWEL SYNDROME AGENTS; 5-HT3 ANTAGONIST		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	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
<i>citrate of magnesia oral solution</i>	Tier 1	AR; ACA
<i>citroma oral solution</i>	Tier 1	AR; ACA
<i>constulose oral solution 10 gram/15 ml</i>	Tier 1	M
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	Tier 1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	Tier 1	ACA
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	Tier 1	AR; ACA
KRISTALOSE ORAL PACKET 20 GRAM	Tier 3	M
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	M
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	Tier 1	AR; ACA
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	M; QL
<i>magnesium citrate oral solution</i>	Tier 1	AR; ACA
<i>onelax magnesium citrate oral solution</i>	Tier 1	AR; ACA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	Tier 1	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 1	ACA
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 3	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	Tier 1	AR; ACA
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	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	

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Drug Name	Drug Tier	Requirements / Limits
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Tier 2	QL
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	Tier 1	AR; ACA
LOCAL ANORECTAL NITRATE PREPARATIONS		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1	
MAST CELL STABILIZERS		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	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
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)		

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Drug Name	Drug Tier	Requirements / Limits
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	Tier 3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	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	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	Tier 1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	Tier 1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	Tier 1	

MISCELLANEOUS HORMONES

ADRENAL STEROID INHIBITORS

ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; SP; LA
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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 PELLETT 75 MG	MB	SP; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	GENDER; M
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	M
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	GENDER; M; QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 1	GENDER; M
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	GENDER; M; QL
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	Tier 1	GENDER; M; QL
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	GENDER; M
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	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
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 1	SP
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	M
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	Tier 3	M
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	M
ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS		
SAMSCA ORAL TABLET 15 MG, 30 MG	Tier 4	PA; SP
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Tier 1	PA; SP
BONE RESORPTION INHIBITORS		

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Drug Name	Drug Tier	Requirements / Limits
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	MB	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1	M; QL
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	MB	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	MB	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	MB	SP
ZOLEDRONIC AC-MANNITOL-0.9NAACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	MB	PA; SP
CALCIMIMETIC;PARATHYROID CALCIUM ENHANCER		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	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		
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	MB	M
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	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
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	MB	M

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Drug Name	Drug Tier	Requirements / Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Tier 1	M; QL
<i>paricalcitol oral capsule 4 mcg</i>	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		
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		
ORLISSA ORAL TABLET 150 MG	Tier 2	PA; M
ORLISSA 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		

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Drug Name	Drug Tier	Requirements / Limits
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
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		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	M
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE		
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	Tier 1	PA; SP
<i>javygtor oral tablet,soluble 100 mg</i>	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
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 1	PA; SP
<i>sapropterin oral tablet,soluble 100 mg</i>	Tier 1	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
POLYCYSTIC KIDNEY DISEASE AGENT; AVP RECEPT. 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
VITAMIN D PREPARATIONS		
<i>calcitriol intravenous solution 1 mcg/ml</i>	MB	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	M
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	M
ROCALTROL ORAL SOLUTION 1 MCG/ML	Tier 3	M
MISCELLANEOUS NEUROLOGICAL THERAPY		
AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4	PA; SP
KEVEYIS ORAL TABLET 50 MG	Tier 4	PA; SP; LA
<i>ormalvi oral tablet 50 mg</i>	Tier 4	PA; SP; LA
AGTS TX NEUROMUSC TRANSMISSION DIS;POT-CHAN BLKR		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 1	PA; SP
ALZHEIMER'S THERAPY; NMDA RECEPTOR ANTAGONISTS		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	M
<i>memantine oral solution 2 mg/ml</i>	Tier 1	M
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	M; QL
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	Tier 3	QL
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	Tier 3	QL
ALZHEIMER'S THX; NMDA RECEPTOR ANTAG-CHOLINES INHIB		
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 28-10 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

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Drug Name	Drug Tier	Requirements / Limits
AMYOTROPHIC LATERAL SCLEROSIS AGENTS		
<i>edaravone intravenous solution 30 mg/100 ml</i>	MB	PA; SP; LA
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
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	M; QL
<i>donepezil oral tablet 23 mg</i>	Tier 1	PA; M; QL
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	M; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Tier 3	M
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	M
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	M; QL
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	M; QL
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	M; QL
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	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

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Drug Name	Drug Tier	Requirements / Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4	PA; SP; LA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA; SP
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
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		
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		
NUDEXTA 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

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Drug Name	Drug Tier	Requirements / Limits
ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3	
ANTIFIBRINOLYTIC AGENTS		
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	M
CONTRACEPTIVES; INTRAVAGINAL; SYSTEMIC		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 3	M; QL
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	M; ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	M
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	M; ACA
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	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		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 2	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 1	ACA
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 3	
CONTRACEPTIVES;TRANSDERMAL		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	Tier 1	M
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 3	M
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	Tier 1	M; ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	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		

