



UNIVERSITY OF MICHIGAN HEALTH PLAN
UNIVERSITY OF MICHIGAN HEALTH

6-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 1A

Medications on Tier 1A will have the lowest member cost share. Most medications on this tier are adherence generic medications and select brand name medications.

Tier 1B

Tier 1B Medications are generic traditional medications and select generic specialty medications.

Tier 2

Tier 2 medications are preferred branded traditional. 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.

Tier 4

Tier 4 medications are preferred specialty and generic specialty medications.

Tier 5

Tier 5 medications are non-preferred specialty medications. Tier 5 medications will have the highest member cost share.

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.

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.

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 Physicians 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 B.

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
ALTUVIIIO	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

Table of Contents

ADJUNCTIVE AGENTS	4
ADRENAL HORMONES	4
ANOREXIANTS	6
ANTIARRHYTHMIC AGENTS	7
ANTIBIOTICS	8
ANTICHOLINERGICS & ANTISPASMODICS	9
ANTICONVULSANTS	10
ANTIDIARRHEALS & ANTISPASMODICS	17
ANTIFUNGAL AGENTS	18
ANTIHISTAMINE & ANTIALLERGENIC AGENTS	20
ANTIHYPERTENSIVE THERAPY	21
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	30
ANTIPARKINSONISM AGENTS	51
ANTIPSORIATIC / ANTISEBORRHEIC	53
ANTITHYROID AGENTS	55
ANTIVIRALS	55
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY	60
BETA-BLOCKERS	61
BIOTECHNOLOGY DRUGS	62
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES	63
BURN THERAPY	69
CARDIAC GLYCOSIDES	69
CEPHALOSPORINS	69
CHOLINERGIC STIMULANTS	71
CHOLINESTERASE INHIBITOR MIOTICS	71
COAGULATION THERAPY	71
COUGH & COLD THERAPY	78
CYCLOPLEGIC MYDRIATICS	78
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT	79
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES	79
DIRECT ACTING MIOTICS	80
ELECTROLYTES	80
ERYTHROMYCINS & OTHER MACROLIDES	82
ESTROGENS & PROGESTINS	83
GLUCOSE ELEVATING AGENTS	87

GOUT THERAPY	87
GROWTH HORMONES	88
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU	88
INSULIN THERAPY	89
INTERFERONS	90
INTERLEUKINS	90
IRRIGATING SOLUTIONS	91
LIPID/CHOLESTEROL LOWERING AGENTS.....	91
MIGRAINE & CLUSTER HEADACHE THERAPY.....	94
MISCELLANEOUS AGENTS	96
MISCELLANEOUS ANTIINFECTIVES	102
MISCELLANEOUS CARDIOVASCULAR AGENTS.....	107
MISCELLANEOUS DERMATOLOGICALS.....	107
MISCELLANEOUS GASTROINTESTINAL AGENTS.....	109
MISCELLANEOUS HORMONES.....	116
MISCELLANEOUS NEUROLOGICAL THERAPY.....	120
MISCELLANEOUS OB/GYN.....	123
MISCELLANEOUS OPHTHALMOLOGICS	125
MISCELLANEOUS OTIC PREPARATIONS	126
MISCELLANEOUS UROLOGICALS.....	127
MULTIPLE SCLEROSIS AGENTS.....	128
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY	129
NARCOTIC ANALGESICS	130
NITRATES	135
NON-INSULIN HYPOGLYCEMIC AGENTS	136
NON-NARCOTIC ANALGESICS.....	138
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS.....	142
ORAL CONTRACEPTIVES & RELATED AGENTS.....	143
ORAL DRUGS FOR GLAUCOMA.....	150
OSTEOPOROSIS THERAPY.....	150
OTHER GLAUCOMA DRUGS	151
OTHER RHEUMATOLOGICALS	152
OTIC STEROID / ANTIBIOTIC.....	155
OXYTOCICS.....	155
PENICILLINS.....	155
PSYCHOTHERAPEUTIC DRUGS.....	157
PULMONARY AGENTS.....	170
QUINOLONES.....	178

SMOKING DETERRENTS	179
STEROID-ANTIBIOTIC COMBINATIONS	180
STERIODS	180
STERIOD-SULFONAMIDE COMBINATIONS	181
SULFA'S & RELATED AGENTS	182
SULFONAMIDES	182
SYMPATHOMIMETICS	182
TETRACYCLINES	182
THERAPY FOR ACNE	183
THYROID HORMONES	185
TOPICAL ANESTHETICS	187
TOPICAL ANTIBACTERIALS	187
TOPICAL ANTIFUNGALS	188
TOPICAL ANTIVIRALS	189
TOPICAL CORTICOSTEROIDS	189
TOPICAL ENZYMES	192
TOPICAL SCABICIDES / PEDICULICIDES	192
ULCER THERAPY	193
URINARY TRACT AGENTS	194
VACCINES & MISCELLANEOUS IMMUNOLOGICALS	194
VANCOMYCIN	201
VASOCONSTRICTOR DECONGESTANTS	201
VITAMINS & HEMATINICS	201
Index	205

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 1B	
<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 5	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 5	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 5	PA; SP; LA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 5	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 1B	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1B	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1A	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1A	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 1B	
<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 1B	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	Tier 1B	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 5	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 5	PA; SP
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1A	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 1B	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1B	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	Tier 3	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1A	
<i>prednisolone oral tablet 5 mg</i>	Tier 1B	
<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 1A	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 1B	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	Tier 1B	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1A	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1A	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1B	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS)	Tier 1B	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	MB	
MINERALOCORTICOIDS		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1B	M
ANOREXIANTS		
ANTI-OBESITY - ANOREXIC AGENTS		
ADIPEX-P ORAL TABLET 37.5 MG	Tier 3	QL
<i>benzphetamine oral tablet 50 mg</i>	Tier 1B	
<i>diethylpropion oral tablet 25 mg</i>	Tier 1B	
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1B	
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1B	QL
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1B	
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1B	
<i>phentermine oral tablet 37.5 mg</i>	Tier 1B	

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
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 5	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 INHIBITORS		
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 1A	M
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1B	M
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 2	M
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1B	M
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1B	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>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1A	M
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1B	M
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1B	M
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1B	M
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	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 1A	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 1B	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1B	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 3	PA
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1B	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1B	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1B	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1B	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1B	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1B	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1B	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1B	

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	Tier 1B	M
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1B	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 1B	M; QL
<i>tropium oral tablet 20 mg</i>	Tier 1B	M; QL
URINARY TRACT ANTISPASMODIC; M(3) SELECTIVE ANTAG.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1B	M; QL
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1B	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 1B	PA; M
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1B	PA; M
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1B	M
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1B	M
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1B	
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 5	PA; SP

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
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 1B	M
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1B	M
<i>carbamazepine oral tablet 200 mg</i>	Tier 1B	M
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1B	M
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1B	M
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	Tier 1B	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 5	ST; SP; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 5	ST; SP; LA

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
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 1B	M
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1A	M
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1A	M
<i>epitol oral tablet 200 mg</i>	Tier 1B	M
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	M
<i>ethosuximide oral capsule 250 mg</i>	Tier 1B	M
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1B	M
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1B	M
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1B	M
FELBATOL ORAL TABLET 400 MG, 600 MG	Tier 3	M
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4	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 1A	M
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	Tier 1B	M
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1A	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

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>lacosamide intravenous solution 200 mg/20 ml</i>	MB	PA
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1B	AR; M; QL
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1B	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	

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>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1A	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 1B	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1B	M
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1B	M
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1B	M
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1B	
<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 1A	M
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1A	M
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1B	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 1B	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 1B	M
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1A	M
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	Tier 3	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1A	M
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1B	M
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1B	M
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1A	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 1B	M; QL
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1B	M
PRIMIDONE ORAL TABLET 125 MG	Tier 1B	M
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1B	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 1A	M
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 1B	M
SABRIL ORAL POWDER IN PACKET 500 MG	Tier 5	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 1A	M
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	Tier 1B	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	Tier 1B	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	Tier 1B	
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 1B	M
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1A	M
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<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 1A	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 1A	M
<i>valproic acid oral capsule 250 mg</i>	Tier 1A	M
<i>vigabatrin oral tablet 500 mg</i>	Tier 4	PA; SP
<i>vigadrone oral tablet 500 mg</i>	Tier 4	PA; SP; LA
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 5	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 1B	AR; M
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1A	M

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

Drug Name	Drug Tier	Requirements / Limits
BARBITURATES		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1B	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 1B	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 1B	M
POSTHERPETIC NEURALGIA AGENTS		
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Tier 1B	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 1B	M
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1B	M
<i>dicyclomine oral tablet 20 mg</i>	Tier 1B	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 1B	M
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1B	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 5	PA; SP

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
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1B	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1B	
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 1B	M
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1B	M
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1B	M
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1B	M
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	Tier 1B	M
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1B	M
<i>hyosyne oral drops 0.125 mg/ml</i>	Tier 1B	M
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	Tier 1B	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 1B	
<i>methscopolamine oral tablet 5 mg</i>	Tier 1B	M
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	Tier 1B	M
<i>oscimin oral tablet 0.125 mg</i>	Tier 1B	M
<i>oscimin sl sublingual tablet 0.125 mg</i>	Tier 1B	M
ANTIFUNGAL AGENTS		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Tier 3	

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>clotrimazole mucous membrane troche 10 mg</i>	Tier 1B	
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 1B	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1B	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1B	
<i>itraconazole oral capsule 100 mg</i>	Tier 1B	QL
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1B	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1B	
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 1B	
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 5	PA; SP; LA

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>voriconazole intravenous recon soln 200 mg</i>	MB	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1B	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1B	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 1B	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1B	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1B	
<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 1B	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1B	

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 1B	QL
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1B	QL

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
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 1B	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1B	
ANTIHISTAMINES - 1ST GENERATION		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1B	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1B	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1B	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1B	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1B	
<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 1B	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1B	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1B	
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 1B	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1B	
ANTHYPERTENSIVE THERAPY		
ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION		

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>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 1A	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 1B	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 1B	M
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1B	M
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1A	M
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1B	M
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1A	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 1B	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 1A	M
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1B	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 1A	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	M
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 1B	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1B	M
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1B	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 1B	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 1B	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 1B	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 1A	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1A	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 1B	M; QL
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1B	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 1A	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 1B	M
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1B	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 1B	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 1A	M
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1B	M
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1B	AR; M
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1A	M
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1A	M
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1A	M
LOTENSIN ORAL TABLET 20 MG, 40 MG	Tier 3	M
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1B	M
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1B	M
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	PA; M

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

Drug Name	Drug Tier	Requirements / Limits
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1A	M
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1A	M
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1B	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 1B	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 1A	M
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1A	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 1B	M; QL
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1B	M
VALSARTAN ORAL SOLUTION 4 MG/ML	Tier 1B	PA; M
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1B	M

ANTIHYPERTENSIVES; MISCELLANEOUS

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

ANTIHYPERTENSIVES; SYMPATHOLYTIC

CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	Tier 3	M; QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	Tier 3	M; QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	Tier 3	M; QL

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>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1A	M
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1B	M; QL
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1B	M
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1B	M
ANTIHYPERTENSIVES; VASODILATORS		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1B	M
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1B	M
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1B	M
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1A	M
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1B	M
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1A	M
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 3	M
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 5	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 1A	M
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1A	M
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1B	M
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1B	M
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1B	M
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1B	M
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1A	M
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1A	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 1B	M

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1B	M
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1B	M
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1B	M
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1B	M
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1B	M
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1B	M
<i>nimodipine oral capsule 30 mg</i>	Tier 1B	
<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 1B	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 1B	M
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1B	M
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1B	M
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1A	M
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1B	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 1A	M
EDECRIN ORAL TABLET 25 MG	Tier 3	PA; M

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

Drug Name	Drug Tier	Requirements / Limits
<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 1B	M
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1A	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 1A	M
POTASSIUM SPARING DIURETICS IN COMBINATION		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1A	M
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1B	M
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1A	M
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1A	M
POTASSIUM SPARING DIURETICS		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	M
<i>amiloride oral tablet 5 mg</i>	Tier 1A	M
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 3	PA; M
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1B	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 1B	AR; M
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1A	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 5	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 5	PA; SP

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
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	Tier 5	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	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 5	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 5	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 1B	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 1A	M
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	M
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1A	M
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1A	M
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1A	M
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1B	M
VASODILATORS; COMBINATION		
BIDIL ORAL TABLET 20-37.5 MG	Tier 3	M
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1B	M
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	SP
TARGETIN ORAL CAPSULE 75 MG	Tier 5	PA; SP

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
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 5	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	MB	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP

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
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; SP
ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR		
XERMELO ORAL TABLET 250 MG	Tier 5	PA; SP; LA
ANTILEPTICS		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4	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 5	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	

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
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML, 200 MG/ML, 500 MG/ML	MB	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1B	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	MB	PA; SP; LA
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML	Tier 4	
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 1B	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>kemoplatt 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 4	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

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
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 4	PA; SP; GENDER
<i>abiraterone oral tablet 500 mg</i>	Tier 5	PA; SP; GENDER
<i>bicalutamide oral tablet 50 mg</i>	Tier 1B	M
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 4	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 4	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA; SP
YONSA ORAL TABLET 125 MG	Tier 4	PA; SP; GENDER
ZYTIGA ORAL TABLET 500 MG	Tier 5	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 4	SP
<i>cladribine intravenous solution 10 mg/10 ml</i>	MB	
<i>clofarabine intravenous solution 1 mg/ml</i>	MB	PA

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>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 5	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	M
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1B	M
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1B	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1B	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1B	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1A	M
NIPENT INTRAVENOUS RECON SOLN 10 MG	MB	PA
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5	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

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
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 5	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 5	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 1B	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 1B	M
FEMARA ORAL TABLET 2.5 MG	Tier 3	M
<i>letrozole oral tablet 2.5 mg</i>	Tier 1B	M
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 5	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 5	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		

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
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 5	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 5	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 5	PA; SP
ANTINEOPLASTIC - KRAS PROTEIN INHIBITOR		
KRAZATI ORAL TABLET 200 MG	Tier 4	PA; SP; LA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 4	PA; SP
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS		
COTELLIC ORAL TABLET 20 MG	Tier 5	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5	PA; SP; LA

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
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 5	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 5	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 5	PA; SP
AFINITOR ORAL TABLET 10 MG	Tier 5	PA; SP
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4	PA; SP
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 4	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 4	PA; SP; LA
ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT		
TAZVERIK ORAL TABLET 200 MG	Tier 5	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 5	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		

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
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

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
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 5	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	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 4	SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 4	SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 4	SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 4	SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 4	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 5	SP

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
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA; SP; LA
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS		
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA; SP
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	MB	PA; SP; LA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5	PA; SP; LA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 5	PA; SP; LA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 5	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA; SP; LA
AYVAKIT ORAL TABLET 25 MG, 50 MG	Tier 5	SP; LA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	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 5	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	PA; SP; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	PA; SP; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 5	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 5	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA; SP; LA
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 4	PA; SP; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 5	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 4	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5	PA; SP; LA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 5	PA; SP; LA

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
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA; SP; LA
<i>gefitinib oral tablet 250 mg</i>	Tier 4	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA; SP; LA; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 4	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA; SP; LA; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA; SP; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5	PA; SP; LA; QL
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 5	PA; SP; LA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA; SP
IRESSA ORAL TABLET 250 MG	Tier 5	PA; SP
IWILFIN ORAL TABLET 192 MG	Tier 5	PA; SP; LA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 5	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 4	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	MB	SP; LA
<i>lapatinib oral tablet 250 mg</i>	Tier 4	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 5	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	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 5	PA; SP; LA
NERLYNX ORAL TABLET 40 MG	Tier 5	PA; SP

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
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 4	PA; SP; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5	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 5	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 5	PA; SP; LA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 4	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA; SP
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	MB	PA; SP; LA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 5	PA; SP; LA
<i>sorafenib oral tablet 200 mg</i>	Tier 4	SP; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 5	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5	PA; SP
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 5	PA; SP
TARCEVA ORAL TABLET 100 MG	Tier 5	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 5	PA; SP
TASIGNA ORAL CAPSULE 50 MG	Tier 5	PA; SP; QL
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA; SP; LA
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 5	PA; SP; LA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	PA; SP; LA
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA; SP; LA
TYKERB ORAL TABLET 250 MG	Tier 5	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5	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 5	PA; SP

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
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	PA; SP; QL
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 5	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 5	PA; SP; LA
ZEJULA ORAL TABLET 200 MG, 300 MG	Tier 4	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 5	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 5	PA; SP; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Tier 5	PA; SP; LA
ANTINEOPLASTIC-CD123-DIRECTED CYTOTOXIN CONJUGATE		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	MB	PA; SP; LA
ANTINEOPLASTIC-ENZYME INHIB; ANTIANDROGEN COMB.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4	PA; SP; LA
ANTINEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH		

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
WELIREG ORAL TABLET 40 MG	Tier 4	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 5	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5	PA; SP; LA
TIBSOVO ORAL TABLET 250 MG	Tier 5	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

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
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 5	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 1B	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	MB	PA; SP
LYSODREN ORAL TABLET 500 MG	Tier 4	SP; LA

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
MATULANE ORAL CAPSULE 50 MG	Tier 4	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>retinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1B	
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 5	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 1B	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

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
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 5	M
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 5	M
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1B	M
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	MB	
CELLCEPT ORAL CAPSULE 250 MG	Tier 5	M
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Tier 5	M
CELLCEPT ORAL TABLET 500 MG	Tier 5	M
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1B	M
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1B	M
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1B	M
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 5	M
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 4	PA; M
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 1B	M
<i>gengraf oral solution 100 mg/ml</i>	Tier 1B	M
IMURAN ORAL TABLET 50 MG	Tier 5	M
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	MB	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1B	M
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1B	M
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 1B	M
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 5	M; LA
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 5	M
NEORAL ORAL SOLUTION 100 MG/ML	Tier 5	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 5	M
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 5	M
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1B	M
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1B	M
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1B	M
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	PA; M
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 5	PA; SP
LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 4	SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 4	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

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
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 5	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 5	PA; SP; LA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 3	M
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1A	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 5	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

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>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 1B	
SYSTEMIC ENZYME INHIBITORS		
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 5	PA; SP; LA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 5	PA; SP; LA
TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS		
<i>bexarotene topical gel 1 %</i>	Tier 4	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 1A	M
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1B	M
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1A	M
ANTIPARKINSONISM DRUGS;OTHER		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	Tier 4	SP; LA
AZILECT ORAL TABLET 0.5 MG, 1 MG	Tier 3	M
<i>bromocriptine oral capsule 5 mg</i>	Tier 1B	M

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

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

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

Drug Name	Drug Tier	Requirements / Limits
TASMAR ORAL TABLET 100 MG	Tier 3	M
<i>tolcapone oral tablet 100 mg</i>	Tier 1B	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 1B	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 1B	M
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; SP; QL
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA; SP; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	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 1B	QL
<i>calcipotriene topical cream 0.005 %</i>	Tier 1B	QL

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
CALCIPOTRIENE TOPICAL FOAM 0.005 %	Tier 3	QL
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1B	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1B	
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 1B	
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 4	PA; SP; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 4	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 4	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA; SP; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	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 1B	QL
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	QL
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Tier 3	QL

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
ANTITHYROID AGENTS		
ANTITHYROID PREPARATIONS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1B	M
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1B	M
ANTIVIRALS		
ANTIPARKINSONISM DRUGS;OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1B	M
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1B	M
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1B	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 5	PA; SP; LA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 5	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 5	M
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NRTI COMB.		
DOVATO ORAL TABLET 50-300 MG	Tier 4	M
ANTIRETROVIRAL-NRTIS AND INTEGRASE INHIBITORS COMB		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 4	M
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 4	M
ANTIRETROVIRAL-NUCLEOSIDE;NUCLEOTIDE;PROTEASE INH.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 4	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		

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
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 1B	M
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1B	M
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1B	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 1B	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 5	PA; LA
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1B	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1B	
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 1B	
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 1B	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 1B	M; QL

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
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 1B	M
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1B	M
ANTIVIRALS; HIV-SPEC; NON-PEPTIDIC PROTEASE INHIB		
APTIVUS ORAL CAPSULE 250 MG	Tier 5	M
<i>darunavir oral tablet 600 mg, 800 mg</i>	Tier 4	M
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 4	M
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 4	M
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 4	M
PREZISTA ORAL TABLET 600 MG, 800 MG	Tier 5	M
ANTIVIRALS; HIV-SPEC; NUCLEOSIDE-NUCLEOTIDE ANALOG		
CIMDUO ORAL TABLET 300-300 MG	Tier 4	M
DESCOVY ORAL TABLET 120-15 MG	Tier 4	M
DESCOVY ORAL TABLET 200-25 MG	Tier 4	M; ACA
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1B	M
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 1B	M; ACA
ANTIVIRALS; HIV-SPECIFIC; CCR5 CO-RECEPTOR ANTAG.		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1B	M
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 5	M
SELZENTRY ORAL TABLET 150 MG, 300 MG	Tier 5	M
ANTIVIRALS; HIV-SPECIFIC; CD4 ATTACHMENT INHIBITOR		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 5	PA; M
ANTIVIRALS; HIV-SPECIFIC; FUSION INHIBITORS		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 5	M
ANTIVIRALS; HIV-SPECIFIC; NON-NUCLEOSIDE; RTI		
EDURANT ORAL TABLET 25 MG	Tier 5	M
<i>efavirenz oral tablet 600 mg</i>	Tier 1B	M
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 5	M
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1B	M
<i>nevirapine oral tablet 200 mg</i>	Tier 1B	M
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1B	M
PIFELTRO ORAL TABLET 100 MG	Tier 5	M
ANTIVIRALS; HIV-SPECIFIC; NUCLEOSIDE ANALOG; RTI		
<i>abacavir oral solution 20 mg/ml</i>	Tier 1B	M
<i>abacavir oral tablet 300 mg</i>	Tier 1B	M
<i>emtricitabine oral capsule 200 mg</i>	Tier 1B	M
EMTRIVA ORAL CAPSULE 200 MG	Tier 4	M
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 4	M
EPIVIR ORAL SOLUTION 10 MG/ML	Tier 5	M
EPIVIR ORAL TABLET 150 MG, 300 MG	Tier 5	M
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1B	M
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1B	M
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	MB	
RETROVIR ORAL CAPSULE 100 MG	Tier 5	M
RETROVIR ORAL SYRUP 10 MG/ML	Tier 5	M
ZIAGEN ORAL SOLUTION 20 MG/ML	Tier 5	M
<i>zidovudine oral capsule 100 mg</i>	Tier 1B	M
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1B	M
<i>zidovudine oral tablet 300 mg</i>	Tier 1B	M
ANTIVIRALS; HIV-SPECIFIC; NUCLEOTIDE ANALOG; RTI		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1B	M
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 5	M
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	Tier 5	M
ANTIVIRALS; HIV-SPECIFIC; PROTEASE INHIBITOR COMB		
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Tier 5	M

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

Drug Name	Drug Tier	Requirements / Limits
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 5	M
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 1B	M
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 1B	M
ANTIVIRALS; HIV-SPECIFIC; PROTEASE INHIBITORS		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 1B	M
EVOTAZ ORAL TABLET 300-150 MG	Tier 5	M
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1B	M
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 5	M
NORVIR ORAL TABLET 100 MG	Tier 5	M
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Tier 5	M
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 5	M
<i>ritonavir oral tablet 100 mg</i>	Tier 1B	M
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5	M
ANTIVIRALS;HIV-1 INTEGRASE STRAND TRANSFER INHIBTR		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	Tier 4	ST; SP; ACA
ISENTRESS HD ORAL TABLET 600 MG	Tier 4	M
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 4	M
ISENTRESS ORAL TABLET 400 MG	Tier 4	M
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 4	M
TIVICAY ORAL TABLET 50 MG	Tier 5	M
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 5	M
ARTV NUCLEOSIDE;NUCLEOTIDE;NON-NUCLEOSIDE RTI COMB		
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 5	M
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1B	M
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 4	M
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 5	M
SYMFI ORAL TABLET 600-300-300 MG	Tier 5	M

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

Drug Name	Drug Tier	Requirements / Limits
ARV-NUCLEOSIDE;NUCLEOTIDE RTI;INTEGRASE INHIBITORS		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 4	M
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 4	M
CYTOCHROME P450 INHIBITORS		
TYBOST ORAL TABLET 150 MG	Tier 5	M
EYE ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1B	
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 5	PA; SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	Tier 4	PA; SP
HEPATITIS B TREATMENT AGENTS		
<i>adefovir oral tablet 10 mg</i>	Tier 2	
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 2	M; QL
<i>lamivudine oral tablet 100 mg</i>	Tier 2	M
VEMLIDY ORAL TABLET 25 MG	Tier 3	M
HEPATITIS C TREATMENT AGENTS		
<i>ribavirin oral capsule 200 mg</i>	Tier 4	PA; SP; QL
<i>ribavirin oral tablet 200 mg</i>	Tier 4	PA; SP; QL
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 4	SP
MAVYRET ORAL TABLET 100-40 MG	Tier 4	SP
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1B	M; QL
AVODART ORAL CAPSULE 0.5 MG	Tier 3	AR; GENDER; M
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1B	AR; GENDER; M

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

Drug Name	Drug Tier	Requirements / Limits
<i>finasteride oral tablet 5 mg</i>	Tier 1A	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 1B	M
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1B	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 1B	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 1B	GENDER; M; QL
BETA-BLOCKERS		
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1B	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 1B	M
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	Tier 3	M
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1B	M
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 1B	M
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1A	M
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 1A	M
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1B	M
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	Tier 3	M

