Wellfleet Rx is a pharmacy solution provided by Wellfleet Group, LLC (Wellfleet). This document represents the efforts of the Wellfleet Rx Pharmacy and Therapeutics (P&T) and Value Assessment Committees, in collaboration with Express Scripts (ESI), to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. This is accomplished through the auspices of the P&T Committees with input from internal departments at Wellfleet and its Student Health Advisory Board. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary. The P&T Committees use the following criteria in the evaluation of drug selection for the Student Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

**How to Use the Formulary**

The Formulary is a list of medications available to Wellfleet Rx members under their pharmacy benefit. All drugs are listed by their generic names or most common proprietary (branded) name. Any drugs not found in this formulary listing or any formulary updates published by Wellfleet Rx are considered non-formulary drugs and require prior authorization. All drugs are listed in each category in alphabetical order by generic or brand name. If the generic drug is FDA approved, it will appear *italicized* in the formulary listing. Covered brand drugs appear in CAPITALIZED font.

Some drugs on the formulary have certain process requirements or limitations for coverage. These are denoted by:

| Symbol | Name | Description |
|---|---|---|
| **AGE** | Age Edit | Drug may not be recommended for some patients based on age. |
| **Och** | Oral Chemo Drug | Refer to your plan document for oral chemotherapy drug benefits. |
| **PA** | Prior Authorization | Requires your doctor to request prior authorization to support use of this drug. |


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| | | |
|---|---|---|
| **QL** | Quantity Limit | Coverage may be limited to specific quantities per prescription and/or time period. |
| **Specialty** | Specialty Medications | Subject to Specialty tier Copay. Pharmaceutical, biotech or biological drugs that are used in the management of chronic, orphan or rare diseases and has a monthly cost ≥ $670 for a 30-day supply. These injectable or non-injectable medications may possess more than one of the following attributes:<br>• Requires specialized storage, distribution, and/or handling<br>• Frequent dosing adjustments and clinical monitoring to decrease potential for drug toxicity and improve clinical outcomes<br>• Involves additional patient education, adherence, and/or support<br>• May include generic or biosimilar products<br>• Limited or exclusive drug distribution restrictions |
| **ST** | Step Therapy | Coverage may depend on previous use of another drug. |
| **ACA** | ACA Preventative Medications | ACA Preventative Medications. These products will have $0 cost-share for specific populations. |
| **Opioid** | Opioid Medications | These medications have additional limitations and rules. See below under 'Opioid Medications' for more information. |

**Benefit Coverage and Limitations**

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Formulary. For example, drugs for the treatment of infertility may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact Wellfleet or Wellfleet Rx at the phone numbers listed on their ID card.


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**Excluded Agents**

As new drugs become available, they will be considered for coverage under the Student Formulary. The plan administrator has the right to decide what drugs are covered and to what extent, as well as the right to modify coverage including the exclusion of any prescription drugs. Please note that prescribing guidelines such as Prior Authorization, Step Therapy, Quantity Limit, etc., may still apply to Formulary Therapeutic Alternatives.

**Non-Formulary and Step Therapy Exception Requests**

A member (or their appointed representative, prescribing physician, or authorized prescriber) may request a standard/non-urgent or expedited/urgent preservice/prior and current authorization for a drug that is subjected to utilization management tools such as step therapy. To initiate an exception request, contact 877-640-7938. Prior authorization guidelines will be made available to the member, member's authorization representative, prescribing physician and other authorized prescriber upon request.

**Depending upon a member's specific benefit, the following topics may apply:**

***1. Generic Substitution***

When available, FDA approved generic drug used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs. This policy is not meant to preclude or supplant any state statues that may exist. All drugs that are or become available generically are subject to review by the P&T Committee. Wellfleet Rx approves such multi- source drugs for addition to the MAC list based on the following criteria:

- A multi- source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the P&T Committee.


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- Drug product will be approved for generic substitution by the P&T Committee.

If a member requests a brand name drug instead of an approved generic, the member, based on their coverage, is typically required to pay the difference in cost between the brand and the generic. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

***2. Three Tier Benefit***

The Formulary may be applied to a three-tier benefit design, where the member shares the cost of prescription drug therapy at three levels of copayment. In most instances, generically available drugs will be covered under the first or lowest copay tier, branded drugs listed on the Formulary will be covered under the second copay tier, and branded drugs not on the Formulary will be covered under the third or highest copay tier.

***3. Medication Request Process***

Depending upon plan benefit design, a medication request process may apply as follows:

*A. Formulary Drugs*

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

*B. Non-Formulary Drugs*

Any drug not found in the Formulary listing, or any Formulary updates published by Wellfleet Rx, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for


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in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contact the physician to determine if there is a reasonable medical need for a non-formulary drug. Each request will be reviewed on an individual patient need basis. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of formulary drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of formulary or related agents.
- The choices available in the formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a formulary drug may provoke an underlying condition, which would be detrimental to patient care.

If the request does not meet the guidelines established by the P&T Committees, the request will not be approved, and alternative therapy may be recommended.

*C. Obtaining Coverage*

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

- Faxing 877-251-5896 with a completed Prior Authorization Request Form.
- Contacting Wellfleet Rx at 877-640-7938 and providing all necessary information requested.

Wellfleet Rx will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.


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### *4. General Exclusions*

A. Over the Counter (OTC) medications or their equivalents, unless otherwise specified in the Formulary listing.
B. Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler), except as required by ACA.
C. Drugs specifically listed as not covered.
D. Any drug products used for cosmetic purposes.
E. Experimental drug products or any drug product used in an experimental manner.
F. Replacement of lost or stolen medication.
G. Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.
H. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration.
I. New drug entities will be excluded for up to 180 days after they become available on the market until a formulary decision is made. Depending on the formulary decision, the new drug entity may be excluded or have additional requirements under the formulary thereafter.

Any drugs not listed in this print formulary are considered excluded from the drug benefit and are not covered. The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

### *5. Opioid Medications*

1. Opioid Overutilization Prevention – Opioid medications for treatment of pain will be available to Wellfleet members under the following restrictions which are reflective of current State and Federal guidance for prescribing of these agents.
    a. Maximum Days Supply for Opioid Prescriptions
        i. Prescriber Type
            1. General Prescribers – 5-day supply
            2. Dentists – 3-day supply
            3. Oncologists – No limit
    b. Cumulative Morphine Milligram Equivalents (MME) Limit (all prescriptions in last 120 days included) – Cumulative MME are utilized for calculating the total daily dose of


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opioids. Monitoring of MME allows clinicians to appropriately adjust prescribed opioid medications and are often used to reduce risk of overdose.

i. 90 MME total (and above) will encounter a soft rejection at the pharmacy which can be overridden by a pharmacist (except in the state of Pennsylvania).
ii. 120 MME total (and above) will encounter a hard rejection which requires prior authorization to be obtained by the prescriber.

c. More than a 5-day supply across all opioid prescriptions within a 60 day period will require prior authorization.
d. Quantity limits will be placed on opioid medications at the individual medication level.

***6. Pharmacist and Physician Communication***

The Formulary is a tool to promote cost- effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this formidable a task.

***7. Mail-order Option***

If your plan covers medications through mail order, prescriptions can be obtained through the mail via Express Scripts Pharmacy. Refer to your plan document to determine if your plan covers medications through mail order. To have a current prescription filled with Express Scripts Pharmacy, you may contact your physician and have them send a new prescription to Express Scripts Pharmacy. You may also contact Express Scripts Pharmacy at 877-640-7940 if you would prefer Express Scripts Pharmacy to contact your physician for a new prescription. Online access to patient information and prescription ordering is also available through express-scripts.com.

*Drug list created 1/1/2019. Updated as of the 2026-2027 Plan Year. Next update will take effect at the start of the 2027-2028 plan year, based on updates made for 7/1/2027.*


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**How can you save money on medications?**

Wellfleet Rx aims to help remove cost as a barrier to care as much as possible so you can achieve your health and well-being goals. The following programs may help you reduce your out-of-pocket expenses on important medications.

- **Wellfleet Rx zero cost drugs list** –
    - In addition to covering preventive care medications with no cost sharing, the Wellfleet Rx Student Formulary offers commonly prescribed antibiotic, dermatology, mental health medications, and more at no copay. We encourage you to share this zero cost drugs list with your prescriber to determine if one of these medications may be appropriate for your treatment.

- **Discounts on non-covered OTC products** –
    - Sometimes prescribers will write a prescription for over-the-counter (OTC) products if they are recommended as part of your treatment. OTC products are generally not covered under the Wellfleet Rx Student Formulary. However, your prescription for an OTC product may be eligible for a discount off the retail price. You should try to obtain a prescription for OTC products you use and present it to the pharmacy to determine if it may be eligible under Wellfleet Rx's discount program.
    - Eligible categories of OTC products may include pain relief, allergy, topical (skin) treatments, vitamins, supplements, laxatives, and more.

- **Wellfleet Rx Copay Assistance Program** –
    - If you have a complex or chronic condition that requires treatment with a high-cost specialty medication, your medication may be eligible for copay assistance from the drug manufacturer. For a full listing of the eligible medications and to determine if your plan is eligible for the program, please review "Copay Assistance Program Drug List and Frequently Asked Questions" document under "Current Wellfleet Rx Formularies" on the Wellfleet Rx website. If you receive a prescription for one of these medications, a professional from the Copay Assistance Program team will contact you to enroll you in the assistance program so you may receive the medication at little to no cost.


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- **Manufacturer assistance programs** –
    - If your plan is not eligible for the Copay Assistance Program (see above), you may still be eligible for manufacturer assistance. Manufacturer assistance is available directly from many drug companies. Services provided range from cost sharing assistance to therapeutic resource pharmacists available to answer clinical questions you may have. NeedyMeds is a valuable resource that aggregates information on these programs.*

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**Zero Cost Drugs**

In addition to the ACA Preventive Care medications listed under the $0 Tier in the formulary, the drugs listed in the table below are covered at no cost to you. We encourage you to share this list with your prescriber if you are receiving a medication in one of the categories below to determine if a zero cost option may be appropriate for your treatment.

| $0 Copay Drugs | |
|---|---|
| **Antibiotics** | |
| Amoxicillin Capsules (250mg, 500mg) | Amoxicillin Tablets (875mg) |
| Azithromycin Tablets (250mg, 500mg) | Cephalexin Capsules (250mg, 500mg) |
| Sulfamethoxazole-Trimethoprim Tablets (400-80mg, 800-160mg) | |
| **Antianxiety/Antidepressants** | |
| Citalopram Hbr Tablets (10mg, 20mg, 40mg) | Fluoxetine HCl Capsules (10mg, 20mg, 40mg) |
| Sertraline HCl Tablets (25mg, 50mg, 100mg) | |
| **Acne** | |
| Clindamycin – Benzoyl Peroxide Gel (1-5%) | Benzoyl Peroxide Wash External Liquid (5%, 10%) |
| Clindamycin Phosphate External Gel (1%) | Clindamycin Phosphate External Solution (1%) |
| Clindamycin Phosphate External Swab (1%) | Erythromycin External Solution (2%) |
| Sulfacetamide Sodium External Lotion (10%) | Sulfacetamide Sodium-Sulfur External Emulsion (10-5%) |
| **Schizophrenia/Bipolar Disorder** | |
| Lithium Carbonate (150mg, 300mg, and 600mg Capsule, 300mg Tablet) | |
| Olanzapine Tablets (2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg) | |
| Quetiapine Fumarate Tablets (25mg, 50mg, 100mg, 200mg, 300mg) | |
| Risperidone Tablets (0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg) | |
| **Narcotic Antagonists** | |
| Naloxone Injection Auto-Injector | Naloxone Injection Solution |
| Naloxone Injection Syringe | Naloxone Nasal Spray |


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WELLFLEET®
RX PLAN

# January 2027 Student Formulary – Preventive Care Medications with $0 Copay

Updates Effective 1/1/2027

## U.S. Preventative Services Task Force A & B Recommendations

The Patient Protection and Affordable Care Act (PPACA) requires that certain health plans cover essential health benefits (EHB) without charging a copayment, coinsurance, or deductible. EHBs include a variety of preventative services and medications and are outlined by US Preventive Services Task Force (USPSTF) recommendations with an A or B rating. Based on the recommendations of USPSTF and the Centers for Disease Control and Prevention (CDC), Wellfleet Rx has identified preventative medications to be covered under the pharmacy benefit and updates this list of medications and coverage criteria as needed.

USPSTF and CDC recommendation updates can occur at any time, and health plans have specified timelines to implement these recommendations in compliance with federal law. Plans that meet the definition of a "grandfathered" plan are not subject to EHB requirements. State specific requirements may vary. Wellfleet Rx will monitor for ACA-related guidance and updates to ensure compliance with all regulations.

**Standard EHB Zero Copay Table**

All medications, including specified OTC items (e.g., aspirin, contraceptives, folic acid), included on the Wellfleet Rx EHB Zero Copay table are covered at zero copay if the member has a valid prescription; however, some medications are only covered at a zero copay for the population specified (e.g., specified age range). The table below contains the specific drug list contained in the EHB Zero Copay Table.

| Drug or Vaccine | Edit | Comments |
|---|---|---|
| **EHB Aspirin Drug List** | | |
| Aspirin | N/A | Generics only |
| **EHB Fluoride Drug List** | | |
| Fluoride | Age 6 months to 6 years | Generics only |
| **EHB Folic Acid Drug List** | | |
| Folic acid<br>0.4 mg, 0.8 mg, 1mg | N/A | Generics only |
| **EHB Contraceptives Drug List*** | | |
| Oral and ring hormonal contraceptives | • Step therapy (if applicable) | Generics and single-source brands (SSB) |
| Transdermal contraceptives | N/A | Generics only (Xulane by Mylan) |

| | | |
|---|---|---|
| Other contraceptive forms | • Nexplanon: Limited to 1 per year<br>• Depo-Provera: Limited to 1 per 90 days | Covered products include the following:<br>• Depo-Provera<br>• Liletta<br>• Mirena<br>• Nexplanon<br>• ParaGard<br>• Skyla<br>• Phexxi |
| **EHB Barrier Contraceptives Drug List*** | | |
| Barrier contraceptives | • Female condoms: 30 per 30 days | • Cervical cap<br>• Diaphragms<br>• Nonoxynol 9<br>• Female condoms |
| **EHB Breast Cancer Prevention Drug List** | | |
| • Raloxifene<br>• Tamoxifen<br>• Soltamox<br>• Anastrazole<br>• Exemestane | • Anastrazole: Age ≥ 35 years; limited to 1 per day<br>• Exemestane: Age ≥ 35 years; limited to 1 per day<br>• Raloxifene: Limited to 1 per day | Brands and generics |
| **EHB Bowel Preparation Drug List** | | |
| FDA-approved bowel preparations, *including but not limited to the following:*<br>• Bisacodyl<br>• Clenpiq<br>• PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely)<br>• Magnesium citrate<br>• Magnesium hydroxide<br>• OsmoPrep<br>• Plenvu<br>• Prepopik<br>• Sodium phosphate<br>• Suclear<br>• Suprep<br>• Sutab | • Age 45-75 years<br>• Quantity limit of 2 per year | Brands and generics |

| | | |
|---|---|---|
| **EHB Pre-Diabetes Drug List** | | |
| • Metformin immediate-release tablets, extended-release tablets, and solution | | Generic products; for members aged 35 years or older who have been diagnosed with pre-diabetes |
| **EHB HIV Pre-Exposure Prophylaxis (PrEP) Drug List** | | |
| • Apretude (cabotegravir) ER injectable suspension<br>• Descovy (emtricitabine/tenofovir alafenam)<br>• emtricitabine / tenofovir disoproxil fumarate<br>• Yeztugo (lenacapavir) ER injectable suspension & tablets | • Descovy: Quantity limit of 1 tab/day<br>• Generic Truvada: Quantity limit of 1 tab/day<br>• Apretude: Quantity limit of 1 injection every 8 weeks<br>• No concurrent use of HIV medications for the treatment of HIV | N/A |
| **EHB Statin Drug List** | | |
| Low-moderate intensity statins<br>• Altoprev (lovastatin ER) 20-60 mg<br>• Crestor (rosuvastatin) 5-10 mg<br>• Ezallor Sprinkle (rosuvastatin) 5-10mg<br>• Flolipid (simvastatin suspension) 20mg/5mL, 40mg/5mL<br>• Lescol (fluvastatin) 20-40 mg, 40 mg twice daily<br>• Lescol XL (fluvastatin) 80 mg<br>• Lipitor (atorvastatin) 10-20 mg<br>• Livalo (pitavastatin calcium) 1-4 mg<br>• Mevacor (lovastatin) 20-40 mg<br>• Pravachol (pravastatin) 10-80 mg<br>• Zocor (simvastatin) 10-40 mg<br>• Zypitamag (pitavastatin magnesium) 1-4 mg | • Age 40-75 years<br>• No concurrent use of secondary prevention medications*<br>• Quantity limited to statin dosages at low- to moderate-intensity<br>• Prior Authorization (Ezallor Sprinkle and Flolipid)<br>• Step Therapy (Altoprev, Ezallor Sprinkle, Lescol, Lescol XL, and Zypitamag)<br><br>**Secondary prevention medications include:*<br>• aspirin/dipyridamole<br>• clopidogrel<br>• dipyridamole<br>• nitroglycerin – oral, sublingual, transdermal, translingual<br>• prasugrel<br>• Praluent<br>• Repatha<br>• ticagrelor (Brilinta)<br>• ticlopidine<br>• vorapaxar (Zontivity) | Generics and Livalo |

| EHB Smoking Cessation Drug List | | |
|---|---|---|
| bupropion (Zyban) | • Age ≥ 18 years<br>• Quantity limit | Generic only |
| Varenicline (Chantix) | • Age ≥ 18 years<br>• Quantity limit | Brand and generic |
| nicotine inhaler | • Age ≥ 18 years<br>• Quantity limit<br>• Step Therapy: trial of nicotine transdermal patch required | OTC |
| nicotine spray | • Age ≥ 18 years<br>• Quantity limit<br>• Step Therapy: trial of nicotine transdermal patch required | OTC |
| nicotine gum or lozenge | • Age ≥ 18 years<br>• Quantity limit | OTC |
| nicotine transdermal patches | • Age ≥ 18 years<br>• Quantity limit | OTC |
| **EHB Vaccines – Influenza** | | |
| Influenza vaccines | • 1 dose per 180 days | Flublok, Fluzone High Dose, Fluzone Intradermal, and Fluad will continue to have adult age edits |
| **EHB Vaccines – Other** | | |
| COVID-19<br>Moderna [mRNA] [SpikeVax]<br>Pfizer [mRNA] (Comirnaty)<br>Novavax [Ad] | N/A | N/A |
| Diphtheria, tetanus, pertussis [DTaP] (Infanrix, Daptacel) | N/A | N/A |
| Diphtheria, tetanus, pertussis [DTaP]/Polio (Quadracel, Kinrix) | N/A | N/A |
| Diphtheria, tetanus, pertussis [DTaP]/Hepatitis B/Polio (Pediarix) | N/A | N/A |
| Diphtheria, tetanus, pertussis [DTaP]/ Polio/ *Haemophilus influenzae* type B/ Hepatitis B (Vaxelis) | N/A | N/A |

| | | |
|---|---|---|
| Diphtheria, tetanus, pertussis [DTaP]/Polio/ *Haemophilus influenzae* type B (Pentacel) | N/A | N/A |
| Human papillomavirus (Gardasil, Gardasil 9) | • Age 9-45 years<br>• 3 doses per 365 days | N/A |
| Hepatitis A (Vaqta, Havrix) | • 2 doses per 365 days | N/A |
| Hepatitis B (Engerix-B, Recombivax HB, Heplisav-B) | • 3 doses per 365 days (Engerix-B Adult; Recombivax HB)<br>• 2 doses per 365 days (Heplisav-B) | N/A |
| Hepatitis B/Hepatitis A combo (TwinRix) | • Age ≥18 years<br>• 4 doses per 365 days | N/A |
| *Haemophilus influenzae* type B (ActHIB, Hiberix, PedvaxHIB) | N/A | N/A |
| Japanese Encephalitis (Ixiaro) | N/A | N/A |
| Measles, mumps, rubella (M-M-R II, Priorix) | • 2 doses per 365 days | N/A |
| Measles, mumps, rubella, varicella [MMRV](ProQuad) | N/A | N/A |
| Meningococcal serogroup B [MenB (Bexsero, Trumenba)] | • Age 10-25 years<br>• 2 doses per 365 days (Bexsero)<br>• 3 doses per 365 days (Trumenba) | N/A |
| Meningococcal quadrivalent conjugate [MenACWY (Menactra, Menveo, MenQuadfi)] | • Age 11-23 years, unless required upon freshman admission<br>• 1 dose per 365 days | N/A |
| Meningococcal pentavalent [MenABCWY (Penbraya)] | • Age 10-25<br>• 2 doses per 365 days | N/A |
| Pneumococcal polysaccharide (Pneumovax 23) | • 1 dose per 365 days<br>• Age ≥ 19 years, if immunocompromised | N/A |
| Pneumococcal conjugate (Prevnar 13, Prevnar 20, Vaxneuvance) | • Prevnar 20, Vaxneuvance:<br>• Age ≥ 65 years<br>• Age ≥ 19 years, if immunocompromised | N/A |
| Poliovirus (Ipol) | N/A | N/A |
| Respiratory syncytial virus (Arexvy, Abrysvo) | • Arexvy: Age ≥ 60 years<br>• Abrysvo: Age ≥ 60 years OR in pregnant individuals between 32-36 weeks gestational age | N/A |

| | | |
|---|---|---|
| Rotavirus (Rotarix, Rotateq) | N/A | N/A |
| Tetanus, diphtheria, pertussis [Tdap (Adacel, Boostrix)] | • 1 dose per 365 days | N/A |
| Tetanus, diphtheria [Td (Tenivac, Tdvax)] | • 1 dose per 365 days | N/A |
| Varicella (Varivax) | • 2 doses per 365 days | N/A |
| Zoster vaccine, recombinant (Shingrix) | • Age ≥ 50 years<br>• Age ≥ 19 years, if immunocompromised<br>• 2 doses per 365 days | N/A |

*May not be included under some plans, as certain religious plan sponsors may be exempt from offering contraceptive services. Note that certain plan sponsors have been granted a religious accommodation as permitted by the Affordable Care Act and state law, to exclude coverage of all forms of contraceptives. In some cases, separate payment may be available. Consult your plan documents or contact customer service at the number on your ID card for more information. This information is subject to change, for informational purposes only, does not constitute legal or other advice, and should not be relied upon to determine coverage.