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Drug Name	Drug Tier	Requirements / Limits
OSPHENA ORAL TABLET 60 MG	Tier 3	PA; M
VAGINAL ANTIBIOTICS		
CLEOCIN VAGINAL CREAM 2 %	Tier 3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Tier 3	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 3	
VAGINAL ANTIFUNGALS		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
<i>miconazole-3 vaginal suppository 200 mg</i>	Tier 1	QL
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	QL
MISCELLANEOUS OPHTHALMOLOGICS		
ARTIFICIAL TEARS		
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	
EYE ANTIHISTAMINES		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	Tier 1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Tier 3	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 3	PA
EYE LOCAL ANESTHETICS		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
EYE MAST CELL STABILIZERS		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
OPHTH VASC. ENDOTHELIAL GROWTH FACTOR ANTAGONISTS		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 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 MG/0.08 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML	MB	
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		
XDEMVIY 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)		
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
MISCELLANEOUS OTIC PREPARATIONS		

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Drug Name	Drug Tier	Requirements / Limits
EAR PREPARATIONS ANTI-INFLAMMATORY		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	Tier 3	
<i>flac otic oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
EAR PREPARATIONS; MISC. ANTI-INFECTIVES		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
EAR PREPARATIONS;ANTIBIOTICS		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	Tier 3	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	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
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	GENDER; M; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	GENDER; M; QL
OXALOSIS AGENT - OXALATE INHIBITOR; SIRNA BASED		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	MB	PA; SP; LA
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	M
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	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
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 1	SP
<i>fingolimod oral capsule 0.5 mg</i>	Tier 1	SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 4	AR; SP; LA
GILENYA ORAL CAPSULE 0.5 MG	Tier 4	SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	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

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Drug Name	Drug Tier	Requirements / Limits
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
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 2	SP

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

ANTI-ANXIETY DRUGS

<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
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Drug Name	Drug Tier	Requirements / Limits
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
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	M
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	M
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	M
<i>regonol injection solution 5 mg/ml</i>	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 INTRAVENOUS SOLUTION 20 MG/ML	MB	PA; SP
SKELETAL MUSCLE RELAXANTS		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	M
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
DANTRIUM ORAL CAPSULE 25 MG	Tier 3	M
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>methocarbamol injection solution 100 mg/ml</i>	MB	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	PA
NORGESIC ORAL TABLET 25-385-30 MG	Tier 3	PA
<i>orphenadrine citrate injection solution 30 mg/ml</i>	MB	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 3	PA
<i>orphengesic forte oral tablet 50-770-60 mg</i>	Tier 3	PA
ROBAXIN INJECTION SOLUTION 100 MG/ML	MB	PA
SOMA ORAL TABLET 250 MG, 350 MG	Tier 3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	M
<i>tizanidine oral tablet 2 mg, 4 mg</i>	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

<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>tencon oral tablet 50-325 mg</i>	Tier 1	

ANALGESIC; SALICYLATE; BARBITURATE; XANTHINE COMB.

<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
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ANALGESIC;NON-SALICYLATE;BARBITURATE;XANTHINE COMB

<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
ESGIC ORAL TABLET 50-325-40 MG	Tier 3	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 3	

OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS

<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	Tier 1	PA
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	PA; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	Tier 1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 3	PA; QL
OPIOID ANALGESIC AND NSAID COMBINATION		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	PA; QL
OPIOID ANALGESIC;NON-SALICYLATE;XANTHINE COMB		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	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
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	MB	PA
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	MB	PA
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	QL
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	PA
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 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
<i>diskets oral tablet,soluble 40 mg</i>	Tier 1	
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	MB	PA
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	MB	PA
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	Tier 1	PA; QL

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

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Drug Name	Drug Tier	Requirements / Limits
<i>methadone injection solution 10 mg/ml</i>	MB	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methadone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methadone oral tablet,soluble 40 mg</i>	Tier 1	
<i>methadose oral tablet,soluble 40 mg</i>	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 SYRINGE 25 MG/25 ML (1 MG/ML)	MB	PA
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	MB	PA
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	MB	PA
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	MB	PA
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	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
<i>morphine injection syringe 4 mg/ml</i>	MB	PA
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	MB	PA
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	MB	PA
<i>morphine intravenous syringe 10 mg/ml, 4 mg/ml</i>	MB	PA
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	QL
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	PA
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	PA
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	Tier 3	QL
<i>oxycodone oral capsule 5 mg</i>	Tier 1	PA
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	PA
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	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	
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	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, ER 12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 3	PA

OPIOID AND SALICYLATE ANALGESICS; BARBIT; XANTHINE

<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	Tier 1	PA; QL
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	PA; QL

OPIOID WITHDRAWAL THERAPY AGENTS; OPIOID-TYPE

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
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	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

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Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	PA; QL

NITRATES

VASODILATORS;CORONARY

ISORDIL ORAL TABLET 40 MG	Tier 3	M
ISORDIL TITRADOSE ORAL TABLET 5 MG	Tier 3	M
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	M
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	M
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	M
<i>nitro-bid transdermal ointment 2 %</i>	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
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	M
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	M
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	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)