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

Drug Name	Drug Tier	Requirements / Limits
BIOTECHNOLOGY DRUGS		
ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	PA; SP; LA
ANTI-INFLAMMATORY; INTERLEUKIN-1 BETA BLOCKERS		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 5	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 4	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 4	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 5	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 5	PA; SP

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
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 5	PA; SP

IMMUNOMODULATORS

PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	MB	SP
--	----	----

LEUKOCYTE (WBC) STIMULANTS

LEUKINE INJECTION RECON SOLN 250 MCG	MB	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	SP; QL
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	SP; QL
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	SP; QL
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	SP; QL

BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

BLOOD SUGAR DIAGNOSTICS

ACCU-CHEK AVIVA PLUS TEST STRP STRIP	Tier 1B	M; QL
ACCU-CHEK GUIDE TEST STRIPS STRIP	Tier 1B	M; QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	Tier 1B	M; QL
ACCUTREND GLUCOSE TEST STRIPS STRIP	Tier 1B	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

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
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

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

Drug Name	Drug Tier	Requirements / Limits
FORA 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 1B	M; QL
ONETOUCH VERIO TEST STRIPS STRIP	Tier 1B	M; QL

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
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
SMARTTEST 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 1B	M
ACCU-CHEK GUIDE ME GLUCOSE MTR	Tier 1B	M
ADVANCED GLUCOSE METER	Tier 3	M
BIONIME RIGHTEST GM300 SYSTEM KIT	Tier 3	M

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

Drug Name	Drug Tier	Requirements / Limits
BIOTEL CARE BGM-4 METER	Tier 3	M
BLOOD-GLUCOSE METER	Tier 3	M
CARETOUCH GLUCOSE MONITORING KIT	Tier 3	M
CLEVER CHEK BLOOD GLUCOSE	Tier 3	M
CLEVER CHOICE MICRO	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
EASY TOUCH GLUCOSE MONITOR	Tier 3	M
EASYGLUCO MONITORING SYSTEM KIT	Tier 3	M
EASYMAX NG KIT	Tier 3	M
EASYMAX T1 KIT	Tier 3	M
EMBRACE TALK BLOOD GLUCOSE SYS KIT	Tier 3	M
FORA G20 KIT	Tier 3	M
FORA TN'G VOICE 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
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 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 1B	M
INFINITY STARTER KIT KIT	Tier 3	M

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

Drug Name	Drug Tier	Requirements / Limits
JAZZ WIRELESS 2 METER KIT KIT	Tier 3	M
MICRODOT BLOOD GLUCOSE SYSTEM	Tier 3	M
MYGLUCOHEALTH KIT	Tier 3	M
NOVA MAX PLUS GLUC-KETON METER DEVICE	Tier 3	M
NOVA MAX PLUS GLUC-KETON METER KIT	Tier 3	M
ON CALL EXPRESS METER KIT	Tier 3	M
ONETOUCH ULTRA2 METER	Tier 1B	M
ONETOUCH VERIO FLEX METER	Tier 1B	M
ONETOUCH VERIO REFLECT METER	Tier 1B	M
PHARMACIST CHOICE GLUCOSE SYS	Tier 3	M
PRECISION XTRA KETONE-GLUCOSE KIT	Tier 3	M
PREMIER COMPACT GLUCOSE METER KIT	Tier 3	M
PREMIUM BLOOD GLUCOSE MONITOR	Tier 3	M
PRODIGY AUTOCODE METER KIT	Tier 3	M
PRODIGY POCKET METER KIT	Tier 3	M
PRODIGY VOICE GLUCOSE METER KIT	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
RIGHTEST GM550 SYSTEM KIT	Tier 3	M
SMART SENSE MONITORING SYSTEM	Tier 3	M
SMARTEST EJECT KIT	Tier 3	M
SMARTEST PERSONA STARTER KIT	Tier 3	M
SMARTEST PRONTO STARTER KIT	Tier 3	M
SMARTEST PROTEGE KIT	Tier 3	M
SOLUS V2 AUDIBLE METER KIT	Tier 3	M
TEMPO SMART BUTTON DEVICE	Tier 2	M
TEMPO WELCOME KIT KIT	Tier 3	
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

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
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
WAVESENSE PRESTO	Tier 3	M

BURN THERAPY

TOPICAL SULFONAMIDES

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

CARDIAC GLYCOSIDES

DIGITALIS GLYCOSIDES

<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 1B	M
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	Tier 1B	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 1B	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1B	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1B	
<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 1B	

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>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1B	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1B	
CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1B	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	Tier 1B	
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 1B	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1B	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1B	
<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		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	MB	
<i>cefdinir oral capsule 300 mg</i>	Tier 1B	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1B	
<i>cefixime oral capsule 400 mg</i>	Tier 1B	QL
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1B	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1B	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1B	
<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	

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>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		
PARASYMPATHETIC AGENTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1B	M
CHOLINESTERASE INHIBITOR MIOTICS		
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 4	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 1A	M

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

Drug Name	Drug Tier	Requirements / Limits
<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 1A	M
ANTIFIBRINOLYTIC AGENTS		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1B	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1B	
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
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
ALTUVIIIIO 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

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
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
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

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
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	
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

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
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
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 1B	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 5	SP; QL
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 1B	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 1B	SP; QL

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>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 1B	SP; QL
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	Tier 4	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 4	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 1B	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1B	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1B	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1B	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1B	
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 1B	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 1B	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	MB	
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	Tier 1B	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	Tier 1B	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	Tier 5	SP; QL

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
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 5	SP; QL
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1B	M
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	M
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1B	M
<i>clopidogrel oral tablet 300 mg</i>	Tier 1A	
<i>clopidogrel oral tablet 75 mg</i>	Tier 1A	M
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1B	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 1B	M
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	M
PROTEIN C PREPARATIONS		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	MB	PA; SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	MB	PA; SP
THROMBIN INHIBITORS; SELECTIVE; DIRECT; REVERSIBLE		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1B	M
THROMBOPOIETIN RECEPTOR AGONISTS		
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 5	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 5	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA; SP
VITAMIN K PREPARATIONS		
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	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>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 1B	
<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 1B	
---	---------	--

ANTITUSSIVES; NON-OPIOID

<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1B	
--	---------	--

NON-OPIOID ANTITUS-1ST GEN.ANTIHISTAMINE-DECONGEST

<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1B	
--	---------	--

NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.

<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1B	
---	---------	--

OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE

<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1B	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1B	
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 1B	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1B	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	Tier 1B	

CYCLOPLEGIC MYDRIATICS

MYDRIATICS

ATROPINE OPHTHALMIC (EYE) DROPS 0.025 %, 0.05 %	Tier 3	M
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	Tier 1B	M
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1B	

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	
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

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
FC2 FEMALE CONDOM	Tier 1A	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		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1B	M
ELECTROLYTES		
ELECTROLYTE DEPLETERS		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	M
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1B	M
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1B	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 1B	M
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	M
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1B	M
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1B	M
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1B	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	Tier 1B	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	Tier 1B	
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 5	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 1B	M
<i>klor-con 10 oral tablet extended release 10 meq</i>	Tier 1B	M
<i>klor-con 8 oral tablet extended release 8 meq</i>	Tier 1B	M
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	Tier 1B	M
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	Tier 1B	M
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	Tier 1B	M
<i>klor-con oral packet 20 meq</i>	Tier 1B	M
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	Tier 1B	M
POKONZA ORAL PACKET 10 MEQ	Tier 3	M
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1B	M
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1B	M
<i>potassium chloride oral packet 20 meq</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1B	M
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1B	M
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1B	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 1B	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1B	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1B	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1B	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1B	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1B	
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 1B	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	Tier 1B	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	MB	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 1B	

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>erythromycin lactobionate intravenous recon soln 500 mg</i>	MB	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	Tier 1B	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1B	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 1B	
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

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 1B	M; ACA
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Tier 1B	M; ACA

CONTRACEPTIVES; ORAL

<i>camila oral tablet 0.35 mg</i>	Tier 1B	M; ACA
<i>deblitane oral tablet 0.35 mg</i>	Tier 1B	M
<i>emzahh oral tablet 0.35 mg</i>	Tier 1B	M
<i>errin oral tablet 0.35 mg</i>	Tier 1B	M
<i>heather oral tablet 0.35 mg</i>	Tier 1B	M
<i>incassia oral tablet 0.35 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>jencycla oral tablet 0.35 mg</i>	Tier 1B	M
<i>lyleq oral tablet 0.35 mg</i>	Tier 1B	M
<i>lyza oral tablet 0.35 mg</i>	Tier 1B	M
<i>nora-be oral tablet 0.35 mg</i>	Tier 1B	M
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 1B	M
<i>sharobel oral tablet 0.35 mg</i>	Tier 1B	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
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 1B	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

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>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1B	M
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	Tier 1B	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 1B	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 1B	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 1B	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 1B	M
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 3	M
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	M
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1B	M
<i>jinteli oral tablet 1-5 mg-mcg</i>	Tier 1B	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 1B	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 1B	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 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	M
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1B	M
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1B	M
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1B	SP
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1B	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 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1B	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 1B	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 1B	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	QL
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	QL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 3	PA; M
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	QL

GOUT THERAPY

COLCHICINE

<i>colchicine oral capsule 0.6 mg</i>	Tier 1B	M
<i>colchicine oral tablet 0.6 mg</i>	Tier 1B	M
MITIGARE ORAL CAPSULE 0.6 MG	Tier 3	M

HYPERURICEMIA TX - URATE-OXIDASE ENZYME-TYPE

KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	MB	PA; SP
--	----	--------

HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS

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>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1B	M
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1B	M
URICOSURIC AGENTS		
<i>probenecid oral tablet 500 mg</i>	Tier 1B	M
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1B	M
GROWTH HORMONES		
GROWTH HORMONE RELEASING HORMONE(GHRH) AND ANALOGS		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 5	PA; SP
GROWTH HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 4	PA; SP
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
DIABETIC SUPPLIES		
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	M
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	M
OMNIPOD 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

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
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 1A	M; QL
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 1A	M; QL
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 1A	M; QL
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1A	M; QL
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 1A	M
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1A	M
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 1A	M; QL
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1A	M; QL
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1A	M; QL

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
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 1A	M; QL
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 1A	M; QL
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1A	M
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 1A	M
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1A	M
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1A	M
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 1A	M; QL
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 1A	M
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1A	M; QL

INTERFERONS

HEPATITIS C TREATMENT AGENTS

PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	PA; SP; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	PA; SP

IMMUNOMODULATORS

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA; SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 4	PA; SP; LA

INTERLEUKINS

IMMUNOMODULATORS

<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	Tier 1B	PA
<i>imiquimod topical cream in packet 3.75 %</i>	Tier 1B	PA

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>imiquimod topical cream in packet 5 %</i>	Tier 1B	
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 1B	M; QL
VYTORIN 10-10 ORAL TABLET 10-10 MG	Tier 3	M; QL
VYTORIN 10-20 ORAL TABLET 10-20 MG	Tier 3	M; QL
VYTORIN 10-40 ORAL TABLET 10-40 MG	Tier 3	M; QL
VYTORIN 10-80 ORAL TABLET 10-80 MG	Tier 3	M; QL

ANTIHYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER

<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 1B	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

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
NEXLETOL ORAL TABLET 180 MG	Tier 2	PA; M
ANTIHYPERLIPIDEMIC - MTP INHIBITOR		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; SP
ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS		
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 5	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 1A	M; ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1A	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 1B	M; ACA
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Tier 1B	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 1B	M; ACA
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1A	M; ACA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1B	M; ACA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 1B	M; ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1B	M; QL

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>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1A	M; ACA
<i>simvastatin oral tablet 80 mg</i>	Tier 1A	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 1B	M
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1B	M
<i>cholestyramine light oral powder 4 gram</i>	Tier 1B	M
<i>cholestyramine light oral powder in packet 4 gram</i>	Tier 1B	M
<i>colesevelam oral tablet 625 mg</i>	Tier 1B	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 1B	M
<i>colestipol oral packet 5 gram</i>	Tier 1B	M
<i>colestipol oral tablet 1 gram</i>	Tier 1B	M
<i>prevalite oral powder 4 gram</i>	Tier 1B	M
<i>prevalite oral powder in packet 4 gram</i>	Tier 1B	M
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 3	M
QUESTRAN ORAL POWDER 4 GRAM	Tier 3	M
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	Tier 3	M
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Tier 3	M
WELCHOL ORAL TABLET 625 MG	Tier 3	M
LIPOTROPICS		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1B	M; QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1B	M
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1B	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 1B	M
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1B	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 1A	M
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	Tier 1B	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 1B	M
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1B	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

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 1B	QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1B	QL
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 1B	PA; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1B	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 1B	

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>frovatriptan oral tablet 2.5 mg</i>	Tier 1B	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 1B	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 1B	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1B	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1B	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1B	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1B	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1B	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1B	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	Tier 1B	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 1B	PA; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	Tier 1B	PA; QL

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>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1B	QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1B	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	Tier 3	PA; QL
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 1B	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 4	PA; SP
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1B	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 5	PA; SP
AGENTS FOR STOMATOLOGICAL USE		
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Tier 5	PA; SP; LA
AMMONIA INHIBITORS		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	Tier 5	PA; SP; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 4	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 5	PA; SP; LA
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 5	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 5	PA; SP
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 2	PA; M
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 2	PA; M
AMYOTROPHIC LATERAL SCLEROSIS AGENTS		
<i>riluzole oral tablet 50 mg</i>	Tier 1B	M
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	SP; LA
ANTI-ALCOHOLIC PREPARATIONS		

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>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1B	M
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1B	M
BONE RESORPTION INHIBITORS		
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	MB	PA; SP
<i>risedronate oral tablet 30 mg</i>	Tier 1B	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 5	PA; SP; LA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	MB	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 5	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 4	PA; SP; LA
DENTAL AIDS AND PREPARATIONS		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1B	
<i>kourzeq dental paste 0.1 %</i>	Tier 1B	QL
<i>oralone dental paste 0.1 %</i>	Tier 1B	QL
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	Tier 1B	
<i>periogard mucous membrane mouthwash 0.12 %</i>	Tier 1B	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1B	QL
DRUGS TO TREAT HEREDITARY TYROSINEMIA		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 4	SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 5	PA; SP

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
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 5	PA; SP; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5	PA; SP; LA
FLUORIDE PREPARATIONS		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	M
<i>denta 5000 plus dental cream 1.1 %</i>	Tier 1B	M
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	Tier 3	M
<i>dentagel dental gel 1.1 %</i>	Tier 1B	M
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1B	M
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1B	M
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 3	M
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 1B	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
<i>fraiche 5000 dental gel 1.1 %</i>	Tier 1B	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 1B	M
<i>sf dental gel 1.1 %</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 1B	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 5	PA; SP; LA
THIOLA ORAL TABLET 100 MG	Tier 5	PA; SP; LA
<i>tiopronin oral tablet 100 mg</i>	Tier 5	PA; SP
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	Tier 5	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 1B	M
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1B	M
<i>levocarnitine oral tablet 330 mg</i>	Tier 1B	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	

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
CUVRIOR ORAL TABLET 300 MG	Tier 5	SP; LA
<i>deferasirox oral granules in packet 90 mg</i>	Tier 5	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 4	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 5	PA; SP
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	Tier 5	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Tier 5	PA; SP; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5	PA; SP; LA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	Tier 5	PA; SP; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Tier 5	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 90 MG	Tier 5	PA; SP
SYPRINE ORAL CAPSULE 250 MG	Tier 3	M
TRIENTINE ORAL CAPSULE 500 MG	Tier 3	M
NASAL ANTIHISTAMINE		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 1B	M; QL
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 1B	M
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1B	
NOSE PREPARATIONS; MISCELLANEOUS (RX)		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	Tier 1B	M
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	Tier 1B	
NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 5	PA; SP; LA
PARASYMPATHETIC AGENTS		
<i>cevimeline oral capsule 30 mg</i>	Tier 1B	M
EVOXAC ORAL CAPSULE 30 MG	Tier 3	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1B	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 1B	M
PYRUVATE KINASE ACTIVATORS		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5	PA; SP; LA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 5	PA; SP; LA
RETINOIC ACID RECEPTOR (RAR) AGONISTS		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 5	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	
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 5	PA; SP; LA
THYROID HORMONE RECEPTOR (THR) AGONIST		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4	PA; SP
TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	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
HYLENEX INJECTION SOLUTION 150 UNIT/ML	MB	
XANTHINES		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1B	
MISCELLANEOUS ANTINFECTIVES		
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 1B	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 5	PA; SP; LA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Tier 5	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	
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 5	PA; SP
<i>neomycin oral tablet 500 mg</i>	Tier 1B	
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	MB	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 5	PA; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA; SP
<i>tobramycin sulfate injection recon soln 1.2 gram</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>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	MB	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 4	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 1B	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1B	
ANTHELMINTICS		
<i>albendazole oral tablet 200 mg</i>	Tier 1B	QL
BILTRICIDE ORAL TABLET 600 MG	Tier 3	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 3	PA
<i>ivermectin oral tablet 3 mg</i>	Tier 1B	
<i>praziquantel oral tablet 600 mg</i>	Tier 1B	PA
STROMEKTOL ORAL TABLET 3 MG	Tier 3	
ANTILEPTOTICS		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1B	M
ANTIMALARIAL DRUGS		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1B	PA
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1B	
COARTEM ORAL TABLET 20-120 MG	Tier 2	PA
DARAPRIM ORAL TABLET 25 MG	Tier 5	PA; SP; LA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 1B	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 1B	QL

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>pyrimethamine oral tablet 25 mg</i>	Tier 1B	PA
QUALAQUIN ORAL CAPSULE 324 MG	Tier 3	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1B	
SOVUNA ORAL TABLET 300 MG	Tier 1B	M
ANTI-MYCOBACTERIUM AGENTS		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1B	
<i>isoniazid injection solution 100 mg/ml</i>	MB	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1B	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1B	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1B	
<i>rifabutin oral capsule 150 mg</i>	Tier 1B	QL
TRECTOR ORAL TABLET 250 MG	Tier 3	
ANTIPARASITICS		
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1B	PA
ANTIPROTOZOAL DRUGS; MISCELLANEOUS		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1B	QL
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	PA
MEPRON ORAL SUSPENSION 750 MG/5 ML	Tier 3	QL
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 3	M
PENTAM INJECTION RECON SOLN 300 MG	MB	
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1B	M
<i>pentamidine injection recon soln 300 mg</i>	MB	
ANTITUBERCULAR ANTIBIOTICS		
<i>cycloserine oral capsule 250 mg</i>	Tier 1B	
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 1B	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA
BETALACTAMS		

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
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 5	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
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	

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>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1B	
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 1B	
<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 1B	QL
<i>linezolid oral tablet 600 mg</i>	Tier 1B	QL
<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

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
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 1B	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 4	PA; SP
HEART RATE REDUCING;SA SELECTIVE I(F) CURRENT INH.		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 5	SP; LA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 3	M
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	Tier 1B	M
PROTEIN STABILIZERS		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5	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 1B	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 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
DIABETIC ULCER PREPARATIONS;TOPICAL		
REGRANEX TOPICAL GEL 0.01 %	Tier 3	PA; QL
EMOLLIENTS		
<i>ammonium lactate topical cream 12 %</i>	Tier 1B	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1B	
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 4	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	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 4	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; SP
JANUS KINASE (JAK) INHIBITORS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	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 1B	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

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
TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS		
EFUDEX TOPICAL CREAM 5 %	Tier 3	
<i>fluorouracil topical cream 5 %</i>	Tier 1B	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1B	
PANRETIN TOPICAL GEL 0.1 %	Tier 3	PA
VALCHLOR TOPICAL GEL 0.016 %	Tier 5	PA; SP
TOPICAL IMMUNOSUPPRESSIVE AGENTS		
ELIDEL TOPICAL CREAM 1 %	Tier 3	ST; QL
HYFTOR TOPICAL GEL 0.2 %	Tier 5	PA; SP; LA
<i>pimecrolimus topical cream 1 %</i>	Tier 1B	QL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1B	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AMMONIA INHIBITORS		
<i>enulose oral solution 10 gram/15 ml</i>	Tier 1B	M
<i>generlac oral solution 10 gram/15 ml</i>	Tier 1B	M
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1B	M
ANTIEMETIC/ANTIVERTIGO AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	MB	PA
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	MB	PA
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 3	PA
APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML)	MB	PA
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	Tier 1B	QL
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1B	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 1B	
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	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
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 1B	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1B	
<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 1B	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1B	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1B	
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 1B	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1B	
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 1B	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	Tier 3	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	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
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Tier 3	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1B	
VARUBI ORAL TABLET 90 MG	Tier 3	PA
ANTIEMETIC; CANNABINOID-TYPE		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1B	
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
RENFLEXIS 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	
BILE SALTS		
CHENODAL ORAL TABLET 250 MG	Tier 5	PA; SP; LA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5	PA; SP; LA
URSO FORTE ORAL TABLET 500 MG	Tier 3	M
<i>ursodiol oral capsule 300 mg</i>	Tier 1B	M
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1B	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 1B	M
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1B	M
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1B	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		

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
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 1B	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	M
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1B	M; QL
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	Tier 1B	M
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	Tier 1B	M
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	M; QL
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1A	M
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	Tier 1B	M
FARNESOID X RECEPTOR (FXR) AGONIST; BILE AC ANALOG		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 5	PA; SP
GASTRIC ENZYMES		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 5	PA; SP; LA
GLUCOCORTICOIDS		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	Tier 1B	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	Tier 1B	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 1B	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
IBS AGENTS;MIXED OPIOID RECEP AGONISTS/ANTAGONISTS		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA; M

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
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 4	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 1B	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1B	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3	M
REGLAN ORAL TABLET 10 MG, 5 MG	Tier 3	
IRRITABLE BOWEL SYNDROME AGENTS; 5-HT3 ANTAGONIST		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1B	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 1A	AR; ACA
<i>citroma oral solution</i>	Tier 1A	AR; ACA
<i>constulose oral solution 10 gram/15 ml</i>	Tier 1B	M
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	Tier 1B	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1B	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	Tier 1B	ACA
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	Tier 1A	AR; 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
KRISTALOSE ORAL PACKET 20 GRAM	Tier 3	M
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1B	M
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	Tier 1A	AR; ACA
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1B	M; QL
<i>magnesium citrate oral solution</i>	Tier 1A	AR; ACA
<i>onelax magnesium citrate oral solution</i>	Tier 1A	AR; ACA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1B	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	Tier 1A	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 1B	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 1A	AR; ACA
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	Tier 1B	ACA
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Tier 3	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Tier 2	QL
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	Tier 1A	AR; ACA
LOCAL ANORECTAL NITRATE PREPARATIONS		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1B	
MAST CELL STABILIZERS		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1B	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		

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
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)		
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 1B	
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 1B	
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 1B	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	Tier 1B	

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>proctosol hc topical cream with perineal applicator 2.5 %</i>	Tier 1B	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	Tier 1B	

MISCELLANEOUS HORMONES

ADRENAL STEROID INHIBITORS

ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 5	PA; SP; LA
---------------------------------	--------	------------

ANDROGENIC AGENTS

ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier 3	GENDER; M; QL
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	Tier 4	SP; GENDER; LA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Tier 1B	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
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1B	GENDER; M
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1B	M
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1B	GENDER; M; QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 1B	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 1B	GENDER; M; QL
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	Tier 1B	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 1B	GENDER; M

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

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1B	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 1B	SP
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1B	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 1B	M
ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS		
SAMSCA ORAL TABLET 15 MG, 30 MG	Tier 5	PA; SP
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Tier 4	PA; SP
BONE RESORPTION INHIBITORS		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	MB	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1B	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 2	M

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

Drug Name	Drug Tier	Requirements / Limits
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 5	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 4	PA; SP
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	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 1B	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
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Tier 1B	M; QL
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1B	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 5	PA; SP

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
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 REPLACEMENT; HYPOPHOSPHATASIA		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	MB	PA; SP; LA
METABOLIC DISEASE ENZYME REPLACEMENT; FABRY'S DX		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	MB	PA; SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	MB	PA; SP
METABOLIC DISEASE ENZYME REPLACEMENT; GAUCHER'S DX		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	MB	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	MB	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	MB	PA; SP
METABOLIC DISEASE ENZYME REPLACEMENT; POMPE DISEASE		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	MB	PA; SP
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	MB	PA; SP
POMBILITI INTRAVENOUS RECON SOLN 105 MG	MB	PA; SP
METABOLIC DX ENZYME REPLACEMENT; 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

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
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 5	PA; SP
PITUITARY SUPPRESSIVE AGENTS		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1B	M
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1B	
PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE		
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	Tier 4	PA; SP
<i>javygtor oral tablet,soluble 100 mg</i>	Tier 4	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 5	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 5	PA; SP
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 4	PA; SP
<i>sapropterin oral tablet,soluble 100 mg</i>	Tier 4	PA; SP
POLYCYSTIC KIDNEY DISEASE AGENT; AVP RECEP. ANTAG		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 5	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 5	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 1B	M
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1B	M
ROCALTROL ORAL SOLUTION 1 MCG/ML	Tier 3	M
MISCELLANEOUS NEUROLOGICAL THERAPY		

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
AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 5	PA; SP
KEVEYIS ORAL TABLET 50 MG	Tier 5	PA; SP; LA
<i>ormalvi oral tablet 50 mg</i>	Tier 5	PA; SP; LA
AGTS TX NEUROMUSC TRANSMISSION DIS;POT-CHAN BLKR		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 4	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 1B	M
<i>memantine oral solution 2 mg/ml</i>	Tier 1B	M
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1B	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 5	PA; SP; LA
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 5	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