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| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **ANTI - INFECTIVES** | | |
| **ANTIFUNGAL AGENTS** | | |
| *amphotericin b injection recon soln 50 mg* | 1 | |
| *amphotericin b liposome intravenous suspension for reconstitution 50 mg* | 1 | |
| *caspofungin intravenous recon soln 50 mg, 70 mg* | 1 | |
| *clotrimazole mucous membrane troche 10 mg* | 1 | |
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG | 2 | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | 2 | |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG | 3 | |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | 1 | |
| *fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml* | 1 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 1 | |
| *flucytosine oral capsule 250 mg, 500 mg* | 1 | |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | 1 | |
| *griseofulvin microsize oral tablet 500 mg* | 2 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | 2 | |
| *griseofulvin ultramicrosize oral tablet 165 mg* | 1 | |
| *itraconazole oral capsule 100 mg* | 1 | QL |
| *itraconazole oral solution 10 mg/ml* | 1 | QL |
| *ketoconazole oral tablet 200 mg* | 1 | |
| *micafungin intravenous recon soln 100 mg, 50 mg* | 1 | |
| *nystatin oral suspension 100,000 unit/ml* | 1 | |
| *nystatin oral tablet 500,000 unit* | 1 | |
| *posaconazole intravenous solution 300 mg/16.7 ml* | 1 | |
| *posaconazole oral suspension 200 mg/5 ml (40 mg/ml)* | 1 | |
| *posaconazole oral tablet,delayed release (dr/ec) 100 mg* | 1 | |
| *terbinafine hcl oral tablet 250 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *voriconazole intravenous recon soln 200 mg* | 1 | |
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | 1 | |
| *voriconazole oral tablet 200 mg, 50 mg* | 1 | |
| *voriconazole-hpbcd intravenous recon soln 200 mg* | 1 | |
| **ANTIVIRALS** | | |
| *abacavir oral solution 20 mg/ml* | 1 | QL |
| *abacavir oral tablet 300 mg* | 1 | QL |
| *abacavir-lamivudine oral tablet 600-300 mg* | 1 | QL |
| *acyclovir oral capsule 200 mg* | 1 | |
| *acyclovir oral suspension 200 mg/5 ml* | 1 | |
| *acyclovir oral tablet 400 mg, 800 mg* | 1 | |
| *acyclovir sodium intravenous solution 50 mg/ml* | 1 | |
| *adefovir oral tablet 10 mg* | 1 | Specialty; QL |
| *amantadine hcl oral capsule 100 mg* | 1 | |
| *amantadine hcl oral solution 50 mg/5 ml* | 1 | |
| *amantadine hcl oral tablet 100 mg* | 1 | |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | 3 | ACA |
| APTIVUS ORAL CAPSULE 250 MG | 2 | QL |
| *atazanavir oral capsule 150 mg, 200 mg, 300 mg* | 1 | QL |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 2 | Specialty; QL |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML | 2 | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 2 | QL |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 3 | QL |
| *cidofovir intravenous solution 75 mg/ml* | 1 | |
| CIMDUO ORAL TABLET 300-300 MG | 2 | QL |
| *darunavir oral tablet 600 mg, 800 mg* | 1 | QL |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 3 | QL |
| DESCOVY ORAL TABLET 200-25 MG | 2 | ACA; QL |
| DOVATO ORAL TABLET 50-300 MG | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| EDURANT ORAL TABLET 25 MG | 2 | QL |
| *efavirenz oral tablet 600 mg* | 1 | QL |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | 1 | QL |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg* | 1 | QL |
| *emtricitabine oral capsule 200 mg* | 1 | ACA; QL |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg* | 1 | QL |
| *emtricitabine-tenofovir (tdf) oral tablet 200-300 mg* | 1 | ACA; QL |
| *emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg* | 1 | QL |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 2 | QL |
| *entecavir oral tablet 0.5 mg, 1 mg* | 1 | Specialty; QL |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG | 2 | PA; Specialty; QL |
| EPCLUSA ORAL TABLET 200-50 MG | 2 | PA; Specialty; QL |
| *etravirine oral tablet 100 mg, 200 mg* | 1 | QL |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 1 | |
| *fosamprenavir oral tablet 700 mg* | 1 | QL |
| *foscarnet intravenous solution 24 mg/ml* | 1 | |
| *ganciclovir sodium intravenous recon soln 500 mg* | 1 | |
| *ganciclovir sodium intravenous solution 50 mg/ml* | 1 | |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 2 | QL |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG | 2 | PA; Specialty; QL |
| HARVONI ORAL TABLET 45-200 MG | 2 | PA; Specialty; QL |
| ISENTRESS HD ORAL TABLET 600 MG | 2 | QL |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 2 | QL |
| ISENTRESS ORAL TABLET 400 MG | 2 | QL |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | 2 | QL |
| JULUCA ORAL TABLET 50-25 MG | 3 | |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG | 2 | QL; Age Limit (Min 18 Years and Max 999 Years) |
| *lamivudine oral solution 10 mg/ml* | 1 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *lamivudine oral tablet 100 mg, 150 mg, 300 mg* | 1 | QL |
| *lamivudine-zidovudine oral tablet 150-300 mg* | 1 | QL |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG | 2 | PA; Specialty; QL |
| *lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg* | 1 | QL |
| *maraviroc oral tablet 150 mg, 300 mg* | 1 | QL |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG | 2 | PA; Specialty; QL |
| MAVYRET ORAL TABLET 100-40 MG | 2 | PA; Specialty; QL |
| *nevirapine oral suspension 50 mg/5 ml* | 1 | QL |
| *nevirapine oral tablet 200 mg* | 1 | QL |
| *nevirapine oral tablet extended release 24 hr 100 mg, 400 mg* | 1 | QL |
| NORVIR ORAL POWDER IN PACKET 100 MG | 3 | QL |
| ODEFSEY ORAL TABLET 200-25-25 MG | 2 | QL |
| *oseltamivir oral capsule 30 mg, 45 mg, 75 mg* | 1 | QL |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* | 1 | QL |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG | 3 | QL; Age Limit (Min 12 Years and Max 999 Years) |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML | 3 | QL |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 3 | QL |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | 3 | QL |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 2 | QL |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 2 | QL |
| RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | 2 | |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 2 | QL |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 2 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 3 | QL |
| *ribavirin inhalation recon soln 6 gram* | 1 | |
| *ribavirin oral capsule 200 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ribavirin oral tablet 200 mg* | 1 | |
| *rilpivirine hcl oral tablet 25 mg* | 1 | QL |
| *rimantadine oral tablet 100 mg* | 1 | |
| *ritonavir oral tablet 100 mg* | 1 | QL |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 2 | PA; QL |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 2 | QL |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG | 2 | PA; Specialty; QL |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG | 3 | Specialty; QL |
| SOVALDI ORAL TABLET 200 MG, 400 MG | 3 | Specialty; QL |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 3 | QL |
| SUNLENCA ORAL TABLET 300 MG | 3 | PA; QL |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | 3 | PA; QL |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 3 | QL |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | 1 | ACA; QL |
| TIVICAY ORAL TABLET 50 MG | 2 | QL |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 2 | QL |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 2 | QL |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 2 | QL |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 3 | |
| *valacyclovir oral tablet 1 gram, 500 mg* | 1 | |
| *valganciclovir oral recon soln 50 mg/ml* | 1 | |
| *valganciclovir oral tablet 450 mg* | 1 | |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG | 3 | |
| VEMLIDY ORAL TABLET 25 MG | 3 | Specialty; QL |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 2 | QL |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 3 | QL |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 3 | QL |
| VOSEVI ORAL TABLET 400-100-100 MG | 3 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| XOFLUZA ORAL TABLET 40 MG, 80 MG | 3 | QL |
| YEZTUGO ORAL TABLET 300 MG | 3 | ACA |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML | 3 | ACA |
| *zidovudine oral capsule 100 mg* | 1 | QL |
| *zidovudine oral syrup 10 mg/ml* | 1 | QL |
| *zidovudine oral tablet 300 mg* | 1 | QL |
| **CEPHALOSPORINS** | | |
| AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM | 2 | |
| *cefaclor oral capsule 250 mg, 500 mg* | 1 | |
| *cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml* | 1 | |
| *cefaclor oral tablet extended release 12 hr 500 mg* | 1 | |
| *cefadroxil oral capsule 500 mg* | 1 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 1 | |
| *cefadroxil oral tablet 1 gram* | 1 | |
| *cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml* | 1 | |
| *cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml* | 1 | |
| *cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml* | 1 | |
| CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML | 1 | |
| *cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml* | 1 | |
| *cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml* | 1 | |
| CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 2 GRAM/10 ML | 1 | |
| *cefazolin injection recon soln 1 gram, 100 gram, 20 gram, 3 gram, 300 gram, 500 mg* | 1 | |
| CEFAZOLIN INJECTION RECON SOLN 2 GRAM | 1 | |
| *cefazolin intravenous recon soln 1 gram, 10 gram* | 1 | |
| CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *cefdinir oral capsule 300 mg* | 1 | |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML | 3 | |
| *cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml* | 2 | |
| *cefepime injection recon soln 1 gram, 2 gram* | 1 | |
| CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM | 1 | |
| *cefixime oral capsule 400 mg* | 1 | |
| *cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 1 | |
| *cefixime oral tablet 400 mg* | 1 | |
| CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM | 3 | |
| *cefotaxime injection recon soln 1 gram, 2 gram* | 1 | |
| *cefotetan injection recon soln 1 gram, 2 gram* | 1 | |
| *cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml* | 1 | |
| *cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram* | 1 | |
| *cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml* | 1 | |
| *cefpodoxime oral tablet 100 mg, 200 mg* | 1 | |
| *cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *cefprozil oral tablet 250 mg, 500 mg* | 1 | |
| *ceftaroline fosamil intravenous recon soln 400 mg, 600 mg* | 1 | |
| *ceftazidime injection recon soln 1 gram, 2 gram, 6 gram* | 1 | |
| *ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml* | 1 | |
| *ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg* | 1 | |
| CEFTRIAXONE INJECTION RECON SOLN 100 GRAM | 1 | |
| *ceftriaxone intravenous recon soln 1 gram, 2 gram* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 1 | |
| *cefuroxime sodium injection recon soln 750 mg* | 1 | |
| *cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram* | 1 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | $0 Copay |
| *cephalexin oral capsule 750 mg* | 1 | |
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *cephalexin oral tablet 250 mg, 500 mg* | 1 | |
| FETROJA INTRAVENOUS RECON SOLN 1 GRAM | 3 | |
| *tazicef injection recon soln 1 gram* | 1 | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | 2 | |
| ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM | 2 | |
| **ERYTHROMYCINS & OTHER MACROLIDES** | | |
| *azithromycin intravenous recon soln 500 mg* | 1 | |
| *azithromycin oral packet 1 gram* | 1 | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 1 | |
| *azithromycin oral tablet 250 mg, 500 mg* | 1 | $0 Copay |
| *azithromycin oral tablet 600 mg* | 1 | |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | 1 | |
| *clarithromycin oral tablet extended release 24 hr 500 mg* | 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 3 | ST |
| *e.e.s. 400 oral tablet 400 mg* | 1 | |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg* | 1 | |
| *erythrocin (as stearate) oral tablet 250 mg* | 1 | |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | 2 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml* | 1 | |
| *erythromycin ethylsuccinate oral tablet 400 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *erythromycin lactobionate intravenous recon soln 500 mg* | 1 | |
| *erythromycin oral tablet 250 mg, 500 mg* | 2 | |
| *erythromycin oral tablet,delayed release (dr/ec) 250 mg* | 1 | |
| *fidaxomicin oral tablet 200 mg* | 1 | ST; QL |
| **MISCELLANEOUS ANTIINFECTIVES** | | |
| *albendazole oral tablet 200 mg* | 1 | QL |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | 2 | |
| *amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml* | 1 | |
| ARAKODA ORAL TABLET 100 MG | 3 | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | 3 | PA; QL |
| *atovaquone oral suspension 750 mg/5 ml* | 1 | |
| *atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg* | 1 | |
| *aztreonam injection recon soln 1 gram, 2 gram* | 1 | |
| *bacitracin intramuscular recon soln 50,000 unit* | 1 | |
| BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG | 1 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 2 | PA; Specialty; QL |
| *chloramphenicol sod succinate intravenous recon soln 1 gram* | 1 | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | 1 | ST |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | 1 | |
| CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML | 3 | |
| *clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml* | 1 | |
| *clindamycin pediatric oral recon soln 75 mg/5 ml* | 1 | |
| *clindamycin phosphate injection solution 150 mg/ml* | 1 | |
| COARTEM ORAL TABLET 20-120 MG | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *colistin (colistimethate na) injection recon soln 150 mg* | 1 | |
| *cycloserine oral capsule 250 mg* | 1 | |
| *dalbavancin intravenous solution 500 mg* | 1 | |
| *dapsone oral tablet 100 mg, 25 mg* | 1 | Och; QL Rule |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG | 1 | |
| EMVERM ORAL TABLET,CHEWABLE 100 MG | 2 | PA; QL |
| *ertapenem injection recon soln 1 gram* | 1 | |
| *ethambutol oral tablet 100 mg, 400 mg* | 1 | |
| *gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml* | 1 | |
| GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML | 1 | |
| *gentamicin injection solution 40 mg/ml* | 1 | |
| *gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml* | 1 | |
| *hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg* | 1 | |
| *hydroxychloroquine oral tablet 200 mg* | 1 | ST |
| *imipenem-cilastatin intravenous recon soln 250 mg, 500 mg* | 1 | |
| IMPAVIDO ORAL CAPSULE 50 MG | 3 | PA; QL |
| *isoniazid injection solution 100 mg/ml* | 1 | |
| *isoniazid oral solution 50 mg/5 ml* | 1 | |
| *isoniazid oral tablet 100 mg, 300 mg* | 1 | |
| *ivermectin oral tablet 3 mg, 6 mg* | 1 | |
| KRINTAFEL ORAL TABLET 150 MG | 2 | QL |
| LAMPIT ORAL TABLET 120 MG, 30 MG | 3 | |
| *lincomycin injection solution 300 mg/ml* | 1 | |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | 1 | |
| *linezolid oral tablet 600 mg* | 1 | |
| *linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml* | 1 | |
| *mefloquine oral tablet 250 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *meropenem intravenous recon soln 1 gram, 2 gram, 500 mg* | 1 | |
| MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML | 1 | |
| *metro i.v. intravenous piggyback 500 mg/100 ml* | 2 | |
| *metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml* | 1 | |
| *metronidazole oral capsule 375 mg* | 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | 1 | |
| *neomycin oral tablet 500 mg* | 1 | |
| *nitazoxanide oral tablet 500 mg* | 1 | |
| ORBACTIV INTRAVENOUS RECON SOLN 400 MG | 2 | |
| *pentamidine inhalation recon soln 300 mg* | 1 | |
| *pentamidine injection recon soln 300 mg* | 1 | |
| *polymyxin b sulfate injection recon soln 500,000 unit* | 1 | |
| *praziquantel oral tablet 600 mg* | 1 | |
| PRETOMANID ORAL TABLET 200 MG | 3 | QL |
| PRIFTIN ORAL TABLET 150 MG | 2 | |
| *primaquine oral tablet 26.3 mg (15 mg base)* | 2 | |
| *pyrazinamide oral tablet 500 mg* | 1 | |
| *pyrimethamine oral tablet 25 mg* | 1 | PA; Specialty |
| *quinine sulfate oral capsule 324 mg* | 1 | |
| RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM | 3 | |
| *rifabutin oral capsule 150 mg* | 1 | |
| *rifampin intravenous recon soln 600 mg* | 1 | |
| *rifampin oral capsule 150 mg, 300 mg* | 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 3 | PA; QL |
| SIVEXTRO INTRAVENOUS RECON SOLN 200 MG | 3 | |
| SIVEXTRO ORAL TABLET 200 MG | 3 | |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM | 2 | ST; QL |
| STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *tinidazole oral tablet 250 mg, 500 mg* | 1 | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | 2 | PA; Specialty |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* | 1 | PA; Specialty |
| *tobramycin inhalation solution for nebulization 300 mg/4 ml* | 1 | PA; Specialty |
| *tobramycin sulfate injection recon soln 1.2 gram* | 1 | |
| *tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml* | 1 | |
| TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | 2 | PA |
| VABOMERE INTRAVENOUS RECON SOLN 2 GRAM | 3 | |
| XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML | 3 | PA |
| XENLETA ORAL TABLET 600 MG | 3 | PA; QL |
| ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML | 3 | |
| **PENICILLINS** | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | 1 | $0 Copay |
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml* | 1 | |
| *amoxicillin oral tablet 500 mg* | 1 | |
| *amoxicillin oral tablet 875 mg* | 1 | $0 Copay |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | 1 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml* | 1 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | 1 | |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg* | 1 | |
| *amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg* | 1 | |
| *ampicillin oral capsule 500 mg* | 1 | |
| *ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ampicillin sodium intravenous recon soln 1 gram, 2 gram* | 1 | |
| *ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram* | 1 | |
| *ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram* | 1 | |
| BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) | 2 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 2 | |
| *dicloxacillin oral capsule 250 mg, 500 mg* | 1 | |
| *nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml* | 1 | |
| *nafcillin injection recon soln 1 gram, 10 gram, 2 gram* | 1 | |
| *oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml* | 1 | |
| *oxacillin injection recon soln 1 gram, 10 gram, 2 gram* | 1 | |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML | 1 | |
| *penicillin g potassium injection recon soln 20 million unit, 5 million unit* | 1 | |
| *penicillin g sodium injection recon soln 5 million unit* | 1 | |
| *penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | 1 | |
| *pfizerpen-g injection recon soln 20 million unit, 5 million unit* | 1 | |
| *piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram* | 1 | |
| ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML | 2 | |
| **QUINOLONES** | | |
| BAXDELA INTRAVENOUS RECON SOLN 300 MG | 2 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| BAXDELA ORAL TABLET 450 MG | 2 | PA |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg* | 1 | |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | 1 | |
| *ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml* | 1 | |
| *levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml* | 1 | |
| *levofloxacin intravenous solution 25 mg/ml* | 1 | |
| *levofloxacin oral solution 250 mg/10 ml* | 1 | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | 1 | |
| *moxifloxacin oral tablet 400 mg* | 1 | |
| MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML | 1 | |
| *moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml* | 1 | |
| *ofloxacin oral tablet 300 mg, 400 mg* | 1 | |
| **SULFA'S & RELATED AGENTS** | | |
| *sulfadiazine oral tablet 500 mg* | 1 | |
| *sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml* | 1 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | 1 | $0 Copay |
| *sulfatrim oral suspension 200-40 mg/5 ml* | 1 | |
| **TETRACYCLINES** | | |
| *avidoxy oral tablet 100 mg* | 2 | QL |
| *demeclocycline oral tablet 150 mg, 300 mg* | 1 | |
| *doxy-100 intravenous recon soln 100 mg* | 1 | |
| *doxycycline hyclate intravenous recon soln 100 mg* | 1 | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 1 | QL |
| *doxycycline hyclate oral tablet 100 mg* | 1 | QL |
| *doxycycline hyclate oral tablet 20 mg* | 1 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 1 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg* | 1 | ST; QL |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | 1 | |
| *doxycycline monohydrate oral tablet 100 mg, 50 mg* | 1 | QL |
| MINOCIN INTRAVENOUS RECON SOLN 100 MG | 2 | |
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | 1 | |
| *minocycline oral tablet 100 mg, 50 mg, 75 mg* | 2 | |
| *mondoxyne nl oral capsule 100 mg* | 1 | QL |
| *mondoxyne nl oral capsule 75 mg* | 1 | ST; QL |
| NUZYRA INTRAVENOUS RECON SOLN 100 MG | 3 | |
| NUZYRA ORAL TABLET 150 MG | 3 | PA; QL |
| *tetracycline oral capsule 250 mg, 500 mg* | 1 | |
| *tetracycline oral tablet 250 mg, 500 mg* | 1 | |
| XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG | 3 | |
| **URINARY TRACT AGENTS** | | |
| BLUJEPA ORAL TABLET 750 MG | 3 | ST |
| *fosfomycin tromethamine oral packet 3 gram* | 1 | QL |
| *methenamine hippurate oral tablet 1 gram* | 1 | |
| *methenamine mandelate oral tablet 0.5 gram, 1 gram* | 1 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg* | 1 | |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | 1 | |
| *nitrofurantoin oral suspension 25 mg/5 ml* | 1 | |
| *trimethoprim oral tablet 100 mg* | 1 | |
| **VANCOMYCIN** | | |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML | 1 | |
| *vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml, 2 gram/500 ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML, 750 MG/150 ML, 750 MG/250 ML | 1 | |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML | 1 | |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML | 1 | |
| VANCOMYCIN INJECTION RECON SOLN 100 GRAM | 1 | |
| *vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg* | 1 | |
| *vancomycin oral capsule 125 mg, 250 mg* | 1 | QL |
| *vancomycin oral recon soln 25 mg/ml, 50 mg/ml* | 1 | QL |
| VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1.25 GRAM/250 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML | 1 | |
| VIBATIV INTRAVENOUS RECON SOLN 750 MG | 3 | |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | |
| **ADJUNCTIVE AGENTS** | | |
| *dexrazoxane hcl intravenous recon soln 250 mg, 500 mg* | 1 | |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG | 2 | |
| KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG | 2 | Specialty |
| KHAPZORY INTRAVENOUS RECON SOLN 175 MG | 3 | Specialty |
| *leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg* | 1 | |
| *leucovorin calcium injection solution 10 mg/ml* | 1 | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | 1 | |
| *levoleucovorin calcium intravenous solution 10 mg/ml* | 1 | Specialty |
| *mesna intravenous solution 100 mg/ml* | 1 | |
| VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT | 2 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 2 | PA; Specialty; QL |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | |
| *abiraterone oral tablet 250 mg, 500 mg* | 1 | Specialty; Och; QL |
| *abirtega oral tablet 250 mg* | 1 | Specialty; Och; QL |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML | 3 | PA; Specialty |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 2 | PA; Specialty; QL |
| *anastrozole oral tablet 1 mg* | 1 | Och; ACA |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | 3 | Specialty |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG | 2 | PA; Specialty; Och; QL |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG | 3 | PA; Specialty; QL |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 2 | PA; Specialty; Och; QL |
| *azathioprine oral tablet 100 mg, 50 mg, 75 mg* | 1 | |
| *azathioprine sodium injection recon soln 100 mg* | 1 | |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | 3 | PA; Specialty; Och; QL |
| *bexarotene oral capsule 75 mg* | 1 | PA; Specialty; QL |
| *bexarotene topical gel 1 %* | 1 | PA; Specialty; QL |
| *bicalutamide oral tablet 50 mg* | 1 | Och; QL Rule |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG | 2 | PA; Specialty; Och; QL |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | 2 | PA; Specialty; Och; QL |
| BRAFTOVI ORAL CAPSULE 75 MG | 3 | PA; Specialty; QL |
| BRUKINSA ORAL TABLET 160 MG | 2 | PA; Specialty; Och |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 2 | PA; Specialty; Och; QL |
| *capecitabine oral tablet 150 mg, 500 mg* | 1 | Specialty; Och; QL |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | 2 | PA; Specialty; Och; QL |
| 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) | 2 | PA; Specialty; Och; QL |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 3 | PA; Specialty; Och; QL |
| COTELLIC ORAL TABLET 20 MG | 2 | PA; Specialty; Och; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *cyclophosphamide intravenous solution 200 mg/ml* | 1 | |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | 2 | Och; QL Rule |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 2 | Och; QL Rule |
| *cyclosporine intravenous solution 250 mg/5 ml* | 1 | Specialty |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | 1 | Specialty |
| *cyclosporine modified oral solution 100 mg/ml* | 1 | Specialty |
| *cyclosporine oral capsule 100 mg, 25 mg* | 1 | Specialty |
| *dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg* | 1 | PA; Specialty; Och; QL |
| DAURISMO ORAL TABLET 100 MG, 25 MG | 3 | PA; Specialty; QL |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 2 | ST |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 2 | PA; Specialty; QL |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 2 | PA; Specialty; QL |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 2 | PA; Specialty; QL |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 2 | PA; Specialty; QL |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | 2 | PA; Specialty |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG | 3 | Specialty |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | 3 | PA; Specialty |
| ERIVEDGE ORAL CAPSULE 150 MG | 2 | PA; Specialty; QL |
| ERLEADA ORAL TABLET 240 MG, 60 MG | 2 | PA; Specialty; Och; QL |
| *erlotinib oral tablet 100 mg, 150 mg, 25 mg* | 1 | PA; Specialty; Och; QL |
| *etoposide oral capsule 50 mg* | 1 | Och; QL Rule |
| *everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 1 | PA; Specialty; Och; QL |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg* | 1 | PA; Specialty; Och; QL Rule |
| *everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg* | 1 | Specialty |
| *exemestane oral tablet 25 mg* | 1 | Och; ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FENSOLVI SUBCUTANEOUS SYRINGE 45 MG | 3 | PA; Specialty; QL |
| *floxuridine injection recon soln 0.5 gram* | 1 | Specialty |
| *fluorouracil intravenous solution 5 gram/100 ml* | 1 | |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG | 2 | PA; Specialty; Och; QL |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML | 3 | PA; Specialty |
| GAVRETO ORAL CAPSULE 100 MG | 3 | PA; Specialty; Och; QL |
| *gefitinib oral tablet 250 mg* | 1 | PA; Specialty; Och; QL |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 2 | PA; Specialty; Och; QL |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG | 3 | PA; Specialty; Och; QL |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG | 3 | PA; Specialty; Och; QL |
| HERNEXEOS ORAL TABLET 60 MG | 3 | Specialty; Och; QL |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | 2 | Specialty |
| *hydroxyurea oral capsule 500 mg* | 1 | Och; QL Rule |
| HYRNUO ORAL TABLET 10 MG | 3 | PA; QL |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 2 | PA; Specialty; Och; QL Rule |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 2 | PA; Specialty; Och; QL Rule |
| IBTROZI ORAL CAPSULE 200 MG | 2 | PA; Specialty; Och; QL |
| ICLUSIG ORAL TABLET 10 MG, 30 MG | 2 | PA; Specialty; Och; QL Rule |
| ICLUSIG ORAL TABLET 15 MG, 45 MG | 2 | PA; Specialty; Och; QL |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 3 | PA; Specialty; QL |
| *imatinib oral tablet 100 mg, 400 mg* | 1 | Specialty; Och; QL |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | 2 | PA; Specialty; Och; QL |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 2 | PA; Specialty; Och; QL |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 2 | PA; Specialty; Och; QL |
| INLURIYO ORAL TABLET 200 MG | 3 | QL |
| INLYTA ORAL TABLET 1 MG, 5 MG | 2 | PA; Specialty; Och; QL |
| INQOVI ORAL TABLET 35-100 MG | 2 | PA; Specialty; Och; QL |
| IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML | 1 | |
| ITOVEBI ORAL TABLET 3 MG, 9 MG | 3 | PA; Specialty; Och; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 2 | PA; Specialty; QL |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG | 3 | PA; Specialty; Och; QL Rule |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) | 3 | PA; Specialty; Och; QL |
| KOMZIFTI ORAL CAPSULE 200 MG | 3 | Och; QL |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | 2 | PA; Specialty; Och; QL |
| KRAZATI ORAL TABLET 200 MG | 3 | PA; Specialty; Och; QL |
| *lapatinib oral tablet 250 mg* | 1 | PA; Specialty; Och; QL |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG | 2 | PA; Specialty; Och; QL |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* | 1 | PA; Specialty; QL |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 2 | PA; Specialty; Och; QL |
| *letrozole oral tablet 2.5 mg* | 1 | Och; QL Rule |
| LEUKERAN ORAL TABLET 2 MG | 2 | Specialty; Och; QL Rule |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | 1 | PA; Specialty; QL |
| *lomustine oral capsule 10 mg, 100 mg, 40 mg* | 1 | PA |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 2 | PA; Specialty; Och; QL |
| LORBRENA ORAL TABLET 100 MG, 25 MG | 2 | PA; Specialty; Och; QL |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG | 3 | PA; Specialty; Och; QL |
| LUPKYNIS ORAL CAPSULE 7.9 MG | 3 | PA; Specialty |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 2 | PA; Specialty; Och; QL |
| LYSODREN ORAL TABLET 500 MG | 2 | Specialty; Och; QL Rule |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 3 | PA; Specialty; Och; QL |
| MATULANE ORAL CAPSULE 50 MG | 2 | Specialty; Och; QL Rule |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | 1 | |
| *megestrol oral tablet 20 mg, 40 mg* | 1 | |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 3 | PA; Specialty; Och; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | 3 | PA; Specialty; Och; QL |
| MEKTOVI ORAL TABLET 15 MG | 2 | PA; Specialty; Och; QL |
| *mercaptopurine oral suspension 20 mg/ml* | 1 | ST; Och; QL Rule |
| *mercaptopurine oral tablet 50 mg* | 1 | Och; QL Rule |
| *methotrexate sodium (pf) injection recon soln 1 gram* | 1 | |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | 1 | |
| *methotrexate sodium injection solution 25 mg/ml* | 1 | |
| *methotrexate sodium oral tablet 2.5 mg* | 1 | Och; QL Rule |
| MODEYSO ORAL CAPSULE 125 MG | 2 | PA; Specialty; QL |
| MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG | 3 | Specialty |
| *mycophenolate mofetil (hcl) intravenous recon soln 500 mg* | 1 | Specialty |
| *mycophenolate mofetil oral capsule 250 mg* | 1 | |
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* | 1 | |
| *mycophenolate mofetil oral tablet 500 mg* | 1 | |
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg* | 1 | |
| MYLERAN ORAL TABLET 2 MG | 2 | Specialty; Och; QL Rule |
| NERLYNX ORAL TABLET 40 MG | 3 | PA; Specialty; Och; QL |
| *nilotinib hcl oral capsule 150 mg, 200 mg* | 1 | PA; Specialty; Och; QL |
| *nilotinib hcl oral capsule 50 mg* | 1 | PA; Specialty; Och; QL |
| *nilutamide oral tablet 150 mg* | 1 | Specialty; Och; QL |
| NUBEQA ORAL TABLET 300 MG | 2 | PA; Specialty; Och; QL |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 2 | Specialty |
| *octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | 1 | PA; Specialty |
| *octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)* | 1 | PA; Specialty |
| *octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg* | 1 | Specialty |
| ODOMZO ORAL CAPSULE 200 MG | 3 | PA; Specialty; QL |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 3 | PA; Specialty; Och; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ONUREG ORAL TABLET 200 MG, 300 MG | 2 | PA; Specialty; Och; QL |
| ORSERDU ORAL TABLET 345 MG, 86 MG | 3 | PA; Specialty; Och; QL |
| *pazopanib oral tablet 200 mg* | 1 | PA; Specialty; Och; QL |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 3 | PA; Specialty; Och; QL |
| 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) | 3 | PA; Specialty; Och; QL |
| *pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg* | 1 | PA; QL |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 2 | PA; QL |
| *pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)* | 1 | |
| QINLOCK ORAL TABLET 50 MG | 3 | PA; Specialty; Och; QL |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG | 3 | PA; Specialty; Och; QL |
| RETEVMO ORAL TABLET 80 MG | 3 | PA; Specialty; Och; QL Rule |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG | 3 | PA; Specialty; Och; QL |
| REZLIDHIA ORAL CAPSULE 150 MG | 3 | PA; Specialty; QL |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 3 | PA; Specialty; Och; QL |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | 2 | PA; Specialty; Och; QL |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 2 | PA; Specialty; Och; QL |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 2 | PA; Specialty; Och; QL |
| RYDAPT ORAL CAPSULE 25 MG | 2 | PA; Specialty; Och; QL |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG | 3 | PA; Specialty; Och; QL |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 2 | PA; Specialty; QL |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG | 2 | Specialty |
| *sirolimus oral solution 1 mg/ml* | 1 | Specialty |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML | 2 | Specialty |
| *sorafenib oral tablet 200 mg* | 1 | PA; Specialty; Och; QL |
| STIVARGA ORAL TABLET 40 MG | 2 | PA; Specialty; Och; QL |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* | 1 | PA; Specialty; Och; QL |
| TABLOID ORAL TABLET 40 MG | 2 | Specialty; Och; QL Rule |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 3 | PA; Specialty; Och; QL |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | 1 | Specialty |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 3 | PA; Specialty; QL |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 3 | PA; Specialty; QL |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 2 | PA; Specialty; Och; QL |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | 3 | PA; Specialty |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 2 | PA; Specialty; Och; QL |
| *tamoxifen oral tablet 10 mg, 20 mg* | 1 | Och; ACA |
| *temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg* | 1 | PA; Specialty; Och; QL Rule |
| TEPMETKO ORAL TABLET 225 MG | 3 | PA; Specialty; Och; QL Rule |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 2 | PA; Specialty; Och; QL |
| TIBSOVO ORAL TABLET 250 MG | 3 | PA; Specialty; QL |
| *toremifene oral tablet 60 mg* | 1 | PA; Specialty; Och; QL |
| *tretinoin (antineoplastic) oral capsule 10 mg* | 1 | Specialty; Och; QL Rule |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | 3 | Och; QL Rule |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 3 | PA; Specialty; QL |
| TUKYSA ORAL TABLET 150 MG, 50 MG | 3 | PA; Specialty; Och; QL |
| TURALIO ORAL CAPSULE 125 MG | 3 | PA; Specialty; Och; QL |
| UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML | 3 | PA; Specialty; QL |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 2 | PA; Specialty; Och; QL |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | 2 | PA; Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 2 | PA; Specialty; QL |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 2 | PA; Specialty; Och; QL |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG | 3 | PA; Specialty; QL |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | 3 | PA; Specialty; Och; QL |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 3 | PA; Specialty; Och; QL |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 2 | PA; Specialty; Och; QL |
| VONJO ORAL CAPSULE 100 MG | 3 | PA; Specialty; Och; QL |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 2 | PA; Specialty; QL |
| WELIREG ORAL TABLET 40 MG | 3 | PA; Specialty; QL |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 2 | PA; Specialty; Och; QL |
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG | 2 | PA; Specialty; Och; QL |
| XERMELO ORAL TABLET 250 MG | 2 | PA; Specialty; QL |
| XOSPATA ORAL TABLET 40 MG | 2 | PA; Specialty; Och; QL |
| XTANDI ORAL CAPSULE 40 MG | 2 | PA; Specialty; Och; QL |
| XTANDI ORAL TABLET 40 MG, 80 MG | 2 | PA; Specialty; Och; QL |
| YONSA ORAL TABLET 125 MG | 2 | PA; Specialty; Och; QL Rule |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 3 | PA; Specialty; Och; QL |
| ZELBORAF ORAL TABLET 240 MG | 2 | PA; Specialty; QL |
| ZOLINZA ORAL CAPSULE 100 MG | 2 | Specialty |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 2 | PA; Specialty; Och; QL |
| ZYKADIA ORAL TABLET 150 MG | 2 | PA; Specialty; Och; QL |
| **AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH** | | |
| **ANTICONVULSANTS** | | |
| *brivaracetam intravenous solution 50 mg/5 ml* | 1 | |
| *brivaracetam oral solution 10 mg/ml* | 1 | ST; QL |
| *brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg* | 1 | ST; QL |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 3 | ST; QL |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 3 | ST; QL |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg* | 1 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *carbamazepine oral capsule, er multiphase 12 hr 300 mg* | 1 | |
| *carbamazepine oral suspension 100 mg/5 ml* | 1 | |
| *carbamazepine oral suspension 200 mg/10 ml* | 1 | Specialty |
| *carbamazepine oral tablet 200 mg* | 1 | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | 1 | |
| *carbamazepine oral tablet,chewable 100 mg* | 1 | |
| CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG | 1 | |
| *clobazam oral suspension 2.5 mg/ml* | 1 | ST; QL |
| *clobazam oral tablet 10 mg, 20 mg* | 1 | QL |
| *clonazepam oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 2 | |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | 3 | PA; Specialty; QL |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG | 3 | PA; Specialty; QL |
| *diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg* | 1 | QL |
| DILANTIN ORAL CAPSULE 30 MG | 2 | |
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | 1 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | 1 | |
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | 1 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 2 | PA; Specialty |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | 3 | ST |
| *ethosuximide oral capsule 250 mg* | 1 | |
| *ethosuximide oral solution 250 mg/5 ml* | 1 | |
| *felbamate oral suspension 600 mg/5 ml* | 1 | ST; QL |
| *felbamate oral tablet 400 mg, 600 mg* | 1 | ST; QL |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 3 | PA; Specialty; QL |
| *fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml* | 1 | |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | 1 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)* | 1 | QL |
| *gabapentin oral tablet 600 mg, 800 mg* | 1 | QL |
| *gabapentin oral tablet extended release 24 hr 300 mg, 600 mg* | 2 | QL |
| *gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg* | 1 | QL |
| *lacosamide intravenous solution 200 mg/20 ml* | 1 | QL |
| *lacosamide oral solution 10 mg/ml* | 1 | QL |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 1 | QL |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 1 | |
| *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)* | 1 | ST |
| *lamotrigine oral tablet extended release 24hr 100 mg* | 1 | ST |
| *lamotrigine oral tablet extended release 24hr 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | 1 | ST; QL |
| *lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg* | 1 | |
| *lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg* | 1 | ST; QL |
| *lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)* | 1 | |
| *levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml* | 1 | |
| LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML | 1 | |
| *levetiracetam intravenous solution 500 mg/5 ml* | 1 | |
| *levetiracetam oral solution 100 mg/ml* | 1 | |
| *levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg* | 1 | |
| *levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg* | 1 | |
| *methsuximide oral capsule 300 mg* | 1 | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 3 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | 1 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | 1 | |
| *oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg* | 1 | QL |
| *perampanel oral suspension 0.5 mg/ml* | 1 | ST; QL |
| *perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 1 | ST; QL |
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | 1 | |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | 1 | |
| *phenytoin oral suspension 125 mg/5 ml* | 1 | |
| *phenytoin oral tablet,chewable 50 mg* | 1 | |
| *phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg* | 1 | |
| *phenytoin sodium intravenous solution 50 mg/ml* | 1 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg* | 1 | QL |
| *pregabalin oral solution 20 mg/ml* | 1 | |
| *pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg* | 1 | QL |
| *primidone oral tablet 250 mg, 50 mg* | 1 | |
| *roweepra oral tablet 500 mg* | 3 | |
| *rufinamide oral suspension 40 mg/ml* | 1 | ST; QL |
| *rufinamide oral tablet 200 mg, 400 mg* | 1 | ST; QL |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG | 3 | ST; QL |
| *subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 1 | |
| *subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)* | 1 | |
| *subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)* | 1 | |
| *subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)* | 1 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | 3 | PA; QL |
| *tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | 1 | ST; QL |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg* | 1 | ST; QL |
| *topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg* | 1 | ST; QL |
| *topiramate oral solution 25 mg/ml* | 1 | QL |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)* | 1 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | 1 | |
| *valproic acid oral capsule 250 mg* | 1 | |
| 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) | 2 | QL |
| *vigabatrin oral powder in packet 500 mg* | 1 | ST; Specialty; QL |
| *vigadrone oral powder in packet 500 mg* | 1 | ST; Specialty; QL |
| *vigadrone oral tablet 500 mg* | 1 | ST; QL |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 3 | ST; QL |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | 3 | ST; QL |
| 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) | 3 | ST; QL |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | 1 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 3 | PA; ST; Specialty; QL |
| **ANTIPARKINSONISM AGENTS** | | |
| *apomorphine subcutaneous cartridge 10 mg/ml* | 1 | PA; Specialty; QL |
| *benztropine injection solution 1 mg/ml* | 1 | |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| *bromocriptine oral capsule 5 mg* | 1 | |
| *bromocriptine oral tablet 2.5 mg* | 1 | |
| *carbidopa oral tablet 25 mg* | 1 | |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | 1 | |
| *carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | 1 | |
| *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* | 1 | |
| *entacapone oral tablet 200 mg* | 1 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 3 | PA; Specialty; QL |
| 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 | 3 | ST; QL |
| NOURIANZ ORAL TABLET 20 MG, 40 MG | 3 | PA; QL |
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | 1 | |
| *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* | 1 | ST; QL |
| *rasagiline oral tablet 0.5 mg, 1 mg* | 1 | QL |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 1 | |
| *ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 1 | ST; QL |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | 3 | ST; QL |
| *selegiline hcl oral capsule 5 mg* | 1 | |
| *selegiline hcl oral tablet 5 mg* | 1 | |
| *tolcapone oral tablet 100 mg* | 1 | ST; QL |
| *trihexyphenidyl oral elixir 0.4 mg/ml* | 1 | |
| *trihexyphenidyl oral tablet 2 mg, 5 mg* | 1 | |
| **MIGRAINE & CLUSTER HEADACHE THERAPY** | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 2 | PA; QL |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | 2 | PA; QL |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | 2 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *almotriptan malate oral tablet 12.5 mg, 6.25 mg* | 2 | ST; QL |
| *dihydroergotamine injection solution 1 mg/ml* | 2 | QL |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* | 2 | QL |
| *eletriptan oral tablet 20 mg, 40 mg* | 2 | ST; QL |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 2 | PA; QL |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) | 2 | PA; QL |
| ERGOMAR SUBLINGUAL TABLET 2 MG | 3 | QL |
| *ergotamine-caffeine oral tablet 1-100 mg* | 1 | QL |
| *frovatriptan oral tablet 2.5 mg* | 2 | ST; QL |
| *migergot rectal suppository 2-100 mg* | 2 | QL |
| *naratriptan oral tablet 1 mg, 2.5 mg* | 1 | QL |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | 2 | PA; QL |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 2 | PA; QL |
| *rizatriptan oral tablet 10 mg, 5 mg* | 1 | QL |
| *rizatriptan oral tablet,disintegrating 10 mg, 5 mg* | 1 | QL |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation* | 1 | QL |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | 1 | QL |
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | 1 | QL |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | 1 | QL |
| *sumatriptan-naproxen oral tablet 85-500 mg* | 2 | ST; QL |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 2 | PA; QL |
| *zolmitriptan nasal spray,non-aerosol 5 mg* | 2 | ST; QL |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | 2 | ST; QL |
| *zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg* | 2 | ST; QL |
| **MISCELLANEOUS NEUROLOGICAL THERAPY** | | |
| AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | 2 | PA; Specialty; QL |