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
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	PA; M; QL

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Drug Name	Drug Tier	Requirements / Limits
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	PA; M; QL
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		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	M
ANTIHYPERGLYCEMIC; AMYLIN ANALOG-TYPE		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	M
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	M
ANTIHYPERGLYCEMIC; BIGUANIDE TYPE		
<i>metformin oral solution 500 mg/5 ml</i>	Tier 1	PA; M
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	M
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	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		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	M
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	M
GLIPIZIDE ORAL TABLET 2.5 MG	Tier 1	M; QL
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	M
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	Tier 3	M

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

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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		
<i>diflunisal oral tablet 500 mg</i>	Tier 1	M
<i>salsalate oral tablet 500 mg, 750 mg</i>	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
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	MB	SP
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	MB	SP
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

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	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	
DAYPRO ORAL TABLET 600 MG	Tier 3	M
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	M
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	M
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	M
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 3	M
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	M
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	M
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	M
FENOPROFEN ORAL CAPSULE 200 MG	Tier 3	PA; M
<i>fenoprofen oral capsule 400 mg</i>	Tier 3	PA; M
<i>fenoprofen oral tablet 600 mg</i>	Tier 1	M
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	M
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	M
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	M
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	M
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	M
<i>indomethacin oral suspension 25 mg/5 ml</i>	Tier 1	M
<i>ketoprofen oral capsule 50 mg</i>	Tier 1	M
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	MB	QL
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	MB	QL
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	MB	QL
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	MB	QL
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	M
<i>nabumetone oral tablet 500 mg, 750 mg</i>	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
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	M; QL
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	M
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	M
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	M
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	M
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	M
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	M
<i>tolmetin oral capsule 400 mg</i>	Tier 1	M
NSAIDS;CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	Tier 1	M; QL
<i>celecoxib oral capsule 50 mg</i>	Tier 1	M
OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	PA; QL
OPIOID ANALGESICS		
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	MB	PA
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	PA; QL
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	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
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	PA
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	QL
OPIOID ANTAGONISTS		
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naltrexone oral tablet 50 mg</i>	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		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	M
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	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		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	M; ACA
<i>aspirin childrens oral tablet, chewable 81 mg</i>	Tier 1	M; ACA
<i>aspirin oral tablet, chewable 81 mg</i>	Tier 1	M; ACA
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	M; ACA
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	M; ACA
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	M; ACA
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	Tier 1	M; ACA
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	M; ACA
TOPICAL ANTI-INFLAMMATORY; NSAIDS		

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Drug Name	Drug Tier	Requirements / Limits
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	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	
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	Tier 1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	

ORAL CONTRACEPTIVES & RELATED AGENTS

CONTRACEPTIVES;ORAL

<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	Tier 1	M
<i>after pill oral tablet 1.5 mg</i>	Tier 1	
AFTERA ORAL TABLET 1.5 MG	Tier 1	ACA
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	M
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1	M
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	Tier 1	M
<i>apri oral tablet 0.15-0.03 mg</i>	Tier 1	M; ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	Tier 1	M
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	M

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<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	Tier 1	M
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1	M
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1	M
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	M
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>aviane oral tablet 0.1-20 mg-mcg</i>	Tier 1	M
<i>ayuna oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	M
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	Tier 1	M
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	Tier 3	PA; M
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	M
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Tier 1	M
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	Tier 1	M
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	M
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1	M
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	Tier 1	M
<i>curae oral tablet 1.5 mg</i>	Tier 1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	M
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	M
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	M
<i>dolishale oral tablet 90-20 mcg (28)</i>	Tier 1	M
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	Tier 1	M
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 1	M
<i>econtra ez oral tablet 1.5 mg</i>	Tier 1	ACA
<i>econtra one-step oral tablet 1.5 mg</i>	Tier 1	ACA
<i>elinest oral tablet 0.3-30 mg-mcg</i>	Tier 1	M
ELLA ORAL TABLET 30 MG	Tier 2	ACA; QL
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	M; ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	Tier 1	M
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 1	M
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	Tier 1	M
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1	M
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	M
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	M
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>hailey oral tablet 1.5-30 mg-mcg</i>	Tier 1	M
<i>her style oral tablet 1.5 mg</i>	Tier 1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 1	M
<i>isibloom oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	M
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	Tier 1	M

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<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 1	M
<i>juleber oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1	M
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1	M
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	M; ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	M; ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	M; ACA
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1	M
<i>kalliga oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	M; ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	M
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	Tier 1	M
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	M
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1	M
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1	M
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	M
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1	M
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	Tier 1	M
<i>lessina oral tablet 0.1-20 mg-mcg</i>	Tier 1	M
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	M
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	Tier 1	M
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 1	M
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	M
<i>levora-28 oral tablet 0.15-0.03 mg</i>	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
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	Tier 1	M
<i>loryna (28) oral tablet 3-0.02 mg</i>	Tier 1	M
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	Tier 1	M; ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	Tier 1	M
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	Tier 1	M
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	M
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1	M
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1	M
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1	M
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>mili oral tablet 0.25-35 mg-mcg</i>	Tier 1	M
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	Tier 1	M
<i>my choice oral tablet 1.5 mg</i>	Tier 1	ACA
<i>my way oral tablet 1.5 mg</i>	Tier 1	ACA