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
ARICEPT ORAL TABLET 23 MG	Tier 3	PA; M; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1A	M; QL
<i>donepezil oral tablet 23 mg</i>	Tier 1A	PA; M; QL
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1B	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 1B	M
<i>galantamine oral solution 4 mg/ml</i>	Tier 1B	M; QL
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1B	M; QL
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1B	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 1B	M

DRUGS TO TREAT MOVEMENT DISORDERS

AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 5	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 42 MG, 48 MG, 6 MG	Tier 5	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	Tier 5	PA; SP; LA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5	PA; SP; LA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5	PA; SP; LA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA; SP
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Tier 5	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 5	PA; SP
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	MB	PA; SP

GENETIC D/O TX-EXON SKIPPING ANTISENSE OLIGONUCLEO

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
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 5	PA; SP; LA
PSEUDOBULBAR AFFECT (PBA) AGENTS; NMDA ANTAGONISTS		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATOR		
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 4	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 4	PA; SP
MISCELLANEOUS OB/GYN		
ABORTIFACIENT-PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX ORAL TABLET 200 MG	Tier 3	QL
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 1B	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 1B	M; ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1B	M
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1B	M; ACA
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	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 1B	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 1B	M; ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	Tier 1B	M
LHRH (GNRH) ANTAGONIST;ESTROGEN AND PROGESTIN COMB		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA; M
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA; M
MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR		
OSPHENA ORAL TABLET 60 MG	Tier 3	PA; M
VAGINAL ANTIBIOTICS		
CLEOCIN VAGINAL CREAM 2 %	Tier 3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1B	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1B	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Tier 3	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 3	

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
VAGINAL ANTIFUNGALS		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
<i>miconazole-3 vaginal suppository 200 mg</i>	Tier 1B	QL
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1B	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1B	QL
MISCELLANEOUS OPHTHALMOLOGICS		
ARTIFICIAL TEARS		
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	
EYE ANTIHISTAMINES		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1B	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	Tier 1B	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Tier 3	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1B	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1B	
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 1B	
EYE MAST CELL STABILIZERS		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1B	
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

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
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	MB	SP
OPHTHALMIC (EYE) ANTIPARASITICS		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 5	SP; LA
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	M
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 1B	M
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	M
OPHTHALMIC CYSTINE DEPLETING AGENTS		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 5	PA; SP; LA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 5	PA; SP; LA
OPHTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 5	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		
EAR PREPARATIONS ANTI-INFLAMMATORY		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	Tier 3	
<i>flac otic oil otic (ear) drops 0.01 %</i>	Tier 1B	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1B	
EAR PREPARATIONS; MISC. ANTI-INFECTIVES		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1B	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1B	
EAR PREPARATIONS;ANTIBIOTICS		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	Tier 3	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1B	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1B	

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
MISCELLANEOUS UROLOGICALS		
CYSTINE-DEPLETING AGENTS; NEPHROPATHIC CYSTINOSIS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5	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 1B	GENDER; M; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1B	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 5	PA; SP; LA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 5	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	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1B	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	

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
MULTIPLE SCLEROSIS AGENTS		
AGENTS TO TREAT MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 5	SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	SP
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 5	SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 4	SP
<i> fingolimod oral capsule 0.5 mg</i>	Tier 4	SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 5	AR; SP; LA
GILENYA ORAL CAPSULE 0.5 MG	Tier 5	SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 4	SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 4	SP

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
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 4	SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 4	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 4	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 4	SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	SP
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.5 MG	Tier 5	SP
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 4	SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	SP

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

ANTI-ANXIETY DRUGS

meprobamate oral tablet 200 mg, 400 mg

Tier 1B

CHOLINESTERASE INHIBITORS

MESTINON ORAL SYRUP 60 MG/5 ML

Tier 3

M

MESTINON ORAL TABLET 60 MG

Tier 3

M

MESTINON TIMESPAN ORAL TABLET
EXTENDED RELEASE 180 MG

Tier 3

M

pyridostigmine bromide oral syrup 60 mg/5 ml

Tier 1B

M

pyridostigmine bromide oral tablet 60 mg

Tier 1B

M

*pyridostigmine bromide oral tablet extended
release 180 mg*

Tier 1B

M

regonol injection solution 5 mg/ml

MB

PA

COMPLEMENT INHIBITORS

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
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 5	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 1B	M
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1B	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	Tier 1B	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1B	
DANTRIVM ORAL CAPSULE 25 MG	Tier 3	M
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1B	M
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1B	
<i>methocarbamol injection solution 100 mg/ml</i>	MB	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1B	
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 1B	
<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 1B	M
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1B	M
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Tier 3	M
ZANAFLEX ORAL TABLET 4 MG	Tier 3	M

NARCOTIC ANALGESICS

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
ANALGESIC; NON-SALICYLATE AND BARBITURATE COMBINAT		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1B	
<i>tencon oral tablet 50-325 mg</i>	Tier 1B	
ANALGESIC; SALICYLATE; BARBITURATE; XANTHINE COMB.		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1B	
ANALGESIC;NON-SALICYLATE;BARBITURATE;XANTHINE COMB		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1B	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1B	
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 1B	PA
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1B	PA; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1B	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 1B	PA
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1B	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1B	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 1B	PA; QL
OPIOID ANALGESIC;NON-SALICYLATE;XANTHINE COMB		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	Tier 1B	PA; QL
TREZIX ORAL CAPSULE 320.5-30-16 MG	Tier 1B	PA; QL
OPIOID ANALGESICS		

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
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 1B	QL
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1B	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 1B	
<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 1B	PA; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1B	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 1B	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 1B	PA
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 30 MG/30 ML (1 MG/ML)	MB	PA
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	MB	PA

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
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 1B	PA
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1B	PA
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1B	PA
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1B	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 1B	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 1B	PA
<i>meperidine oral tablet 50 mg</i>	Tier 1B	PA
<i>methadone injection solution 10 mg/ml</i>	MB	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1B	
<i>methadone oral tablet 10 mg, 5 mg</i>	Tier 1B	
<i>methadone oral tablet,soluble 40 mg</i>	Tier 1B	
<i>methadose oral tablet,soluble 40 mg</i>	Tier 1B	
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	MB	PA
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML)	MB	PA
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	MB	PA

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>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 1B	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 1B	QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1B	QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1B	PA
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1B	PA
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1B	QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1B	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	Tier 3	QL
<i>oxycodone oral capsule 5 mg</i>	Tier 1B	PA
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1B	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1B	PA
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1B	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

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
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 1B	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	Tier 3	PA
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	Tier 3	PA
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 3	PA
OPIOID AND SALICYLATE ANALGESICS;BARBIT;XANTHINE		
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	Tier 1B	PA; QL
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1B	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 1B	
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		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1B	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 1B	M
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1B	M
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1A	M
<i>nitro-bid transdermal ointment 2 %</i>	Tier 2	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	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 1B	M
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 1B	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 RECEPTOR 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
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 1B	M
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1B	M

ANTIHYPERGLYCEMIC; AMYLIN ANALOG-TYPE

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
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 1B	PA; M
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1A	M
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1A	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 1A	M
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1A	M
GLIPIZIDE ORAL TABLET 2.5 MG	Tier 1A	M; QL
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1A	M
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	Tier 3	M
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1A	M
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1A	M
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1B	M; QL
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1A	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 1B	M; QL

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
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 1B	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 1B	PA; M
SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 1B	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 1B	M
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1A	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 1A	M
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS.		
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	Tier 1B	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 1B	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 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1B	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	Tier 4	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 5	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
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1B	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 1B	M
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1B	M
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1A	M
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 3	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1B	M
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1B	M
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1B	M
FENOPROFEN ORAL CAPSULE 200 MG	Tier 3	PA; M
<i>fenopropfen oral capsule 400 mg</i>	Tier 3	PA; M
<i>fenopropfen oral tablet 600 mg</i>	Tier 1B	M
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1B	M
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1A	M
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1A	M
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1B	M
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1B	M
<i>indomethacin oral suspension 25 mg/5 ml</i>	Tier 1B	M
<i>ketoprofen oral capsule 50 mg</i>	Tier 1B	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 1B	QL
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1B	M
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1B	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1A	M
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1B	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 1B	M; QL
<i>naproxen oral tablet 250 mg, 500 mg</i>	Tier 1A	M
<i>naproxen oral tablet 375 mg</i>	Tier 1B	M
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1B	M
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>oxaprozin oral tablet 600 mg</i>	Tier 1B	M
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1B	M
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1B	M
<i>tolmetin oral capsule 400 mg</i>	Tier 1B	M
NSAIDS;CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	Tier 1B	M; QL
<i>celecoxib oral capsule 50 mg</i>	Tier 1B	M
OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1B	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 1B	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 1B	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1B	PA
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1B	QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1B	QL
OPIOID ANTAGONISTS		
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 1B	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1B	
<i>naltrexone oral tablet 50 mg</i>	Tier 1B	M
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	Tier 1B	QL
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	Tier 2	QL
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	Tier 1B	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 2	

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
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 1B	M
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1B	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 1A	M; ACA
<i>aspirin childrens oral tablet, chewable 81 mg</i>	Tier 1A	M; ACA
<i>aspirin oral tablet, chewable 81 mg</i>	Tier 1A	M; ACA
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1A	M; ACA
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1A	M; ACA
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1A	M; ACA
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	Tier 1A	M; ACA
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1A	M; ACA
TOPICAL ANTI-INFLAMMATORY; NSAIDS		
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	Tier 1B	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1B	
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 1B	

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
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1B	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1B	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	Tier 1B	
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 1B	M
<i>after pill oral tablet 1.5 mg</i>	Tier 1B	
AFTERA ORAL TABLET 1.5 MG	Tier 1B	ACA
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1B	M
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1B	M
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	Tier 1B	M
<i>apri oral tablet 0.15-0.03 mg</i>	Tier 1B	M; ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	Tier 1B	M
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1B	M
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	Tier 1B	M
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1B	M
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1B	M
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1B	M
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>aviane oral tablet 0.1-20 mg-mcg</i>	Tier 1B	M
<i>ayuna oral tablet 0.15-0.03 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1B	M
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	Tier 1B	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 1B	M
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Tier 1B	M
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	Tier 1B	M
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1B	M
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1B	M
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	Tier 1B	M
<i>curae oral tablet 1.5 mg</i>	Tier 1B	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1B	M
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1B	M
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1B	M
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1B	M
<i>dolishale oral tablet 90-20 mcg (28)</i>	Tier 1B	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 1B	M
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 1B	M
<i>econtra ez oral tablet 1.5 mg</i>	Tier 1B	ACA
<i>econtra one-step oral tablet 1.5 mg</i>	Tier 1B	ACA
<i>elinest oral tablet 0.3-30 mg-mcg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
ELLA ORAL TABLET 30 MG	Tier 2	ACA; QL
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1B	M; ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	Tier 1B	M
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 1B	M
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	Tier 1B	M
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1B	M
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1B	M
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1B	M
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>hailey oral tablet 1.5-30 mg-mcg</i>	Tier 1B	M
<i>her style oral tablet 1.5 mg</i>	Tier 1B	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 1B	M
<i>isibloom oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1B	M
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	Tier 1B	M
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 1B	M
<i>juleber oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1B	M
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1B	M
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1B	M; ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1B	M; ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1B	M; ACA
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>kalliga oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1B	M; ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1B	M
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	Tier 1B	M
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>l norgest/e.estradiol-e.estrad 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 1B	M
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1B	M
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1B	M
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1B	M
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1B	M
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	Tier 1B	M
<i>lessina oral tablet 0.1-20 mg-mcg</i>	Tier 1B	M
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1B	M
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 1B	ACA
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	Tier 1B	M
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 1B	M
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1B	M
<i>levora-28 oral tablet 0.15-0.03 mg</i>	Tier 1B	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 1B	M
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1B	M
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1B	M
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	Tier 1B	M
<i>loryna (28) oral tablet 3-0.02 mg</i>	Tier 1B	M
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	Tier 1B	M; ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	Tier 1B	M
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	Tier 1B	M
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1B	M
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1B	M
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1B	M
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1B	M
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>mili oral tablet 0.25-35 mg-mcg</i>	Tier 1B	M
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	Tier 1B	M
<i>my choice oral tablet 1.5 mg</i>	Tier 1B	ACA
<i>my way oral tablet 1.5 mg</i>	Tier 1B	ACA
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 1B	M
<i>new day oral tablet 1.5 mg</i>	Tier 1B	ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	Tier 3	M
<i>nikki (28) oral tablet 3-0.02 mg</i>	Tier 1B	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 1B	M
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1B	M
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1B	M
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1B	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 1B	M
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	Tier 1B	M
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	Tier 1B	M
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1B	M
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1B	M
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1B	M
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1B	M
<i>ocella oral tablet 3-0.03 mg</i>	Tier 1B	M
<i>opcicon one-step oral tablet 1.5 mg</i>	Tier 1B	ACA
<i>option-2 oral tablet 1.5 mg</i>	Tier 1B	ACA
<i>philith oral tablet 0.4-35 mg-mcg</i>	Tier 1B	M
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1B	M
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Tier 3	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	Tier 1B	M
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	Tier 1B	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 1B	M
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1B	M
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1B	M
SLYND ORAL TABLET 4 MG (28)	Tier 3	M
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	Tier 1B	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>sronyx oral tablet 0.1-20 mg-mcg</i>	Tier 1B	M
<i>syeda oral tablet 3-0.03 mg</i>	Tier 1B	M
TAKE ACTION ORAL TABLET 1.5 MG	Tier 1B	ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1B	M
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1B	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 1B	M
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1B	M
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	Tier 1B	M
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1B	M
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1B	M
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1B	M
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1B	M
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1B	M
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1B	M
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1B	M; ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1B	M
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1B	M
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1B	M
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	Tier 1B	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 1B	M; ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>vienva oral tablet 0.1-20 mg-mcg</i>	Tier 1B	M
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1B	M
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1B	M
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	Tier 1B	M
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	Tier 1B	M
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	Tier 1B	M
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	Tier 1B	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 1B	M
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	Tier 1B	M

ORAL DRUGS FOR GLAUCOMA

CARBONIC ANHYDRASE INHIBITORS

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

OSTEOPOROSIS THERAPY

BONE FORMATION AGENTS - SCLEROSTIN INHIBITOR; MONO

EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	MB	PA; SP
---	----	--------

BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES

TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 5	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 1B	M; QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1A	M; QL

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
ATEL VIA 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 1B	M; QL
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	MB	PA; SP
<i>raloxifene oral tablet 60 mg</i>	Tier 1B	M
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	Tier 1B	M; QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	Tier 1B	M; QL

OTHER GLAUCOMA DRUGS

MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS

AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	Tier 3	M
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1B	M; QL
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 %	Tier 1B	M
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1B	M
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>	Tier 1B	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 1B	M
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1B	M; QL
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1A	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 1B	M
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	Tier 3	ST; M; QL
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1B	M; QL
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	PA; M
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	M
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 3	ST; M

OTHER RHEUMATOLOGICALS

ANTI-ARTHRITIC AND CHELATING AGENTS

CUPRIMINE ORAL CAPSULE 250 MG	Tier 3	M
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 3	M
<i>penicillamine oral capsule 250 mg</i>	Tier 1B	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

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
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR		
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	Tier 4	PA; SP; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA; SP; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 4	PA; SP; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 4	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA; SP; QL
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 4	PA; SP; QL
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 4	PA; SP; QL
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Tier 4	PA; SP; QL
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 4	PA; SP; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; SP; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 4	PA; SP; QL
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 4	PA; SP; QL
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 4	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 4	PA; SP; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA; SP; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA; SP; QL

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
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 1B	M; QL
ANTI-INFLAMMATORY;PHOSPHODIESTERASE-4(PDE4) INHIB.		
OTEZLA ORAL TABLET 20 MG	Tier 4	PA; SP
OTEZLA ORAL TABLET 30 MG	Tier 4	PA; SP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	Tier 4	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	Tier 4	PA; SP; QL
ANTINFLAMMATORY; SEL.COSTIM.MOD.;T-CELL INHIBITOR		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	MB	PA; SP
FIBROMYALGIA AGENTS;SEROTONIN-NOREPINEPH RU INHIB		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	M
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	
GOLD SALTS		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	PA; M
IMMUNOMODULATOR;B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	MB	SP
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR 200 MG/ML	Tier 5	SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 5	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 4	PA; SP

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
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 4	PA; SP; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 45 MG	Tier 4	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA; SP; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	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 1B	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1B	

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 1A	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 1B	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 3	

OXYTOCICS

OXYTOCICS

<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1B	QL
--	---------	----

PENICILLINS

PENICILLIN ANTIBIOTICS

<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1B	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1B	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1B	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	Tier 1B	

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>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 1B	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1B	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1B	
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	Tier 1B	
<i>ampicillin oral capsule 500 mg</i>	Tier 1B	
<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 1B	
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	

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>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 1B	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1B	
<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
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 1B	M; QL
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 1B	M; QL
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1B	M
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1B	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 1B	M; QL

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>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1B	M; QL
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1B	M; QL
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1B	M; QL
<i>methamphetamine oral tablet 5 mg</i>	Tier 1B	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 1B	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 1B	M
ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1A	M
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1B	M; QL
REMERON ORAL TABLET 15 MG, 30 MG	Tier 3	M
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	Tier 3	M; QL
ANTI-ANXIETY - BENZODIAZEPINES		
<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 1B	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1B	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1B	
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 1B	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1B	

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>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 1B	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1B	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1B	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	Tier 1B	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1B	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1B	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1B	
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 1A	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 4	PA; SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 5	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA; SP
ANTIPSYCH; DOPAMINE ANTAG.; DIPHENYL BUTYL PIPERIDINES		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1B	M
ANTIPSYCHOTIC; ATYPICAL; DOPAMINE; SEROTONIN ANTAGONIST		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1B	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 1B	M
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1B	M
CLOZARIL ORAL TABLET 100 MG, 25 MG	Tier 3	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	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	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1A	M
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1B	M
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1B	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 1A	M
QUETIAPINE ORAL TABLET 150 MG	Tier 1A	M
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	M
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1A	M
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1B	M
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	MB	M
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	ST; M
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	ST; M
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 3	ST; M
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 3	ST; M
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	M
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1B	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

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
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, 20 MG, 30 MG, 5 MG	Tier 3	ST; M
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1B	M
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1B	M
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	Tier 1B	M
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	MB	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	MB	M
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	ST; M
ANTIPSYCHOTICS; DOPAMINE AND SEROTONIN ANTAGONISTS		
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 1B	M
ANTIPSYCHOTICS;DOPAMINE ANTAGONISTS; THIOXANTHENES		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	M
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1B	M
ANTIPSYCHOTICS;DOPAMINE ANTAGONIST;DIHYDROINDOLONES		
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	Tier 1B	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 1B	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 1B	M
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1B	M
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1B	M
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1B	M
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1B	M
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1B	M
BIPOLAR DISORDER DRUGS		
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1A	M
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1A	M
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1B	M
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	M
HYPNOTICS; MELATONIN MT1/MT2 RECEPTOR AGONISTS		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 5	PA; SP
HETLIOZ ORAL CAPSULE 20 MG	Tier 5	PA; SP
<i>ramelteon oral tablet 8 mg</i>	Tier 1B	
<i>tasimelteon oral capsule 20 mg</i>	Tier 5	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 5	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 1B	M
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1B	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		
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 1B	M; QL
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1B	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 4	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 1A	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1B	M
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 1B	M
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1A	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 1B	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1B	
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 1B	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 1B	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1B	

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 1B	QL
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	PA
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1B	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1B	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1B	
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1B	

SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)

NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA; SP
-----------------------------	--------	--------

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
NUPLAZID ORAL TABLET 10 MG	Tier 5	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 1B	M
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1A	M
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1B	M
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1A	M
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1A	M
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 1B	M
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1A	M
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1B	M
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1B	M; QL
<i>fluvoxamine oral tablet 100 mg, 50 mg</i>	Tier 1A	M; QL
<i>fluvoxamine oral tablet 25 mg</i>	Tier 1A	M
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 1B	M
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1A	M
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1B	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 1B	M
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1A	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 1B	M; QL
<i>nefazodone oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1A	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 1B	M
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1A	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 1A	M; QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1A	M
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1B	M
SSRI AND 5HT1A PARTIAL AGONIST ANTIDEPRESSANTS		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	M
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1B	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 1B	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 1B	M
TRICYCLIC ANTIDEPRESSANT-PHENOTHIAZINE COMBINATNS		

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>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1B	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 1A	M
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1B	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 1B	M
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1B	M
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1A	M
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1A	M
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1A	M
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1B	M
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1A	M
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1B	M
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Tier 3	M
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1B	M
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1B	M
TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1B	M
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1B	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

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
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 1B	M; QL
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1B	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 1B	ST; M; QL
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1B	M; QL
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1B	M; QL
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1B	M; QL
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1B	M; QL
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 1B	M; QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 1B	M; QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	Tier 1B	M; QL
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	Tier 1A	M; QL

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>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1B	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 1B	ST; M; QL
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 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 1B	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 1B	M
PULMONARY AGENTS		
5-LIPOXYGENASE INHIBITORS		
ZYFLO ORAL TABLET 600 MG	Tier 3	PA; M
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 1B	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

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>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1B	M
ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS		
ESBRIET ORAL CAPSULE 267 MG	Tier 5	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 5	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	Tier 5	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 5	PA; SP
PIRFENIDONE ORAL TABLET 534 MG	Tier 5	PA; SP; LA
BETA-ADRENERGIC AGENTS; INHALED; SHORT ACTING		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1B	M
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>	Tier 1B	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 1B	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 1B	M
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 1B	M
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 3	M
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 3	M
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 2	M
BETA-ADRENERGIC AGENTS; INHALED; ULTRA-LONG ACTING		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	M
BETA-ADRENERGIC AGENTS; ORALLY INHALED;LONG ACTING		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1B	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 1B	M; QL

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
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 3	M; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	M
BETA-ADRENERGIC AGENTS		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1B	M
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1B	M
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1B	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 1B	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
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	Tier 3	M
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1B	M
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1B	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 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 1B	M
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1B	M
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 1B	M
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1B	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 5	PA; SP; LA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA; SP
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA; SP

C1 ESTERASE INHIBITORS

BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	MB	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	MB	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	MB	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	MB	PA; SP

CYSTIC FIBROSIS - INHALED OSMOTIC AGENTS

BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 5	PA; SP
--	--------	--------

CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.