| *dalfampridine oral tablet extended release 12 hr 10 mg* | 1 | PA; Specialty; QL |
| DAYBUE ORAL SOLUTION 200 MG/ML | 2 | PA; Specialty |
| *donepezil oral tablet 10 mg, 23 mg, 5 mg* | 1 | |
| *donepezil oral tablet,disintegrating 10 mg, 5 mg* | 1 | |
| *edaravone intravenous solution 30 mg/100 ml* | 1 | Specialty; QL |
| EDARAVONE INTRAVENOUS SOLUTION 60 MG/100 ML | 1 | Specialty; QL |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | 3 | PA; Specialty |
| *galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg* | 1 | QL |
| *galantamine oral solution 4 mg/ml* | 1 | QL |
| *galantamine oral tablet 12 mg, 4 mg, 8 mg* | 1 | QL |
| KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML | 3 | PA; Specialty |
| *memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg* | 1 | QL |
| *memantine oral solution 2 mg/ml* | 1 | QL |
| *memantine oral tablet 10 mg, 5 mg* | 1 | QL |
| *memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg* | 2 | QL |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 2 | PA; QL |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | 1 | |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* | 1 | QL |
| SKYCLARYS ORAL CAPSULE 50 MG | 2 | PA; Specialty |
| SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML | 3 | PA; Specialty |
| *tetrabenazine oral tablet 12.5 mg, 25 mg* | 1 | PA; Specialty; QL |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | 3 | PA; Specialty; QL |
| ZEPOSIA ORAL CAPSULE 0.92 MG | 2 | PA; Specialty; QL |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) | 2 | PA; Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) | 2 | PA; Specialty; QL |
| **MUSCLE RELAXANTS & ANTISPASMODIC THERAPY** | | |
| *atracurium intravenous solution 10 mg/ml* | 1 | |
| *baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml* | 2 | QL |
| *baclofen oral suspension 25 mg/5 ml (5 mg/ml)* | 2 | |
| *baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg* | 1 | QL |
| *carisoprodol oral tablet 250 mg, 350 mg* | 1 | ST; QL |
| *chlorzoxazone oral tablet 500 mg* | 1 | QL |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | 1 | QL |
| *cyclobenzaprine oral tablet 7.5 mg* | 1 | ST; QL |
| *dantrolene oral capsule 100 mg, 25 mg, 50 mg* | 1 | QL |
| *meprobamate oral tablet 200 mg, 400 mg* | 1 | |
| *metaxalone oral tablet 400 mg, 800 mg* | 1 | QL |
| *methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg* | 1 | QL |
| *neostigmine in sterile water injection syringe 5 mg/5 ml* | 1 | |
| *neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml* | 1 | |
| NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML) | 1 | |
| *neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)* | 1 | |
| *orphenadrine citrate injection solution 30 mg/ml* | 1 | |
| *orphenadrine citrate oral tablet extended release 100 mg* | 1 | QL |
| *orphengesic forte oral tablet 50-770-60 mg* | 2 | QL |
| *pyridostigmine bromide oral syrup 60 mg/5 ml* | 1 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 1 | |
| *pyridostigmine bromide oral tablet 60 mg* | 1 | |
| *pyridostigmine bromide oral tablet extended release 180 mg* | 1 | |
| *regonol injection solution 5 mg/ml* | 2 | |
| *tizanidine oral capsule 2 mg, 4 mg, 6 mg* | 1 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *tizanidine oral tablet 2 mg, 4 mg* | 1 | QL |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML | 2 | PA; Specialty; QL |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML | 2 | PA; Specialty; QL |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML | 2 | PA; Specialty; QL |
| **NARCOTIC ANALGESICS** | | |
| *acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg* | 1 | ST; Opioid; QL |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml* | 1 | ST; Opioid; QL |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg* | 1 | ST; Opioid; QL |
| *ascomp with codeine oral capsule 30-50-325-40 mg* | 1 | ST; Opioid; QL |
| 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 | 2 | Opioid |
| *buprenorphine hcl injection solution 0.3 mg/ml* | 1 | Opioid |
| *buprenorphine hcl injection syringe 0.3 mg/ml* | 1 | Opioid |
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | 1 | Opioid |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | 1 | Opioid |
| *butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg* | 2 | ST; Opioid; QL |
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | 1 | ST; Opioid; QL |
| *butalbital-acetaminophen oral capsule 50-300 mg* | 2 | ST; Opioid; QL |
| *butalbital-acetaminophen oral tablet 50-300 mg* | 2 | ST; Opioid; QL |
| *butalbital-acetaminophen oral tablet 50-325 mg* | 1 | Opioid; QL |
| *butalbital-acetaminophen-caff oral capsule 50-300-40 mg* | 2 | Opioid; QL |
| *butalbital-acetaminophen-caff oral capsule 50-325-40 mg* | 1 | Opioid; QL |
| *butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml* | 1 | Opioid |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *butalbital-acetaminophen-caff oral tablet 50-325-40 mg* | 1 | Opioid; QL |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | 1 | Opioid; QL |
| *butalbital-aspirin-caffeine oral tablet 50-325-40 mg* | 1 | Opioid; QL |
| *codeine sulfate oral tablet 15 mg, 30 mg, 60 mg* | 1 | ST; Opioid; QL |
| *codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg* | 1 | ST; Opioid; QL |
| DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML | 1 | ST; Opioid; QL |
| DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML | 3 | ST; Opioid; QL |
| *diskets oral tablet,soluble 40 mg* | 2 | ST; Opioid; QL |
| *duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml* | 3 | ST; Opioid; QL |
| *endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 | ST; Opioid; QL |
| *fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 2-0.0625 mcg/ml-%* | 1 | ST; Opioid; QL |
| *fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %* | 1 | ST; Opioid; QL |
| FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 1,500 MCG/30 ML (50 MCG/ML) | 1 | ST; Opioid; QL |
| *fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)* | 1 | ST; Opioid; QL |
| *fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)* | 1 | ST; Opioid; QL |
| FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,500 MCG/30 ML (50 MCG/ML) | 1 | ST; Opioid; QL |
| FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML) | 1 | ST; Opioid; QL |
| FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML | 1 | ST; Opioid; QL |
| *fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml* | 1 | ST; Opioid; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)* | 1 | ST; Opioid; QL |
| FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 500 MCG/50 ML (10 MCG/ML) | 1 | ST; Opioid; QL |
| *fentanyl citrate (pf)-0.9%nacl intravenous solution 50 mcg/ml* | 1 | ST; Opioid; QL |
| *fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 50 mcg/5 ml (10 mcg/ml)* | 1 | ST; Opioid; QL |
| FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 20 MCG/2 ML (10 MCG/ML) | 1 | ST; Opioid; QL |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour* | 1 | PA; ST; Opioid; QL |
| FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 % | 1 | ST; Opioid; QL |
| *fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%* | 1 | ST; Opioid; QL |
| *hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg* | 1 | ST; Opioid; QL |
| *hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 7.5-325 mg/15 ml* | 1 | ST; Opioid; QL |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 | ST; Opioid; QL |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | 1 | ST; Opioid; QL |
| HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML) | 1 | ST; Opioid; QL |
| HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML) | 3 | ST; Opioid; QL |
| HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML) | 1 | ST; Opioid; QL |
| HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML | 1 | ST; Opioid; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml* | 1 | ST; Opioid; QL |
| *hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml* | 1 | ST; Opioid; QL |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML) | 1 | ST; Opioid; QL |
| *hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)* | 1 | ST; Opioid; QL |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML) | 1 | ST; Opioid; QL |
| *hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml)* | 1 | ST; Opioid; QL |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML) | 1 | ST; Opioid; QL |
| *hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 1 mg/ml* | 1 | ST; Opioid; QL |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.5 MG/ML | 1 | ST; Opioid; QL |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 2 MG/ML | 1 | ST; Opioid; QL |
| *hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)* | 1 | ST; Opioid; QL |
| *hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)* | 1 | ST; Opioid; QL |
| *hydromorphone injection solution 2 mg/ml* | 1 | ST; Opioid; QL |
| HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML | 1 | ST; Opioid; QL |
| *hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml* | 1 | ST; Opioid; QL |
| *hydromorphone oral liquid 1 mg/ml* | 1 | ST; Opioid; QL |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* | 1 | ST; Opioid; QL |
| *hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg* | 2 | PA; ST; Opioid; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *hydromorphone rectal suppository 3 mg* | 1 | ST; Opioid; QL |
| HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML | 1 | ST; Opioid; QL |
| *hydromorphone(pf)-nacl,iso-osm injection syringe 2 mg/10 ml (0.2 mg/ml)* | 1 | ST; Opioid; QL |
| HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML) | 1 | ST; Opioid; QL |
| *hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 6 mg/30 ml (0.2 mg/ml)* | 1 | ST; Opioid; QL |
| INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML | 3 | ST; Opioid; QL |
| *levorphanol tartrate oral tablet 2 mg* | 1 | ST; Opioid; QL |
| *meperidine oral tablet 50 mg* | 2 | ST; Opioid; QL |
| *methadone intravenous syringe 10 mg/ml* | 1 | ST; Opioid; QL |
| *methadone oral concentrate 10 mg/ml* | 1 | ST; Opioid; QL |
| *methadone oral solution 10 mg/5 ml, 5 mg/5 ml* | 1 | ST; Opioid; QL |
| *methadone oral tablet 10 mg, 5 mg* | 1 | ST; Opioid; QL |
| *methadone oral tablet,soluble 40 mg* | 1 | ST; Opioid; QL |
| *methadose oral concentrate 10 mg/ml* | 2 | ST; Opioid; QL |
| *methadose oral tablet,soluble 40 mg* | 1 | ST; Opioid; QL |
| MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 55 MG/55 ML (1 MG/ML) | 1 | ST; Opioid; QL |
| *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)* | 1 | ST; Opioid; QL |
| *morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml* | 1 | ST; Opioid; QL |
| *morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)* | 1 | ST; Opioid; QL |
| MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML | 2 | ST; Opioid; QL |
| *morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml* | 1 | ST; Opioid; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)* | 1 | ST; Opioid; QL |
| MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML | 1 | ST; Opioid; QL |
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | 1 | ST; Opioid; QL |
| MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML) | 1 | ST; Opioid; QL |
| *morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)* | 1 | ST; Opioid; QL |
| *morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)* | 1 | ST; Opioid; QL |
| MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML | 1 | ST; Opioid; QL |
| MORPHINE INJECTION SOLUTION 2 MG/ML, 4 MG/ML | 1 | ST; Opioid; QL |
| MORPHINE INJECTION SOLUTION 5 MG/ML | 2 | ST; Opioid; QL |
| MORPHINE INJECTION SYRINGE 2 MG/ML | 1 | ST; Opioid; QL |
| *morphine injection syringe 4 mg/ml* | 1 | ST; Opioid; QL |
| MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML | 1 | ST; Opioid; QL |
| *morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml* | 1 | ST; Opioid; QL |
| MORPHINE INTRAVENOUS SOLUTION 8 MG/ML | 1 | ST; Opioid; QL |
| MORPHINE INTRAVENOUS SYRINGE 10 MG/ML | 1 | ST; Opioid; QL |
| *morphine intravenous syringe 2 mg/ml, 4 mg/ml* | 1 | ST; Opioid; QL |
| *morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg* | 2 | ST; Opioid; QL |
| *morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)* | 1 | ST; Opioid; QL |
| *morphine oral tablet 15 mg, 30 mg* | 1 | ST; Opioid; QL |
| *morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | 1 | ST; Opioid; QL |
| *morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg* | 1 | ST; Opioid; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *oxycodone oral capsule 5 mg* | 1 | ST; Opioid; QL |
| *oxycodone oral concentrate 20 mg/ml* | 2 | ST; Opioid; QL |
| *oxycodone oral solution 5 mg/5 ml* | 1 | ST; Opioid; QL |
| *oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg* | 1 | ST; Opioid; QL |
| OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG, 40 MG, 80 MG | 2 | ST; Opioid; QL |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg* | 1 | ST; Opioid; QL |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 2 | ST; Opioid; QL |
| *oxymorphone oral tablet 10 mg, 5 mg* | 1 | ST; Opioid; QL |
| *oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | 1 | ST; Opioid; QL |
| PROLATE ORAL SOLUTION 10-300 MG/5 ML | 3 | ST; Opioid; QL |
| ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG | 2 | ST; Opioid; QL |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML | 2 | Specialty; Opioid |
| *tencon oral tablet 50-325 mg* | 1 | Opioid; QL |
| **NON-NARCOTIC ANALGESICS** | | |
| *adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg* | 1 | ACA |
| *aspirin childrens oral tablet,chewable 81 mg* | 1 | ACA |
| *aspirin oral tablet,chewable 81 mg* | 1 | ACA |
| *aspirin oral tablet,delayed release (dr/ec) 81 mg* | 1 | ACA |
| *bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg* | 1 | ACA |
| *buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg* | 1 | |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | 1 | |
| *butorphanol injection solution 1 mg/ml, 2 mg/ml* | 1 | ST; QL |
| *butorphanol nasal spray,non-aerosol 10 mg/ml* | 1 | ST; QL |
| CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML) | 2 | |
| CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | 1 | QL |
| DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 % | 2 | QL |
| *diclofenac potassium oral powder in packet 50 mg* | 1 | QL |
| *diclofenac potassium oral tablet 50 mg* | 1 | QL |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | 1 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg* | 1 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg* | 1 | QL |
| *diclofenac sodium topical drops 1.5 %* | 1 | QL |
| *diclofenac sodium topical gel 1 %* | 1 | QL |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg* | 1 | QL |
| DICLOFONO TOPICAL GEL IN PACKET 1.6 % | 3 | ST |
| *diflunisal oral tablet 500 mg* | 1 | |
| DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML | 3 | PA |
| *etodolac oral capsule 200 mg, 300 mg* | 1 | |
| *etodolac oral tablet 400 mg, 500 mg* | 1 | |
| *etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg* | 1 | |
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) | 2 | PA; Specialty; QL |
| *fenoprofen oral tablet 600 mg* | 2 | |
| *flurbiprofen oral tablet 100 mg* | 1 | |
| FROTEK TOPICAL CREAM IN PACKET 10 % | 3 | ST |
| GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML | 3 | PA |
| GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML | 3 | |
| HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML | 3 | PA |
| HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML | 3 | |
| *ibu oral tablet 400 mg, 600 mg, 800 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg* | 1 | |
| *ibuprofen-famotidine oral tablet 800-26.6 mg* | 2 | |
| *indomethacin oral capsule 25 mg, 50 mg* | 1 | |
| *indomethacin oral capsule, extended release 75 mg* | 1 | |
| *indomethacin oral suspension 25 mg/5 ml* | 1 | |
| *indomethacin rectal suppository 50 mg* | 1 | QL |
| JOURNAVX ORAL TABLET 50 MG | 3 | PA |
| *ketoprofen oral capsule 25 mg* | 2 | |
| *ketoprofen oral capsule 50 mg* | 1 | |
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | 2 | |
| *ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)* | 1 | |
| *ketorolac injection syringe 15 mg/ml, 30 mg/ml* | 1 | |
| *ketorolac intramuscular solution 60 mg/2 ml* | 1 | |
| *ketorolac intramuscular syringe 60 mg/2 ml* | 1 | |
| *ketorolac oral tablet 10 mg* | 1 | QL |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION | 3 | |
| LIFEMS NALOXONE INJECTION SYRINGE KIT 2 MG/2 ML | 2 | $0 Copay |
| *lofexidine oral tablet 0.18 mg* | 1 | |
| *meclofenamate oral capsule 100 mg, 50 mg* | 1 | |
| *mefenamic acid oral capsule 250 mg* | 2 | QL |
| *meloxicam oral tablet 15 mg, 7.5 mg* | 1 | QL |
| MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML | 2 | PA; QL |
| *nabumetone oral tablet 500 mg, 750 mg* | 1 | QL |
| *nalbuphine injection solution 10 mg/ml, 20 mg/ml* | 1 | ST; QL |
| NALMEFENE INJECTION SOLUTION 1 MG/ML | 2 | |
| *naloxone 0.4 mg/ml carpuject inner, p/f, suv* | 1 | $0 Copay |
| *naloxone injection solution 0.4 mg/ml* | 1 | $0 Copay; ACA |
| *naloxone injection syringe 0.4 mg/ml* | 1 | ACA |
| *naloxone injection syringe 1 mg/ml* | 1 | $0 Copay; ACA |
| *naloxone nasal spray,non-aerosol 4 mg/actuation* | 1 | $0 Copay; ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *naltrexone oral tablet 50 mg* | 1 | |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | 1 | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg* | 1 | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 1 | |
| *naproxen sodium oral tablet, er multiphase 24 hr 375 mg* | 1 | |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | 3 | ST; QL |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | 2 | ST; QL |
| ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML | 2 | PA; QL |
| *oxaprozin oral tablet 600 mg* | 1 | |
| *pentazocine-naloxone oral tablet 50-0.5 mg* | 1 | ST; QL |
| *piroxicam oral capsule 10 mg, 20 mg* | 1 | |
| REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION | 3 | |
| *salsalate oral tablet 500 mg, 750 mg* | 1 | |
| *st joseph aspirin oral tablet,chewable 81 mg* | 1 | ACA |
| *st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg* | 1 | ACA |
| *sulindac oral tablet 150 mg, 200 mg* | 1 | |
| SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML | 3 | PA |
| *tapentadol oral tablet 100 mg, 50 mg, 75 mg* | 1 | ST; QL |
| *tolmetin oral capsule 400 mg* | 1 | |
| *tolmetin oral tablet 600 mg* | 1 | |
| TORONOVA II SUIK KIT 30 MG/ML | 3 | |
| TORONOVA SUIK KIT 30 MG/ML | 3 | |
| TRAMADOL ORAL TABLET 25 MG | 1 | ST; QL |
| *tramadol oral tablet 50 mg* | 1 | ST; QL |
| *tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg* | 1 | ST; QL |
| *tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg* | 1 | ST; QL |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | 1 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML | 3 | PA |
| TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML | 3 | PA |
| VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML | 3 | PA |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG | 2 | Specialty |
| 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 | 2 | |
| **PSYCHOTHERAPEUTIC DRUGS** | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 2 | Specialty |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 2 | Specialty |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG | 3 | Specialty |
| ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG | 3 | ST; QL |
| *alprazolam intensol oral concentrate 1 mg/ml* | 2 | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 1 | |
| *alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | |
| *alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 2 | |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg* | 1 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | 1 | |
| *amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 6.3 mg, 9.4 mg* | 1 | ST; QL |
| *amphetamine sulfate oral tablet 10 mg, 5 mg* | 1 | PA; QL |
| *aripiprazole oral solution 1 mg/ml* | 1 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | 1 | |
| *aripiprazole oral tablet,disintegrating 10 mg, 15 mg* | 1 | ST |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | 2 | Specialty |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 2 | Specialty; QL |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML | 2 | Specialty |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | 1 | QL |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* | 1 | ST; QL |
| *atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg* | 1 | QL |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 3 | PA; QL |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | ST; QL |
| *bupropion hcl oral tablet 100 mg, 75 mg* | 1 | |
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* | 1 | QL |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | 2 | ST; QL |
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg* | 1 | QL |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | |
| BYFAVO INTRAVENOUS RECON SOLN 20 MG | 3 | |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | 1 | |
| *chlorpromazine injection solution 25 mg/ml* | 1 | |
| *chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml* | 1 | |
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| CITALOPRAM ORAL CAPSULE 30 MG | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *citalopram oral solution 10 mg/5 ml* | 1 | |
| *citalopram oral tablet 10 mg, 20 mg, 40 mg* | 1 | $0 Copay |
| *clomipramine oral capsule 25 mg, 50 mg, 75 mg* | 2 | |
| *clonidine hcl oral tablet extended release 12 hr 0.1 mg* | 1 | QL |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | 1 | |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | QL |
| *clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg* | 1 | ST; QL |
| *desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 2 | |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | 1 | QL |
| *dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg* | 1 | QL |
| *dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | QL |
| *dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg* | 1 | QL |
| *dextroamphetamine sulfate oral solution 5 mg/5 ml* | 1 | QL |
| *dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | 1 | QL |
| *dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg* | 1 | QL |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg* | 1 | QL |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | 1 | QL |
| *diazepam injection solution 5 mg/ml* | 1 | |
| *diazepam injection syringe 5 mg/ml* | 1 | |
| *diazepam intensol oral concentrate 5 mg/ml* | 1 | |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | 1 | |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | 1 | |
| *doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *doxepin oral concentrate 10 mg/ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *doxepin oral tablet 3 mg, 6 mg* | 1 | ST; QL |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg* | 1 | |
| *duloxetine oral capsule,delayed release(dr/ec) 40 mg* | 2 | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 3 | ST; QL |
| *ergoloid oral tablet 1 mg* | 1 | |
| *escitalopram oxalate oral solution 5 mg/5 ml* | 1 | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| *estazolam oral tablet 1 mg, 2 mg* | 1 | |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | 1 | QL |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 3 | ST; QL |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) | 3 | ST; QL |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | 3 | ST; QL |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) | 3 | ST; QL |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 3 | ST; QL |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 3 | ST; QL |