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Drug Name	Drug Tier	Requirements / Limits
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 2	M; ACA
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	Tier 1	M
<i>new day oral tablet 1.5 mg</i>	Tier 1	ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	Tier 3	M
<i>nikki (28) oral tablet 3-0.02 mg</i>	Tier 1	M
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1	M
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	M
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	M
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	M
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1	M
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	Tier 1	M
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	Tier 1	M
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	Tier 1	M
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	M
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1	M
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	M
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1	M
<i>ocella oral tablet 3-0.03 mg</i>	Tier 1	M
<i>opcicon one-step oral tablet 1.5 mg</i>	Tier 1	ACA
<i>option-2 oral tablet 1.5 mg</i>	Tier 1	ACA
<i>philith oral tablet 0.4-35 mg-mcg</i>	Tier 1	M
<i>pimtrex (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	M
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Tier 3	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	Tier 1	M
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	Tier 1	M

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<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	Tier 1	M
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 3	M
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 1	M
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	M
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	M
SLYND ORAL TABLET 4 MG (28)	Tier 3	M
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	Tier 1	M; ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	Tier 1	M
<i>syeda oral tablet 3-0.03 mg</i>	Tier 1	M
TAKE ACTION ORAL TABLET 1.5 MG	Tier 1	ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	M
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	M
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 3	M
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	Tier 1	M
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	M
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	Tier 1	M
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	M
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	M
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	M
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	M
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	M
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	M
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	M; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	M
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	M
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	M
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	Tier 1	M
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	Tier 3	M
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	Tier 1	M; ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	Tier 1	M
<i>vienva oral tablet 0.1-20 mg-mcg</i>	Tier 1	M
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	M
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	M
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	Tier 1	M
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	Tier 1	M
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	Tier 1	M
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	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
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	M
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	Tier 1	M

ORAL DRUGS FOR GLAUCOMA

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	M
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	M
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	M

OSTEOPOROSIS THERAPY

BONE FORMATION AGENTS - SCLEROSTIN INHIBITOR; MONO

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Drug Name	Drug Tier	Requirements / Limits
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
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	M; QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	M; QL
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	Tier 3	M; QL
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 3	M; QL
EVISTA ORAL TABLET 60 MG	Tier 3	M
FOSAMAX ORAL TABLET 70 MG	Tier 3	M; QL
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	MB	SP
<i>ibandronate oral tablet 150 mg</i>	Tier 1	M; QL
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	MB	PA; SP
<i>raloxifene oral tablet 60 mg</i>	Tier 1	M
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	Tier 1	M; QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	Tier 1	M; QL
OTHER GLAUCOMA DRUGS		
MIIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	Tier 3	M
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	M; QL
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 %	Tier 1	M
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	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
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	M
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	M
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	M; QL
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	M; QL
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	M
<i>miostat intraocular solution 0.01 %</i>	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
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 1	M
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	Tier 3	ST; M; QL
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	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

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Drug Name	Drug Tier	Requirements / Limits
CUPRIMINE ORAL CAPSULE 250 MG	Tier 3	M
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 3	M
<i>penicillamine oral capsule 250 mg</i>	Tier 1	M
ANTI-ARTHRITIC; FOLATE ANTAGONIST AGENTS		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 3	PA; M
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	Tier 2	PA; SP; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 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
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

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Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 2	PA; SP; QL
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 2	PA; SP; QL
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	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
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
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	M; QL

ANTI-INFLAMMATORY;PHOSPHODIESTERASE-4(PDE4) INHIB.

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

ANTINFLAMMATORY; SEL.COSTIM.MOD.;T-CELL INHIBITOR

ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	MB	PA; SP
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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
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IMMUNOMODULATOR;B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB

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Drug Name	Drug Tier	Requirements / Limits
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
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	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
OTIC PREPARATIONS;ANTI-INFLAMMATORY-ANTIBIOTICS		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	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	

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Drug Name	Drug Tier	Requirements / Limits
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL
PENICILLINS		
PENICILLIN ANTIBIOTICS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>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</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	MB	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	MB	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	MB	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	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	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	MB	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	MB	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	MB	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	MB	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	MB	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	MB	
<i>penicillin g sodium injection recon soln 5 million unit</i>	MB	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	MB	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	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

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Drug Name	Drug Tier	Requirements / Limits
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 3	M; QL
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	M; QL
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 1	M; QL
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1	M
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	M
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 2	M; QL
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	M; QL
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	M; QL
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	M; QL
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	M; QL
<i>methamphetamine oral tablet 5 mg</i>	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
<i>procentra oral solution 5 mg/5 ml</i>	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		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	M
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	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