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
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 5	PA; SP
ORKAMBI ORAL TABLET 200-125 MG	Tier 5	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	Tier 5	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	Tier 5	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 5	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 5	PA; SP
CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 5	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 1B	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 2	
<i>pulmosal inhalation solution for nebulization 7 %</i>	Tier 1B	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1B	
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 1A	M; QL
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 1A	M
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	Tier 1A	M

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

Drug Name	Drug Tier	Requirements / Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 1A	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 4	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	MB	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 4	PA; SP
INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST; MAB		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	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 1B	M
<i>montelukast oral tablet 10 mg</i>	Tier 1A	M
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1A	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 1B	M
MAST CELL STABILIZERS; ORALLY INHALED		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1B	M
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 4	PA; SP

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
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	MB	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	Tier 4	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 4	PA; SP; QL
MUCOLYTICS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1B	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA; SP
NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB.		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 1B	
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 1B	M
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1B	M
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1B	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 1B	M; QL
<i>roflumilast oral tablet 500 mcg</i>	Tier 1B	M
PLASMA KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	MB	PA; SP

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
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 5	PA; SP; LA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 5	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 5	PA; SP
PULM.ANTI-HTN;SEL.C-GMP PHOSPHODIESTERASE T5 INHIB		
ADCIRCA ORAL TABLET 20 MG	Tier 5	PA; SP
<i>alyq oral tablet 20 mg</i>	Tier 4	PA; SP; LA
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	MB	PA; SP
REVATIO ORAL TABLET 20 MG	Tier 5	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 4	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 4	PA; SP; QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 4	PA; SP
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA; SP
PULMONARY ANTI-HTN; ENDOTHELIN RECEPTOR ANTAGONIST		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4	PA; SP; QL
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	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 4	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; SP

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
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	Tier 4	PA; SP; QL
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 20 MCG/ML	Tier 4	PA; SP
PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5	PA; SP
PULMONARY HTN-ENDOTHELIN RECEPT ANTG-CGMP PDE5 INH		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 5	PA; SP
THYMIC STROMAL LYMPHOPOIETIN (TSLP) INHIBITORS		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 4	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 1B	M
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	M
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1B	M
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1B	M
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1B	M
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1B	M
QUINOLONES		
QUINOLONE ANTIBIOTICS		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	MB	
BAXDELA INTRAVENOUS RECON SOLN 300 MG	MB	PA

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
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 1B	
<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 1B	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1B	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1B	
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 1B	

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 1B	AR; ACA
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 1B	AR; ACA
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 1B	AR; ACA
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Tier 1B	AR; ACA
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	Tier 3	AR; ACA
<i>quit 2 buccal gum 2 mg</i>	Tier 1B	AR; ACA
<i>quit 2 buccal lozenge 2 mg</i>	Tier 1B	AR; ACA
<i>quit 4 buccal gum 4 mg</i>	Tier 1B	AR; ACA
<i>quit 4 buccal lozenge 4 mg</i>	Tier 1B	AR; ACA

SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST

<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 1B	AR; 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>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	Tier 1B	AR; ACA

SMOKING DETERRENTS; OTHER

<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1B	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 1B	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1B	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1B	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1B	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g-1%</i>	Tier 1B	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1B	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 2	

STEROIDS

EYE ANTI-INFLAMMATORY AGENTS

CLOBETASOL OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	Tier 1B	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1B	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 1B	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	

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
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1B	
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 1B	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %</i>	Tier 1B	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	MB	PA; SP
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1B	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1B	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	MB	PA; SP

STEROID-SULFONAMIDE COMBINATIONS

EYE SULFONAMIDES

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>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1B	

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	
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1B	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	MB	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1B	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1B	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	Tier 1B	

SULFONAMIDES

EYE SULFONAMIDES

<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1B	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1B	

SYMPATHOMIMETICS

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 1B	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	Tier 1B	M; QL
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1B	M
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	

TETRACYCLINES

PERIODONTAL COLLAGENASE INHIBITORS

<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1B	
--	---------	--

TETRACYCLINE ANTIBIOTICS

<i>avidoxy oral tablet 100 mg</i>	Tier 1B	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1B	

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
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 1B	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1B	
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1B	PA
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	Tier 1B	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1B	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	Tier 3	PA
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1B	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1B	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	MB	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1B	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1B	
<i>mondoxyne nl oral capsule 100 mg</i>	Tier 1B	
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 1B	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1B	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	MB	PA

THERAPY FOR ACNE

ACNE AGENTS; SYSTEMIC

ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Tier 3	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	

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>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1B	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1B	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1B	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1B	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1B	
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 1B	
AZELEX TOPICAL CREAM 20 %	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1B	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1B	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Tier 1B	
<i>dapsone topical gel 5 %</i>	Tier 3	
<i>dapsone topical gel with pump 7.5 %</i>	Tier 1B	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	Tier 1B	
ANTIPSORIATICS AGENTS		
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	Tier 1B	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1B	
ROSACEA AGENTS; TOPICAL		
<i>azelaic acid topical gel 15 %</i>	Tier 1B	
<i>brimonidine topical gel with pump 0.33 %</i>	Tier 1B	
FINACEA TOPICAL FOAM 15 %	Tier 3	
<i>ivermectin topical cream 1 %</i>	Tier 1B	PA
METROCREAM TOPICAL CREAM 0.75 %	Tier 3	
METROGEL TOPICAL GEL 1 %	Tier 3	
<i>metronidazole topical cream 0.75 %</i>	Tier 1B	
<i>metronidazole topical gel 0.75 %</i>	Tier 1B	QL
<i>metronidazole topical gel 1 %</i>	Tier 1B	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1B	

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>metronidazole topical lotion 0.75 %</i>	Tier 1B	
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 1B	
<i>clindacin p topical swab 1 %</i>	Tier 1B	
<i>clindacin topical foam 1 %</i>	Tier 1B	
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1B	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1B	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1B	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1B	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1B	
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1B	
<i>ery pads topical swab 2 %</i>	Tier 1B	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1B	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1B	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1B	
VITAMIN A DERIVATIVES		
<i>adapalene topical gel 0.3 %</i>	Tier 1B	
<i>adapalene topical gel with pump 0.3 %</i>	Tier 1B	
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1B	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1B	
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

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
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 1A	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 1A	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 1B	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 1A	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 1A	M
<i>liothyronine intravenous solution 10 mcg/ml</i>	MB	PA
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1A	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

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
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 1A	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 1B	
<i>lidocaine viscous mucous membrane solution 2 %</i>	Tier 1B	

TOPICAL LOCAL ANESTHETICS

<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	Tier 1B	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1B	
<i>lidocaine topical ointment 5 %</i>	Tier 1B	QL
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1B	
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	Tier 1B	
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	Tier 1B	
<i>lidocan v topical adhesive patch,medicated 5 %</i>	Tier 1B	
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 1B	

TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID

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
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	
TOPICAL ANTIBIOTICS		
<i>gentamicin topical cream 0.1 %</i>	Tier 1B	
<i>gentamicin topical ointment 0.1 %</i>	Tier 1B	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1B	
<i>mupirocin topical ointment 2 %</i>	Tier 1B	
TOPICAL SULFONAMIDES		
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
TOPICAL ANTIFUNGALS		
TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY;STEROID AGENT		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1B	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1B	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution 8 %</i>	Tier 1B	
<i>ciclopirox topical cream 0.77 %</i>	Tier 1B	
<i>ciclopirox topical gel 0.77 %</i>	Tier 1B	QL
<i>ciclopirox topical shampoo 1 %</i>	Tier 1B	
<i>ciclopirox topical solution 8 %</i>	Tier 1B	
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1B	
<i>clotrimazole topical solution 1 %</i>	Tier 1B	
<i>econazole nitrate topical cream 1 %</i>	Tier 1B	
ECOZA TOPICAL FOAM 1 %	Tier 3	
ERTACZO TOPICAL CREAM 2 %	Tier 3	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 3	PA
<i>ketconazole topical cream 2 %</i>	Tier 1B	
<i>ketconazole topical shampoo 2 %</i>	Tier 1B	
<i>klayesta topical powder 100,000 unit/gram</i>	Tier 1B	
LUZU TOPICAL CREAM 1 %	Tier 3	PA
<i>naftifine topical cream 1 %, 2 %</i>	Tier 1B	
NAFTIN TOPICAL GEL 2 %	Tier 3	QL

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>nyamyc topical powder 100,000 unit/gram</i>	Tier 1B	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1B	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1B	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1B	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1B	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1B	
<i>nystop topical powder 100,000 unit/gram</i>	Tier 1B	
<i>oxiconazole topical cream 1 %</i>	Tier 1B	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
----------------------------	--------	--------

TOPICAL ANTIVIRALS

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

TOPICAL CORTICOSTEROIDS

ANTIPSORIATICS AGENTS

DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	QL
-------------------------------------	--------	----

TOPICAL ANTI-INFLAMMATORY STEROIDAL

<i>alclometasone topical cream 0.05 %</i>	Tier 1B	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1B	
<i>amcinonide topical cream 0.1 %</i>	Tier 1B	QL
<i>apexicon e topical cream 0.05 %</i>	Tier 3	PA
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1B	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1B	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1B	QL
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1B	
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 1B	

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>betamethasone valerate topical lotion 0.1 %</i>	Tier 1B	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1B	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1B	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1B	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1B	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1B	
BRYHALI TOPICAL LOTION 0.01 %	Tier 3	QL
<i>clobetasol scalp solution 0.05 %</i>	Tier 1B	
<i>clobetasol topical cream 0.05 %</i>	Tier 1B	
<i>clobetasol topical foam 0.05 %</i>	Tier 1B	
<i>clobetasol topical gel 0.05 %</i>	Tier 1B	
<i>clobetasol topical lotion 0.05 %</i>	Tier 1B	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1B	QL
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1B	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	Tier 1B	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1B	
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 1B	
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 1B	
<i>clodan topical shampoo 0.05 %</i>	Tier 1B	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	PA
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 %	Tier 3	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	Tier 3	
<i>desonide topical cream 0.05 %</i>	Tier 1B	
<i>desonide topical lotion 0.05 %</i>	Tier 1B	
<i>desonide topical ointment 0.05 %</i>	Tier 1B	
DESOWEN TOPICAL CREAM 0.05 %	Tier 3	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1B	QL
<i>desoximetasone topical gel 0.05 %</i>	Tier 1B	QL

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>desoximetasone topical ointment 0.05 %</i>	Tier 1B	
<i>desoximetasone topical ointment 0.25 %</i>	Tier 1B	QL
<i>diflorasone topical cream 0.05 %</i>	Tier 1B	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	Tier 3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1B	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1B	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1B	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1B	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1B	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1B	
<i>fluocinonide topical cream 0.1 %</i>	Tier 1B	QL
<i>fluocinonide topical gel 0.05 %</i>	Tier 1B	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1B	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1B	
<i>fluocinonide-e topical cream 0.05 %</i>	Tier 1B	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1B	PA
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1B	
<i>fluticasone propionate topical lotion 0.05 %</i>	Tier 1B	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1B	
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1B	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1B	
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 1B	QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1B	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1B	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1B	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1B	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1B	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1B	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1B	
IMPOYZ TOPICAL CREAM 0.025 %	Tier 3	QL

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
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Tier 3	
LOCOID TOPICAL LOTION 0.1 %	Tier 3	
<i>mometasone topical cream 0.1 %</i>	Tier 1B	
<i>mometasone topical ointment 0.1 %</i>	Tier 1B	
<i>mometasone topical solution 0.1 %</i>	Tier 1B	
PANDEL TOPICAL CREAM 0.1 %	Tier 3	
PROCTOCORT TOPICAL CREAM 1 %	Tier 1B	
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 1B	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1B	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1A	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1A	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	Tier 1A	
<i>triderm topical cream 0.5 %</i>	Tier 1A	
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 1B	

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
NATROBA TOPICAL SUSPENSION 0.9 %	Tier 3	
OVIDE TOPICAL LOTION 0.5 %	Tier 3	
<i>permethrin topical cream 5 %</i>	Tier 1B	QL
<i>spinosad topical suspension 0.9 %</i>	Tier 1B	
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 1B	M
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1B	M
<i>sucralfate oral tablet 1 gram</i>	Tier 1B	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 1B	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	
<i>famotidine intravenous solution 10 mg/ml</i>	MB	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1B	M
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1B	M
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1B	M
PROTON-PUMP INHIBITORS		
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	Tier 1B	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 1B	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1B	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 1B	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 1B	M

URINARY TRACT AGENTS

ANTIBIOTIC; ANTIBACTERIAL; MISC.

<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1B	QL
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1B	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1B	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1B	

NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS

MACROBID ORAL CAPSULE 100 MG	Tier 3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1B	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1B	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1B	
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

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
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 5	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
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	

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
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 5	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		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 2	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 2	ACA
GRAM NEGATIVE COCCI VACCINES		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 2	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Tier 2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 2	ACA

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
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
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

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
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
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

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
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
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

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
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
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

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
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 2	ACA

VANCOMYCIN

LIPOGLYCOPEPTIDE ANTIBIOTICS

VIBATIV INTRAVENOUS RECON SOLN 750 MG	MB	PA
---------------------------------------	----	----

VANCOMYCIN ANTIBIOTICS AND DERIVATIVES

FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	Tier 3	
--	--------	--

VANCOCIN ORAL CAPSULE 125 MG, 250 MG	Tier 3	
--------------------------------------	--------	--

VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	MB	
--	----	--

<i>vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/250 ml</i>	Tier 4	
--	--------	--

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 1B	
---	---------	--

<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	Tier 1B	
--	---------	--

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

<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1B	
---	---------	--

MYDRIATICS

CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
--	--------	--

VITAMINS & HEMATINICS

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
FLUORIDE PREPARATIONS		
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 1B	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 1B	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 1A	M
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 1A	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 1A	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 1A	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 1B	M
PEDIATRIC VITAMIN PREPARATIONS		
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1B	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 1B	AR; M; ACA
<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 1B	AR; M; ACA
PRENATAL VITAMIN PREPARATIONS		
<i>classic prenatal oral tablet 28 mg iron- 800 mcg</i>	Tier 1A	M; ACA
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	Tier 2	M

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

Drug Name	Drug Tier	Requirements / Limits
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 1A	M; ACA
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	Tier 1A	M; ACA
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i>	Tier 1A	M; ACA
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	Tier 1A	M; ACA
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	Tier 1A	M; ACA
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	Tier 1A	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 1A	M; ACA
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	Tier 1A	M; ACA
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	Tier 1A	M; ACA
<i>se-natal 19 oral tablet 29 mg iron- 1 mg</i>	Tier 1B	M
<i>trinate oral tablet 28 mg iron- 1 mg</i>	Tier 1B	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 1A	M; ACA
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	Tier 1A	ACA
<i>balanced b-100 oral tablet 0.4 mg</i>	Tier 1A	M; ACA
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	Tier 1A	ACA
<i>dialyvite 800 oral tablet 0.8 mg</i>	Tier 1A	M; ACA
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	Tier 1A	M; ACA
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	Tier 1A	M; ACA
<i>kobee oral tablet 0.4 mg</i>	Tier 1A	M; ACA
<i>rena-vite oral tablet 0.8 mg</i>	Tier 1A	M; ACA
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	Tier 1A	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>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	Tier 1A	ACA
<i>super b maxi complex oral tablet 0.4 mg</i>	Tier 1A	M; ACA
<i>super b-50 complex oral capsule 400 mcg-20 mg-50 mg</i>	Tier 1A	ACA
<i>super quints oral tablet 0.4 mg</i>	Tier 1A	M; ACA
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	Tier 1A	M; ACA
VITAMIN B12 PREPARATIONS		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1B	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 1B	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 1B	
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1B	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1B	M

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

Index

A		
<i>abacavir</i>	59	
<i>abacavir-lamivudine</i>	58	
ABECMA.....	38	
ABELCET.....	21	
ABILIFY.....	163	
ABILIFY ASIMTUFII.....	163	
ABILIFY MAINTENA.....	163	
<i>abiraterone</i>	35	
ABRAXANE.....	47	
ABRYSVO (PF).....	200	
ABSORICA.....	184	
ABSORICA LD.....	184	
<i>acamprosate</i>	98	
<i>acarbose</i>	137	
ACCOLATE.....	176	
ACCU-CHEK AVIVA PLUS TEST STRP.....	64	
ACCU-CHEK GUIDE GLUCOSE METER.....	67	
ACCU-CHEK GUIDE ME GLUCOSE MTR.....	67	
ACCU-CHEK GUIDE TEST STRIPS.....	64	
ACCU-CHEK SMARTVIEW TEST STRIP.....	64	
ACCUPRIL.....	25	
ACCURETIC.....	23	
<i>accutane</i>	184	
ACCU-TREND GLUCOSE TEST STRIPS.....	64	
<i>acebutolol</i>	27	
<i>acetaminophen-caff- dihydrocod</i>	132	
<i>acetaminophen-codeine</i>	132	
<i>acetazolamide</i>	151	
<i>acetic acid</i>	100, 127	
<i>acetylcysteine</i>	177	
<i>acitretin</i>	54	
ACTEMRA.....	155	
ACTHAR.....	5	
ACTHAR SELFJECT.....	5	
ACTHIB (PF).....	199	
ACTIMMUNE.....	91	
ACTIVELLA.....	85	
ACTONEL.....	151	
ACTOPLUS MET.....	138	
ACTOS.....	139	
ACULAR.....	143	
ACULAR LS.....	143	
ACUVAIL (PF).....	143	
<i>acyclovir</i>	57, 190	
ACYCLOVIR IN 0.9 % SODIUM CHLR.....	57	
<i>acyclovir sodium</i>	57	
ACZONE.....	185	
ADACEL(TDAP ADOLESN/ADULT)(PF)	199	
ADAKVEO.....	51	
ADALIMUMAB-ADAZ....	153	
<i>adapalene</i>	186	
<i>adapalene-benzoyl peroxide</i>	185	
ADASUVE.....	163	
ADBRY.....	109	
ADCETRIS.....	46	
ADCIRCA.....	178	
ADDERALL.....	158	
ADDERALL XR.....	158	
ADDYI.....	165	
<i>adefovir</i>	61	
ADEMPAS.....	178	
ADIPEX-P.....	7	
ADLARITY.....	122	
ADRIAMYCIN.....	32	
<i>adrucil</i>	35	
<i>adthyza</i>	186	
ADTHYZA.....	186	
<i>adult aspirin regimen</i>	143	
ADVANCED GLUC METER TEST STRIP.....	64	
ADVANCED GLUCOSE METER.....	67	
ADVATE.....	73	
ADVOCATE REDI-CODE PLUS.....	64	
ADYNOVATE.....	73	
ADZYNMA.....	72	
AEROCHAMBER MECHANICAL VENT....	80	
AEROCHAMBER MINI....	80	
AEROCHAMBER PLUS FLOW-VU.....	80	
AEROCHAMBER PLUS Z STAT.....	80	
AEROVENT PLUS.....	80	
AFINITOR.....	39	
AFINITOR DISPERZ.....	39	
<i>afirmelle</i>	144	
AFLURIA TRIV 2024-2025	198	
AFLURIA TRIV 2024-2025 (PF).....	198	
AFSTYLA.....	73	
<i>after pill</i>	144	
AFTERA.....	144	
AGAMATRIX AMP TEST STRIPS.....	64	
AGRYLIN.....	102	
AIRDUO RESPICLICK....	173	
AIRSUPRA.....	173	
AJOVY AUTOINJECTOR..	95	
AJOVY SYRINGE.....	95	
AKEEGA.....	45	
AKYNZEO (FOSNETUPITANT).....	110	
AKYNZEO (NETUPITANT)	110	
<i>albendazole</i>	104	
<i>albuterol sulfate</i>	172, 173	
ALCAINE.....	126	
<i>alclometasone</i>	190	
ALDACTONE.....	30	
ALDURAZYME.....	120	
ALECENSA.....	42	
<i>alendronate</i>	151	
<i>alfuzosin</i>	61	
ALIMTA.....	35	
ALIQOPA.....	42	
<i>aliskiren</i>	31	
<i>allopurinol</i>	89	
<i>almotriptan malate</i>	95	
ALOGLIPTIN.....	138	
<i>alosetron</i>	114	
ALPHAGAN P.....	183	
ALPHANATE.....	73	
ALPHANINE SD.....	75	
<i>alprazolam</i>	159	
<i>alprazolam intensol</i>	159	
ALPROLIX.....	75	
<i>altavera (28)</i>	144	
ALTOPREV.....	93	
ALTRENO.....	186	

ALTUVIIIIO	73	ANUSOL-HC	116	ATELVIA	151
ALUNBRIG	42	<i>apexicon e</i>	190	<i>atenolol</i>	27
<i>alyacen 1/35 (28)</i>	144	APHEXDA	63	<i>atenolol-chlorthalidone</i>	28
<i>alyacen 7/7/7 (28)</i>	144	APLENZIN	165	ATGAM	198
<i>alyq</i>	178	<i>apomorphine</i>	52	ATIVAN	159, 166
<i>amantadine hcl</i>	56	APONVIE	110	<i>atomoxetine</i>	171
AMBISOME	21	<i>apraclonidine</i>	183	ATORVALIQ	93
<i>ambrisentan</i>	178	<i>aprepitant</i>	110	<i>atorvastatin</i>	93
<i>amcinonide</i>	190	APRETUDE	60	<i>atovaquone</i>	105
AMELUZ	109	<i>apri</i>	144	<i>atovaquone-proguanil</i>	104
<i>amethyst (28)</i>	144	APTENSIO XR	169	<i>atropine</i>	19, 79
<i>amikacin</i>	103	APTIOM	12	ATROPINE	79
<i>amiloride</i>	30	APTIVUS	58	ATROPINE IN 0.9 % SOD	
<i>amiloride-hydrochlorothiazide</i>		ARALAST NP	102	CHLORIDE	19
.....	30	<i>aranelle (28)</i>	144	ATROPINE SULFATE (PF)	80
<i>aminocaproic acid</i>	73	ARANESP (IN		ATROVENT HFA	171
<i>amiodarone</i>	8	POLYSORBATE)	63	AUBAGIO	129
AMITIZA	114	ARAVA	154	<i>aubra eq</i>	144
<i>amitriptyline</i>	168	ARCALYST	63	AUGMENTIN	157
<i>amitriptyline-chlordiazepoxide</i>		AREXVY (PF)	201	AUGTYRO	42
.....	168	<i>arformoterol</i>	172	<i>aurovela 1.5/30 (21)</i>	144
<i>amlodipine</i>	28	ARICEPT	122	<i>aurovela 1/20 (21)</i>	144
<i>amlodipine-atorvastatin</i>	92	ARIKAYCE	103	<i>aurovela 24 fe</i>	144
<i>amlodipine-benazepril</i>	23	ARIMIDEX	37	<i>aurovela fe 1.5/30 (28)</i>	144
<i>amlodipine-olmesartan</i>	25	<i>aripiprazole</i>	163	<i>aurovela fe 1-20 (28)</i>	144
<i>amlodipine-valsartan</i>	25	ARISTADA	163	AURYXIA	81
<i>amlodipine-valsartan-hcthiiazid</i>		ARISTADA INITIO	163	AUSTEDO	123
.....	24	ARIXTRA	76	AUSTEDO XR	123
<i>ammonium lactate</i>	109	<i>armodafinil</i>	165	AUVI-Q	21
<i>amnesteem</i>	184	ARMOUR THYROID	187	AVALIDE	24
<i>amoxapine</i>	168	AROMASIN	37	AVAPRO	26
<i>amoxicillin</i>	156	<i>arsenic trioxide</i>	47	AVEED	117
<i>amoxicillin-pot clavulanate</i>		ARTHROTEC 50	140	AVELOX IN NAACL (ISO-	
.....	156, 157	ASCENIV	195	OSMOTIC)	179
AMPHADASE	102	<i>ascomp with codeine</i>	136	<i>aviane</i>	144
<i>amphetamine sulfate</i>	158	<i>asenapine maleate</i>	160	<i>avidoxy</i>	183
<i>amphotericin b</i>	21	<i>ashlyna</i>	144	AVODART	61
<i>amphotericin b liposome</i>	21	ASPARLAS	47	AVONEX	129
<i>ampicillin</i>	157	<i>aspirin</i>	143	AVYCAZ	71
<i>ampicillin sodium</i>	157	<i>aspirin childrens</i>	143	<i>ayuna</i>	144
<i>ampicillin-sulbactam</i>	157	<i>aspirin-dipyridamole</i>	78	AYVAKIT	42
ANAFRANIL	169	ASPRUZYO SPRINKLE	108	<i>azacitidine</i>	35
<i>anagrelide</i>	102	ASSURE 4 STRIPS	64	AZACTAM	106
ANALPRAM-HC	55, 113	ASSURE PLATINUM TEST		AZASAN	49
ANAPROX DS	140	STRIP	64	AZASITE	9
<i>anastrozole</i>	37	ASSURE PRISM MULTI		<i>azathioprine</i>	49
ANCOBON	19	STRIP	64	<i>azelaic acid</i>	185
ANDROGEL	117	ASTAGRAF XL	49	<i>azelastine</i>	101, 126
ANGELIQ	87	ATACAND	26	<i>azelastine-fluticasone</i>	177
ANNOVERA	124	ATACAND HCT	24	AZELEX	185
ANORO ELLIPTA	173	<i>atazanavir</i>	60	AZILECT	52

<i>azithromycin</i>	83	<i>bepotastine besilate</i>	126	BLOOD GLUCOSE TEST ..64
AZOPT	152	BEPREVE	126	BLOOD-GLUCOSE METER
AZOR	25	BERINERT	174	.....68
<i>aztreonam</i>	106	BESIVANCE.....	9	BONJESTA
AZULFIDINE	113	BESPONSA.....	40	BOOSTRIX TDAP.....
AZULFIDINE EN-TABS ..	112	BESREMI.....	91	<i>bortezomib</i>
<i>azurette (28)</i>	144	BETADINE OPHTHALMIC		BORTEZOMIB
B		PREP	9	<i>bosentan</i>
<i>b complex 1 (with folic acid)</i>		<i>betamethasone dipropionate</i>		BOSULIF
.....	204	.....	190	BOTOX
<i>b complex-vitamin c-folic acid</i>		<i>betamethasone valerate</i>	190,	BRAFTOVI
.....	204	191		BREATHERITE MDI
<i>bacitracin</i>	9	<i>betamethasone, augmented</i> 191		SPACER
<i>bacitracin-polymyxin b</i>	9	BETAPACE	9	BREO ELLIPTA
<i>baclofen</i>	131	BETAPACE AF	9	BREXAFEMME
BACTRIM.....	183	<i>betaxolol</i>	27, 62	BREYANZI.....
BACTRIM DS	183	<i>bethanechol chloride</i>	72	<i>breyana</i>
<i>balanced b-100</i>	204	BETHKIS	103	BREZTRI AEROSPHERE.174
<i>balsalazide</i>	113	BETIMOL	62	<i>briellyn</i>
BALVERSA	42	BETOPTIC S.....	62	BRILINTA
<i>balziva (28)</i>	144	<i>bevacizumab</i>	51	<i>brimonidine</i>
BANZEL	12	BEVACIZUMAB.....	126	183, 185
BAQSIMI	88	<i>bexarotene</i>	31, 52	BRIMONIDINE-
BARACLUDE	61	BEXSERO.....	197	DORZOLAMIDE.....
BAVENCIO	48	BEYAZ.....	144	<i>brimonidine-timolol</i>
BAXDELA.....	179	BEYFORTUS.....	57	152
<i>bayer low dose aspirin</i>	143	<i>bicalutamide</i>	35	BRIMUMVI.....
<i>b-complex with vitamin c</i>	204	BICILLIN C-R	157	BRIVIACT
BD INTEGRA NEEDLE	89	BICILLIN L-A	157	BRIXADI
BD MICROTAINER		BICNU.....	33	<i>bromfenac</i>
LANCET	89	BIDIL	31	<i>bromocriptine</i>
BD SPECIALTY USE		BIJUVA.....	85	52, 53
NEEDLES	90	BIKTARVY	61	<i>brompheniramine-pseudoeph-</i>
BELBUCA	132	BILTRICIDE.....	104	<i>dm</i>
BELEODAQ	33	<i>bimatoprost</i>	152	79
BELRAPZO	33	BINOSTO.....	151	BROMSITE.....
BELSOMRA	166	BIONIME RIGHTEST		143
<i>benazepril</i>	25	GM300 SYSTEM.....	67	BRONCHITOL
<i>benazepril-hydrochlorothiazide</i>		BIONIME RIGHTEST TEST		BROVANA
.....	23	STRIPS	64	172
<i>bendamustine</i>	33	BIOTEL CARE BGM-4		BRUKINSA.....
BENDAMUSTINE	33	METER	68	BRYHALI
BENDEKA.....	33	<i>bisoprolol fumarate</i>	27	191
BENEFIX	76	<i>bisoprolol-hydrochlorothiazide</i>		<i>budesonide</i>
BENLYSTA	155	.....	28	113, 116, 175
BENTYL	18	BIVIGAM	195	<i>budesonide-formoterol</i>
BENZAMYCIN	186	<i>bleomycin</i>	32	173
<i>benzonatate</i>	79	BLINCYTO.....	46	<i>bumetanide</i>
<i>benzphetamine</i>	7	<i>blisovi 24 fe</i>	145	29
<i>benztropine</i>	52	<i>blisovi fe 1.5/30 (28)</i>	145	BUPHENYL.....
BEOVU	126	<i>blisovi fe 1/20 (28)</i>	145	97
				<i>buprenorphine</i>
				133
				<i>buprenorphine hcl</i>
				133, 136
				<i>buprenorphine-naloxone</i>
				142
				<i>bupropion hcl</i>
				165
				BUPROPION HCL
				165
				<i>bupropion hcl (smoking deter)</i>
			