| *fluoxetine oral capsule 10 mg, 20 mg, 40 mg* | 1 | $0 Copay |
| *fluoxetine oral capsule,delayed release(dr/ec) 90 mg* | 1 | |
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | 1 | |
| *fluoxetine oral tablet 10 mg* | 1 | |
| *fluoxetine oral tablet 20 mg* | 2 | |
| *fluphenazine decanoate injection solution 25 mg/ml* | 1 | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | 1 | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | 1 | |
| *fluphenazine hcl oral elixir 2.5 mg/5 ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | 1 | |
| *flurazepam oral capsule 15 mg, 30 mg* | 1 | |
| *fluvoxamine oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* | 1 | QL |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml* | 1 | |
| *haloperidol lactate injection solution 5 mg/ml* | 1 | |
| *haloperidol lactate intramuscular syringe 5 mg/ml* | 1 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 1 | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | 1 | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | 3 | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 1 | |
| *imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg* | 2 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML | 3 | Specialty |
| 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 | 3 | Specialty |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML | 3 | Specialty |
| *lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg* | 1 | QL |
| *lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | 1 | QL |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | 1 | $0 Copay |
| *lithium carbonate oral tablet 300 mg* | 1 | $0 Copay |
| *lithium carbonate oral tablet extended release 300 mg, 450 mg* | 1 | |
| *lorazepam injection solution 2 mg/ml, 4 mg/ml* | 1 | |
| *lorazepam injection syringe 2 mg/ml* | 1 | |
| *lorazepam intensol oral concentrate 2 mg/ml* | 1 | |
| *lorazepam oral concentrate 2 mg/ml* | 1 | |
| *lorazepam oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 1 | |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg* | 1 | ST; QL |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 3 | PA; QL |
| MARPLAN ORAL TABLET 10 MG | 3 | ST |
| *methamphetamine oral tablet 5 mg* | 1 | QL |
| *methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | 1 | QL |
| *methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg* | 1 | QL |
| *methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml* | 1 | QL |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | 1 | QL |
| *methylphenidate hcl oral tablet extended release 10 mg* | 1 | |
| *methylphenidate hcl oral tablet extended release 20 mg* | 1 | QL |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg* | 1 | QL |
| *methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg* | 2 | QL |
| MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML) | 1 | |
| *midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml* | 1 | |
| MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML) | 1 | |
| MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML | 1 | |
| MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML) | 1 | |
| MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML | 1 | |
| MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML) | 1 | |
| *midazolam oral syrup 2 mg/ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | 1 | |
| *mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg* | 1 | |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG | 1 | |
| *modafinil oral tablet 100 mg, 200 mg* | 1 | QL |
| *molindone oral tablet 10 mg, 25 mg, 5 mg* | 1 | |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | 1 | |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *nortriptyline oral solution 10 mg/5 ml* | 1 | |
| NUPLAZID ORAL CAPSULE 34 MG | 3 | PA; Specialty; QL |
| NUPLAZID ORAL TABLET 10 MG | 3 | PA; Specialty; QL |
| *olanzapine intramuscular recon soln 10 mg* | 1 | QL |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | 1 | $0 Copay |
| *olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg* | 1 | QL |
| *olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | 1 | QL |
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | 1 | |
| *paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg* | 2 | ST; QL |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg* | 2 | |
| *paroxetine mesylate(menop.sym) oral capsule 7.5 mg* | 1 | ST; QL |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | 1 | |
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | 1 | |
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG | 3 | Specialty |
| *phenelzine oral tablet 15 mg* | 1 | |
| *pimozide oral tablet 1 mg, 2 mg* | 1 | |
| *protriptyline oral tablet 10 mg, 5 mg* | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| QUAZEPAM ORAL TABLET 15 MG | 2 | |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg* | 1 | $0 Copay |
| *quetiapine oral tablet 400 mg* | 1 | |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | 1 | QL |
| *ramelteon oral tablet 8 mg* | 1 | ST; QL |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 2 | PA; QL |
| *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* | 1 | Specialty |
| *risperidone oral solution 1 mg/ml* | 1 | QL |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 1 | $0 Copay |
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 1 | QL |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 3 | ST; QL |
| *sertraline oral capsule 150 mg, 200 mg* | 1 | |
| *sertraline oral concentrate 20 mg/ml* | 1 | |
| *sertraline oral tablet 100 mg, 25 mg, 50 mg* | 1 | $0 Copay |
| *sodium oxybate oral solution 500 mg/ml* | 2 | PA; QL |
| SUNOSI ORAL TABLET 150 MG, 75 MG | 3 | PA; QL |
| *tasimelteon oral capsule 20 mg* | 1 | |
| *temazepam oral capsule 15 mg, 30 mg* | 1 | |
| *temazepam oral capsule 22.5 mg, 7.5 mg* | 2 | |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | |
| *tranylcypromine oral tablet 10 mg* | 2 | |
| *trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | 1 | |
| *triazolam oral tablet 0.125 mg, 0.25 mg* | 1 | |
| *trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | 1 | |
| *trimipramine oral capsule 100 mg, 25 mg, 50 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 2 | PA; QL |
| *venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg* | 1 | |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | |
| *venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg* | 2 | |
| *vilazodone oral tablet 10 mg, 20 mg, 40 mg* | 1 | ST; QL |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | 2 | PA; QL |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG | 3 | PA; Specialty; QL |
| XYREM ORAL SOLUTION 500 MG/ML | 2 | PA; QL |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML | 2 | PA; Specialty; QL |
| *zaleplon oral capsule 10 mg, 5 mg* | 1 | QL |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | 1 | QL |
| *ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)* | 1 | |
| *zolpidem oral tablet 10 mg, 5 mg* | 1 | QL |
| *zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg* | 1 | QL |
| *zolpidem sublingual tablet 1.75 mg, 3.5 mg* | 1 | ST; QL |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG | 3 | PA; QL |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG | 3 | Specialty |
| **AUTONOMIC & CNS DRUGS, NEUROLOGY** | | |
| **MULTIPLE SCLEROSIS AGENTS** | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 2 | PA; Specialty; QL |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 2 | PA; Specialty; QL |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 2 | PA; Specialty; QL |
| BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML | 3 | PA; Specialty; QL |
| *cladribine(multiple sclerosis) oral tablet 10 mg* | 1 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg* | 1 | PA; Specialty; QL |
| *fingolimod oral capsule 0.5 mg* | 1 | PA; Specialty |
| *glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml* | 1 | PA; Specialty; QL |
| *glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml* | 1 | PA; Specialty; QL |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 2 | PA; Specialty; QL |
| LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML | 2 | PA; Specialty; QL |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG | 3 | PA; Specialty; QL |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | 3 | PA; Specialty |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 3 | PA; Specialty |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | 3 | PA; Specialty; QL |
| OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML | 3 | PA; Specialty; QL |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML | 2 | PA; Specialty; QL |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | 2 | PA; Specialty; QL |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | 2 | PA; Specialty; QL |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) | 3 | PA |
| PONVORY ORAL TABLET 20 MG | 3 | PA |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML | 2 | PA; Specialty; QL |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 2 | PA; Specialty; QL |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 2 | PA; Specialty; QL |
| *teriflunomide oral tablet 14 mg, 7 mg* | 1 | PA; Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **CARDIOVASCULAR, HYPERTENSION & LIPIDS** | | |
| **ANTIARRHYTHMIC AGENTS** | | |
| *adenosine intravenous solution 3 mg/ml* | 1 | |
| *amiodarone intravenous solution 50 mg/ml* | 1 | |
| *amiodarone intravenous syringe 150 mg/3 ml* | 1 | |
| *amiodarone oral tablet 100 mg, 200 mg, 400 mg* | 1 | |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | 1 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | 1 | |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | 1 | |
| *lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)* | 1 | |
| *mexiletine oral capsule 150 mg, 200 mg, 250 mg* | 1 | |
| MULTAQ ORAL TABLET 400 MG | 3 | ST |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG | 3 | ST |
| *procainamide injection solution 100 mg/ml, 500 mg/ml* | 1 | |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | 1 | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | 1 | |
| *quinidine gluconate oral tablet extended release 324 mg* | 1 | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | 1 | |
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | 1 | |
| SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML) | 2 | |
| *sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | 1 | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | 2 | ST; QL |
| **ANTIHYPERTENSIVE THERAPY** | | |
| *acebutolol oral capsule 200 mg, 400 mg* | 1 | |
| *aliskiren oral tablet 150 mg, 300 mg* | 1 | ST; QL |
| *amiloride oral tablet 5 mg* | 1 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | 1 | |
| *amlodipine oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | 2 | ST |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | 1 | ST |
| *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* | 2 | ST |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | 1 | |
| *benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | 1 | |
| *betaxolol oral tablet 10 mg, 20 mg* | 1 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 1 | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | 1 | |
| BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) | 3 | |
| BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML) | 3 | |
| *bumetanide injection solution 0.25 mg/ml* | 1 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 1 | |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | 1 | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | 1 | |
| *captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg* | 1 | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG | 3 | ST |
| *cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | 1 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | 1 | |
| *carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *chlorothiazide sodium intravenous recon soln 500 mg* | 1 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 1 | |
| CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG | 2 | |
| *clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr* | 1 | QL |
| *diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | 1 | |
| *diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg* | 1 | |
| *diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | |
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | 1 | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| *diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | |
| *dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | 1 | |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | 1 | |
| EDARBI ORAL TABLET 40 MG, 80 MG | 2 | ST |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 2 | ST |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | |
| *enalaprilat intravenous solution 1.25 mg/ml* | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | 1 | |
| *eplerenone oral tablet 25 mg, 50 mg* | 1 | |
| *epoprostenol intravenous recon soln 0.5 mg, 1.5 mg* | 1 | PA; Specialty |
| *eprosartan oral tablet 600 mg* | 1 | ST |
| *esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML (20 MG/ML), 2,500 MG/250 ML (10 MG/ML) | 1 | |
| *esmolol intravenous solution 100 mg/10 ml (10 mg/ml)* | 1 | |
| *esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)* | 1 | |
| *ethacrynate sodium intravenous recon soln 50 mg* | 1 | |
| *ethacrynic acid oral tablet 25 mg* | 1 | |
| *felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg* | 1 | |
| FLOLAN INTRAVENOUS RECON SOLN 1.5 MG | 3 | PA; Specialty |
| *fosinopril oral tablet 10 mg, 20 mg, 40 mg* | 1 | |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | 1 | |
| *furosemide injection solution 10 mg/ml* | 1 | |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | 1 | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *guanfacine oral tablet 1 mg, 2 mg* | 1 | |
| *hydralazine injection solution 20 mg/ml* | 1 | |
| *hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | |
| *hydrochlorothiazide oral capsule 12.5 mg* | 1 | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | 1 | |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | 1 | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | 1 | |
| *isradipine oral capsule 2.5 mg, 5 mg* | 1 | |
| *labetalol intravenous solution 5 mg/ml* | 1 | |
| LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML) | 1 | |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | 1 | |
| LABETALOL ORAL TABLET 400 MG | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | |
| *losartan oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | 1 | |
| *matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | |
| *methyldopa oral tablet 250 mg, 500 mg* | 1 | |
| *methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg* | 1 | |
| *methyldopate intravenous solution 250 mg/5 ml* | 1 | |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | 1 | |
| *metoprolol tartrate intravenous solution 5 mg/5 ml* | 1 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | |
| *metyrosine oral capsule 250 mg* | 1 | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | 1 | |
| *moexipril oral tablet 15 mg, 7.5 mg* | 1 | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | QL |
| *nicardipine oral capsule 20 mg, 30 mg* | 1 | |
| *nifedipine oral capsule 10 mg, 20 mg* | 1 | |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg* | 1 | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | 1 | |
| *nimodipine oral capsule 30 mg* | 1 | |
| *nimodipine oral solution 60 mg/20 ml* | 1 | PA; QL |
| *nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg* | 1 | |
| *olmesartan oral tablet 20 mg, 40 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *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* | 1 | ST |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | 1 | |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | 3 | PA; Specialty |
| *papaverine injection solution 30 mg/ml* | 1 | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | 1 | |
| *phenoxybenzamine oral capsule 10 mg* | 1 | PA; Specialty; QL |
| *pindolol oral tablet 10 mg, 5 mg* | 1 | |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | 1 | |
| *propranolol intravenous solution 1 mg/ml* | 1 | |
| *propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | 1 | |
| *propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)* | 1 | |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | 1 | |
| *propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg* | 1 | |
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | 1 | |
| *spironolactone oral suspension 25 mg/5 ml* | 1 | QL |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | 1 | |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | 2 | |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | 1 | |
| *terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | |
| *tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | 1 | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| *trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg* | 1 | |
| *treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml* | 1 | PA; Specialty |
| *triamterene oral capsule 100 mg, 50 mg* | 1 | ST |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | 1 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg* | 1 | |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | 2 | PA; Specialty; QL |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 2 | PA; Specialty; QL |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | 2 | PA; Specialty; QL |
| *valsartan oral solution 4 mg/ml* | 1 | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | 1 | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | 1 | |
| *veletri intravenous recon soln 0.5 mg, 1.5 mg* | 3 | PA; Specialty |
| *verapamil oral capsule, 24 hr er pellet ct 100 mg* | 1 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg* | 1 | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | 1 | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | 1 | |
| **CARDIAC GLYCOSIDES** | | |
| *digoxin oral solution 50 mcg/ml (0.05 mg/ml)* | 2 | |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | 1 | |
| **COAGULATION THERAPY** | | |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT | 2 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT | 2 | PA; Specialty |
| 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 | 2 | PA; Specialty |
| AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML | 3 | Specialty |
| 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 | 2 | Specialty |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT | 2 | Specialty |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT | 2 | Specialty |
| ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT | 2 | PA; Specialty |
| *aminocaproic acid intravenous solution 250 mg/ml* | 1 | |
| *aminocaproic acid oral solution 250 mg/ml (25 %)* | 1 | |
| *aminocaproic acid oral tablet 1,000 mg, 500 mg* | 1 | |
| *argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml* | 1 | Specialty |
| ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML | 3 | Specialty |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | 1 | QL |
| BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT | 2 | Specialty |
| *bivalirudin intravenous recon soln 250 mg* | 1 | PA; Specialty |
| BIVALIRUDIN INTRAVENOUS SOLUTION 250 MG/50 ML (5 MG/ML) | 1 | PA; Specialty |
| CABLIVI INJECTION KIT 11 MG | 3 | PA; Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT | 2 | Specialty |
| CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT | 2 | Specialty |
| *cilostazol oral tablet 100 mg, 50 mg* | 1 | |
| *clopidogrel oral tablet 300 mg* | 1 | QL |
| *clopidogrel oral tablet 75 mg* | 1 | |
| COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE | 2 | Specialty |
| CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT | 2 | Specialty |
| *dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg* | 1 | QL |
| DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML | 3 | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | 1 | |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 2 | PA; Specialty; QL |
| DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG | 2 | PA; Specialty |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 2 | QL |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 2 | QL |
| 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 | 2 | PA; Specialty |
| *eltrombopag olamine oral powder in packet 12.5 mg, 25 mg* | 1 | PA; Specialty; QL |
| *eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg* | 1 | PA; Specialty; QL |
| *enoxaparin subcutaneous solution 300 mg/3 ml* | 1 | Specialty; QL |
| *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* | 1 | Specialty; QL |
| *eptifibatide intravenous solution 2 mg/ml* | 1 | Specialty |
| ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | 2 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT | 2 | Specialty |
| FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG) | 3 | |
| *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* | 1 | Specialty; QL |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML | 2 | Specialty; 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 | 2 | Specialty; QL |
| HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML | 3 | PA; Specialty |
| 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 | 3 | PA; Specialty |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT | 2 | Specialty |
| HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT | 2 | Specialty |
| HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT | 2 | Specialty |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT | 2 | Specialty |
| *hep flush-10 (pf) intravenous solution 10 unit/ml* | 1 | |
| *heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)* | 1 | |
| HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML) | 1 | |
| *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)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml* | 1 | |
| HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE 20 UNIT/20 ML (1 UNIT/ML), 50 UNIT/50 ML (1 UNIT/ML) | 1 | |
| *heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)* | 1 | |
| *heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml* | 1 | |
| *heparin (porcine) injection syringe 5,000 unit/ml* | 1 | |
| *heparin lock flush (porcine) intravenous solution 10 unit/ml* | 1 | |
| *heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml* | 1 | |
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML | 1 | |
| *heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml* | 1 | |
| *heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml* | 1 | |
| *heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml* | 1 | |
| *heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml* | 1 | |
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT | 2 | Specialty |
| IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT | 3 | Specialty |
| IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT | 2 | Specialty |
| *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | |
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT | 2 | PA; Specialty |
| KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) | 3 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| KENGREAL INTRAVENOUS RECON SOLN 50 MG | 3 | |
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT | 3 | Specialty |
| KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | 2 | PA; Specialty |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | 2 | Specialty |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | 2 | PA; Specialty |
| 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) | 2 | Specialty |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG | 2 | PA; Specialty |
| NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG | 2 | PA; Specialty; QL |
| OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE | 2 | Specialty |
| *pentoxifylline oral tablet extended release 400 mg* | 1 | |
| *phytonadione (vitamin k1) injection solution 10 mg/ml* | 1 | |
| *phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml* | 1 | |
| *phytonadione (vitamin k1) oral tablet 5 mg* | 1 | |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | 1 | QL |
| PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML | 3 | Specialty |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT | 2 | Specialty |
| *protamine intravenous solution 10 mg/ml* | 1 | |
| REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | 3 | Specialty |
| RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *rivaroxaban oral suspension for reconstitution 1 mg/ml* | 1 | |
| *rivaroxaban oral tablet 2.5 mg* | 1 | QL |
| RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT | 3 | Specialty |
| SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) | 3 | Specialty |
| THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT | 2 | |
| *ticagrelor oral tablet 60 mg, 90 mg* | 1 | QL |
| *tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml)* | 1 | Specialty |
| *tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)* | 1 | |
| *tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)* | 1 | |
| TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT | 2 | Specialty |
| *vitamin k injection solution 1 mg/0.5 ml* | 1 | |
| *vitamin k1 injection solution 10 mg/ml* | 1 | |
| VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE | 2 | Specialty |
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | |
| WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT | 2 | Specialty |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | 2 | QL |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG | 2 | QL |
| XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT | 2 | PA; Specialty |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | 2 | PA; Specialty |
| ZONTIVITY ORAL TABLET 2.08 MG | 3 | QL |
| **LIPID/CHOLESTEROL LOWERING AGENTS** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *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* | 1 | ST; QL |
| *atorvastatin oral tablet 10 mg, 20 mg* | 1 | ACA; QL |
| *atorvastatin oral tablet 40 mg, 80 mg* | 1 | QL |
| *cholestyramine (with sugar) oral powder 4 gram* | 1 | |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | 1 | |
| *cholestyramine light oral powder 4 gram* | 1 | |
| *cholestyramine light oral powder in packet 4 gram* | 1 | |
| *colesevelam oral tablet 625 mg* | 1 | |
| *colestipol oral granules 5 gram* | 1 | |
| *colestipol oral packet 5 gram* | 1 | |
| *colestipol oral tablet 1 gram* | 1 | |
| *ezetimibe oral tablet 10 mg* | 1 | QL |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg* | 1 | QL |
| *ezetimibe-simvastatin oral tablet 10-80 mg* | 1 | ST; QL |
| *fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg* | 1 | |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | 1 | |
| FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG | 2 | ST |
| *fenofibrate oral tablet 120 mg, 40 mg* | 2 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | 1 | |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg* | 1 | |
| *fenofibric acid oral tablet 105 mg* | 2 | |
| *fenofibric acid oral tablet 35 mg* | 1 | |
| *fluvastatin oral capsule 20 mg, 40 mg* | 2 | ST; ACA; QL |
| *fluvastatin oral tablet extended release 24 hr 80 mg* | 2 | ST; ACA; QL |
| *gemfibrozil oral tablet 600 mg* | 1 | |
| *icosapent ethyl oral capsule 0.5 gram, 1 gram* | 1 | ST; QL |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | 2 | PA; Specialty; QL |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | 1 | ACA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NEXLETOL ORAL TABLET 180 MG | 2 | PA; QL |
| NEXLIZET ORAL TABLET 180-10 MG | 2 | PA; QL |
| *niacin oral tablet 500 mg* | 1 | |
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | 1 | |
| *omega-3 acid ethyl esters oral capsule 1 gram* | 1 | QL |
| *pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg* | 1 | ST; ACA; QL |
| *pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | ACA; QL |
| *prevalite oral powder 4 gram* | 1 | |
| *prevalite oral powder in packet 4 gram* | 1 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | 2 | PA; QL |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 2 | PA; QL |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | 2 | PA; QL |
| *rosuvastatin oral tablet 10 mg, 5 mg* | 1 | ACA; QL |
| *rosuvastatin oral tablet 20 mg, 40 mg* | 1 | QL |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | ACA; QL |
| *simvastatin oral tablet 80 mg* | 1 | QL |
| **MISCELLANEOUS CARDIOVASCULAR AGENTS** | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 2 | QL |
| FILSPARI ORAL TABLET 200 MG, 400 MG | 2 | PA; Specialty; QL |
| GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML | 3 | |
| *isoproterenol hcl injection solution 0.2 mg/ml* | 1 | |
| *ivabradine oral tablet 5 mg, 7.5 mg* | 1 | ST; QL |
| *ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg* | 1 | QL |
| *sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg* | 1 | QL |
| VECAMYL ORAL TABLET 2.5 MG | 3 | PA |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | PA |
| VYNDAMAX ORAL CAPSULE 61 MG | 3 | PA; Specialty; QL |
| VYNDAQEL ORAL CAPSULE 20 MG | 3 | PA; Specialty; QL |
| **NITRATES** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | 1 | |
| *isosorbide dinitrate oral tablet 40 mg* | 2 | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | 1 | |
| *isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg* | 1 | |
| *nitro-bid transdermal ointment 2 %* | 2 | |
| 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 | 3 | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* | 1 | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | 1 | |
| *nitroglycerin translingual spray,non-aerosol 400 mcg/spray* | 1 | |
| *nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg* | 1 | |
| **DERMATOLOGICALS/TOPICAL THERAPY** | | |
| **ANTIPSORIATIC / ANTISEBORRHEIC** | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | 1 | |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML | 3 | PA; Specialty; QL |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML | 3 | PA; Specialty; QL |
| *calcipotriene scalp solution 0.005 %* | 1 | ST; QL |
| *calcipotriene topical cream 0.005 %* | 1 | ST; QL |
| CALCIPOTRIENE TOPICAL FOAM 0.005 % | 2 | QL |
| *calcipotriene topical ointment 0.005 %* | 1 | ST; QL |
| *calcipotriene-betamethasone topical ointment 0.005-0.064 %* | 1 | ST; QL |
| *calcitriol topical ointment 3 mcg/gram* | 1 | ST |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 3 | PA; Specialty; QL |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML | 3 | PA; Specialty |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 3 | PA; Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 3 | PA; Specialty; QL |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML | 3 | PA; Specialty; QL |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 3 | PA; Specialty; QL |
| *drithocreme hp topical cream 1 %* | 2 | ST |
| *hydrocortisone-pramoxine topical cream 2.5-1 %* | 1 | |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML | 3 | PA; Specialty; QL |
| IMULDOSA INTRAVENOUS SOLUTION 130 MG/26 ML | 2 | PA; Specialty |
| IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 2 | PA; Specialty; QL |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML | 2 | PA; Specialty |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 2 | PA; QL |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 2 | PA; Specialty; QL |
| *selenium sulfide topical lotion 2.5 %* | 1 | |
| *selenium sulfide topical shampoo 2.25 %* | 2 | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 2 | PA; Specialty; QL |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 2 | PA; Specialty; QL |
| SOTYKTU ORAL TABLET 6 MG | 2 | PA; Specialty |
| *sulfacetamide sodium topical cleanser 10 %* | 1 | |
| *sulfacetamide sodium topical cleanser, gel 10 %* | 1 | |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 2 | PA; Specialty; QL |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 2 | PA; Specialty; QL |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 2 | PA; Specialty; QL |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML | 2 | PA; Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | 2 | PA; Specialty |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 2 | PA; Specialty; QL |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 2 | PA; Specialty |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML | 2 | PA; Specialty; QL |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | 2 | PA; Specialty; QL |
| USTEKINUMAB-TTWE INTRAVENOUS SOLUTION 130 MG/26 ML | 2 | PA; Specialty |
| USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 2 | PA |
| USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 2 | PA; Specialty; QL |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML | 2 | PA; Specialty |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 2 | PA; Specialty; QL |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 2 | PA; Specialty; QL |
| ZITHRANOL TOPICAL SHAMPOO 1 % | 3 | |
| ZORYVE TOPICAL CREAM 0.05 % | 3 | PA |
| ZORYVE TOPICAL CREAM 0.15 %, 0.3 % | 3 | PA; Specialty |
| ZORYVE TOPICAL FOAM 0.3 % | 3 | PA; Specialty |
| **BURN THERAPY** | | |
| *silver sulfadiazine topical cream 1 %* | 1 | |
| *ssd topical cream 1 %* | 1 | |
| **KERATOLYTICS** | | |
| *salicylic acid topical cream 6 %* | 1 | |
| *salicylic acid topical cream,extended release 6 %* | 1 | |
| *salicylic acid topical film forming liquid w/appl 27.5 %* | 1 | |
| *salicylic acid topical film-forming soln er w/ appl 28.5 %* | 1 | |
| *salicylic acid topical foam 6 %* | 1 | |
| *salicylic acid topical gel 6 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *salicylic acid topical liquid 26 %* | 1 | |
| *salicylic acid topical lotion 6 %* | 1 | |
| *salicylic acid topical lotion,extended release 6 %* | 1 | |
| *salicylic acid topical ointment 3 %* | 2 | |
| *salicylic acid topical shampoo 6 %* | 1 | |
| *salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %* | 2 | |
| SALIMEZ FORTE TOPICAL CREAM 10 % | 3 | |
| *salimez topical cream 6 %* | 2 | |
| *salycim topical cream 6 %* | 1 | |
| ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % | 3 | |
| **MISCELLANEOUS DERMATOLOGICALS** | | |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML | 2 | PA; Specialty |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML | 2 | PA; Specialty |
| AMELUZ TOPICAL GEL 10 % | 3 | |
| *avo cream topical emulsion* | 1 | |
| *cem-urea topical gel 45 %* | 1 | |
| CERACADE TOPICAL EMULSION | 3 | |
| CERAMAX TOPICAL CREAM | 3 | |
| CERAMAX TOPICAL LOTION | 3 | |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG | 2 | PA; Specialty; QL |
| *dermacure topical cream 41 %* | 1 | |
| *diclofenac sodium topical gel 3 %* | 1 | ST; QL |
| *doxepin topical cream 5 %* | 1 | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % | 2 | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | 2 | PA; Specialty; QL |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | 2 | PA; Specialty; QL |
| *emulsion sb topical emulsion* | 1 | |
| EUCRISA TOPICAL OINTMENT 2 % | 3 | ST |
| FLUOROURACIL TOPICAL CREAM 0.5 % | 1 | PA |
| *fluorouracil topical cream 5 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *fluorouracil topical solution 2 %, 5 %* | 1 | |
| HALUCORT TOPICAL GEL | 3 | |
| *imiquimod topical cream in packet 5 %* | 1 | QL |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 % | 3 | |
| IODOSORB TOPICAL GEL 0.9 % | 3 | |
| LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL | 3 | |
| LEVULAN TOPICAL SOLUTION 20 % | 3 | |
| *mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 %* | 1 | |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | 1 | |
| *methyl salicylate oil* | 1 | |
| *methyl salicylate topical liquid* | 1 | |
| PANRETIN TOPICAL GEL 0.1 % | 3 | Specialty |
| *pimecrolimus topical cream 1 %* | 1 | ST |
| *podofilox topical gel 0.5 %* | 1 | |
| *podofilox topical solution 0.5 %* | 1 | |
| *pruclair topical cream* | 1 | |
| QBREXZA TOPICAL TOWELETTE 2.4 % | 3 | PA; QL |
| SCENESSE SUBCUTANEOUS IMPLANT 16 MG | 3 | PA; Specialty; QL |
| SEBUDERM TOPICAL GEL | 3 | |
| *silver nitrate applicators topical stick 75-25 %* | 1 | |
| *silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %* | 1 | |
| *sonafine topical emulsion* | 1 | |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | 1 | |
| *urea nail stick topical solution 50 %* | 1 | |
| *urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %* | 1 | |
| UREA TOPICAL CREAM 39.5 % | 1 | |
| *urea topical foam 35 %* | 1 | |
| *urea topical gel 45 %* | 1 | |
| *urea topical lotion 40 %* | 1 | |
| VALCHLOR TOPICAL GEL 0.016 % | 2 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML | 3 | PA; Specialty; QL |
| *wintergreen oil oil* | 1 | |
| YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % | 2 | PA; Specialty; QL |
| **THERAPY FOR ACNE** | | |
| *accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 1 | QL |
| *adapalene topical cream 0.1 %* | 1 | QL |
| *adapalene topical gel 0.3 %* | 1 | QL |
| *adapalene topical gel with pump 0.3 %* | 2 | QL |
| ADAPALENE TOPICAL LOTION 0.1 % | 2 | |
| *adapalene topical solution 0.1 %* | 2 | |
| *adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %* | 2 | ST; QL |
| *amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 2 | QL |
| *azelaic acid topical gel 15 %* | 1 | ST; QL |
| *benzepro topical towelette 6 %* | 1 | |
| *benzoyl peroxide topical cleanser 7 %* | 1 | |
| *benzoyl peroxide topical foam 9.8 %* | 1 | |
| *bp 10-1 topical cleanser 10-1 %* | 1 | |
| *brimonidine topical gel with pump 0.33 %* | 2 | QL |
| *claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 2 | QL |
| *cleansing wash topical cleanser 10-4-10 %* | 1 | |
| *clindamycin phosphate topical foam 1 %* | 2 | |
| *clindamycin phosphate topical gel 1 %* | 1 | $0 Copay |
| *clindamycin phosphate topical gel, once daily 1 %* | 1 | |
| *clindamycin phosphate topical lotion 1 %* | 1 | |
| *clindamycin phosphate topical solution 1 %* | 1 | $0 Copay; QL |
| *clindamycin phosphate topical swab 1 %* | 1 | $0 Copay |
| *clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %* | 1 | |
| *clindamycin-benzoyl peroxide topical gel 1-5 %* | 1 | $0 Copay |
| *clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %* | 2 | |
| *clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %* | 2 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *clindamycin-tretinoin topical gel 1.2-0.025 %* | 2 | |
| *dapsone topical gel 5 %* | 1 | |
| *ery pads topical swab 2 %* | 1 | |
| *erythromycin with ethanol topical gel 2 %* | 1 | |
| *erythromycin with ethanol topical solution 2 %* | 1 | $0 Copay; QL |
| *erythromycin-benzoyl peroxide topical gel 3-5 %* | 1 | |
| *isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg* | 1 | QL |
| *ivermectin topical cream 1 %* | 2 | QL |
| *metronidazole topical cream 0.75 %* | 1 | QL |
| *metronidazole topical gel 0.75 %* | 1 | QL |
| *metronidazole topical gel 1 %* | 2 | QL |
| *metronidazole topical gel with pump 1 %* | 2 | QL |
| *metronidazole topical lotion 0.75 %* | 2 | QL |
| NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % | 3 | |
| *neuac topical gel 1.2 %(1 % base) -5 %* | 1 | $0 Copay |
| *rosadan topical cream 0.75 %* | 1 | QL |
| *sss 10-5 topical cream 10-5 % (w/w)* | 1 | |
| *sss 10-5 topical foam 10-5 %* | 1 | |
| *sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %* | 1 | |
| *sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)* | 1 | $0 Copay; QL |
| *sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %* | 1 | |
| *sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %* | 1 | |
| *sulfacetamide sodium-sulfur topical pads, medicated 10-4 %* | 2 | |
| *sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %* | 1 | |
| *sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %* | 1 | $0 Copay; QL |
| *sulfacleanse 8-4 topical suspension 8-4 %* | 1 | |
| *tazarotene topical cream 0.05 %, 0.1 %* | 1 | QL |
| *tazarotene topical gel 0.05 %, 0.1 %* | 1 | QL |
| *tretinoin microspheres topical gel 0.04 %, 0.1 %* | 2 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *tretinoin topical cream 0.025 %, 0.05 %, 0.1 %* | 1 | |
| *tretinoin topical gel 0.01 %* | 1 | |
| *tretinoin topical gel 0.025 %, 0.05 %* | 2 | |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % | 3 | |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 2 | QL |
| **TOPICAL ANESTHETICS** | | |
| COCAINE NASAL SOLUTION 4 % | 2 | |
| *ethyl chloride topical aerosol,spray 100 %* | 1 | |
| GOPRELTO NASAL SOLUTION 4 % | 3 | |
| *lidocaine (pf) injection solution 15 mg/ml (1.5 %), 40 mg/ml (4 %)* | 1 | |
| *lidocaine hcl laryngotracheal solution 4 %* | 1 | |
| *lidocaine hcl mucous membrane solution 4 % (40 mg/ml)* | 1 | |
| *lidocaine hcl topical cream 3 %* | 1 | |
| *lidocaine hcl-hydrocortison ac topical cream 3-0.5 %* | 1 | |
| *lidocaine topical adhesive patch,medicated 5 %* | 1 | QL |
| *lidocaine topical ointment 5 %* | 1 | QL |
| *lidocaine viscous mucous membrane solution 2 %* | 1 | |
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | 1 | |
| *lidocort topical cream 3-0.5 %* | 3 | |
| NUMBRINO NASAL SOLUTION 4 % | 1 | |
| *polocaine-mpf injection solution 20 mg/ml (2 %)* | 1 | |
| **TOPICAL ANTIBACTERIALS** | | |
| ALTABAX TOPICAL OINTMENT 1 % | 3 | |
| *corti-sav topical cream 1-1 %* | 1 | |
| *gentamicin topical cream 0.1 %* | 1 | QL |
| *gentamicin topical ointment 0.1 %* | 1 | |
| *hydrocortisone-iodoquinol topical cream 1-1 %* | 1 | |
| *hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %* | 1 | |
| *lugols topical solution 5-10 %* | 1 | |
| *mupirocin topical ointment 2 %* | 1 | |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | 3 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | 3 | ST |
| QUINJA TOPICAL GEL 1.25-1 % | 3 | |
| *strong iodine topical solution 5-10 %* | 1 | |
| *sulfacetamide sodium (acne) topical suspension 10 %* | 1 | $0 Copay |
| SULFAMYLON TOPICAL CREAM 85 MG/G | 2 | |
| **TOPICAL ANTIFUNGALS** | | |
| *ciclopirox topical cream 0.77 %* | 1 | QL |
| *ciclopirox topical gel 0.77 %* | 2 | QL |
| *ciclopirox topical shampoo 1 %* | 2 | |
| *ciclopirox topical solution 8 %* | 1 | QL |
| *ciclopirox topical suspension 0.77 %* | 1 | QL |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | 1 | |
| *clotrimazole-betamethasone topical lotion 1-0.05 %* | 1 | |
| *econazole nitrate topical cream 1 %* | 1 | QL |
| ERTACZO TOPICAL CREAM 2 % | 3 | ST |
| *ketoconazole topical cream 2 %* | 1 | QL |
| *ketoconazole topical foam 2 %* | 2 | |
| *ketoconazole topical shampoo 2 %* | 1 | |
| *ketodan kit topical combo pack 2 %* | 2 | |
| *ketodan topical foam 2 %* | 2 | |
| *klayesta topical powder 100,000 unit/gram* | 1 | |
| LULICONAZOLE TOPICAL CREAM 1 % | 3 | |
| *naftifine topical cream 1 %* | 2 | |
| *naftifine topical cream 2 %* | 2 | QL |
| *nyamyc topical powder 100,000 unit/gram* | 1 | |
| *nystatin topical cream 100,000 unit/gram* | 1 | |
| *nystatin topical ointment 100,000 unit/gram* | 1 | |
| *nystatin topical powder 100,000 unit/gram* | 1 | |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | 1 | |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | 1 | |
| *nystop topical powder 100,000 unit/gram* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *oxiconazole topical cream 1 %* | 2 | QL |
| OXISTAT TOPICAL LOTION 1 % | 3 | |
| SULCONAZOLE TOPICAL CREAM 1 % | 2 | |
| *tavaborole topical solution with applicator 5 %* | 1 | PA; QL |
| **TOPICAL ANTIVIRALS** | | |
| *acyclovir topical ointment 5 %* | 2 | QL |
| *penciclovir topical cream 1 %* | 1 | |
| **TOPICAL CORTICOSTEROIDS** | | |
| *alclometasone topical cream 0.05 %* | 2 | |
| *alclometasone topical ointment 0.05 %* | 2 | |
| *amcinonide topical cream 0.1 %* | 2 | ST |
| *amcinonide topical ointment 0.1 %* | 2 | ST |
| *betamethasone dipropionate topical cream 0.05 %* | 1 | |
| *betamethasone dipropionate topical lotion 0.05 %* | 1 | |
| *betamethasone dipropionate topical ointment 0.05 %* | 1 | |
| *betamethasone valerate topical cream 0.1 %* | 1 | |
| *betamethasone valerate topical foam 0.12 %* | 1 | |
| *betamethasone valerate topical lotion 0.1 %* | 1 | |
| *betamethasone valerate topical ointment 0.1 %* | 1 | |
| *betamethasone, augmented topical cream 0.05 %* | 1 | |
| *betamethasone, augmented topical gel 0.05 %* | 1 | |
| *betamethasone, augmented topical lotion 0.05 %* | 1 | |
| *betamethasone, augmented topical ointment 0.05 %* | 1 | |
| *clobetasol scalp solution 0.05 %* | 1 | |
| *clobetasol topical cream 0.05 %* | 1 | |
| *clobetasol topical foam 0.05 %* | 1 | |
| *clobetasol topical gel 0.05 %* | 1 | |
| *clobetasol topical lotion 0.05 %* | 1 | |
| *clobetasol topical ointment 0.05 %* | 1 | |
| *clobetasol topical shampoo 0.05 %* | 1 | |
| *clobetasol topical spray,non-aerosol 0.05 %* | 1 | |
| *clobetasol-emollient topical cream 0.05 %* | 1 | |
| *clobetasol-emollient topical foam 0.05 %* | 1 | |
| *desonide topical cream 0.05 %* | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *desonide topical lotion 0.05 %* | 2 | |
| *desonide topical ointment 0.05 %* | 2 | |
| *desoximetasone topical cream 0.05 %* | 2 | |
| *desoximetasone topical cream 0.25 %* | 1 | |
| *desoximetasone topical gel 0.05 %* | 2 | |
| *desoximetasone topical ointment 0.05 %, 0.25 %* | 2 | |
| DUOBRII TOPICAL LOTION 0.01-0.045 % | 3 | ST |
| *fluocinolone and shower cap scalp oil 0.01 %* | 1 | |
| *fluocinolone topical cream 0.01 %, 0.025 %* | 1 | |
| *fluocinolone topical oil 0.01 %* | 1 | |
| *fluocinolone topical ointment 0.025 %* | 1 | |
| *fluocinolone topical solution 0.01 %* | 1 | |
| *fluocinonide topical cream 0.05 %, 0.1 %* | 1 | |
| *fluocinonide topical gel 0.05 %* | 1 | |
| *fluocinonide topical ointment 0.05 %* | 1 | |
| *fluocinonide topical solution 0.05 %* | 1 | |
| *fluocinonide-e topical cream 0.05 %* | 1 | |
| *flurandrenolide topical cream 0.05 %* | 2 | |
| *flurandrenolide topical lotion 0.05 %* | 1 | |
| *flurandrenolide topical ointment 0.05 %* | 1 | |
| *fluticasone propionate topical cream 0.05 %* | 1 | |
| *fluticasone propionate topical lotion 0.05 %* | 1 | |
| *fluticasone propionate topical ointment 0.005 %* | 1 | |
| *halcinonide topical cream 0.1 %* | 2 | ST |
| *halcinonide topical solution 0.1 %* | 1 | |
| *halobetasol propionate topical cream 0.05 %* | 1 | |
| *halobetasol propionate topical foam 0.05 %* | 2 | |
| *halobetasol propionate topical ointment 0.05 %* | 1 | |
| *hydrocortisone butyrate topical cream 0.1 %* | 2 | |
| *hydrocortisone butyrate topical lotion 0.1 %* | 1 | |
| *hydrocortisone butyrate topical ointment 0.1 %* | 1 | |
| *hydrocortisone butyrate topical solution 0.1 %* | 1 | |
| *hydrocortisone topical cream 2.5 %* | 1 | |
| *hydrocortisone topical lotion 2 %, 2.5 %* | 1 | |
| *hydrocortisone topical ointment 2.5 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *hydrocortisone topical solution 2.5 %* | 1 | |
| *hydrocortisone valerate topical cream 0.2 %* | 1 | |
| *hydrocortisone valerate topical ointment 0.2 %* | 2 | |