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Drug Name	Drug Tier	Requirements / Limits
ANTI-ANXIETY - BENZODIAZEPINES		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 3	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam injection solution 5 mg/ml</i>	MB	
<i>diazepam injection syringe 5 mg/ml</i>	MB	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 3	
ANTI-ANXIETY DRUGS		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	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

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Drug Name	Drug Tier	Requirements / Limits
ANTIPSYCH;DOPAMINE ANTAG.;DIPHENYLBUTYLPIPERIDINES		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	M
ANTIPSYCHOTIC;ATYPICAL;DOPAMINE;SEROTONIN ANTAGNST		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	M
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST; M
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	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 ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(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
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	M
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	M
<i>olanzapine intramuscular recon soln 10 mg</i>	MB	

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Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	M
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	M
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1	ST; M
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	MB	M; QL
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	M
QUETIAPINE ORAL TABLET 150 MG	Tier 1	M
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	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
<i>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</i>	MB	M
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	M
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	M
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	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

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Drug Name	Drug Tier	Requirements / Limits
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
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	M
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	MB	
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	MB	PA
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Tier 3	M
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	MB	M
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	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
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	M
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	M
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
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		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	M
ANTIPSYCHOTICS;DOPAMINE ANTAGONISTS; THIOXANTHENES		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	M
ANTIPSYCHOTICS;DOPAMINE ANTAGONISTS;BUTYROPHENONES		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	MB	M
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	MB	M
<i>haloperidol lactate injection solution 5 mg/ml</i>	MB	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	MB	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	M
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	M
ANTIPSYCHOTICS;DOPAMINE ANTAGONST;DIHYDROINDOLONES		
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	Tier 1	M
ANTIPSYCHOTICS;PHENOTHIAZINES		
<i>chlorpromazine injection solution 25 mg/ml</i>	MB	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	MB	M
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	MB	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	M
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	M
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	M
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	M
BIPOLAR DISORDER DRUGS		
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	M
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	M
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	M
<i>lithium citrate oral solution 8 meq/5 ml</i>	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
<i>ramelteon oral tablet 8 mg</i>	Tier 1	
<i>tasimelteon oral capsule 20 mg</i>	Tier 4	PA; SP
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) TX AGENTS		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 4	PA; SP; LA; QL
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
<i>phenelzine oral tablet 15 mg</i>	Tier 1	M
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	M
MENOPAUSAL SYMPTOMS SUPPRESSANT - SSRIS		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 3	M; QL
MONOAMINE OXIDASE (MAO) INHIBITOR ANTIDEPRESSANTS		

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	M; QL
<i>modafinil oral tablet 100 mg, 200 mg</i>	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
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	M
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	M
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 1	M
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	M
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 3	M; QL
SEDATIVE-HYPNOTICS - BENZODIAZEPINES		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	MB	PA
DORAL ORAL TABLET 15 MG	Tier 3	PA
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG	Tier 3	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	MB	
<i>lorazepam injection syringe 2 mg/ml</i>	MB	
QUAZEPAM ORAL TABLET 15 MG	Tier 1	PA
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Tier 3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
SEDATIVE-HYPNOTICS;NON-BARBITURATE		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	QL
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 1	QL
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	PA
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	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
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	M
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	M
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	M
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	M
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	M
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	Tier 1	M
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	M
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	M
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	Tier 1	M; QL
<i>fluvoxamine oral tablet 100 mg, 50 mg</i>	Tier 1	M; QL
<i>fluvoxamine oral tablet 25 mg</i>	Tier 1	M
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 1	M
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	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
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	M
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	M
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Tier 3	M
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)		
<i>nefazodone oral tablet 100 mg, 50 mg</i>	Tier 1	M; QL
<i>nefazodone oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	M
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	M
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)		
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	Tier 3	M
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	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
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	M; QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	M
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	M
SSRI AND 5HT1A PARTIAL AGONIST ANTIDEPRESSANTS		

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Drug Name	Drug Tier	Requirements / Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	M
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	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		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	M
SYMBYAX ORAL CAPSULE 6-25 MG	Tier 3	M
TRICYCLIC ANTIDEPRESSANT-BENZODIAZEPINE COMBINATNS		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	M
TRICYCLIC ANTIDEPRESSANT-PHENOTHIAZINE COMBINATNS		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	M
TRICYCLIC ANTIDEPRESSANTS;REL.NON-SEL.REUPT-INHIB		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	M
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	M
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Tier 3	M
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	M
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	M
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	M
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	M
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	M
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	M
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	M
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	M
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Tier 3	M

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Drug Name	Drug Tier	Requirements / Limits
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	M
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	M
TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	M
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	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		
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
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	M; QL
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	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
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	ST; M; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	M; QL
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	M; QL
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	M; QL
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	M; QL
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 1	M; QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	Tier 1	M; QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	Tier 1	M; QL
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	M; QL
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	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 LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 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		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	M; QL
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 2	M; QL
VASODILATORS;PERIPHERAL		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	M
PULMONARY AGENTS		
5-LIPOXYGENASE INHIBITORS		
ZYFLO ORAL TABLET 600 MG	Tier 3	PA; M