				181
				<i>buspirone</i>
				160
				<i>busulfan</i>
				33
				BUSULFEX
				33

<i>butalbital-acetaminop-caff-cod</i>	<i>carbidopa-levodopa-</i>	<i>cefotaxime in dextrose, iso-osm</i>
..... 136	<i>entacapone</i> 53	..... 71
<i>butalbital-acetaminophen</i> ... 131	<i>carbinoxamine maleate</i> 22	<i>cefprozil</i> 71
<i>butalbital-acetaminophen-caff</i>	<i>carboplatin</i> 33	<i>cefprozil</i> 71
..... 132	CARDIZEM 28	<i>ceftazidime</i> 71
<i>butalbital-aspirin-caffeine</i> .. 132	CARDIZEM CD..... 28	<i>ceftriaxone</i> 72
<i>butorphanol</i> 142	CARDIZEM LA..... 28	<i>ceftriaxone in dextrose, iso-os</i>
BYOOVIZ..... 126	CARDURA 24	..... 71
BYSTOLIC 27	CARDURA XL 24	<i>cefuroxime axetil</i> 71
C	CARESENS N TEST STRIPS	<i>cefuroxime sodium</i> 71
CABENUVA..... 56	..... 64	<i>celecoxib</i> 142
<i>cabergoline</i> 121	CARETOUCH GLUCOSE	CELEXA 166
CABOMETYX 42	MONITORING 68	CELLCEPT 49
CADUET..... 92	CARETOUCH TEST STRIP	CELLCEPT INTRAVENOUS
<i>caffeine citrate</i> 103	..... 64	..... 49
<i>calcipotriene</i> 54, 55	<i>carglumic acid</i> 97	CELONTIN 12
CALCIPOTRIENE 55	<i>carisoprodol</i> 131	<i>cephalexin</i> 70, 71
<i>calcipotriene-betamethasone</i> 55	<i>carmustine</i> 33	CEPROTIN (BLUE BAR) ... 78
<i>calcitonin (salmon)</i> 118	CARNITOR..... 100	CEPROTIN (GREEN BAR) 78
<i>calcitriol</i> 55, 121	CARNITOR (SUGAR-FREE)	CERDELGA 119
<i>calcium acetate(phosphat bind)</i>	..... 100	CEREBYX 12
..... 81	<i>carteolol</i> 62	CEREZYME..... 120
CALDOLOR 140	<i>cartia xt</i> 28	CETRAXAL..... 127
CALQUENCE	<i>carvedilol</i> 23	<i>cevimeline</i> 101
(ACALABRUTINIB MAL)	<i>carvedilol phosphate</i> 23	<i>charlotte 24 fe</i> 145
..... 42	CARVYKTI 38	<i>chateal eq (28)</i> 145
CAMCEVI (6 MONTH) 41	<i>casprofungin</i> 21	CHEMET 100
<i>camila</i> 84	CATAPRES-TTS-1 26	CHENODAL 112
CAMPTOSAR 39	CATAPRES-TTS-2..... 26	<i>chloramphenicol sod succinate</i>
<i>camrese</i> 145	CATAPRES-TTS-3..... 26	..... 106
<i>camrese lo</i> 145	CAVERJECT 128	<i>chlordiazepoxide hcl</i> 159
CAMZYOS 108	CAVERJECT IMPULSE ... 128	<i>chlorhexidine gluconate</i> 98
CANASA 112	CAYA CONTOURED 81	<i>chloroquine phosphate</i> 104
CANCIDAS 21	CAYSTON 106	<i>chlorpromazine</i> 164
<i>candesartan</i> 26	<i>cefaclor</i> 71	<i>chlorthalidone</i> 31
<i>candesartan-</i>	<i>cefadroxil</i> 70	<i>chlorzoxazone</i> 131
<i>hydrochlorothiazid</i> 24	<i>cefazolin</i> 70	CHOLBAM 112
<i>capecitabine</i> 35	CEFAZOLIN..... 70	<i>cholecalciferol (vitamin d3)</i> 205
CAPLYTA 160	<i>cefazolin in dextrose (iso-os)</i> 70	<i>cholestyramine (with sugar)</i> .94
CAPRELSA 42	CEFAZOLIN IN DEXTROSE	<i>cholestyramine light</i> 94
<i>captopril</i> 25	(ISO-OS) 70	CIBINQO 109
<i>captopril-hydrochlorothiazide</i>	<i>cefdinir</i> 71	<i>ciclodan</i> 189
..... 23	<i>cefepime</i> 72	<i>ciclopirox</i> 189
CAPVAXIVE..... 198	CEFEPIME IN DEXTROSE 5	<i>cidofovir</i> 57
CARAFATE..... 194	% 72	<i>cilostazol</i> 78
<i>carbamazepine</i> 12	<i>cefepime in dextrose, iso-osm</i> 72	CIMDUO 58
CARBAMAZEPINE 12	<i>cefixime</i> 71	CIMERLI..... 126
CARBATROL..... 12	CEFOTAN..... 71	<i>cimetidine</i> 194
<i>carbidopa</i> 54	<i>cefotetan</i> 71	<i>cinacalcet</i> 118
<i>carbidopa-levodopa</i> 53	<i>cefotetan</i> 71	CINQAIR 176
	<i>cefotetan</i> 71	CINRYZE..... 174

CINVANTI.....	110	CLINDESSE	125	CONTOUR NEXT LINK 2.4	
CIPRO	179	CLINPRO 5000.....	99	.....	68
CIPRO HC	156	<i>clobazam</i>	11	CONTOUR NEXT METER.....	68
<i>ciprofloxacin hcl</i>	9, 127, 180	<i>clobetasol</i>	191	CONTOUR NEXT ONE	
<i>ciprofloxacin in 5 % dextrose</i>		CLOBETASOL	181	METER.....	68
.....	180	<i>clobetasol-emollient</i>	191	CONTOUR NEXT TEST	
<i>ciprofloxacin-dexamethasone</i>		CLOBEX	191	STRIPS	65
.....	156	<i>clocortolone pivalate</i>	191	CONTOUR PLUS BLUE	
CIPROFLOXACIN-		<i>clodan</i>	191	METER.....	68
FLUOCINOLONE	156	<i>clofarabine</i>	35	CONTOUR PLUS TEST	
<i>cisplatin</i>	33	<i>clomipramine</i>	169	STRIP	65
<i>citalopram</i>	166	<i>clonazepam</i>	11	CONTOUR TEST STRIPS ..	65
CITALOPRAM.....	166	<i>clonidine</i>	27	CONTRAVE	8
<i>citrate of magnesia</i>	114	<i>clonidine hcl</i>	27, 169	COPAXONE	129
<i>citroma</i>	114	<i>clopidogrel</i>	78	COPIKTRA	42
<i>cladribine</i>	35	<i>clorazepate dipotassium</i>	159	CORDRAN TAPE LARGE	
<i>claravis</i>	185	<i>clotrimazole</i>	20, 189	ROLL.....	191
<i>clarithromycin</i>	83	<i>clotrimazole-betamethasone</i>		COREG.....	23
<i>classic prenatal</i>	203	.....	189	COREG CR	23
<i>clemastine</i>	22	<i>clozapine</i>	160	CORIFACT	76
CLEOCIN	106, 125	CLOZARIL	160	CORLANOR	108
CLEOCIN HCL	106	COAGADEX.....	76	CORTEF.....	6
CLEOCIN PEDIATRIC.....	106	COARTEM	104	CORTENEMA	116
CLEVER CHEK BLOOD		<i>codeine sulfate</i>	133	CORTIFOAM.....	116
GLUCOSE	68	<i>codeine-butalbital-asa-caff</i>	136	CORTISPORIN-TC	156
CLEVER CHOICE MICRO	68	<i>colchicine</i>	88	CORTROPHIN GEL.....	5
CLEVER CHOICE MICRO		<i>colesevelam</i>	94	COSELA.....	48
TEST STRIP	64	COLESTID.....	94	COSENTYX.....	54
CLEVER CHOICE PRO.....	65	<i>colestipol</i>	94	COSENTYX (2 SYRINGES)	
CLEVER CHOICE TALK		<i>colistin (colistimethate na)</i> .	107	.....	54
TEST	65	COLUMVI	46	COSENTYX PEN	54
CLEVER CHOICE TEST		COLY-MYCIN M		COSENTYX PEN (2 PENS)	54
STRIPS.....	65	PARENTERAL	107	COSENTYX UNOREADY	
CLEVER CHOICE VOICE		COMBIGAN	152	PEN.....	54
PLUS TEST	65	COMBIPATCH.....	85	COSOPT	152
CLIMARA	85	COMBIVENT RESPIMAT	173	COSOPT (PF).....	152
CLIMARA PRO.....	85	COMETRIQ.....	42	COTELLIC.....	38
<i>clindacin</i>	186	COMIRNATY 2024-25 (12Y		COTEMPLA XR-ODT	169
<i>clindacin etz</i>	186	UP)(PF)	197	COZAAR.....	26
<i>clindacin p</i>	186	COMPACT SPACE		CREON.....	115
<i>clindamycin hcl</i>	107	CHAMBER	80	CRESEMBA.....	20
CLINDAMYCIN IN 0.9 %		<i>compro</i>	110	CREXONT	53
SOD CHLOR	107	CONCERTA	169	CRINONE	87
<i>clindamycin in 5 % dextrose</i>		CONDYLOX.....	109	<i>cromolyn</i>	115, 126, 176
.....	107	<i>constulose</i>	114	<i>crotan</i>	193
<i>clindamycin pediatric</i>	107	CONTOUR NEXT EZ		<i>cryselle (28)</i>	145
<i>clindamycin phosphate</i>	107,	METER	68	CRYSVITA	119
125, 186		CONTOUR NEXT GEN		CUPRIMINE	153
<i>clindamycin-benzoyl peroxide</i>		METER	68	<i>curae</i>	145
.....	185	CONTOUR NEXT LINK ..	68	<i>curity sterile water</i>	100
<i>clindamycin-tretinoin</i>	185			CUTAQUIG	196

CUVITRU	196	<i>dasatinib</i>	42	<i>dexamethasone</i>	6
CUVPOSA	18	<i>dasetta 1/35 (28)</i>	145	<i>dexamethasone intensol</i>	6
CUVRIOR.....	101	<i>dasetta 7/7/7 (28)</i>	145	<i>dexamethasone sodium phos</i>	
<i>cyanocobalamin (vitamin b-12)</i>		<i>daunorubicin</i>	32	(<i>pf</i>)	6
.....	205	DAURISMO.....	38	<i>dexamethasone sodium</i>	
<i>cyclobenzaprine</i>	131	DAYPRO.....	140	<i>phosphate</i>	6, 181
CYCLOGYL	80	<i>daysee</i>	145	<i>dexmethylphenidate</i>	170
CYCLOMYDRIL	202	DAYTRANA.....	169	<i>dexrazoxane hcl</i>	5
<i>cyclopentolate</i>	80	DDAVP	118	<i>dextroamphetamine sulfate</i>	158
<i>cyclophosphamide</i>	33, 34	<i>deblitane</i>	84	<i>dextroamphetamine-</i>	
CYCLOPHOSPHAMIDE....	34	<i>decara</i>	205	<i>amphetamine</i>	158
<i>cycloserine</i>	105	<i>decitabine</i>	36	DHIVY	53
<i>cyclosporine</i>	49	<i>deferasirox</i>	101	DIACOMIT	12
<i>cyclosporine modified</i>	49	<i>deferiprone</i>	101	<i>dialyvit 800</i>	204
CYKLOKAPRON.....	73	<i>deflazacort</i>	6	DIATRUE PLUS TEST STRIP	
<i>cyproheptadine</i>	22	DELESTROGEN	85	.....	65
CYRAMZA.....	40	DELSTRIGO.....	60	<i>diazepam</i>	11, 159
<i>cyred eq</i>	145	<i>demeclocycline</i>	183	<i>diazepam intensol</i>	159
CYSTADROPS.....	127	DEMEROL.....	133	DIBENZYLINE	24
CYSTAGON	128	DEMEROL (PF).....	133	<i>dichlorphenamide</i>	121
CYSTARAN	127	DENGVAXIA (PF).....	199	DICLOFENAC EPOLAMINE	
<i>cytarabine</i>	36	<i>denta 5000 plus</i>	99	.....	143
<i>cytarabine (pf)</i>	36	<i>denta 5000 plus sensitive</i>	99	<i>diclofenac potassium</i>	140
CYTOMEL	187	<i>dentagel</i>	99	<i>diclofenac sodium</i>	140, 143
CYTOTEC	194	DEPAKOTE.....	12	<i>diclofenac-misoprostol</i>	140
D		DEPAKOTE ER.....	12	<i>dicloxacillin</i>	157
<i>dabigatran etexilate</i>	78	DEPAKOTE SPRINKLES..	12	<i>dicyclomine</i>	18
<i>dacarbazine</i>	47	DEPEN TITRATABS	153	<i>diethylpropion</i>	7
<i>dactinomycin</i>	32	DEPO-ESTRADIOL	85	DIFICID	83
<i>dalfampridine</i>	122	DEPO-MEDROL	6	<i>diflorasone</i>	192
DALIRESP.....	177	DEPO-PROVERA.....	84	DIFLUCAN.....	20
<i>danazol</i>	121	DEPO-SUBQ PROVERA	104	<i>diflunisal</i>	139
DANTRIUM	131	.....	84	<i>difluprednate</i>	181
<i>dantrolene</i>	131	DEPO-TESTOSTERONE..	117	<i>digoxin</i>	70
DANYELZA	46	<i>dermacinrx lidocan</i>	188	<i>dihydroergotamine</i>	95
DANZITEN.....	42	DERMA-SMOOTH/FS		DILANTIN	13
DAPAGLIFLOZ		BODY OIL	191	DILANTIN EXTENDED....	13
PROPANED-METFORMIN		DERMA-SMOOTH/FS		DILANTIN INFATABS	13
.....	139	SCALP OIL	191	DILANTIN-125.....	13
DAPAGLIFLOZIN		DERMOTIC OIL	127	DILAUDID.....	133
PROPANEDIOL	139	DESCOVY	58	DILAUDID (PF)	133
<i>dapsone</i>	104, 185	<i>desipramine</i>	169	<i>diltiazem</i>	28
DAPTACEL (DTAP		<i>desmopressin</i>	118	<i>dilt-xr</i>	28
PEDIATRIC) (PF)	200	DESMOPRESSIN	118	<i>dimethyl fumarate</i>	129
<i>daptomycin</i>	106	<i>desog-e.estradiol/e.estradiol</i>		DIOVAN	26
DAPTOMYCIN	106	.....	145	DIOVAN HCT	24
DARAPRIM.....	104	<i>desonide</i>	191	DIPENTUM	113
<i>darifenacin</i>	11	DESOWEN	191	<i>diphenhydramine hcl</i>	22
<i>darunavir</i>	58	<i>desoximetasone</i>	191, 192	<i>diphenoxylate-atropine</i>	19
DARZALEX	35	DESVENLAFAXINE	167	DIPROLENE	
DARZALEX FASPRO	35	<i>desvenlafaxine succinate</i>	167	(AUGMENTED).....	192

<i>dipyridamole</i>	78	DUROLANE	140	EFUDEX	110
<i>diskets</i>	133	<i>dutasteride</i>	61	EGRIFTA SV	89
<i>disopyramide phosphate</i>	8	<i>dutasteride-tamsulosin</i>	62	ELAHERE	46
<i>disulfiram</i>	98	DYMISTA	177	ELAPRASE	120
DIURIL	31	DYRENIUM	30	ELELYSO	120
<i>divalproex</i>	13	E		ELEMENT COMPACT TEST	
DIVIGEL	85	E.E.S. GRANULES	83	STRIPS	65
<i>docetaxel</i>	47	EASIVENT HOLDING		ELEMENT TEST STRIPS	65
DOCIVYX	47	CHAMBER	80	ELESTRIN	85
<i>dodex</i>	205	EASY PLUS II TEST	65	<i>eletriptan</i>	95
<i>dofetilide</i>	8	EASY STEP	65	ELFABRIO	120
<i>dolishale</i>	145	EASY TALK GLUCOSE		ELIDEL	110
<i>donepezil</i>	122	TEST	65	ELIGARD	41
DOPTELET (15 TAB PACK)		EASY TALK PLUS II TEST		ELIGARD (3 MONTH)	41
.....	78	STRIP	65	ELIGARD (4 MONTH)	41
DORAL	166	EASY TOUCH BLULINK		ELIGARD (6 MONTH)	41
DORYX MPC	183	TEST STRIP	65	<i>elinest</i>	145
<i>dorzolamide</i>	152	EASY TOUCH GLUCOSE		ELIQUIS	75
DORZOLAMIDE (PF)	152	MONITOR	68	ELIQUIS DVT-PE TREAT	
<i>dorzolamide-timolol</i>	152	EASY TOUCH TEST STRIP		30D START	75
<i>dorzolamide-timolol (pf)</i>	152	.....	65	ELITEK	5
<i>dotti</i>	85	EASY TRAK GLUCOSE		ELIXOPHYLLIN	179
DOVATO	56	TEST	65	ELLA	145
<i>doxazosin</i>	24	EASY TRAK II TEST STRIP		ELLECE	32
<i>doxepin</i>	108, 166, 169	.....	65	ELMIRON	128
<i>doxercalciferol</i>	119	EASYGLUCO		ELOCTATE	73
DOXIL	32	MONITORING SYSTEM	68	ELREXFIO	46
<i>doxorubicin</i>	32	EASYGLUCO TEST	65	<i>eluryng</i>	124
<i>doxorubicin, peg-liposomal</i>	32	EASYMAX	65	ELYXYB	95
<i>doxy-100</i>	183	EASYMAX NG	68	ELZONRIS	45
<i>doxycycline hyclate</i>	183, 184	EASYMAX T1	68	EMBRACE BLOOD	
<i>doxycycline monohydrate</i>	184	EC-NAPROSYN	140	GLUCOSE SYSTEM	65
<i>dronabinol</i>	112	<i>econazole nitrate</i>	189	EMBRACE EVO TEST	
<i>droperidol</i>	112	<i>econtra ez</i>	145	STRIPS	65
<i>drospirenone-e.estradiol-lm,fa</i>		<i>econtra one-step</i>	145	EMBRACE PRO TEST	
.....	145	<i>ecotrin low strength</i>	143	STRIPS	65
<i>drospirenone-ethinyl estradiol</i>		ECOZA	189	EMBRACE TALK BLOOD	
.....	145	<i>edaravone</i>	122	GLUCOSE SYS	68
DROXIA	51	EDARAVONE	122	EMBRACE TALK TEST	
<i>droxidopa</i>	97	EDARBI	26	STRIPS	65
DRYSOL DAB-O-MATIC	108	EDARBYCLOR	24	EMEND	111
DUAVEE	87	EDECRIAN	29	EMEND (FOSAPREPITANT)	
DUETACT	138	EDEX	128	.....	110
DULERA	173	EDLUAR	166	EMFLAZA	6
<i>duloxetine</i>	168	EDURANT	58	EMGALITY PEN	95
DUOBRII	190	<i>efavirenz</i>	58	EMGALITY SYRINGE	95, 97
DUOPA	53	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	60	EMPAVELI	98
DUPIXENT PEN	109	.....	60	EMPLICITI	37
DUPIXENT SYRINGE	109	<i>effek-1</i>	82	EMSAM	165
<i>duramorph (pf)</i>	133	EFFER-K	82	<i>emtricitabine</i>	59
DUREZOL	181	EFFIENT	78	<i>emtricitabine-tenofovir (tdf)</i>	58

EMTRIVA.....	59	<i>ergotamine-caffeine</i>	95	EVAMIST	86
EMVERM	104	<i>eribulin</i>	39	EVENITY	151
<i>emzahn</i>	84	ERIVEDGE	38	<i>everolimus (antineoplastic)</i> ..39	
<i>enalapril maleate</i>	25	ERLEADA	35	<i>everolimus</i>	
<i>enalapril-hydrochlorothiazide</i>		<i>erlotinib</i>	42	(<i>immunosuppressive</i>).....	49
.....	23	<i>errin</i>	84	EVISTA.....	151
ENBREL	154	ERTACZO.....	189	EVKEEZA.....	92
ENBREL MINI	154	<i>ertapenem</i>	106	EVOLUTION TEST STRIPS	
ENBREL SURECLICK	154	<i>ery pads</i>	186	.....	65
<i>endocet</i>	132	ERYPED 200	83	EVOMELA.....	34
ENGERIX-B (PF)	201	ERYPED 400	83	EVOTAZ.....	60
ENGERIX-B PEDIATRIC		<i>ery-tab</i>	83	EVOXAC	101
(PF).....	201	ERY-TAB.....	83	EVRYSDI.....	123
ENHERTU	46	ERYTHROCIN	83	EXELON PATCH.....	123
<i>enilloring</i>	124	<i>erythromycin</i>	9, 84	<i>exemestane</i>	37
ENJAYMO.....	98	<i>erythromycin ethylsuccinate</i>	83	EXFORGE.....	25
<i>enoxaparin</i>	76	<i>erythromycin lactobionate</i>	84	EXFORGE HCT.....	24
<i>enpresse</i>	145	<i>erythromycin with ethanol</i> ..	186	EXJADE	101
<i>enskyce</i>	145	<i>erythromycin-benzoyl peroxide</i>		EXONDYS-51.....	123
ENSPRYNG.....	50	.....	186	EXTENCILLINE	157
ENSTILAR	55	ERZOFRI	160	EYLEA HD	126
<i>entacapone</i>	53	ESBRIET.....	171	EYSUVIS	181
ENTADFI.....	62	<i>escitalopram oxalate</i>	167	<i>ezetimibe</i>	94
<i>entecavir</i>	61	ESGIC	132	<i>ezetimibe-simvastatin</i>	92
ENTRESTO	108	<i>esomeprazole magnesium</i> ... 194		F	
ENTYVIO	114	<i>esomeprazole sodium</i>	194	FABHALTA.....	98
<i>enulose</i>	110	ESPEROCT	74	FABIOR	186
ENVARUSUS XR	49	<i>estarylla</i>	145	FABRAZYME	120
EOHILIA.....	113	<i>estazolam</i>	166	<i>falmina (28)</i>	146
EPIDIOLEX	11	ESTRACE	85, 87	<i>famciclovir</i>	57
EPIFOAM	55	<i>estradiol</i>	86, 87, 88	<i>famotidine</i>	194
<i>epinastine</i>	126	<i>estradiol valerate</i>	86	<i>famotidine (pf)</i>	194
<i>epinephrine</i>	21	<i>estradiol-norethindrone acet</i>	86	<i>famotidine (pf)-nacl (iso-os)</i>	
EPINEPHRINE.....	21	ESTRING	88	.....	194
EPIPEN	22	ESTROGEL.....	86	FANAPT.....	160
EPIPEN JR	22	<i>eszopiclone</i>	166	FARESTON	51
<i>epirubicin</i>	32	<i>ethacrynic acid</i>	30	FARXIGA	139
<i>epitol</i>	13	<i>ethambutol</i>	105	FASENRA.....	176
EPIVIR.....	59	<i>ethosuximide</i>	13	FASENRA PEN	176
EPKINLY	46	<i>ethynodiol diac-eth estradiol</i>		FASLODEX	51
<i>eplerenone</i>	30	.....	146	FC2 FEMALE CONDOM ..	81
EPOGEN.....	63	<i>etodolac</i>	140	<i>febuxostat</i>	89
<i>epoprostenol</i>	30	<i>etonogestrel-ethinyl estradiol</i>		FEIBA NF	74
EPRONTIA	13	.....	124	<i>felbamate</i>	13
EQUETRO	18	ETOPOPHOS.....	47	FELBATOL.....	13
ERAXIS(WATER DILUENT)		<i>etoposide</i>	47	<i>felodipine</i>	29
.....	21	<i>etravirine</i>	58	FEMARA	37
ERBITUX	40	EUCRISA.....	109	FEMCAP	81
<i>ergocalciferol (vitamin d2)</i>	205	EUFLEXXA.....	140	FEMRING	88
<i>ergoloid</i>	171	EULEXIN.....	35	<i>fenofibrate</i>	94
ERGOMAR.....	95	<i>euthyrox</i>	187	FENOFIBRATE.....	94