| *mometasone topical cream 0.1 %* | 1 | |
| *mometasone topical ointment 0.1 %* | 1 | |
| *mometasone topical solution 0.1 %* | 1 | |
| NUCORT TOPICAL LOTION 2 % | 3 | |
| *prednicarbate topical cream 0.1 %* | 1 | |
| *triamcinolone acetonide topical aerosol 0.147 mg/gram* | 2 | |
| *triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %* | 1 | |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | 1 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | 1 | |
| *triamvex topical kit 0.1 %- 4" x 4"* | 1 | |
| *triderm topical cream 0.5 %* | 1 | |
| **TOPICAL ENZYMES** | | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 2 | |
| **TOPICAL SCABICIDES / PEDICULICIDES** | | |
| *crotan topical lotion 10 %* | 3 | ST |
| EURAX TOPICAL CREAM 10 % | 3 | ST |
| EURAX TOPICAL LOTION 10 % | 3 | ST |
| *malathion topical lotion 0.5 %* | 1 | |
| *permethrin topical cream 5 %* | 1 | |
| *pruradik topical lotion 10 %* | 1 | ST |
| ULESFIA TOPICAL LOTION 5 % | 3 | ST |
| **DIAGNOSTICS & MISCELLANEOUS AGENTS** | | |
| **ANOREXIANTS** | | |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 2 | PA; QL |
| **ANTIDOTES** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML | 1 | |
| **DIAGNOSTICS & MISCELLANEOUS AGENTS** | | |
| BD VERITOR SARS-COV-2, FLU A-B KIT | 3 | ACA; QL |
| BD VERITOR SYSTEM SARS-COV-2 KIT | 3 | ACA; QL |
| BINAXNOW COVID-19 AG CARD KIT | 3 | ACA; QL |
| COVID19 TEST ADM.BY PHARMACIST | 3 | ACA; QL |
| ID NOW COVID-19 TEST KIT KIT | 3 | ACA; QL |
| LUCIRA CHECK-IT COVID HOME TST KIT | 3 | ACA; QL |
| PIXEL COVID19 HOME COLLECT KIT | 3 | ACA; QL |
| QUICKVUE SARS ANTIGEN KIT | 3 | ACA; QL |
| SOFIA SARS ANTIGEN FIA KIT | 3 | ACA; QL |
| SOFIA2 FLU-SARS ANTIGEN FIA KIT | 3 | ACA; QL |
| **IRRIGATING SOLUTIONS** | | |
| *lactated ringers irrigation solution* | 3 | |
| *neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml* | 1 | |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L | 3 | |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L | 3 | |
| *ringer's irrigation solution* | 1 | |
| SORBITOL IRRIGATION SOLUTION 3 % | 1 | |
| SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML | 1 | |
| **MISCELLANEOUS AGENTS** | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | 1 | |
| *acetic acid irrigation solution 0.25 %* | 1 | |
| AMPHADASE INJECTION SOLUTION 150 UNIT/ML | 3 | |
| *anagrelide oral capsule 0.5 mg, 1 mg* | 1 | |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG | 2 | Specialty |
| *caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)* | 1 | |
| *carglumic acid oral tablet, dispersible 200 mg* | 1 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| CASGEVY INTRAVENOUS SUSPENSION 4 X TO 13 X 10EXP6 CELL/ML | 3 | PA; Specialty; QL |
| *cevimeline oral capsule 30 mg* | 1 | |
| CHEMET ORAL CAPSULE 100 MG | 2 | |
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | 1 | PA; Specialty |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | 1 | PA; Specialty |
| *deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg* | 1 | PA; Specialty |
| *deferiprone oral tablet 1,000 mg* | 1 | PA |
| *deferiprone oral tablet 500 mg* | 1 | PA; Specialty |
| *disulfiram oral tablet 250 mg, 500 mg* | 1 | |
| *droxidopa oral capsule 100 mg, 200 mg, 300 mg* | 1 | PA; QL |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | 2 | PA; Specialty |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 2 | PA; Specialty |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML | 3 | PA; Specialty; QL |
| *glutamine (sickle cell) oral powder in packet 5 gram* | 1 | PA |
| HYLENEX INJECTION SOLUTION 150 UNIT/ML | 3 | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 2 | PA; Specialty |
| JOENJA ORAL TABLET 70 MG | 2 | PA; Specialty; QL |
| LAMZEDE INTRAVENOUS RECON SOLN 10 MG | 2 | PA; Specialty |
| LENMELDY INTRAVENOUS SUSPENSION 2 X TO 11.8 X 10EXP6 CELL/ML | 2 | PA; Specialty; QL |
| *levocarnitine (with sugar) oral solution 100 mg/ml* | 1 | |
| *levocarnitine intravenous solution 200 mg/ml* | 1 | |
| *levocarnitine oral solution 100 mg/ml* | 1 | |
| *levocarnitine oral tablet 330 mg* | 1 | |
| LITHOSTAT ORAL TABLET 250 MG | 3 | |
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* | 1 | PA; Specialty |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | 2 | PA; Specialty |
| OMISIRGE INTRAVENOUS SUSPENSION | 3 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ORFADIN ORAL SUSPENSION 4 MG/ML | 2 | PA; Specialty |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | 2 | Specialty |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | 3 | PA; Specialty; QL |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) | 3 | PA; Specialty; QL |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM | 3 | |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | 2 | PA; QL |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | 3 | PA; Specialty |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | 2 | PA; Specialty; QL |
| *riluzole oral tablet 50 mg* | 1 | Specialty |
| *risedronate oral tablet 30 mg* | 1 | ST; QL |
| *sodium benzoate-sod phenylacet intravenous solution 10-10 %* | 1 | |
| *sodium chlor 0.9% bacteriostat injection solution 0.9 %* | 1 | |
| *sodium chloride 0.9 % injection solution* | 1 | |
| *sodium chloride 0.9 % intravenous parenteral solution* | 1 | |
| *sodium chloride 0.9 % intravenous piggyback* | 1 | |
| *sodium chloride injection syringe 0.9 %* | 1 | |
| *sodium chloride irrigation solution 0.9 %* | 1 | |
| *sodium phenylbutyrate oral tablet 500 mg* | 2 | PA; QL |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG | 2 | PA; Specialty |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML | 3 | PA; Specialty; QL |
| TAVNEOS ORAL CAPSULE 10 MG | 3 | PA; Specialty; QL |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML | 3 | PA; Specialty; QL |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML | 3 | PA; Specialty; QL |
| *tiopronin oral tablet 100 mg* | 1 | PA; Specialty |
| *tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg* | 1 | PA; Specialty |
| *trientine oral capsule 250 mg* | 2 | QL |
| TRIENTINE ORAL CAPSULE 500 MG | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML | 2 | PA; Specialty; QL |
| VAFSEO ORAL TABLET 150 MG, 300 MG | 2 | Specialty; QL |
| VEOPOZ INJECTION SOLUTION 200 MG/ML | 3 | PA; Specialty; QL |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) | 3 | PA; Specialty; QL |
| *water for irrigation, sterile irrigation solution* | 1 | |
| XENPOZYME INTRAVENOUS RECON SOLN 20 MG | 3 | PA; Specialty; QL |
| XENPOZYME INTRAVENOUS RECON SOLN 4 MG | 3 | PA; Specialty |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM | 2 | PA; Specialty; QL |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG | 2 | Specialty |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | 3 | PA; Specialty |
| *zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml* | 1 | Specialty |
| **SMOKING DETERRENTS** | | |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | 1 | ACA; QL |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR | 3 | ACA; QL |
| NICORETTE BUCCAL GUM 2 MG | 3 | ACA; QL |
| *nicorette buccal gum 4 mg* | 3 | ACA; QL |
| NICORETTE BUCCAL LOZENGE 2 MG, 4 MG | 3 | ACA; QL |
| NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG | 3 | ACA; QL |
| *nicotine (polacrilex) buccal gum 2 mg, 4 mg* | 1 | ACA; QL |
| *nicotine (polacrilex) buccal lozenge 2 mg, 4 mg* | 1 | ACA; QL |
| *nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg* | 1 | ACA; QL |
| *nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr* | 1 | ACA; QL |
| *nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr* | 3 | ACA; QL |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML | 3 | ACA; QL |
| *quit 2 buccal gum 2 mg* | 1 | ACA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *quit 2 buccal lozenge 2 mg* | 1 | ACA; QL |
| *quit 4 buccal gum 4 mg* | 1 | ACA; QL |
| *quit 4 buccal lozenge 4 mg* | 1 | ACA; QL |
| *stop smoking aid buccal lozenge 2 mg, 4 mg* | 1 | ACA; QL |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | 1 | ACA; QL |
| *varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)* | 1 | ACA; QL |
| **EAR, NOSE & THROAT MEDICATIONS** | | |
| **MISCELLANEOUS AGENTS** | | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | 1 | QL |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | 1 | QL |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % | 3 | |
| *fluoride (sodium) dental solution 0.2 %* | 1 | |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)* | 1 | |
| *kourzeq dental paste 0.1 %* | 1 | |
| *olopatadine nasal spray,non-aerosol 0.6 %* | 2 | QL |
| *oralone dental paste 0.1 %* | 1 | |
| *paroex oral rinse mucous membrane mouthwash 0.12 %* | 1 | QL |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | 1 | |
| *triamcinolone acetonide dental paste 0.1 %* | 1 | |
| **MISCELLANEOUS OTIC PREPARATIONS** | | |
| *acetic acid otic (ear) solution 2 %* | 1 | |
| *ciprofloxacin hcl otic (ear) dropperette 0.2 %* | 1 | |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | 1 | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | 1 | |
| *ofloxacin otic (ear) drops 0.3 %* | 1 | |
| **OTIC STEROID / ANTIBIOTIC** | | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | 1 | |
| CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) | 1 | |
| *neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%* | 1 | |
| **ENDOCRINE/DIABETES** | | |
| **ADRENAL HORMONES** | | |
| *cortisone oral tablet 25 mg* | 1 | |
| *deflazacort oral suspension 22.75 mg/ml* | 1 | PA; Specialty; QL |
| *deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg* | 1 | PA; Specialty; QL |
| *dexamethasone intensol oral drops 1 mg/ml* | 2 | |
| *dexamethasone oral elixir 0.5 mg/5 ml* | 1 | |
| *dexamethasone oral solution 0.5 mg/5 ml* | 1 | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | 1 | |
| *fludrocortisone oral tablet 0.1 mg* | 1 | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| *hydrocortisone sod succinate injection recon soln 100 mg* | 1 | |
| *kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg* | 1 | |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 1 | |
| *methylprednisolone oral tablets,dose pack 4 mg* | 1 | |
| *millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)* | 2 | |
| *millipred oral tablet 5 mg* | 2 | ST |
| *prednisolone oral solution 15 mg/5 ml* | 1 | |
| *prednisolone oral tablet 5 mg* | 1 | |
| *prednisolone sodium phosphate oral solution 10 mg/5 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)* | 1 | |
| *prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg* | 1 | |
| *prednisone intensol oral concentrate 5 mg/ml* | 2 | |
| *prednisone oral solution 5 mg/5 ml* | 1 | |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | 1 | |
| *prednisone oral tablet,delayed release (dr/ec) 1 mg, 2 mg* | 1 | |
| *prednisone oral tablets,dose pack 10 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | 2 | |
| SOLU-CORTEF INJECTION RECON SOLN 100 MG | 2 | |
| *triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml* | 1 | |
| **ANTITHYROID AGENTS** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 1 | |
| *propylthiouracil oral tablet 50 mg* | 1 | |
| SSKI ORAL SOLUTION 1 GRAM/ML | 1 | |
| **BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES** | | |
| AGAMATRIX PRESTO SYSTEM | 1 | |
| CONTOUR CONTROL SOLUTION, NML SOLUTION | 2 | |
| CONTOUR NEXT EZ METER | 2 | |
| CONTOUR NEXT GEN METER KIT | 2 | |
| CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION | 2 | |
| CONTOUR NEXT METER | 2 | |
| CONTOUR NEXT ONE METER | 2 | |
| CONTOUR NEXT TEST STRIPS STRIP | 2 | QL |
| CONTOUR PLUS TEST STRIP STRIP | 2 | |
| CONTOUR TEST STRIPS STRIP | 2 | QL |
| DEXCOM G6 RECEIVER | 2 | ST |
| DEXCOM G6 SENSOR DEVICE | 2 | ST |
| DEXCOM G6 TRANSMITTER DEVICE | 2 | ST |
| DEXCOM G7 RECEIVER | 2 | ST |
| DEXCOM G7 SENSOR DEVICE | 2 | ST |
| GOJJI KETONE CONTROL SOLN-L1 SOLUTION | 3 | |
| GUARDIAN LINK 3 TRANSMITTER DEVICE | 3 | ST |
| GUARDIAN SENSOR 3 DEVICE | 3 | ST |
| **DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT** | | |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE | 3 | |
| **GLUCOSE ELEVATING AGENTS** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION | 2 | |
| *diazoxide oral suspension 50 mg/ml* | 1 | |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG | 2 | |
| *glucagon emergency kit (human) injection recon soln 1 mg* | 1 | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 2 | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 2 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 2 | |
| **INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU** | | |
| CEQUR SIMPLICITY DEVICE 2 UNIT | 3 | |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN | 3 | |
| LANCING DEVICE | 3 | |
| MINIMED 780G INSULIN PUMP | 3 | PA |
| MINIMED MIO ADVANCE INF SET23" INFUSION SET | 3 | PA |
| MINIMED QUICK SET 43" INFUSION SET | 3 | PA |
| MINIMED SILHOUETTE 23" INFUSION SET | 3 | PA |
| MINIMED SURE T 32" INFUSION SET | 3 | PA |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN | 3 | |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE | 3 | |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 3 | |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | |
| PEN NEEDLE NEEDLE 31 GAUGE X 5/16" | 1 | |
| T:SLIM X2 CONTROL-IQ | 3 | PA |
| V-GO 20 DEVICE | 3 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| V-GO 30 DEVICE | 3 | PA |
| V-GO 40 DEVICE | 3 | PA |
| **INSULIN THERAPY** | | |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) | 3 | PA |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60) | 3 | PA; QL |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | QL |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | 2 | QL |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) | 2 | QL |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | 2 | QL |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | 2 | QL |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | 2 | QL |
| HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML | 2 | QL |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 2 | QL |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 2 | QL |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 2 | QL |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | QL |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | 2 | QL |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 2 | QL |
| INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | 1 | QL |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 1 | QL |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | 1 | QL |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | QL |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | QL |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 2 | QL |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 1 | QL |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | 1 | QL |
| LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML | 1 | QL |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | QL |
| MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) | 3 | |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 2 | ST; QL |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | 2 | QL |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 2 | QL |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | 2 | QL |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 2 | QL |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 2 | ST; QL |
| **MISCELLANEOUS HORMONES** | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | 2 | Specialty |
| BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) | 3 | Specialty; QL |
| *cabergoline oral tablet 0.5 mg* | 1 | |
| *calcitonin (salmon) injection solution 200 unit/ml* | 1 | |
| *calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation* | 1 | |
| *calcitriol intravenous solution 1 mcg/ml* | 1 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | 1 | |
| *calcitriol oral solution 1 mcg/ml* | 1 | |
| CERDELGA ORAL CAPSULE 84 MG | 2 | PA; Specialty; QL |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 2 | PA; Specialty |
| *cetrorelix subcutaneous kit 0.25 mg* | 1 | Specialty |
| *cinacalcet oral tablet 30 mg, 60 mg, 90 mg* | 2 | PA |
| *clomid oral tablet 50 mg* | 1 | |
| *clomiphene citrate oral tablet 50 mg* | 1 | |
| CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML | 3 | PA; Specialty; QL |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | 1 | |
| *desmopressin injection solution 4 mcg/ml* | 1 | |
| *desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)* | 1 | |
| DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | 1 | |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* | 1 | |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | 1 | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML | 2 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | 2 | PA; Specialty |
| GALAFOLD ORAL CAPSULE 123 MG | 3 | PA; Specialty; QL |
| *ganirelix subcutaneous syringe 250 mcg/0.5 ml* | 2 | Specialty |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML | 2 | PA; Specialty |
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT | 2 | PA; Specialty |
| ISTURISA ORAL TABLET 1 MG, 5 MG | 3 | PA; Specialty; QL |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG | 3 | PA; QL |
| *javygtor oral powder in packet 100 mg, 500 mg* | 1 | PA; Specialty |
| *javygtor oral tablet,soluble 100 mg* | 1 | PA; Specialty |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML | 2 | PA; Specialty |
| LUMIZYME INTRAVENOUS RECON SOLN 50 MG | 2 | PA; Specialty |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT | 2 | PA; Specialty |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML | 3 | Specialty |
| *methyltestosterone oral capsule 10 mg* | 1 | ST |
| *mifepristone oral tablet 300 mg* | 1 | PA; Specialty |
| *miglustat oral capsule 100 mg* | 1 | PA; Specialty; QL |
| *milophene oral tablet 50 mg* | 1 | |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) | 2 | Specialty; QL |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | 2 | Specialty |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT | 2 | PA; Specialty |
| ORILISSA ORAL TABLET 150 MG, 200 MG | 2 | PA; QL |
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML | 2 | PA; Specialty |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | 3 | PA; Specialty; QL |
| *pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | 1 | |
| PARSABIV INTRAVENOUS SOLUTION 5 MG/ML | 3 | PA; Specialty; QL |
| *sapropterin oral powder in packet 100 mg, 500 mg* | 1 | PA; Specialty |
| *sapropterin oral tablet,soluble 100 mg* | 1 | PA; Specialty |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 2 | Specialty |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 2 | PA; Specialty |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML | 2 | PA; Specialty; QL |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG | 3 | PA; Specialty; QL |
| TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML | 3 | PA |
| TESTOPEL IMPLANT PELLET 75 MG | 3 | PA |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml* | 1 | PA; QL |
| *testosterone enanthate intramuscular oil 200 mg/ml* | 1 | PA |
| TESTOSTERONE IMPLANT PELLET 100 MG, 50 MG | 1 | PA |
| *testosterone transdermal gel 50 mg/5 gram (1 %)* | 2 | PA |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | 2 | PA |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | 1 | PA; QL |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | 2 | PA; QL |
| *testosterone transdermal gel in packet 1 % (50 mg/5 gram)* | 2 | PA |
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)* | 1 | PA; QL |
| *testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)* | 2 | PA |
| TLANDO ORAL CAPSULE 112.5 MG | 3 | PA; QL |
| *tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg* | 1 | Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm)* | 1 | Specialty |
| *tolvaptan (polycys kidney dis) oral tablets, sequential 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)* | 1 | Specialty; QL |
| *tolvaptan oral tablet 15 mg, 30 mg* | 1 | PA; Specialty; QL |
| VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML) | 1 | |
| VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML) | 1 | |
| *vasopressin intravenous solution 20 unit/ml* | 1 | |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) | 2 | PA; Specialty |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG | 3 | PA; Specialty; QL |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | 3 | PA; Specialty |
| *zoledronic acid intravenous recon soln 4 mg* | 1 | Specialty |
| *zoledronic acid intravenous solution 4 mg/5 ml* | 1 | Specialty |
| *zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml* | 1 | Specialty |
| ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML | 1 | Specialty |
| **NON-INSULIN HYPOGLYCEMIC AGENTS** | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| FARXIGA ORAL TABLET 10 MG, 5 MG | 2 | ST; QL |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| *glipizide oral tablet 10 mg, 5 mg* | 1 | |
| GLIPIZIDE ORAL TABLET 2.5 MG | 1 | |
| *glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg* | 1 | |
| *glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg* | 1 | |
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | 1 | |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 2 | ST; QL |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 2 | ST; QL |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG | 2 | ST; QL |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 2 | ST; QL |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 2 | ST; QL |
| *metformin oral tablet 1,000 mg, 500 mg, 625 mg, 750 mg, 850 mg* | 1 | ACA |
| *metformin oral tablet extended release 24 hr 500 mg, 750 mg* | 1 | ACA |
| *miglitol oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 2 | PA; QL |
| *nateglinide oral tablet 120 mg, 60 mg* | 1 | |
| 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) | 2 | PA; QL |
| *pioglitazone oral tablet 15 mg, 30 mg, 45 mg* | 1 | |
| *pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg* | 1 | ST |
| *pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg* | 1 | ST |
| *repaglinide oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 2 | PA; QL |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG | 2 | ST; QL |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | 2 | ST; QL |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG | 2 | ST; QL |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG | 3 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 | 2 | PA; QL |
| 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 | 2 | ST; QL |
| **THYROID HORMONES** | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG | 2 | |
| *euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 | |
| *levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | 2 | |
| *levo-t oral tablet 300 mcg* | 3 | |
| *levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg* | 1 | |
| LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML | 1 | |
| *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* | 1 | |
| *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* | 2 | |
| *liomny oral tablet 25 mcg, 5 mcg, 50 mcg* | 1 | |
| *liothyronine intravenous solution 10 mcg/ml* | 1 | |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | 1 | |
| *np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| *renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| 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 | 2 | |
| *thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | 2 | |
| *unithroid oral tablet 300 mcg* | 3 | |
| **GASTROENTEROLOGY** | | |