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Drug Name	Drug Tier	Requirements / Limits
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
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	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
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	M
ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS		
ESBRIET ORAL CAPSULE 267 MG	Tier 4	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 4	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	Tier 4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 4	PA; SP
PIRFENIDONE ORAL TABLET 534 MG	Tier 4	PA; SP; LA
BETA-ADRENERGIC AGENTS; INHALED; SHORT ACTING		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	M
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>	Tier 1	M; QL
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	Tier 1	M
<i>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</i>	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

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	PA; M
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 3	PA; M
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	M; QL
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 3	M; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	M
BETA-ADRENERGIC AGENTS		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	M
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	M
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	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
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	M; QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	M
BETA-ADRENERGIC AND GLUCOCORTICOID COMBO; INHALED		
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 3	M
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 3	M

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Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	Tier 3	M
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1	M
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	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
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	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
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	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
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 1	PA; SP
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	Tier 1	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
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.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4	PA; SP
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	
<i>nebusal inhalation solution for nebulization 3 %</i>	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 2	

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Drug Name	Drug Tier	Requirements / Limits
<i>pulmosal inhalation solution for nebulization 7 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
GLUCOCORTICOIDS; ORALLY INHALED		
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	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
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
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	M
<i>montelukast oral tablet 10 mg</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	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
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	M
MAST CELL STABILIZERS; ORALLY INHALED		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	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
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		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA; SP
NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB.		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	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		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 1	M
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	Tier 1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	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
<i>roflumilast oral tablet 250 mcg</i>	Tier 1	M; QL
<i>roflumilast oral tablet 500 mcg</i>	Tier 1	M
PLASMA KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	MB	PA; SP
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
<i>alyq oral tablet 20 mg</i>	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
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	MB	PA; SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA; SP; QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 1	PA; SP
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
PULMONARY ANTI-HTN; ENDOTHELIN RECEPTOR ANTAGONIST		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1	PA; SP; QL
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 2	PA; SP
PULMONARY ANTIHYPERTENSIVES; PROSTACYCLIN-TYPE		
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; QL
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 20 MCG/ML	Tier 2	PA; 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		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 1	M
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	M

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Drug Name	Drug Tier	Requirements / Limits
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	M
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	M
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	M
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	M

QUINOLONES

QUINOLONE ANTIBIOTICS

AVELOX IN NAACL (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	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	MB	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	MB	
<i>levofloxacin intravenous solution 25 mg/ml</i>	MB	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	MB	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	MB	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	

SMOKING DETERRENENTS

SMOKING DETERRENT AGENTS (GANGLIONIC STIM;OTHERS)

NICORETTE BUCCAL GUM 2 MG	Tier 3	AR
<i>nicorette buccal gum 4 mg</i>	Tier 3	AR; ACA
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 1	AR; ACA
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 1	AR; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 1	AR; ACA
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Tier 1	AR; ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 3	AR; ACA
<i>quit 2 buccal gum 2 mg</i>	Tier 1	AR; ACA
<i>quit 2 buccal lozenge 2 mg</i>	Tier 1	AR; ACA
<i>quit 4 buccal gum 4 mg</i>	Tier 1	AR; ACA
<i>quit 4 buccal lozenge 4 mg</i>	Tier 1	AR; ACA
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST		
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 1	AR; ACA
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	Tier 1	AR; ACA
SMOKING DETERRENTS; OTHER		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	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	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Tier 3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	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	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	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) DROPS,SUSPENSION 0.5 %	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %</i>	Tier 1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	MB	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	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

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

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Drug Name	Drug Tier	Requirements / Limits
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	Tier 3	M; QL
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	Tier 1	M; QL
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	M
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
TETRACYCLINES		
PERIODONTAL COLLAGENASE INHIBITORS		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
TETRACYCLINE ANTIBIOTICS		
<i>avidoxy oral tablet 100 mg</i>	Tier 1	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	Tier 3	PA; QL
<i>doxy-100 intravenous recon soln 100 mg</i>	MB	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	MB	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	PA
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase 40 mg</i>	Tier 3	PA
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	MB	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>mondoxyne nl oral capsule 100 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
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
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	MB	PA

OTHER 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	
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	

ACNE AGENTS;TOPICAL

ACZONE TOPICAL GEL 5 %	Tier 3	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Tier 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 %	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 3	
<i>dapsone topical gel with pump 7.5 %</i>	Tier 1	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	Tier 1	