<i>fenofibrate micronized</i>	94	FLUAD TRIV 2024-25(65Y UP)(PF)	198	FLUTICASONE PROPION- SALMETEROL.....	173, 174
<i>fenofibrate nanocrystallized</i>	94	FLUARIX TRIV 2024-2025 (PF).....	198	<i>fluvastatin</i>	93
<i>fenofibric acid</i>	95	FLUBLOK TRIV 2024-2025 (PF).....	198	<i>fluvoxamine</i>	167
<i>fenofibric acid (choline)</i>	94	FLUCELVAX TRIV 2024- 2025	199	FLUZONE HIGH-DOSE TRIV 24-25	199
FENOGLIDE	95	FLUCELVAX TRIV 2024- 2025 (PF).....	198	FLUZONE TRIV 2024-2025	199
<i>fenoprofen</i>	141	<i>fluconazole</i>	20	FLUZONE TRIV 2024-2025 (PF).....	199
FENOPROFEN	140	<i>fluconazole in nacl (iso-osm)</i>	20	FML FORTE	182
FENSOLVI	50	<i>flucytosine</i>	20	FML LIQUIFILM	182
<i>fantanyl</i>	133	<i>fludarabine</i>	36	FOCALIN.....	170
<i>fantanyl citrate</i>	133	<i>fludrocortisone</i>	7	FOCALIN XR	170
FENTANYL CITRATE (PF)	133	FLULAVAL TRIV 2024-2025 (PF).....	199	FOCINVEZ	111
FERAHEME	203	FLUMIST TRIVALENT 2024-2025.....	199	<i>folic acid</i>	203
FERRIPROX.....	101	<i>flunisolide</i>	177	<i>folitab</i>	203
FERRIPROX (2 TIMES A DAY).....	101	<i>fluocinolone</i>	192	FOLOTYN	36
FERRLECIT.....	100	<i>fluocinolone acetonide oil</i> ..	127	<i>foltabs 800</i>	204
<i>ferumoxytol</i>	203	<i>fluocinolone and shower cap</i>	192	<i>fondaparinux</i>	77
<i>fesoterodine</i>	10	<i>fluocinonide</i>	192	FORA 6 CONNECT GLUCOSE STRIP.....	65
FETROJA	72	<i>fluocinonide-e</i>	192	FORA 6CONN-GTEL-TN'G ADV STRIP.....	65
FETZIMA	168	<i>fluoride (sodium)</i>	99, 203	FORA D40-G31 TEST STRIPS	65
FIASP FLEXTOUCH U-100 INSULIN.....	90	FLUORIDEX DAILY DEFENSE	99	FORA G20.....	65, 68
FIASP PENFILL U-100 INSULIN.....	90	FLUORIDEX SENSITIVITY RELIEF	99	FORA GD50 TEST STRIPS	65
FIASP PUMPCART	90	FLUORIMAX 5000	99	FORA GTEL GLUCOSE TEST STRIP.....	65
FIASP U-100 INSULIN.....	90	FLUORIMAX 5000 SENSITIVE.....	99	FORA TEST STRIP	65
FIBRICOR	95	<i>fluorometholone</i>	181	FORA TN'G ADVAN PRO TEST STRIP.....	65
FIBRYGA	73	<i>fluorouracil</i>	36, 110	FORA TN'G VOICE METER	68
FINACEA	185	<i>flouxetine</i>	167	FORA TN'G VOICE TEST STRIPS	66
<i>finasteride</i>	62	<i>fluphenazine decanoate</i>	164	FORA V10.....	66
<i>finngolimod</i>	129	<i>fluphenazine hcl</i>	164	FORA V10-V12-D10-D20 STRIPS	66
FINTEPLA	13	<i>flurandrenolide</i>	192	FORACARE GD20.....	66
<i>finzala</i>	146	<i>flurazepam</i>	166	FORACARE GD40 TEST STRIPS	66
FIORICET.....	132	<i>flurbiprofen</i>	141	FORFIVO XL.....	165
FIRAZYR.....	174	<i>flurbiprofen sodium</i>	143	<i>formoterol fumarate</i>	172
FIRMAGON KIT W DILUENT SYRINGE	41	FLUTICASONE FUROATE- VILANTEROL.....	173	FOSAMAX.....	152
FIRVANQ	202	<i>fluticasone propionate</i> 177, 192		FOSAMAX PLUS D.....	151
<i>flac otic oil</i>	127	FLUTICASONE PROPIONATE	175	<i>fosamprenavir</i>	60
FLAGYL	104	<i>fluticasone propion-salmeterol</i>	174	<i>fosaprepitant</i>	111
FLAREX	181			<i>foscarnet</i>	57
<i>flavoxate</i>	10			FOSCAVIR	57
FLEBOGAMMA DIF	196				
<i>flecainide</i>	8				
FLEXICHAMBER.....	80				
FLOLAN	30				
FLOLIPID	93				
FLOMAX.....	62				
<i>floxuridine</i>	36				

<i>fosfomycin tromethamine</i> ...	195	<i>gavilyte-g</i>	114	GLUCOCARD EXPRESSION	66, 68
<i>fosinopril</i>	25	<i>gavilyte-n</i>	114	GLUCOCARD SHINE	
<i>fosinopril-hydrochlorothiazide</i>	23	GAVRETO	43	CONNEX METER	68
.....	23	GAZYVA	32	GLUCOCARD SHINE	
<i>fosphenytoin</i>	13	GE100 BLOOD GLUCOSE		EXPRESS METER	68
FOSRENOL	81	SYSTEM	68	GLUCOCARD SHINE TEST	
FOTIVDA	42	GE100 BLOOD GLUCOSE		STRIPS	66
FRAGMIN	77	TEST STRIP	66	GLUCOCARD VITAL	68
<i>fraiche 5000</i>	99	GE333 BLOOD GLUCOSE		GLUCOCARD VITAL	
FREESTYLE FREEDOM		TEST STRIP	66	SENSOR	66
LITE	68	<i>gefitinib</i>	43	GLUCOCARD VITAL TEST	
FREESTYLE INSULINX....	66	<i>gemcitabine</i>	36	STRIPS	66
FREESTYLE INSULINX		GEMCITABINE	36	GLUCOCOM BLOOD	
TEST STRIPS	66	<i>gemfibrozil</i>	95	GLUCOSE.....	68
FREESTYLE LITE METER	68	<i>gemmily</i>	146	GLUCOCOM GLUCOSE....	66
FREESTYLE LITE STRIPS	66	GEMTESA	10	GLUCOTROL XL.....	138
FREESTYLE PRECISION		<i>generlac</i>	110	<i>glyburide</i>	138
NEO METER	68	<i>gengraf</i>	49	<i>glyburide micronized</i>	138
FREESTYLE PRECISION		GENOTROPIN	89	<i>glyburide-metformin</i>	139
NEO STRIPS	66	GENOTROPIN MINIQUICK		<i>glycopyrrolate</i>	18
FREESTYLE TEST	66	.....	89	GLYXAMBI.....	138
FRINDOVYX	34	<i>gentamicin</i>	9, 103, 189	GM100.....	66, 68
<i>frovatriptan</i>	96	<i>gentamicin in nacl (iso-osm)</i>	103	GOJJI BLOOD GLUCOSE	
FRUZAQLA.....	42	.....	103	TEST STRIP.....	66
<i>full spectrum b-vitamin c</i>	204	GENTAMICIN IN NAACL		GRALISE	18
<i>fulvestrant</i>	51	(ISO-OSM).....	103	<i>granisetron (pf)</i>	111
<i>furosemide</i>	30	<i>gentamicin sulfate (ped) (pf)</i>	103	<i>granisetron hcl</i>	111
FUZEON	58	.....	103	<i>griseofulvin microsize</i>	21
FYARRO.....	39	<i>gentle laxative (bisacodyl)</i> ..	114	<i>griseofulvin ultramicrosize</i> ...	21
<i>fyavolv</i>	86	GENVOYA	61	<i>guanfacine</i>	27, 169
FYCOMPA	13	GEODON	161	GVOKE	88
G		GILENYA	129	GVOKE HYPOPEN 2-PACK	88
<i>gabapentin</i>	13, 18	GILOTRIF	43	.....	88
GALAFOLD	121	GLASSIA	102	GYNAZOLE-1	125
<i>galantamine</i>	123	<i>glatiramer</i>	129	H	
<i>gallifrey</i>	87	GLEOSTINE.....	34	HADLIMA	154
GAMASTAN	196	GLIADEL WAFER.....	34	HADLIMA PUSHTOUCH	154
GAMIFANT.....	49	<i>glimepiride</i>	138	HADLIMA(CF).....	154
GAMMAGARD LIQUID ..	196	<i>glipizide</i>	138	HADLIMA(CF)	
GAMMAGARD S-D (IGA < 1		GLIPIZIDE.....	138	PUSHTOUCH	154
MCG/ML)	196	<i>glipizide-metformin</i>	139	HAEGARDA.....	174
GAMMAKED.....	196	GLUCAGON (HCL)		<i>hailey</i>	146
GAMMAPLEX	196	EMERGENCY KIT	88	<i>hailey 24 fe</i>	146
GAMMAPLEX (WITH		<i>glucagon emergency kit</i>		<i>hailey fe 1.5/30 (28)</i>	146
SORBITOL).....	196	(human)	88	<i>hailey fe 1/20 (28)</i>	146
GAMUNEX-C	196	GLUCO NAVII TEST STRIP		HALAVEN.....	39
<i>ganciclovir sodium</i>	57	.....	66	HALCION	166
GARDASIL 9 (PF)	201	GLUCOCARD 01 METER..	68	HALDOL DECANOATE ..	163
GASTROCROM	115	GLUCOCARD 01 SENSOR		<i>halobetasol propionate</i>	192
<i>gatifloxacin</i>	9	PLUS	66	<i>haloette</i>	124
<i>gavilyte-c</i>	114				

HALOG.....	192	<i>hydrocodone-</i>	IDELVION.....	76
<i>haloperidol</i>	164	<i>chlorpheniramine</i>	IDHIFA.....	46
<i>haloperidol decanoate</i>	163	<i>hydrocodone-homatropine</i> ...	IFEX.....	34
<i>haloperidol lactate</i>	163, 164	<i>hydrocodone-ibuprofen</i>	<i>ifosfamide</i>	34
HAVRIX (PF).....	201	<i>hydrocortisone</i>	IHEALTH GLUCO PLUS	
HEALTHPRO GLUCOSE		<i>hydrocortisone butyrate</i>	METER.....	68
MONITOR.....	68	<i>hydrocortisone valerate</i>	IHEALTH GLUCOSE TEST	
HEALTHPRO TEST STRIPS		<i>hydrocortisone-acetic acid</i> ..	STRIP.....	66
.....	66	<i>hydrocortisone-pramoxine</i> ..	ILARIS (PF).....	63
<i>heather</i>	84	<i>hydromet</i>	ILEVRO.....	144
HECTOROL.....	119	<i>hydromorphone</i>	ILUVIEN.....	182
HEMANGEOL.....	27	HYDROMORPHONE.....	<i>imatinib</i>	43
HEMLIBRA.....	76	<i>hydromorphone (pf)</i>	IMBRUVICA.....	43
HEMOFIL M HIGH.....	74	HYDROMORPHONE (PF).....	IMCIVREE.....	8
HEMOFIL M LOW.....	74	HYDROMORPHONE (PF) IN	IMDELLTRA.....	46
HEMOFIL M MID.....	74	WATER.....	IMFINZI.....	48
HEMOFIL M SUPER HIGH.....	74	<i>hydroxocobalamin</i>	<i>imipenem-cilastatin</i>	106
HEPAGAM B.....	196	<i>hydroxychloroquine</i>	<i>imipramine hcl</i>	169
<i>heparin (porcine)</i>	77	<i>hydroxyurea</i>	<i>imipramine pamoate</i>	169
<i>heparin (porcine) in 5 % dex</i>	77	<i>hydroxyzine hcl</i>	<i>imiquimod</i>	91, 92
<i>heparin (porcine) in nacl (pf)</i>	77	<i>hydroxyzine pamoate</i>	IMITREX STATDOSE PEN	96
.....	77	HYFTOR.....	IMITREX STATDOSE	
<i>heparin lock flush (porcine)</i>	77	HYLENEX.....	REFILL.....	96
<i>heparin lockflush(porcine)(pf)</i>	77	<i>hyoscyamine sulfate</i>	IMJUDO.....	48
.....	77	<i>hyosyne</i>	IMKELDI.....	43
HEPARIN(PORCINE) IN		HYPERRAB (PF).....	IMPAVIDO.....	105
0.45% NACL.....	77	HYPER-SAL.....	IMPOYZ.....	192
<i>heparin, porcine (pf)</i>	77	HYQVIA.....	IMURAN.....	49
HEPARIN, PORCINE (PF).....	77	HYRIMOZ.....	IMVEXXY MAINTENANCE	
HEPLISAV-B (PF).....	201	HYRIMOZ PEN.....	PACK.....	87
<i>her style</i>	146	HYRIMOZ PEN CROHN'S-	IMVEXXY STARTER PACK	
HERCEPTIN HYLECTA....	40	UC STARTER.....	.....	87
HERZUMA.....	40	HYRIMOZ PEN PSORIASIS	<i>incassia</i>	84
HETLIOZ.....	164	STARTER.....	INCRELEX.....	100
HETLIOZ LQ.....	164	HYRIMOZ(CF).....	<i>indapamide</i>	31
HIBERIX (PF).....	200	HYRIMOZ(CF) PEDI	INDERAL LA.....	27
HIZENTRA.....	196	CROHN STARTER.....	<i>indomethacin</i>	141
<i>homatropaire</i>	80	HYRIMOZ(CF) PEN.....	INFANRIX (DTAP) (PF)...	200
HUMATE-P.....	74	HYSINGLA ER.....	INFED.....	203
HUMULIN R U-500 (CONC)		HYZAAR.....	INFINITY STARTER KIT..	68
INSULIN.....	90	I	INFINITY TEST STRIPS....	66
HUMULIN R U-500 (CONC)		<i>ibandronate</i>	INFLECTRA.....	112
KWIKPEN.....	90	IBRANCE.....	INFUMORPH P/F.....	134
HYCAMTIN.....	39	<i>ibu</i>	INGREZZA.....	123
<i>hydralazine</i>	27	<i>ibuprofen</i>	INGREZZA INITIATION	
HYDREA.....	34	<i>icatibant</i>	PK(TARDIV).....	123
<i>hydrochlorothiazide</i>	31	<i>iclevia</i>	INGREZZA SPRINKLE....	123
<i>hydrocodone bitartrate</i>	133	ICLUSIG.....	INJECTAFER.....	203
<i>hydrocodone-acetaminophen</i>		<i>icosapent ethyl</i>	INLYTA.....	43
.....	132	IDAMYCIN PFS.....	INQOVI.....	36
		<i>idarubicin</i>	INREBIC.....	43

INSPRA.....	30	JAZZ WIRELESS 2 METER KIT	69	KLARON	188
INSULIN SYRINGE- NEEDLE U-100	80	JELMYTO	32	<i>klayesta</i>	189
INTELENCE.....	59	JEMPERLI	45	KLISYRI	52
INTRAROSA	124	<i>jencycla</i>	85	KLONOPIN.....	11
INTUNIV ER	169	JEVTANA	47	<i>klor-con</i>	82
INVEGA HAFYERA.....	161	<i>jinteli</i>	86	<i>klor-con 10</i>	82
INVEGA SUSTENNA.....	161	JIVI.....	74	<i>klor-con 8</i>	82
INVEGA TRINZA	161	<i>jolessa</i>	146	<i>klor-con m10</i>	82
IOPIDINE.....	183	JUBLIA	189	<i>klor-con m15</i>	82
IPOL	197	<i>juleber</i>	146	<i>klor-con m20</i>	82
<i>ipratropium bromide</i> ..	101, 171	JULUCA.....	56	<i>klor-con/ef</i>	82
<i>ipratropium-albuterol</i>	173	<i>junel 1.5/30 (21)</i>	146	KOATE.....	74
<i>irbesartan</i>	26	<i>junel 1/20 (21)</i>	146	<i>kobee</i>	204
<i>irbesartan-hydrochlorothiazide</i>	24	<i>junel fe 1.5/30 (28)</i>	146	KOGENATE FS	74
IRESSA	43	<i>junel fe 1/20 (28)</i>	146	KOSELUGO.....	38
<i>irinotecan</i>	39	<i>junel fe 24</i>	146	<i>kourzeq</i>	98
ISENTRESS	60	JUST RIGHT 5000.....	99	KOVALTRY	74
ISENTRESS HD	60	JUXTAPID	93	K-PHOS ORIGINAL	128
<i>isibloom</i>	146	JYLAMVO.....	36	KRAZATI.....	38
<i>isoniazid</i>	105	JYNARQUE.....	121	KRISTALOSE.....	114
ISORDIL	136	JYNNEOS (PF).....	201	KRYSTEXXA.....	88
ISORDIL TITRADOSE.....	136	K		<i>kurvelo (28)</i>	147
<i>isosorbide dinitrate</i>	136	KADCYLA	46	KUVAN.....	121
<i>isosorbide mononitrate</i>	136	<i>kaitlib fe</i>	146	KYLEENA	81
<i>isosorbide-hydralazine</i>	31	KALBITOR.....	177	KYMRIAH	38
<i>isotretinoin</i>	185	KALETRA	59, 60	KYPROLIS.....	43
ISTALOL	62	<i>kalliga</i>	146	KYZATREX.....	117
ISTODAX	33	KALYDECO	175	L	
ISTURISA.....	117	KANJINTI.....	40	<i>l norgest/e.estradiol-e.estrad</i>	147
<i>itraconazole</i>	20	KANUMA	121	<i>labetalol</i>	23
<i>ivabradine</i>	108	KARBINAL ER	22	<i>lacosamide</i>	14
<i>ivermectin</i>	104, 185	<i>kariva (28)</i>	146	<i>lactated ringers</i>	92
IWILFIN.....	43	<i>kelnor 1/35 (28)</i>	146	<i>lactulose</i>	110, 114
IXEMPRA.....	38	<i>kelnor 1/50 (28)</i>	146	LAGEVRIO (EUA).....	57
IXINITY	76	<i>kemoplat</i>	34	LAMICTAL	14
J		KENALOG.....	6, 193	LAMICTAL ODT	14
JADENU	101	KEPPRA.....	13	LAMICTAL ODT STARTER (BLUE).....	14
JADENU SPRINKLE	101	KEPPRA XR	13	LAMICTAL ODT STARTER (GREEN).....	14
<i>jaimiess</i>	146	KERENDIA.....	30	LAMICTAL ODT STARTER (ORANGE).....	14
JAKAFI.....	38	KESIMPTA PEN	129	LAMICTAL STARTER (BLUE) KIT	14
<i>jantoven</i>	72	<i>ketoconazole</i>	20, 189	LAMICTAL STARTER (GREEN) KIT	14
JANUMET	139	<i>ketoprofen</i>	141	LAMICTAL STARTER (ORANGE) KIT	14
JANUMET XR.....	139	<i>ketorolac</i>	141, 144	LAMICTAL XR.....	14
JANUVIA	138	KEVEYIS.....	121		
JARDIANCE.....	139	KEYTRUDA	45		
<i>jasmiel (28)</i>	146	KHAPZORY	5		
JATENZO	117	KIMMTRAK.....	38		
<i>javygtor</i>	121	KINRIX (PF).....	200		
JAYPIRCA.....	43	KISQALI	43		
		KITABIS PAK	103		

LAMICTAL XR STARTER (BLUE).....	14	<i>levocarnitine</i>	100	LODOCO	108
LAMICTAL XR STARTER (GREEN).....	14	<i>levocarnitine (with sugar)</i> ..	100	LODOSYN	54
LAMICTAL XR STARTER (ORANGE).....	14	<i>levofloxacin</i>	180	LOESTRIN 1.5/30 (21).....	147
<i>lamivudine</i>	59, 61	<i>levofloxacin in d5w</i>	180	LOESTRIN 1/20 (21).....	147
<i>lamivudine-zidovudine</i>	58	<i>levoleucovorin calcium</i>	5	LOESTRIN FE 1.5/30 (28- DAY)	147
<i>lamotrigine</i>	15	<i>levonest (28)</i>	147	LOESTRIN FE 1/20 (28-DAY)	147
LAMPIT	105	<i>levonorgestrel</i>	147	<i>lojaimiess</i>	147
LANCETS.....	89	<i>levonorgestrel-ethinyl estrad</i>	147	LOKELMA.....	81
LANOXIN.....	70	<i>levonorg-eth estrad triphasic</i>	147	LOMOTIL	19
<i>lanreotide</i>	51	<i>levora-28</i>	147	LONSURF.....	36
<i>lansoprazole</i>	194	<i>levorphanol tartrate</i>	134	LOPID	95
<i>lanthanum</i>	81	<i>levo-t</i>	187	<i>lopinavir-ritonavir</i>	60
LANTUS SOLOSTAR U-100 INSULIN.....	90	<i>levothyroxine</i>	187	LOPRESSOR	27
LANTUS U-100 INSULIN..	90	LEVOTHYROXINE.....	187	LOQTORZI	45
<i>lapatinib</i>	43	<i>levoxyl</i>	187	<i>lorazepam</i>	160, 166
<i>larin 1.5/30 (21)</i>	147	LEVSIN.....	19	<i>lorazepam intensol</i>	159
<i>larin 1/20 (21)</i>	147	LEVSIN/SL.....	19	<i>loryna (28)</i>	148
<i>larin 24 fe</i>	147	LEVULAN	109	<i>losartan</i>	26
<i>larin fe 1.5/30 (28)</i>	147	LIBERVANT	11	<i>losartan-hydrochlorothiazide</i>	25
<i>larin fe 1/20 (28)</i>	147	<i>lidocaine</i>	188	LOTEMAX.....	182
LASIX.....	30	<i>lidocaine (pf)</i>	188	LOTEMAX SM.....	182
<i>latanoprost</i>	152	<i>lidocaine hcl</i>	188	LOTENSIN.....	25
LATUDA	161	<i>lidocaine viscous</i>	188	LOTENSIN HCT.....	23
<i>laxative (bisacodyl)</i>	115	<i>lidocaine-prilocaine</i>	188	<i>loteprednol etabonate</i>	182
<i>layolis fe</i>	147	<i>lidocan iii</i>	188	LOTREL.....	23
LEDIPASVIR-SOFOSBUVIR	61	<i>lidocan iv</i>	188	LOTRONEX.....	114
<i>leena 28</i>	147	<i>lidocan v</i>	188	<i>lovastatin</i>	93
<i>leflunomide</i>	154	LILETTA.....	81	LOVAZA.....	95
LENTOCILIN S.....	157	LINCOCIN.....	107	LOVENOX.....	77, 78
LENVIMA	43	<i>lincomycin</i>	107	<i>low-ogestrel (28)</i>	148
LEQVIO.....	93	<i>linezolid</i>	107	<i>loxapine succinate</i>	163
LESCOL XL	93	<i>linezolid in dextrose 5%</i>	107	<i>lo-zumandimine (28)</i>	148
<i>lessina</i>	147	<i>linezolid-0.9% sodium chloride</i>	107	<i>lubiprostone</i>	115
<i>letrozole</i>	37	LINZESS	113	LUCENTIS.....	126
<i>leucovorin calcium</i>	5	<i>liothyronine</i>	187	LUMAKRAS.....	38
LEUKERAN	34	LIPITOR.....	93	LUMIGAN	152
LEUKINE.....	64	LIPOFEN.....	95	LUMIZYME.....	120
<i>leuprolide</i>	41	<i>lisdexamphetamine</i>	158	LUMRYZ	160
<i>levalbuterol hcl</i>	172	<i>lisinopril</i>	25	LUMRYZ STARTER PACK	160
LEVALBUTEROL TARTRATE.....	172	<i>lisinopril-hydrochlorothiazide</i>	23	LUNSUMIO	46
LEVBID	19	<i>lithium carbonate</i>	164	LUPRON DEPOT	41, 50
<i>levetiracetam</i>	15	<i>lithium citrate</i>	164	LUPRON DEPOT (3 MONTH)	41, 50
<i>levetiracetam in nacl (iso-os)</i>	15	LITHOBID	164	LUPRON DEPOT (4 MONTH)	41
<i>levobunolol</i>	62	LITHOSTAT	97	LUPRON DEPOT (6 MONTH)	41
		LIVTENCITY	57		
		LO LOESTRIN FE.....	147		
		LOCOID.....	193		