ANTIPSORIATICS AGENTS

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Drug Name	Drug Tier	Requirements / Limits
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	
ROSACEA AGENTS; TOPICAL		
<i>azelaic acid topical gel 15 %</i>	Tier 1	
<i>brimonidine topical gel with pump 0.33 %</i>	Tier 1	
FINACEA TOPICAL FOAM 15 %	Tier 3	
<i>ivermectin topical cream 1 %</i>	Tier 1	PA
METROCREAM TOPICAL CREAM 0.75 %	Tier 3	
METROGEL TOPICAL GEL 1 %	Tier 3	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL
<i>metronidazole topical gel 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	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	
<i>clindacin etz topical swab 1 %</i>	Tier 1	
<i>clindacin p topical swab 1 %</i>	Tier 1	
<i>clindacin topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
<i>ery pads topical swab 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
VITAMIN A DERIVATIVES		
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i>	Tier 1	
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
THYROID HORMONES		
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	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
<i>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</i>	Tier 1	M
<i>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</i>	Tier 1	M
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
<i>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</i>	Tier 1	M
<i>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</i>	Tier 1	M
<i>liothyronine intravenous solution 10 mcg/ml</i>	MB	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	M
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 2	M
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	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
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	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
<i>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</i>	Tier 1	M

TOPICAL ANESTHETICS

LOCAL ANESTHETICS

<i>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 %)</i>	MB	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	MB	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine viscous mucous membrane solution 2 %</i>	Tier 1	

TOPICAL LOCAL ANESTHETICS

<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	Tier 1	
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	Tier 1	
<i>lidocan v topical adhesive patch,medicated 5 %</i>	Tier 1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	Tier 2	

TOPICAL ANTIBACTERIALS

ACNE AGENTS;TOPICAL

KLARON TOPICAL SUSPENSION 10 %	Tier 3	PA
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	

TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID

NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	
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TOPICAL ANTIBIOTICS

<i>gentamicin topical cream 0.1 %</i>	Tier 1	
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	
<i>mupirocin topical ointment 2 %</i>	Tier 1	

TOPICAL SULFONAMIDES

SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
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TOPICAL ANTIFUNGALS

TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY;STEROID AGENT

<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	

TOPICAL ANTIFUNGALS

<i>ciclodan topical solution 8 %</i>	Tier 1	
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	QL
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i>	Tier 1	
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole nitrate topical cream 1 %</i>	Tier 1	
ECOZA TOPICAL FOAM 1 %	Tier 3	
ERTACZO TOPICAL CREAM 2 %	Tier 3	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 3	PA
<i>ketoconazole topical cream 2 %</i>	Tier 1	
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	
<i>klayesta topical powder 100,000 unit/gram</i>	Tier 1	
LUZU TOPICAL CREAM 1 %	Tier 3	PA
<i>naftifine topical cream 1 %, 2 %</i>	Tier 1	
NAFTIN TOPICAL GEL 2 %	Tier 3	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
<i>nystop topical powder 100,000 unit/gram</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL
OXISTAT TOPICAL LOTION 1 %	Tier 3	
<i>tavaborole topical solution with applicator 5 %</i>	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
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TOPICAL ANTIVIRALS

<i>acyclovir topical ointment 5 %</i>	Tier 1	QL
<i>penciclovir topical cream 1 %</i>	Tier 1	PA

TOPICAL CORTICOSTEROIDS

ANTIPSORIATICS AGENTS

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Drug Name	Drug Tier	Requirements / Limits
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	QL
TOPICAL ANTI-INFLAMMATORY STEROIDAL		
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	QL
<i>apexicon e topical cream 0.05 %</i>	Tier 3	PA
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	QL
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
BRYHALI TOPICAL LOTION 0.01 %	Tier 3	QL
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i>	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i>	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	QL
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 1	
CLOBEX TOPICAL SHAMPOO 0.05 %	Tier 3	
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	Tier 3	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clodan topical shampoo 0.05 %</i>	Tier 1	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	PA
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 %	Tier 3	
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 %	Tier 3	
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
DESOWEN TOPICAL CREAM 0.05 %	Tier 3	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	QL
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	QL
<i>desoximetasone topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.25 %</i>	Tier 1	QL
<i>diflorasone topical cream 0.05 %</i>	Tier 1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	Tier 3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i>	Tier 1	QL
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
<i>fluocinonide-e topical cream 0.05 %</i>	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1	PA
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
HALOG TOPICAL CREAM 0.1 %	Tier 3	QL
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	QL
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	
IMPOYZ TOPICAL CREAM 0.025 %	Tier 3	QL
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Tier 3	
LOCOID TOPICAL LOTION 0.1 %	Tier 3	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	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	
TOPICORT TOPICAL OINTMENT 0.25 %	Tier 3	QL
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	Tier 3	QL
<i>tovet emollient topical foam 0.05 %</i>	Tier 1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triderm topical cream 0.5 %</i>	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		
<i>crotan topical lotion 10 %</i>	Tier 3	PA
<i>malathion topical lotion 0.5 %</i>	Tier 1	
NATROBA TOPICAL SUSPENSION 0.9 %	Tier 3	
OVIDE TOPICAL LOTION 0.5 %	Tier 3	
<i>permethrin topical cream 5 %</i>	Tier 1	QL
<i>spinosad topical suspension 0.9 %</i>	Tier 1	
ULCER THERAPY		
ANTI-ULCER PREPARATIONS		
CARAFATE ORAL SUSPENSION 100 MG/ML	Tier 3	M
CARAFATE ORAL TABLET 1 GRAM	Tier 3	M
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Tier 3	M
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	M
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	M
<i>sucralfate oral tablet 1 gram</i>	Tier 1	M
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		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	M
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	MB	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	MB	

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Drug Name	Drug Tier	Requirements / Limits
<i>famotidine intravenous solution 10 mg/ml</i>	MB	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	M
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	M
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	M
PROTON-PUMP INHIBITORS		
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	Tier 1	PA; M
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	MB	PA
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	Tier 1	M
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 3	PA; M
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	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	
<i>pantoprazole intravenous recon soln 40 mg</i>	MB	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	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
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 1	M
URINARY TRACT AGENTS		
ANTIBIOTIC; ANTIBACTERIAL; MISC.		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	QL
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS		
MACROBID ORAL CAPSULE 100 MG	Tier 3	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	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
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

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Drug Name	Drug Tier	Requirements / Limits
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 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 2	ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 2	ACA
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 2	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 2	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Tier 2	ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 2	ACA
ENTERIC VIRUS VACCINES		
IPOX INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 2	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 2	ACA

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Drug Name	Drug Tier	Requirements / Limits
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
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
IMMUNOSUPPRESSIVES		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	MB	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	MB	
INFLUENZA VIRUS VACCINES		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL

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Drug Name	Drug Tier	Requirements / Limits
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 2	ACA; QL
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 2	ACA; QL
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 2	ACA; QL
NEUROMUSCULAR BLOCKING AGENTS		
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

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Drug Name	Drug Tier	Requirements / Limits
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
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
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	Tier 2	
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

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Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
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
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VANCOMYCIN ANTIBIOTICS AND DERIVATIVES

FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	Tier 3	
VANCOGIN 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	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/250 ml</i>	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	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	MB	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 1	
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	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

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Drug Name	Drug Tier	Requirements / Limits
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
MYDRIATICS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
VITAMINS & HEMATINICS		
FLUORIDE PREPARATIONS		
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 1	AR; M; ACA
<i>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)</i>	Tier 1	AR; M; ACA
FOLIC ACID PREPARATIONS		
<i>folic acid injection solution 5 mg/ml</i>	MB	
<i>folic acid oral tablet 1 mg</i>	Tier 1	M
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 1	M; ACA
IRON REPLACEMENT		
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	MB	
<i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	MB	
<i>folitab oral tablet extended release 105 mg iron-500 mg-800 mcg</i>	Tier 1	ACA
INFED INJECTION SOLUTION 50 MG/ML	MB	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML	MB	PA
<i>tricon oral capsule 110-0.5 mg</i>	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		
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	Tier 1	M
PEDIATRIC VITAMIN PREPARATIONS		
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	AR; M; ACA
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 1	AR; M; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 1	AR; M; ACA
PRENATAL VITAMIN PREPARATIONS		
<i>classic prenatal oral tablet 28 mg iron- 800 mcg</i>	Tier 1	M; ACA
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	Tier 2	M
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	Tier 2	M
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	Tier 1	M; ACA
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	Tier 1	M; ACA
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i>	Tier 1	M; ACA
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	Tier 1	M; ACA
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	Tier 1	M; ACA
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	Tier 1	M; ACA
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	Tier 2	M
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	Tier 2	M
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	Tier 1	M; ACA
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	Tier 1	M; ACA
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	Tier 1	M; ACA
<i>se-natal 19 oral tablet 29 mg iron- 1 mg</i>	Tier 1	M
<i>trinate oral tablet 28 mg iron- 1 mg</i>	Tier 1	M
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	Tier 2	M
VITAMIN B PREPARATIONS		
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	Tier 1	M; ACA
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	Tier 1	ACA
<i>balanced b-100 oral tablet 0.4 mg</i>	Tier 1	M; ACA
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	Tier 1	ACA
<i>dialyvite 800 oral tablet 0.8 mg</i>	Tier 1	M; ACA
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	Tier 1	M; ACA

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
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	Tier 1	M; ACA
<i>kobee oral tablet 0.4 mg</i>	Tier 1	M; ACA
<i>rena-vite oral tablet 0.8 mg</i>	Tier 1	M; ACA
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	Tier 1	ACA
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	Tier 1	ACA
<i>super b maxi complex oral tablet 0.4 mg</i>	Tier 1	M; ACA
<i>super b-50 complex oral capsule 400 mcg-20 mg-50 mg</i>	Tier 1	ACA
<i>super quintis oral tablet 0.4 mg</i>	Tier 1	M; ACA
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	Tier 1	M; ACA
VITAMIN B12 PREPARATIONS		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	M
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	Tier 3	PA; M
<i>dodex injection solution 1,000 mcg/ml</i>	Tier 1	M
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	MB	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	Tier 3	PA; M
VITAMIN D PREPARATIONS		
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	M

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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