LUPRON DEPOT-PED .50, 51	MEDROL	6	METHYLIN	170
LUPRON DEPOT-PED (3	MEDROL (PAK)	6	<i>methylphenidate</i>	170
MONTH)	<i>medroxyprogesterone</i>	84, 87	<i>methylphenidate hcl</i>	170
<i>lurasidone</i>	<i>mefenamic acid</i>	141	METHYLPHENIDATE HCL	
<i>lutea</i> (28)	<i>mefloquine</i>	104	.....	170
LUZU	<i>megestrol</i>	48, 52	<i>methylprednisolone</i>	7
LYBALVI	MEKINIST	39	<i>methylprednisolone acetate</i>	6
<i>lyleq</i>	MEKTOVI	39	<i>metoclopramide hcl</i>	114
<i>lyllana</i>	<i>meloxicam</i>	141	<i>metolazone</i>	31
LYNPARZA	<i>melphalan hcl</i>	34	<i>metoprolol succinate</i>	27
LYRICA	<i>memantine</i>	122	<i>metoprolol ta-hydrochlorothiaz</i>	
LYRICA CR	MEMANTINE	122	.....	28
LYSODREN	MENEST	86	<i>metoprolol tartrate</i>	27
LYTGOBI	MENOSTAR	86	<i>metro i.v.</i>	104
<i>lyza</i>	MENQUADFI (PF)	197	METROCREAM	185
M	MENVEO A-C-Y-W-135-DIP		METROGEL	185
MACROBID	(PF)	197, 198	<i>metronidazole</i>	104, 125, 185
<i>magnesium citrate</i>	<i>meperidine</i>	134	<i>metronidazole in nacl (iso-os)</i>	
MALARONE	<i>meperidine (pf)</i>	134	.....	104
MALARONE PEDIATRIC	<i>meprobamate</i>	130	<i>metyrosine</i>	26
<i>malathion</i>	MEPRON	105	<i>mexiletine</i>	8
<i>maraviroc</i>	MEPSEVII	120	MIACALCIN	118
MARINOL	<i>mercaptopurine</i>	36	<i>mibelas 24 fe</i>	148
<i>marlissa</i> (28)	<i>meropenem</i>	106	<i>micafungin</i>	21
MARPLAN	MEROPENEM	106	MICARDIS	26
MATULANE	<i>merzee</i>	148	MICARDIS HCT	25
<i>matzim la</i>	<i>mesalamine</i>	112, 113	<i>miconazole-3</i>	125
MAVENCLAD (10 TABLET	<i>mesalamine with cleansing</i>		MICRO BLOOD GLUCOSE	
PACK)	<i>wipe</i>	112	.....	66
MAVENCLAD (4 TABLET	<i>mesna</i>	5	MICROCHAMBER	80
PACK)	MESNEX	5	MICRODOT BLOOD	
MAVENCLAD (5 TABLET	MESTINON	130	GLUCOSE SYSTEM	66, 69
PACK)	MESTINON TIMESPAN	130	MICRODOT XTRA BLOOD	
MAVENCLAD (6 TABLET	METADATE CD	170	GLUCOSE	66
PACK)	<i>metaxalone</i>	131	<i>microgestin 1.5/30 (21)</i>	148
MAVENCLAD (7 TABLET	<i>metformin</i>	138	<i>microgestin 1/20 (21)</i>	148
PACK)	<i>methadone</i>	134	<i>microgestin fe 1.5/30 (28)</i>	148
MAVENCLAD (8 TABLET	<i>methadose</i>	134	<i>microgestin fe 1/20 (28)</i>	148
PACK)	<i>methamphetamine</i>	158	MICROSPACER	80
MAVENCLAD (9 TABLET	<i>methazolamide</i>	151	<i>midodrine</i>	97
PACK)	<i>methenamine hippurate</i>	195	MIEBO (PF)	126
MAVYRET	<i>methenamine mandelate</i>	195	MIFEPREX	124
MAXIDEX	<i>methimazole</i>	56	<i>miglitol</i>	137
MAXITROL	<i>methocarbamol</i>	131	MIGRANAL	96
MAYZENT	<i>methotrexate sodium</i>	36	<i>mili</i>	148
MAYZENT STARTER(FOR	<i>methotrexate sodium (pf)</i>	36	<i>mimvey</i>	86
1MG MAINT)	<i>methoxsalen</i>	108	MINIVELLE	86
MAYZENT STARTER(FOR	<i>methscopolamine</i>	19	MINOCIN	184
2MG MAINT)	<i>methsuximide</i>	15	<i>minocycline</i>	184
<i>meclizine</i>	<i>methyl dopa</i>	27	<i>minoxidil</i>	27
<i>meclofenamate</i>	<i>methylergonovine</i>	156	<i>miostat</i>	152

<i>mirabegron</i>	10	<i>my way</i>	148	<i>nefazodone</i>	167
MIRCERA.....	63	MYALEPT.....	119	NEFFY.....	22
MIRENA.....	81	MYCAMINE.....	21	<i>neomycin</i>	103
<i>mirtazapine</i>	159	MYCAPSSA.....	51	<i>neomycin-bacitracin-poly-hc</i>	181
MIRVASO.....	185	<i>mycophenolate mofetil</i>	49, 50	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	9
<i>misoprostol</i>	194	<i>mycophenolate mofetil (hcl)</i> .	49	<i>neomycin-polymyxin b gu</i>	92
MITIGARE.....	88	<i>mycophenolate sodium</i>	50	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	181
MITIGO (PF).....	134	MYDAYIS.....	159	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	9
<i>mitomycin</i>	32	MYDRIACYL.....	80	<i>neomycin-polymyxin-hc</i>	156, 181
<i>mitoxantrone</i>	48	MYFEMBREE.....	125	NEONATAL PLUS VITAMIN.....	204
M-M-R II (PF).....	200	MYGLUCOHEALTH....	66, 69	<i>neo-polycin</i>	10
<i>m-natal plus</i>	203	MYHIBBIN.....	50	<i>neo-polycin hc</i>	181
<i>modafinil</i>	165	MYLERAN.....	34	NEORAL.....	50
MODERNA COVID 24- 25(6M-11Y)PF.....	197	MYLOTARG.....	40	NEO-SYNALAR.....	189
<i>moexipril</i>	25	MYRBETRIQ.....	10	NERLYNX.....	43
<i>molindone</i>	164	MYSOLINE.....	15	<i>neuac</i>	185
<i>mometasone</i>	177, 193	MYTESI.....	18	NEUPRO.....	53
<i>mondoxyne nl</i>	184	N		NEURONTIN.....	15
MONJUVI.....	37	<i>nabumetone</i>	141	NEUTEK 2TEK TEST STRIPS.....	66
<i>mono-lynyah</i>	148	<i>nadolol</i>	27	NEVANAC.....	144
MONOVISC.....	140	<i>nafcillin</i>	157	<i>nevirapine</i>	59
<i>montelukast</i>	176	<i>nafcillin in dextrose iso-osm</i>	157	<i>new day</i>	148
<i>morphine</i>	135	<i>naftifine</i>	189	NEXIUM PACKET.....	195
MORPHINE.....	135	NAFTIN.....	189	NEXLETOL.....	93
<i>morphine (pf)</i>	134	NAGLAZYME.....	120	NEXLIZET.....	93
<i>morphine (pf) in 0.9 % sod chl</i>	134	<i>nalbuphine</i>	142	NEXPLANON.....	125
MORPHINE (PF) IN 0.9 % SOD CHL.....	134	NALFON.....	141	NEXTSTELLIS.....	148
<i>morphine concentrate</i>	135	<i>naloxone</i>	142	NEXVIAZYME.....	120
MOTEGRITY.....	114	<i>naltrexone</i>	142	<i>niacin</i>	95
MOTOFEN.....	19	NAMENDA TITRATION PAK.....	122	<i>nicardipine</i>	29
MOUNJARO.....	137	NAMZARIC.....	122	<i>nicorette</i>	180
MOVANTIK.....	115	NAPROSYN.....	141	NICORETTE.....	180
<i>moxifloxacin</i>	9, 180	<i>naproxen</i>	141	<i>nicotine</i>	180
MOXIFLOXACIN- SOD.ACE,SUL-WATER	180	<i>naproxen sodium</i>	141	<i>nicotine (polacrilex)</i>	180
<i>moxifloxacin-sod.chloride(iso)</i>	180	<i>naratriptan</i>	96	NICOTROL NS.....	180
MOZOBIL.....	63	NARCAN.....	142	<i>nifedipine</i>	29
MRESVIA (PF).....	201	NARDIL.....	165	<i>nikki (28)</i>	148
MS CONTIN.....	135	NASCOBAL.....	205	NILANDRON.....	35
MULPLETA.....	78	NATACYN.....	10	<i>nimodipine</i>	29
MULTAQ.....	8	NATAZIA.....	148	NINLARO.....	44
<i>multi-vitamin with fluoride</i> .	203	<i>nateglinide</i>	138	NIPENT.....	36
<i>mupirocin</i>	189	NATESTO.....	117	<i>nisoldipine</i>	29
<i>mupirocin calcium</i>	189	NATROBA.....	194	<i>nitazoxanide</i>	105
MVASI.....	33	NAYZILAM.....	11	<i>nitisinone</i>	98
<i>my choice</i>	148	<i>nebivolol</i>	27		
		NEBUPENT.....	105		
		<i>nebusal</i>	175		
		NEBUSAL.....	175		
		<i>necon 0.5/35 (28)</i>	148		

<i>nitro-bid</i>	136	NOVOLIN N FLEXPEN	90	<i>olmesartan</i>	26
NITRO-DUR.....	136	NOVOLIN R FLEXPEN.....	90	<i>olmesartan-amlodipin-</i>	
<i>nitrofurantoin</i>	195	NOVOLOG MIX 70-30 U-100		<i>hcthiazyd</i>	24
NITROFURANTOIN.....	195	INSULN	91	<i>olmesartan-</i>	
<i>nitrofurantoin macrocrystal</i>	195	NOVOLOG MIX 70-		<i>hydrochlorothiazide</i>	25
<i>nitrofurantoin monohyd/m-</i>		30FLEXPEN U-100	91	<i>olopatadine</i>	101, 126
<i>cryst</i>	195	NOVOLOG U-100 INSULIN		OLPRUVA	97
<i>nitroglycerin</i>	115, 136, 137	ASPART.....	91	<i>omega-3 acid ethyl esters</i>	95
NITROLINGUAL.....	137	NOVOSEVEN RT	74	<i>omeprazole</i>	195
NITROSTAT.....	137	NOXAFIL	20	OMISIRGE.....	98
NITYR.....	98	<i>np thyroid</i>	187	OMNARIS.....	177
<i>niva thyroid</i>	187	NPLATE.....	78	OMNIPOD 5 (G6/LIBRE 2	
NIVESTYM	64	NUBEQA	35	PLUS)	89
<i>nizatidine</i>	194	NUCALA	176	OMNIPOD 5 G6-G7 INTRO	
<i>nora-be</i>	85	NUCYNTA	142	KT(GEN5).....	89
<i>norelgestromin-ethin.estradiol</i>		NUCYNTA ER	142	OMNIPOD 5 G6-G7 PODS	
.....	125	NUEDEXTA	124	(GEN 5)	89
<i>noreth-ethinyl estradiol-iron</i>		NULEV	19	OMNIPOD 5	
.....	148	NULIBRY	124	INTRO(G6/LIBRE2PLUS)	
<i>norethindrone (contraceptive)</i>		NULOJIX	50	.....	89
.....	85	NUPLAZID	166	OMNIPOD DASH PODS	
<i>norethindrone acetate</i>	87	NURTEC ODT.....	96	(GEN 4)	89
<i>norethindrone ac-eth estradiol</i>		NUVARING.....	124	ON CALL EXPRESS METER	
.....	86, 148	NUVESSA.....	125	.....	69
<i>norethindrone-e.estradiol-iron</i>		NUWIQ	74	ON CALL EXPRESS TEST	
.....	148	NUZYRA	184	STRIP	66
NORGESIC.....	131	<i>nyamyc</i>	190	ONCASPAR.....	48
NORGESIC FORTE	131	<i>nylia 1/35 (28)</i>	149	<i>ondansetron</i>	111
<i>norgestimate-ethinyl estradiol</i>		<i>nylia 7/7/7 (28)</i>	149	<i>ondansetron hcl</i>	111
.....	149	NYMALIZE	29	<i>ondansetron hcl (pf)</i>	111
NORITATE.....	186	<i>nystatin</i>	21, 190	<i>one daily prenatal</i>	204
NORLIQVA	29	<i>nystatin-triamcinolone</i>	190	<i>onelax magnesium citrate</i> ...115	
NORPACE	8	<i>nystop</i>	190	ONETOUCH ULTRA TEST	
NORPACE CR.....	8	NYVEPRIA.....	64	.....	66
NORTHERA	97	O		ONETOUCH ULTRA2	
<i>nortrel 0.5/35 (28)</i>	149	OBIZUR	74	METER.....	69
<i>nortrel 1/35 (21)</i>	149	OCALIVA	113	ONETOUCH VERIO FLEX	
<i>nortrel 1/35 (28)</i>	149	<i>ocella</i>	149	METER.....	69
<i>nortrel 7/7/7 (28)</i>	149	OCREVUS	130	ONETOUCH VERIO	
<i>nortriptyline</i>	169	OCREVUS ZUNOVO	130	REFLECT METER	69
NORVASC.....	29	OCTAGAM.....	197	ONETOUCH VERIO TEST	
NORVIR	60	<i>octreotide acetate</i>	51, 52	STRIPS	66
NOVA MAX GLUCOSE		<i>octreotide,microspheres</i>	52	ONFI.....	11
TEST	66	OCUFLOX	10	ONIVYDE.....	39
NOVA MAX PLUS GLUC-		ODEFSEY	60	ONPATTRO.....	122
KETON METER.....	69	ODOMZO	38	ONTRUZANT.....	40
NOVAVAX COVID 2024-		OFEV.....	179	ONUREG	36
25(PF)(EUA).....	197	<i>ofloxacin</i>	10, 127, 180	ONZETRA XSAIL.....	96
NOVOEIGHT	74	OGSIVEO	44	<i>opcicon one-step</i>	149
NOVOLIN 70-30 FLEXPEN		<i>olanzapine</i>	161	OPDIVO	45
U-100.....	90	<i>olanzapine-fluoxetine</i>	168	OPDUALAG	46

OPFOLDA	119	<i>oxiconazole</i>	190	PEMAZYRE.....	44
OPSUMIT	178	OXISTAT	190	PEMETREXED.....	36, 37
OPSYNVI	179	OXLUMO	128	<i>emetrexed disodium</i>	36
OPTICHAMBER DIAMOND		OXTELLAR XR	16	PEMETREXED DISODIUM	
VHC	80	<i>oxybutynin chloride</i>	10	.....	36
<i>option-2</i>	149	OXYBUTYNIN CHLORIDE		PEMFEXY	37
OPTIUM EZ.....	67	.....	10	PEMRYDI RTU	37
OPVEE	142	<i>oxycodone</i>	135	PEN NEEDLE, DIABETIC	90
ORACEA	184	OXYCODONE.....	135	PENBRAYA (PF)	198
ORACIT	128	<i>oxycodone-acetaminophen</i> .	132	<i>enciclovir</i>	190
<i>oralone</i>	98	OXYCONTIN	135	<i>enicillamine</i>	153
ORAPRED ODT	7	<i>oxymorphone</i>	135	PENICILLIN G POT IN	
ORAVIG	20	OZEMPIC	137	DEXTROSE	157
ORENCIA (WITH		OZURDEX.....	182	<i>enicillin g potassium</i>	157
MALTOSE).....	155	P		<i>enicillin g sodium</i>	158
ORENITRAM	31	<i>pacerone</i>	8	<i>enicillin v potassium</i>	158
ORENITRAM MONTH 1		<i>pacitaxel</i>	48	PENTACEL (PF).....	200
TITRATION KT	30	<i>pacitaxel protein-bound</i>	48	PENTAM.....	105
ORENITRAM MONTH 2		PADCEV	46	<i>pentamidine</i>	105
TITRATION KT	30	<i>paliperidone</i>	161	PENTASA	113
ORENITRAM MONTH 3		<i>palonosetron</i>	111	<i>pentazocine-naloxone</i>	142
TITRATION KT	31	PALONOSETRON	111	<i>pentoxifylline</i>	76
ORFADIN	99	PAMELOR.....	169	PERCOCET.....	132
ORGOVYX.....	42	<i>pamidronate</i>	118	PERFOROMIST.....	172
ORIAHNN	125	PANCREAZE	116	<i>perindopril erbumine</i>	25
ORLISSA.....	120	PANDEL	193	<i>perio gard</i>	98
ORKAMBI.....	174	PANRETIN	110	PERJETA	40
ORLADEYO.....	177	<i>pantoprazole</i>	195	<i>permethrin</i>	194
<i>ormalvi</i>	121	PANTOPRAZOLE IN 0.9%		<i>perphenazine</i>	164
<i>orphenadrine citrate</i>	131	SOD CHLOR	195	<i>perphenazine-amitriptyline</i> .	168
<i>orphenadrine-asa-caffeine</i> .	131	PANZYGA.....	197	PERSERIS	161
<i>orphengesic forte</i>	131	PARAGARD T 380A.....	81	PERTZYE.....	116
ORSERDU	51	<i>paraplatin</i>	34	PFIZER COVID 2024-25(5Y-	
ORTHOVISC	140	<i>paricalcitol</i>	119	11Y)PF	197
<i>oscimin</i>	19	PARICALCITOL	119	PFIZER COVID 2024-	
<i>oscimin sl</i>	19	PARNATE.....	165	25(6MO-4Y)PF	197
<i>oseltamivir</i>	57	<i>paroex oral rinse</i>	98	<i>pfizerpen-g</i>	158
OSPHENA	125	<i>paroxetine hcl</i>	167	PHARMACIST CHOICE	67
OTEZLA	155	<i>paroxetine</i>		PHARMACIST CHOICE	
OTEZLA STARTER	155	<i>mesylate(menop.sym)</i>	165	GLUCOSE SYS	69
OTOVEL.....	156	PARSABIV	118	PHEBURANE	97
OTREXUP (PF)	153	PAXIL	167	<i>phendimetrazine tartrate</i>	7
OVIDE	194	PAXIL CR.....	167	<i>phenelzine</i>	165
<i>oxacillin</i>	157	PAXLOVID.....	56	PHENERGAN.....	22
<i>oxacillin in dextrose(iso-osm)</i>		PEDIARIX (PF)	201	<i>phenobarbital</i>	18
.....	157	PEDVAX HIB (PF).....	200	<i>phenoxybenzamine</i>	24
<i>oxaliplatin</i>	34	<i>peg 3350-electrolytes</i>	115	<i>phentermine</i>	7
<i>oxaprozin</i>	141	<i>peg3350-sod sul-nacl-kcl-asb-c</i>		<i>phenylephrine hcl</i>	202
<i>oxazepam</i>	160	.....	115	PHENYTEK.....	16
<i>oxcarbazepine</i>	15	PEGASYS	91	<i>phenytoin</i>	16
OXERVATE	127	<i>peg-electrolyte soln</i>	115	<i>phenytoin sodium</i>	16

<i>phenytoin sodium extended</i> .. 16	POTASSIUM CHLORIDE .. 83	<i>prevalite</i> 94
PHESGO 40	<i>potassium citrate</i> 128	PREVIDENT 99
PHEXXI 125	POTELIGEO 47	PREVIDENT 5000 BOOSTER PLUS 99
<i>philith</i> 149	<i>povidone-iodine</i> 9	PREVIDENT 5000 ENAMEL PROTECT 99
PHOSPHOLINE IODIDE.... 72	PRALATREXATE..... 37	PREVIDENT 5000 ORTHO DEFENSE..... 99
PHOTOFRIN 51	<i>pramipexole</i> 53	PREVIDENT 5000 PLUS ... 99
PHYSIOLYTE 92	PRAMOSONE 55	PREVIDENT 5000 SENSITIVE..... 99
PHYSIOSOL IRRIGATION 92	<i>prasugrel hcl</i> 78	PREVIDENT KIDS..... 99
<i>phytonadione (vitamin k1)</i> 79	<i>pravastatin</i> 93	PREVNAR 20 (PF) 198
PHYTONADIONE (VITAMIN K1)..... 78, 79	<i>praziquantel</i> 104	PREVYMIS 57
PIFELTRO 59	<i>prazosin</i> 24	PREZCOBIX..... 58
<i>pilocarpine hcl</i> 81, 102	PRECISION XTRA KETONE-GLUCOSE 69	PREZISTA 58
<i>pimecrolimus</i> 110	PRECISION XTRA TEST .. 67	PRIFTIN 105
<i>pimozide</i> 160	PRED FORTE 182	PRIMAXIN IV 106
<i>pimtree (28)</i> 149	PRED MILD..... 182	<i>primidone</i> 16
<i>pindolol</i> 27	<i>prednisolone</i> 7	PRIMIDONE 16
<i>pioglitazone</i> 139	<i>prednisolone acetate</i> 182	PRIORIX (PF)..... 200
<i>pioglitazone-glimepiride</i> 138	PREDNISOLONE ACETATE (PF)..... 182	PRISTIQ 168
<i>pioglitazone-metformin</i> 138	<i>prednisolone sodium phosphate</i> 7, 182	PRIVIGEN 197
PIP BLOOD GLUCOSE TEST STRIP 67	<i>prednisone</i> 7	PRO VOICE V8-V9 TEST STRIP 67
<i>piperacillin-tazobactam</i> 158	<i>prednisone intensol</i> 7	PROAIR RESPICLICK..... 172
PIQRAY 44	<i>pregabalin</i> 16, 18	<i>probenecid</i> 89
<i>pirfenidone</i> 171, 172	PREMARIN 87, 88	<i>probenecid-colchicine</i> 89
PIRFENIDONE..... 172	PREMIER COMPACT GLUCOSE METER 69	PROCARDIA XL..... 29
<i>piroxicam</i> 141	PREMIER TEST STRIP 67	<i>procentra</i> 159
<i>pitavastatin calcium</i> 93	PREMIUM BLOOD GLUCOSE MONITOR ... 69	PROCHAMBER..... 80
PLAN B ONE-STEP..... 149	PREMIUM V10 67	<i>prochlorperazine</i> 111
PLATINUM TEST STRIP ... 67	PREMPHASE 87	<i>prochlorperazine edisylate</i> . 111
PLAVIX 78	PREMPRO 87	<i>prochlorperazine maleate</i> ... 111
PLENVU 115	<i>prenatal</i> 204	PROCRIT 63
<i>plerixafor</i> 63	<i>prenatal complete</i> 204	PROCTOCORT..... 193
PNEUMOVAX-23 198	<i>prenatal multi-dha (algal oil)</i> 204	PROCTOFOAM HC 113
<i>pnv-dha</i> 203	<i>prenatal multivitamins</i> 204	<i>procto-med hc</i> 116
POCKET CHAMBER 80	<i>prenatal one daily</i> 204	<i>proctozone-hc</i> 116
<i>podofilox</i> 109	<i>prenatal plus (calcium carb)</i> 204	PRODIGY AUTOCODE METER..... 69
POKONZA..... 82	PRENATAL PLUS VITAMIN-MINERAL ... 204	PRODIGY NO CODING 67
POLIVY 46	<i>prenatal vit no.179-iron-folic</i> 204	PRODIGY POCKET METER 69
<i>polycin</i> 10	<i>prenatal vitamin</i> 204	PRODIGY VOICE GLUCOSE METER..... 69
<i>polyethylene glycol 3350</i> 115	<i>prenatal vitamin with minerals</i> 204	PROFILNINE..... 75
<i>polymyxin b sulfate</i> 107	PRESTALIA 23	<i>progesterone</i> 87
<i>polymyxin b sulf-trimethoprim</i> 10	PRETOMANID..... 105	<i>progesterone micronized</i> 87
POMALYST 41		PROGLYCEM 88
POMBILITI..... 120		
<i>portia 28</i> 149		
PORTRAZZA 40		
<i>posaconazole</i> 20		
POSFREA 111		
<i>potassium chloride</i> 82, 83		

PROGRAF	50	QUILLIVANT XR	171	RELION MICRO GLUCOSE	
PROLASTIN-C	102	<i>quinapril</i>	26	MONITOR	69
PROLEUKIN	64	<i>quinapril-hydrochlorothiazide</i>		RELION NOVOLIN 70/30 ..	91
PROLIA	152	.....	23	RELION NOVOLIN N	91
PROMACTA	78	<i>quinidine gluconate</i>	8	RELION NOVOLIN R	91
<i>promethazine</i>	22	<i>quinidine sulfate</i>	8	RELION PRIME TEST	
<i>promethazine-codeine</i>	79	<i>quinine sulfate</i>	105	STRIPS	67
<i>promethazine-dm</i>	79	QUINTET AC	67	RELION ULTIMA	67
<i>promethazine-phenylephrine</i>	79	<i>quit 2</i>	180	REMERON	159
<i>promethegan</i>	22	<i>quit 4</i>	180	REMERON SOLTAB	159
PROMETRIUM	87	QULIPTA	96	REMODULIN	31
<i>propafenone</i>	8	R		<i>rena-vite</i>	204
<i>proparacaine</i>	126	<i>rabeprazole</i>	195	RENFLEXIS	112
<i>propranolol</i>	27	RADICAVA	122	REVELA	82
<i>propylthiouracil</i>	56	RADICAVA ORS STARTER		<i>repaglinide</i>	138
PROQUAD (PF)	200	KIT SUSP	122	REPATHA PUSHTRONEX	93
PROSCAR	62	<i>raloxifene</i>	152	REPATHA SURECLICK ...	93
PROSTIN VR PEDIATRIC		<i>ramelteon</i>	164	REPATHA SYRINGE	93
.....	128	<i>ramipril</i>	26	RESTASIS	127
PROTHELIAL	97	<i>ranolazine</i>	108	RESTASIS MULTIDOSE ..	127
PROTONIX	195	RAPAFLO	62	RESTORIL	166
<i>protriptyline</i>	169	<i>rasagiline</i>	53	RETACRIT	64
PROVERA	87	RASUVO (PF)	153	RETEVMO	44
<i>prudoxin</i>	108	RAVICTI	97	RETISERT	182
PULMICORT	176	RAYALDEE	119	RETROVIR	59
PULMICORT FLEXHALER		REBIF (WITH ALBUMIN)		REVATIO	178
.....	175	.....	130	REVLIMID	41
<i>pulmosal</i>	175	REBIF REBIDOSE	130	REXTOVY	142
PULMOZYME	177	REBIF TITRATION PACK		REXULTI	163
PURIXAN	37	.....	130	REYATAZ	60
<i>pyrazinamide</i>	105	REBINYN	76	REZDIFFRA	102
<i>pyridostigmine bromide</i>	130	REBLOZYL	63	REZLIDHIA	46
<i>pyrimethamine</i>	105	RECARBRIO	106	REZUROCK	51
PYRUKYND	102	RECLAST	98	RHOFADE	186
Q		<i>reclipsen (28)</i>	149	RHOPRESSA	153
QBRELIS	25	RECOMBINATE	75	RIABNI	32
QBREXZA	109	RECOMBIVAX HB (PF) ..	201	RIASTAP	73
QELBREE	171	REFUAH PLUS	67	<i>ribavirin</i>	61
QINLOCK	44	REFUAH PLUS GLUCOSE		RIDAURA	155
QNASL	177	MONITOR	69	<i>rifabutin</i>	105
QSYMIA	8	REGLAN	114	RIFADIN	105
QTERN	138	<i>regonol</i>	130	<i>rifampin</i>	105
QUADRACEL (PF)	200	REGRANEX	109	RIGHTEST GM550 SYSTEM	
QUALAQUIN	105	RELENZA DISKHALER ...	57	.....	69
QUAZEPAM	166	RELEXXII	171	RIGHTEST GS550 TEST	
QUDEXY XR	16	RELION ALL-IN-ONE		STRIPS	67
QUESTRAN	94	METER	69	RIGHTEST GT333 TEST	
QUESTRAN LIGHT	94	RELION CONFIRM	69	STRIP	67
<i>quetiapine</i>	161	RELION CONFIRM-MICRO		<i>riluzole</i>	97
QUETIAPINE	161	.....	67	<i>rimantadine</i>	57
QUILLICHEW ER	170			<i>ringer's</i>	92

RINVOQ	155	<i>sajazir</i>	174	SIMPONI ARIA	154
RINVOQ LQ	155	SALAGEN (PILOCARPINE)		SIMULECT	49
RIOMET	138	.....	102	<i>simvastatin</i>	94
<i>risedronate</i>	98, 152	<i>salsalate</i>	139	SINEMET	53
RISPERDAL	161	SAMSCA	118	SINGULAIR	176
RISPERDAL CONSTA	161	SANCUSO	111	<i>sirolimus</i>	50
<i>risperidone</i>	162	SANDIMMUNE	50	SIRTURO	105
<i>risperidone microspheres</i>	162	SANDOSTATIN LAR		SITAGLIPTIN-METFORMIN	
RITALIN	171	DEPOT	52	.....	139
RITALIN LA	171	SANTYL	193	SIVEXTRO	107
RITEFLO AEROCHAMBER		SAPHNELO	49	SKYCLARYS	124
.....	80	SAPHRIS	162	SKYLA	81
<i>ritonavir</i>	60	<i>sapropterin</i>	121	SKYRIZI	54, 114
RITUXAN	32	SARCLISA	35	SLYND	149
RITUXAN HYCELA	32	SAVELLA	155	SMART SENSE	
<i>rivastigmine</i>	123	<i>saxagliptin-metformin</i>	139	MONITORING SYSTEM	69
<i>rivastigmine tartrate</i>	123	SAXENDA	8	SMART SENSE TEST	
<i>rivelsa</i>	149	SCSEMBLIX	44	STRIPS	67
RIVFLOZA	128	SCENESSE	109	SMARTEST EJECT	69
RIXUBIS	76	<i>scopolamine base</i>	111	SMARTEST PERSONA	
<i>rizatriptan</i>	96	SECUADO	162	STARTER	69
ROBAXIN	131	<i>selegiline hcl</i>	53	SMARTEST PRONTO	
ROBINUL	18	<i>selenium sulfide</i>	55	STARTER	69
ROBINUL FORTE	18	SELZENTRY	58	SMARTEST PROTEGE	69
ROCALTROL	121	<i>se-natal 19</i>	204	SMARTEST TEST	67
ROCKLATAN	153	SENSIPAR	118	<i>sodium chloride</i> ..100, 102, 175	
<i>roflumilast</i>	177	SEREVENT DISKUS	172	<i>sodium chloride 0.45 %</i>	83
<i>romidepsin</i>	33	SEROQUEL	162	<i>sodium chloride 0.9 %</i>	102
<i>ropinirole</i>	53	SEROQUEL XR	162	<i>sodium citrate-citric acid</i> ..128	
<i>rosuvastatin</i>	93	<i>sertraline</i>	167	<i>sodium ferric gluconat-sucrose</i>	
ROTARIX	197	SERTRALINE	167	.....	100
ROTATEQ VACCINE	197	<i>setlakin</i>	149	<i>sodium fluoride 5000 plus</i> ..100	
ROWASA	112	<i>sevelamer carbonate</i>	82	<i>sodium fluoride-pot nitrate</i> ..100	
<i>roweepra</i>	16	<i>sevelamer hcl</i>	82	<i>sodium phenylbutyrate</i>	97
ROXICODONE	135	<i>sf 99</i>		<i>sodium polystyrene sulfonate</i> ..82	
ROXYBOND	136	<i>sf 5000 plus</i>	99	<i>sodium,potassium,mag sulfates</i>	
ROZLYTREK	44	SFROWASA	112	.....	115
RUCONEST	174	<i>sharobel</i>	85	SOFOSBUVIR-	
<i>rufinamide</i>	16	SHINGRIX (PF)	201	VELPATASVIR	61
RUKOBIA	58	SIGNIFOR	52	SOHONOS	102
RUXIENCE	32	SIGNIFOR LAR	52	<i>solifenacin</i>	11
RYALTRIS	177	SIKLOS	51	SOLQUA 100/33	90
RYBELSUS	137	<i>sildenafil</i>	128	SOLIRIS	98
RYBREVANT	38	<i>sildenafil (pulm.hypertension)</i>		SOLOSEC	103
RYDAPT	44	.....	178	SOLTAMOX	51
RYKINDO	162	<i>silodosin</i>	62	SOLUS V2 AUDIBLE	
RYTARY	53	SILVADENE	70	METER	69
RYTELO	44	<i>silver sulfadiazine</i>	70	SOLUS V2 TEST STRIPS	67
S		SIMBRINZA	153	SOMA	131
SABRIL	16	<i>simliya (28)</i>	149	SOMATULINE DEPOT	52
SAFYRAL	149	<i>simpesse</i>	149	SOMAVERT	119

<i>sorafenib</i>	44	<i>sulfacetamide sodium (acne)</i>	188	TAKE ACTION	149
SORILUX	55	.....	188	TAKHZYRO	178
<i>sotalol</i>	9	<i>sulfacetamide-prednisolone</i>	182	TALVEY	47
SOTALOL.....	9	<i>sulfadiazine</i>	183	TAMIFLU	57
<i>sotalol af</i>	9	<i>sulfamethoxazole-trimethoprim</i>	183	<i>tamoxifen</i>	51
SOTYLIZE.....	9	.....	183	<i>tamsulosin</i>	62
SOVUNA	105	SULFAMYLON.....	189	TAPERDEX	7
SPACE CHAMBER.....	80	<i>sulfasalazine</i>	113	TARCEVA	44
SPEVIGO	54	<i>sulfatrim</i>	183	TARGADOX.....	184
SPIKEVAX 2024-2025(12Y		<i>sulindac</i>	141	TARGRETIN	31
UP)(PF)	197	<i>sumatriptan</i>	96	<i>tarina 24 fe</i>	149
<i>spinosad</i>	194	<i>sumatriptan succinate</i>	96	<i>tarina fe 1/20 (28)</i>	150
SPINRAZA (PF)	123	<i>sumatriptan-naproxen</i>	96	TASCENSO ODT	130
SPIRIVA RESPIMAT	171	SUNLENCA.....	56	TASIGNA.....	44
SPIRIVA WITH		SUNOSI.....	165	<i>tasimelteon</i>	164
HANDIHALER.....	171	<i>super b maxi complex</i>	205	TASMAR	54
<i>spironolactone</i>	30	<i>super b-50 complex</i>	205	<i>tavaborole</i>	190
<i>spironolacton-</i>		<i>super quintis</i>	205	TAVNEOS	98
<i>hydrochlorothiaz</i>	30	SUPPRELIN LA	51	TAYTULLA.....	150
SPORANOX	20	SUPREP BOWEL PREP KIT	115	<i>tazarotene</i>	185
SPRAVATO.....	160	.....	115	TAZAROTENE.....	186
<i>sprintec (28)</i>	149	SUSTOL.....	111	<i>tazicef</i>	72
SPRITAM	16	SUTAB.....	115	TAZVERIK	39
SPRIX	140	<i>syeda</i>	149	TDVAX	200
SPRYCEL	44	SYLVANT	46	TECARTUS	38
<i>sps (with sorbitol)</i>	82	SYMBYAX	168	TECENTRIQ.....	48
<i>sronyx</i>	149	SYMDEKO	175	TECENTRIQ HYBREZA ...	48
<i>ssd</i>	70	SYMFI.....	60	TECVAYLI	47
<i>st joseph aspirin</i>	143	SYMFI LO	60	TEFLARO	72
<i>st. joseph aspirin</i>	143	SYMLINPEN 120	137	TEGLUTIK	97
STELARA.....	55	SYMLINPEN 60	137	TEGRETOL	16
STIOLTO RESPIMAT	173	SYMPAZAN	11	TEGRETOL XR.....	16
STIVARGA.....	44	SYMTUZA.....	56	TEKTRUNA.....	31
STRENSIQ.....	120	SYNAGIS.....	57	TELCARE TEST STRIPS ...	67
STREPTOMYCIN	103	SYNALAR	193	<i>telmisartan</i>	26
<i>stress formula with iron</i>	204	SYNAREL.....	119	<i>telmisartan-amlodipine</i>	25
<i>stress formula with iron(sulf)</i>		SYNDROS	112	<i>telmisartan-hydrochlorothiazid</i>	25
.....	205	SYNTHROID.....	187	.....	25
STRIVERDI RESPIMAT ..	172	SYPRINE	101	<i>temazepam</i>	166
STROMEKTOL	104	T		TEMODAR	34
SUBLOCADE.....	136	TABLOID	37	<i>temozolomide</i>	34
SUBOXONE	143	TABRECTA.....	44	TEMPO SMART BUTTON.	69
<i>subvenite</i>	16	TACLONEX	55	TEMPO WELCOME KIT...	69
<i>subvenite starter (blue) kit</i> ...	16	<i>tacrolimus</i>	50, 110	<i>temsirolimus</i>	39
<i>subvenite starter (green) kit</i> .	16	<i>tadalafil</i>	62, 128	<i>tencon</i>	131
<i>subvenite starter (orange) kit</i>	16	<i>tadalafil (pulm. hypertension)</i>	178	TENIVAC (PF)	200
SUCRAID	113	.....	178	<i>tenofovir disoproxil fumarate</i>	59
<i>sucralfate</i>	194	TADLIQ	178	.....	59
SUFLAVE.....	115	TAFINLAR	37	TENORETIC 100.....	28
SULAR.....	29	<i>tafluprost (pf)</i>	153	TENORETIC 50.....	28
<i>sulfacetamide sodium</i>	183	TAGRISO	44	TENORMIN	27

TEPADINA.....	34	TOBI PODHALER	103	<i>triamcinolone acetonide</i> ..7, 98,	
TEPEZZA.....	119	<i>tobramycin</i>	10	193	
TEPMETKO.....	44	<i>tobramycin in 0.225 % nacl</i>	103	<i>triamterene-hydrochlorothiazid</i>	
<i>terazosin</i>	24	<i>tobramycin sulfate</i>	103, 104	.....	30
<i>terbinafine hcl</i>	20	TOBRAMYCIN WITH		<i>triazolam</i>	166
<i>terbutaline</i>	173	NEBULIZER.....	104	TRIBENZOR.....	24
<i>terconazole</i>	126	<i>tobramycin-dexamethasone</i>	181	<i>tricon</i>	203
<i>teriflunomide</i>	130	TOBREX	10	TRICOR	95
TEST N'GO TEST	67	<i>tolcapone</i>	54	<i>triderm</i>	193
TESTIM	117	<i>tolmetin</i>	141	TRIENTINE	101
TESTOPEL	117	TOLSURA.....	20	TRIESENCE (PF)	6
<i>testosterone</i>	117	<i>tolterodine</i>	11	<i>tri-estarylla</i>	150
<i>testosterone cypionate</i>	117	<i>tolvaptan</i>	118	<i>trifluoperazine</i>	164
<i>testosterone enanthate</i>	117	TOPICORT	193	<i>trifluridine</i>	61
<i>tetrabenazine</i>	123	<i>topiramate</i>	16, 17	<i>trihexyphenidyl</i>	52
<i>tetracycline</i>	184	<i>topotecan</i>	39	TRIKAFTA	175
TEVIMBRA	45	TOPROL XL	28	<i>tri-legest fe</i>	150
TEZSPIRE.....	179	TORISEL.....	39	TRILEPTAL.....	17
THALOMID.....	33	<i>torpenz</i>	39	<i>tri-lynyah</i>	150
THEO-24	179	<i>torseamide</i>	30	TRILIPIX	95
<i>theophylline</i>	179	<i>tovet emollient</i>	193	<i>tri-lo-estarylla</i>	150
THIOLA	100	TOVIAZ	11	<i>tri-lo-marzia</i>	150
THIOLA EC	100	TRACLEER	178	<i>tri-lo-mili</i>	150
<i>thioridazine</i>	164	<i>tramadol</i>	142	<i>tri-lo-sprintec</i>	150
<i>thiotepa</i>	34	<i>tramadol-acetaminophen</i>	142	<i>trimethobenzamide</i>	112
<i>thiothixene</i>	163	<i>trandolapril</i>	26	<i>trimethoprim</i>	195
THYMOGLOBULIN.....	198	<i>trandolapril-verapamil</i>	23	<i>tri-mili</i>	150
<i>thyroid (pork)</i>	187	<i>tranexamic acid</i>	73, 124	<i>trimipramine</i>	169
<i>tiadylt er</i>	29	TRANSDERM-SCOP	112	<i>trinate</i>	204
<i>tiagabine</i>	16	<i>translycypromine</i>	165	TRINTELLIX.....	168
TIBSOVO	46	TRAVATAN Z.....	153	TRIPTODUR.....	51
TIGAN	111	<i>travoprost</i>	153	TRISENOX	48
<i>tigecycline</i>	106	TRAZIMERA.....	41	<i>tri-sprintec (28)</i>	150
TIKOSYN	9	<i>trazodone</i>	167	TRIUMEQ.....	56
<i>tilia fe</i>	150	TREANDA.....	34	TRIUMEQ PD.....	56
<i>timolol maleate</i>	27, 62	TRECATOR.....	105	<i>tri-vitamin with fluoride</i>	203
<i>timolol maleate (pf)</i>	62	TRELEGY ELLIPTA.....	174	<i>trivora (28)</i>	150
TIMOPTIC OCUDOSE (PF)		TRELSTAR.....	41	<i>tri-vylibra</i>	150
.....	62	TREMFYA.....	55	<i>tri-vylibra lo</i>	150
<i>tinidazole</i>	103	TREMFYA PEN	55	TRODELVY.....	47
<i>tiopronin</i>	100	<i>treprostinil sodium</i>	31	TROGARZO	56
<i>tiotropium bromide</i>	171	TRESIBA FLEXTOUCH U-		TROKENDI XR	17
TIROSINT.....	187	100	91	<i>tropicamide</i>	80
TIROSINT-SOL.....	188	TRESIBA FLEXTOUCH U-		<i>tropium</i>	11
<i>tis-u-sol pentalyte</i>	92	200	91	TRUDHESA.....	96
TIVDAK.....	47	TRESIBA U-100 INSULIN	91	TRUE METRIX AIR	
TIVICAY	60	<i>tretinoin</i>	186	GLUCOSE METER	69
TIVICAY PD	60	<i>tretinoin (antineoplastic)</i>	48	TRUE METRIX GLUCOSE	
<i>tizanidine</i>	131	TRETTEN	76	METER.....	69
TLANDO	117	TREXALL.....	37	TRUE METRIX GLUCOSE	
TOBI	103	TREZIX.....	132	TEST STRIP.....	67

TRUE METRIX GO	VABYSMO	127	VENCLEXTA	45
GLUCOSE METER	VAGIFEM	88	VENCLEXTA STARTING	
TRUERESULT BLOOD	<i>valacyclovir</i>	57	PACK	45
GLUCOSE SYSTM	VALCHLOR	110	<i>venlafaxine</i>	168
TRUETEST TEST STRIPS .	VALCYTE	57	VENOFER	203
TRUETRACK BLOOD	<i>valganciclovir</i>	57	VENTAVIS	179
GLUCOSE SYSTEM	VALIUM	160	VENTOLIN HFA	172
TRUETRACK SMART	<i>valproate sodium</i>	17	<i>verapamil</i>	29
SYSTEM	<i>valproic acid</i>	17	VERELAN PM	29
TRUETRACK TEST	<i>valproic acid (as sodium salt)</i>	17	VERQUVO	108
TRULANCE .....	.....	17	VERSACLOZ	162
TRULICITY	<i>valsartan</i>	26	VERZENIO	44
TRUMENBA	VALSARTAN	26	VESICARE LS	11
TRUQAP	<i>valsartan-hydrochlorothiazide</i>	25	<i>vestura (28)</i>	150
TRUXIMA .....	.....	25	VFEND	20
TUDORZA PRESSAIR	VALTOCO	11	VFEND IV	20
TUKYSA	VANCOGIN	202	VIBATIV	202
TURALIO	<i>vancomycin</i>	202	VIBERZI	113
<i>turqoz (28)</i>	<i>vancomycin in 0.9 % sodium</i>	202	VICTOZA 2-PAK	137
TUXARIN ER	<i>chl</i>	202	VICTOZA 3-PAK	137
TWINRIX (PF)	VANCOMYCIN IN 0.9 %	202	VIDAZA	37
TWIRLA	SODIUM CHL	202	<i>vienna</i>	150
TYBLUME	VANCOMYCIN IN	202	<i>vigabatrin</i>	17
TYBOST	DEXTROSE 5 %	202	<i>vigadrone</i>	17
TYGACIL	VANCOMYCIN-DILUENT	202	VIGAFYDE	17
TYKERB	COMBO NO.1	202	VIGAMOX	10
TYMLOS	<i>vandazole</i>	125	VIIBRYD	168
TYSABRI	VANFLYTA	44	VIJOICE	52
TYVASO	VANOS	193	<i>vilazodone</i>	168
TYVASO DPI	VAQTA (PF)	201	VIMIZIM	120
TYVASO REFILL KIT	<i>varenicline tartrate</i>	180	VIMPAT	17
TYVASO STARTER KIT .	VARIVAX (PF)	202	<i>vinblastine</i>	40
U	VARUBI	112	<i>vincasar pfs</i>	40
UBRELVY	VASCEPA	95	<i>vincristine</i>	40
UCERIS	VASERETIC	23	<i>vinorelbine</i>	40
ULTIMA MONITOR	VASOTEC	26	VIOKACE	116
ULTOMIRIS	VAXELIS (PF)	200	<i>viorele (28)</i>	150
UNASYN	VAXNEUVANCE (PF)	198	VIRACEPT	60
UNDECATREX	VCF CONTRACEPTIVE	125	VIREAD	59
UNISTRIP1 TEST STRIP ...	FILM	125	VISCO-3	140
<i>unithroid</i>	VCF CONTRACEPTIVE GEL	125	VISTOGARD	5
UNITUXIN .....	.....	125	<i>vitamin b complex-folic acid</i>	205
UPLIZNA	VECTIBIX	41	.....	205
UPTRAVI	VECTICAL	55	<i>vitamin k</i>	79
UROCIT-K 10	VELCADE	44	<i>vitamin k1</i>	79
UROCIT-K 15	<i>veletri</i>	31	<i>vitamins a,c,d and fluoride</i> .	203
UROXATRAL	<i>velivet triphasic regimen (28)</i>	150	VITRAKVI	45
URSO FORTE .....	.....	150	VIVAGUARD INO	
<i>ursodiol</i>	VELPHORO	82	GLUCOSE METER	70
V	VELTASSA	82	VIVAGUARD INO TEST	
VABOMERE	VEMLIDY	61	STRIP	67

VIVELLE-DOT	87	WILATE.....	75	YERVOY	49
VIVIMUSTA	34	<i>wixela inhub</i>	174	YESCARTA	38
VIVITROL	139	<i>women's gentle laxative(bisac)</i>		YONDELIS	35
VIVJOA	20	.....	115	YONSA	35
VIZIMPRO	45	<i>wymzya fe</i>	151	<i>yuvafem</i>	88
VOGELXO.....	118	X		Z	
<i>volnea (28)</i>	150	XADAGO.....	54	<i>zafemy</i>	125
VONVENDI.....	75	XALKORI	45	<i>zafirlukast</i>	176
VOQUEZNA DUAL PAK	194	XARELTO	75	<i>zaleplon</i>	166
VOQUEZNA TRIPLE PAK		XARELTO DVT-PE TREAT		ZALTRAP	40
.....	194	30D START	75	ZANAFLEX	131
VORAXAZE.....	5	XATMEP.....	37	ZARONTIN.....	17
<i>voriconazole</i>	21	XCOPRI	17	ZEGALOGUE	
VORTEX HOLDING		XCOPRI MAINTENANCE		AUTOINJECTOR	88
CHAMBER	80	PACK	17	ZEGALOGUE SYRINGE...	88
VOXZOGO	121	XCOPRI TITRATION PACK		ZEJULA	45
VOYDEYA	98	.....	17	ZELAPAR	54
VPRIV	120	XDEMVI	127	ZELBORAF	37
VRAYLAR	162	XELJANZ	155	ZEMAIRA.....	102
VUMERITY	130	XELJANZ XR.....	156	ZEMBRACE SYMTOUCH	96
VUSION.....	190	XELODA.....	37	ZEMDRI.....	104
VYALEV	54	XELPROS	153	ZEMPLAR	119
VYEPTI.....	96	XENAZINE.....	123	<i>zenatane</i>	185
<i>vyfemla (28)</i>	151	XENPOZYME	100	ZENPEP	116
VYJUVEK	109	XEOMIN	199	ZENZEDI	159
VYLEESI	165	XERAVA	184	ZEPOSIA.....	124
<i>vylibra</i>	151	XERESE.....	190	ZEPOSIA STARTER KIT (28-	
VYNDAMAX	108	XERMELO.....	33	DAY)	124
VYTORIN 10-10	92	XGEVA	5	ZEPOSIA STARTER PACK	
VYTORIN 10-20	92	XIFAXAN	107	(7-DAY)	124
VYTORIN 10-40	92	XIGDUO XR.....	139	ZEPZELCA	35
VYTORIN 10-80	92	XIIDRA	127	ZERBAXA	72
VYVANSE.....	159	XIPERE (PF).....	6	ZERVIATE.....	126
VYVGART	131	XOFLUZA	58	ZESTORETIC	23
VYVGART HYTRULO ...	131	XOLAIR.....	176, 177	ZESTRIL	26
VYXEOS.....	35	XOPENEX HFA	172	ZETIA.....	95
VYZULTA	153	XOSPATA.....	45	ZEVALIN (Y-90).....	47
W		XPHOZAH.....	82	ZIAGEN	59
WAINUA	122	XPOVIO	48	<i>zidovudine</i>	59
WAKIX	165	XTAMPZA ER.....	136	ZIEXTENZO	64
<i>warfarin</i>	73	XTANDI.....	35	ZILBRYSQ.....	130
<i>water for irrigation, sterile</i>	100	<i>xulane</i>	125	ZIMHI.....	142
WAVESENSE JAZZ	67	XULTOPHY 100/3.6	90	ZIOPTAN (PF).....	153
WAVESENSE PRESTO 67, 70		XURIDEN	101	<i>ziprasidone hcl</i>	162
WEGOVY	8	XYNTHA	75	<i>ziprasidone mesylate</i>	162
WELCHOL	94	XYNTHA SOLOFUSE.....	75	ZIRABEV	33
WELIREG.....	46	XYOSTED	118	ZIRGAN	61
<i>vera (28)</i>	151	XYWAV.....	160	ZITHROMAX	84
<i>westab plus</i>	204	Y		ZITHROMAX TRI-PAK	84
WIDE-SEAL DIAPHRAGM		YASMIN (28).....	151	ZITHROMAX Z-PAK	84
.....	81	YAZ (28)	151	ZOCOR.....	94

ZOKINVY.....	102	ZOMIG.....	97	ZYCLARA	92
ZOLADEX.....	41	ZONALON.....	108	ZYDELIG.....	45
<i>zoledronic acid</i>	118	ZONEGRAN	17	ZYFLO	171
<i>zoledronic acid-mannitol-water</i>	98	ZONISADE.....	17	ZYKADIA.....	45
ZOLEDRONIC AC- MANNITOL-0.9NACL .	118	<i>zonisamide</i>	17	ZYLET	181
ZOLGENSMA	123	ZONTIVITY	78	ZYNLONTA	47
ZOLINZA.....	33	ZORTRESS	50	ZYNYZ.....	45
<i>zolmitriptan</i>	96, 97	ZOSYN IN DEXTROSE (ISO- OSM).....	158	ZYPREXA.....	162
ZOLMITRIPTAN	96	<i>zovia 1-35 (28)</i>	151	ZYPREXA RELPREVV	162
ZOLOFT	167	ZTLIDO.....	188	ZYPREXA ZYDIS	162
<i>zolpidem</i>	166	ZUBSOLV.....	143	ZYTIGA	35
		<i>zumandimine (28)</i>	151	ZYVOX.....	107