| **ANTIDIARRHEALS & ANTISPASMODICS** | | |
| *atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)* | 1 | |
| ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1.2 MG/3 ML (0.4 MG/ML) | 1 | |
| *atropine injection solution 0.4 mg/ml* | 1 | |
| *atropine injection syringe 0.1 mg/ml* | 1 | |
| *atropine intravenous solution 0.4 mg/ml, 1 mg/ml* | 1 | |
| *atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml)* | 1 | |
| *belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg* | 1 | |
| *chlordiazepoxide-clidinium oral capsule 5-2.5 mg* | 1 | |
| *dicyclomine oral capsule 10 mg* | 1 | |
| *dicyclomine oral solution 10 mg/5 ml* | 1 | |
| *dicyclomine oral tablet 20 mg* | 1 | |
| DICYCLOMINE ORAL TABLET 40 MG | 1 | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml* | 1 | QL |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 1 | QL |
| *ed-spaz oral tablet,disintegrating 0.125 mg* | 1 | |
| GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML | 1 | |
| *glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)* | 1 | |
| GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML) | 1 | |
| *glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml)* | 1 | |
| *glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)* | 1 | |
| *glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 1 | |
| GLYRX-PF INJECTION SOLUTION 0.2 MG/ML | 3 | |
| GLYRX-PF INJECTION SYRINGE 1 MG/5 ML (0.2 MG/ML) | 3 | |
| HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML | 1 | |
| *hyoscyamine sulfate oral drops 0.125 mg/ml* | 1 | |
| *hyoscyamine sulfate oral elixir 0.125 mg/5 ml* | 1 | |
| *hyoscyamine sulfate oral tablet 0.125 mg* | 1 | |
| *hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg* | 1 | |
| *hyoscyamine sulfate oral tablet,disintegrating 0.125 mg* | 1 | |
| *hyoscyamine sulfate sublingual tablet 0.125 mg* | 1 | |
| *hyosyne oral drops 0.125 mg/ml* | 1 | |
| *hyosyne oral elixir 0.125 mg/5 ml* | 1 | |
| *methscopolamine oral tablet 2.5 mg, 5 mg* | 1 | |
| *opium tincture oral tincture 10 mg/ml (morphine)* | 1 | |
| *oscimin oral tablet 0.125 mg* | 1 | |
| *oscimin sl sublingual tablet 0.125 mg* | 1 | |
| *phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml* | 1 | |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) | 3 | |
| **MISCELLANEOUS GASTROINTESTINAL AGENTS** | | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG | 3 | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML | 3 | |
| *alosetron oral tablet 0.5 mg, 1 mg* | 1 | QL |
| *alvimopan oral capsule 12 mg* | 1 | QL |
| *anucort-hc rectal suppository 25 mg* | 1 | |
| *aprepitant oral capsule 125 mg, 40 mg, 80 mg* | 1 | QL |
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | 1 | QL |
| *balsalazide oral capsule 750 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML) | 3 | |
| *betaine oral powder 1 gram/scoop* | 1 | Specialty |
| *budesonide oral capsule,delayed,extend.release 3 mg* | 1 | |
| *budesonide oral tablet,delayed and ext.release 9 mg* | 1 | |
| *budesonide rectal foam 2 mg/actuation* | 1 | |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG | 3 | PA; Specialty; QL |
| BYLVAY ORAL PELLET 200 MCG, 600 MCG | 3 | PA; Specialty; QL |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | 2 | PA; Specialty |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 3 | PA; Specialty; QL |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML | 3 | PA; QL |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 3 | PA; Specialty; QL |
| CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML) | 3 | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML | 2 | ACA |
| *compro rectal suppository 25 mg* | 1 | |
| *constulose oral solution 10 gram/15 ml* | 1 | |
| 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 | 2 | |
| *cromolyn oral concentrate 100 mg/5 ml* | 1 | |
| *dimenhydrinate injection solution 50 mg/ml* | 1 | |
| DIPENTUM ORAL CAPSULE 250 MG | 3 | ST |
| *doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg* | 1 | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | 1 | ST; QL |
| *droperidol injection solution 2.5 mg/ml* | 1 | |
| ENTYVIO INTRAVENOUS RECON SOLN 300 MG | 2 | PA; Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML | 2 | PA; Specialty; QL |
| *enulose oral solution 10 gram/15 ml* | 1 | |
| *fosaprepitant intravenous recon soln 150 mg* | 1 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | 3 | PA; Specialty; QL |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | 1 | ACA |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram* | 1 | ACA |
| *gavilyte-n oral recon soln 420 gram* | 1 | ACA |
| *generlac oral solution 10 gram/15 ml* | 1 | |
| *gentle laxative (mag hydrox) oral suspension 400 mg/5 ml* | 1 | ACA |
| *granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml* | 1 | |
| *granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)* | 1 | |
| *granisetron hcl oral tablet 1 mg* | 1 | ST; QL |
| *hydrocortisone acetate rectal suppository 25 mg, 30 mg* | 1 | |
| *hydrocortisone acetate topical cream with perineal applicator 2.5 %* | 1 | |
| *hydrocortisone rectal enema 100 mg/60 ml* | 1 | |
| *hydrocortisone topical cream with perineal applicator 1 %, 2.5 %* | 1 | |
| *hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)* | 1 | |
| *lactulose oral packet 10 gram* | 2 | |
| *lactulose oral packet 20 gram* | 1 | |
| *lactulose oral solution 10 gram/15 ml* | 1 | |
| *lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %* | 1 | |
| LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM) | 1 | |
| *lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)* | 1 | |
| *lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 2 | QL |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML | 3 | PA; Specialty; QL |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG | 3 | PA; Specialty; QL |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | 1 | QL |
| *meclizine oral tablet 50 mg* | 1 | |
| *mesalamine oral capsule (with del rel tablets) 400 mg* | 1 | |
| *mesalamine oral capsule, extended release 500 mg* | 1 | |
| *mesalamine oral capsule,extended release 24hr 0.375 gram* | 1 | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram* | 1 | |
| *mesalamine rectal enema 4 gram/60 ml* | 1 | |
| *mesalamine rectal suppository 1,000 mg* | 1 | |
| *mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml* | 2 | |
| *metoclopramide hcl injection solution 5 mg/ml* | 1 | |
| *metoclopramide hcl injection syringe 5 mg/ml* | 1 | |
| *metoclopramide hcl oral solution 5 mg/5 ml* | 1 | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 2 | QL |
| *nitroglycerin rectal ointment 0.4 % (w/w)* | 1 | |
| OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) | 2 | PA; Specialty; QL |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML | 2 | PA; Specialty; QL |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML | 2 | PA; Specialty; QL |
| OMVOH SUBCUTANEOUS SYRINGE 200 MG/2 ML | 2 | PA; Specialty |
| *ondansetron hcl (pf) injection solution 4 mg/2 ml* | 1 | |
| *ondansetron hcl (pf) injection syringe 4 mg/2 ml* | 1 | |
| *ondansetron hcl intravenous solution 2 mg/ml* | 1 | |
| *ondansetron hcl oral solution 4 mg/5 ml* | 1 | QL |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 1 | |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *onelax magnesium citrate oral solution* | 1 | ACA |
| *palonosetron intravenous solution 0.25 mg/5 ml* | 1 | |
| *palonosetron intravenous syringe 0.25 mg/5 ml* | 1 | |
| 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 | 3 | ST |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | 1 | ACA |
| *peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram* | 1 | ACA |
| *peg-electrolyte soln oral recon soln 420 gram* | 1 | ACA |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG | 2 | |
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375-15,125 UNIT, 8,000-28,750- 30,250 UNIT | 3 | ST |
| *polyethylene glycol 3350 oral powder 17 gram/dose* | 1 | ACA |
| *prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml* | 1 | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | 1 | |
| *prochlorperazine rectal suppository 25 mg* | 1 | |
| *procto-med hc topical cream with perineal applicator 2.5 %* | 1 | |
| *proctosol hc topical cream with perineal applicator 2.5 %* | 1 | |
| *proctozone-hc topical cream with perineal applicator 2.5 %* | 1 | |
| *prucalopride oral tablet 1 mg, 2 mg* | 1 | |
| RELISTOR ORAL TABLET 150 MG | 2 | PA; QL |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | 2 | PA; QL |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML | 2 | PA; QL |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG | 3 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR | 3 | ST; QL |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | 1 | QL |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 2 | PA; Specialty; QL |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 2 | PA; Specialty; QL |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram* | 1 | ACA |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | 2 | Specialty; QL |
| *sulfasalazine oral tablet 500 mg* | 1 | |
| *sulfasalazine oral tablet,delayed release (dr/ec) 500 mg* | 1 | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | 3 | ACA |
| SYMPROIC ORAL TABLET 0.2 MG | 2 | QL |
| SYNDROS ORAL SOLUTION 5 MG/ML | 3 | ST; QL |
| *trimethobenzamide oral capsule 300 mg* | 1 | |
| TRULANCE ORAL TABLET 3 MG | 2 | QL |
| *ursodiol oral capsule 200 mg, 300 mg, 400 mg* | 1 | |
| *ursodiol oral tablet 250 mg, 500 mg* | 1 | |
| VARUBI ORAL TABLET 90 MG | 2 | QL |
| VELSIPITY ORAL TABLET 2 MG | 2 | PA; Specialty; QL |
| VIBERZI ORAL TABLET 100 MG, 75 MG | 3 | PA; QL |
| VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT | 2 | |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL | 2 | PA; Specialty |
| 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 | 2 | |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML | 2 | PA; Specialty |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML | 2 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **ULCER THERAPY** | | |
| *amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg* | 1 | QL |
| *bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg* | 2 | QL |
| *cimetidine hcl oral solution 300 mg/5 ml* | 1 | |
| *cimetidine oral tablet 300 mg, 400 mg, 800 mg* | 1 | |
| *dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg* | 1 | QL |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg* | 1 | QL |
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg* | 1 | QL |
| *famotidine (pf) intravenous solution 20 mg/2 ml* | 1 | |
| FAMOTIDINE (PF) INTRAVENOUS SOLUTION 4 MG/ML | 1 | |
| *famotidine intravenous solution 10 mg/ml* | 1 | |
| *famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)* | 1 | |
| *famotidine oral tablet 40 mg* | 1 | |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | 1 | QL |
| *misoprostol oral tablet 100 mcg, 200 mcg* | 1 | |
| *nizatidine oral capsule 150 mg, 300 mg* | 1 | |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg* | 1 | QL |
| *pantoprazole intravenous recon soln 40 mg* | 1 | |
| *pantoprazole oral granules dr for susp in packet 40 mg* | 1 | QL |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg* | 2 | QL |
| *rabeprazole oral tablet,delayed release (dr/ec) 20 mg* | 2 | QL |
| *ranitidine hcl oral tablet 300 mg* | 1 | |
| *sucralfate oral suspension 100 mg/ml* | 1 | |
| *sucralfate oral tablet 1 gram* | 1 | |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84) | 3 | PA |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | 3 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG | 3 | PA |
| **IMMUNOLOGY, VACCINES & BIOTECHNOLOGY** | | |
| **BIOTECHNOLOGY DRUGS** | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 3 | Specialty |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | PA; Specialty |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML | 2 | PA; Specialty; QL |
| LEUKINE INJECTION RECON SOLN 250 MCG | 2 | PA; Specialty |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 3 | PA; Specialty |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 3 | PA; Specialty |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 2 | PA; Specialty |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 2 | PA; Specialty |
| 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 | 3 | PA; Specialty; QL |
| REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG | 3 | PA; Specialty |
| 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 | 3 | PA; Specialty; QL |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 2 | PA; Specialty |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | PA; Specialty |
| ZYNTEGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML | 3 | PA; Specialty |
| **GROWTH HORMONES** | | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | 2 | PA; Specialty; QL |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG | 2 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 | 2 | PA; Specialty |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) | 2 | PA; Specialty |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 2 | PA; Specialty |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 2 | PA; Specialty |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG | 2 | PA; Specialty |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 2 | PA; Specialty |
| **INTERFERONS** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 2 | PA; Specialty |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 3 | PA; Specialty; QL |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 3 | PA; Specialty; QL |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 3 | PA; Specialty; QL |
| **VACCINES & MISCELLANEOUS IMMUNOLOGICALS** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 3 | ACA |
| ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML | 3 | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | ACA |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | ACA; QL |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | ACA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 3 | ACA; QL |
| AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML | 3 | ACA |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 3 | Age Limit (Min 60 Years and Max 999 Years) |
| ATGAM INTRAVENOUS SOLUTION 50 MG/ML | 2 | Specialty |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 3 | ACA; QL; Age Limit (Min 10 Years and Max 25 Years) |
| BIVIGAM INTRAVENOUS SOLUTION 10 % | 2 | PA; Specialty |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 3 | ACA; QL |
| BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT | 2 | PA; Specialty |
| CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML | 3 | ACA |
| COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML | 3 | ACA |
| COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML | 3 | ACA |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % | 3 | PA; Specialty |
| 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 %) | 3 | PA; Specialty |
| CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML | 2 | Specialty |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 2 | ACA |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 3 | ACA; QL; Age Limit (Min 18 Years and Max 999 Years) |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 3 | ACA; QL; Age Limit (Min 18 Years and Max 999 Years) |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML | 3 | |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 % | 3 | PA; Specialty |
| FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 3 | ACA; QL |
| FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 3 | ACA |
| FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML | 3 | ACA |
| FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 3 | ACA; QL |
| FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML | 3 | ACA; QL |
| FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 3 | ACA |
| FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML | 3 | ACA |
| FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML | 3 | ACA |
| FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 3 | ACA |
| FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML | 3 | ACA |
| FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML | 3 | ACA; QL |
| GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE | 2 | PA; Specialty |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | 2 | PA; Specialty |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 2 | PA; Specialty |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | 3 | PA; Specialty |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 % | 3 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 %) | 2 | PA; Specialty |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 3 | ACA; QL; Age Limit (Min 9 Years and Max 26 Years) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 3 | ACA; QL; Age Limit (Min 9 Years and Max 26 Years) |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU | 2 | PA; QL |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 3 | ACA; QL; Age Limit (Min 18 Years and Max 999 Years) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 3 | ACA |
| HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) | 2 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 3 | ACA; QL; Age Limit (Min 18 Years and Max 999 Years) |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | ACA |
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) | 2 | |
| HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML | 2 | |
| HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML | 3 | |
| HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML | 2 | |
| 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 %) | 3 | PA; Specialty |
| IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML | 2 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 3 | ACA |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 2 | ACA |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 3 | ACA |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 3 | Age Limit (Min 18 Years and Max 999 Years) |
| KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML | 2 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 2 | ACA |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 3 | ACA; QL; Age Limit (Min 11 Years and Max 23 Years) |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 3 | ACA; QL; Age Limit (Min 11 Years and Max 23 Years) |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML | 3 | ACA; QL; Age Limit (Min 11 Years and Max 23 Years) |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 3 | ACA; QL |
| MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML | 3 | ACA |
| MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML | 2 | PA; Specialty |
| NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML | 2 | |
| NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML | 3 | ACA |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM | 2 | PA; QL |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY | 2 | PA; QL |
| PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG | 2 | PA; Specialty |
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG | 2 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) | 2 | PA; Specialty |
| PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG | 2 | PA; Specialty |
| PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG | 2 | PA; Specialty |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG | 2 | PA; Specialty; QL |
| PANZYGA INTRAVENOUS SOLUTION 10 % | 3 | PA; Specialty |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 2 | ACA |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 2 | ACA |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 3 | ACA; Age Limit (Min 10 Years and Max 25 Years) |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | 2 | ACA |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML | 3 | ACA; QL |
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 3 | ACA |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 3 | ACA; QL |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 3 | ACA |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 2 | ACA |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 3 | ACA |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT | 2 | PA; QL |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML | 3 | ACA; QL; Age Limit (Min 18 Years and Max 999 Years) |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML | 3 | ACA |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML | 3 | ACA; QL; Age Limit (Min 18 Years and Max 999 Years) |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML | 3 | ACA |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 2 | ACA |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 2 | ACA |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 3 | ACA; QL; Age Limit (Min 19 Years and Max 999 Years) |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 3 | ACA; Age Limit (Min 19 Years and Max 999 Years) |
| SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 3 | ACA |
| SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML | 3 | ACA |
| STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML | 3 | ACA |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 3 | ACA; QL |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 3 | ACA; QL |
| THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG | 2 | Specialty |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 3 | ACA; QL; Age Limit (Min 10 Years and Max 25 Years) |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 3 | ACA; QL |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | 3 | ACA |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 3 | ACA |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 3 | ACA; QL; Age Limit (Min 18 Years and Max 999 Years) |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | 3 | ACA |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | 3 | ACA; QL; Age Limit (Min 18 Years and Max 999 Years) |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 3 | ACA; QL |
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML | 2 | |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | 3 | ACA |
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML | 2 | ACA |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML | 2 | ACA |
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 3 | Age Limit (Min 19 Years and Max 999 Years) |
| VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML | 3 | |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT | 3 | ACA |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | 2 | PA; Specialty |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 3 | ACA |
| **MUSCULOSKELETAL & RHEUMATOLOGY** | | |
| **GOUT THERAPY** | | |
| *allopurinol oral tablet 100 mg, 200 mg, 300 mg* | 1 | |
| *allopurinol sodium intravenous recon soln 500 mg* | 1 | |
| *colchicine oral capsule 0.6 mg* | 1 | QL |
| *colchicine oral tablet 0.6 mg* | 1 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *febuxostat oral tablet 40 mg, 80 mg* | 1 | ST; QL |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML | 2 | PA; Specialty |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML | 2 | PA; Specialty; QL |
| *probenecid oral tablet 500 mg* | 1 | |
| *probenecid-colchicine oral tablet 500-0.5 mg* | 1 | |
| **OSTEOPOROSIS THERAPY** | | |
| *alendronate oral solution 70 mg/75 ml* | 1 | QL |
| *alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg* | 1 | QL |
| *ibandronate intravenous solution 3 mg/3 ml* | 1 | |
| *ibandronate intravenous syringe 3 mg/3 ml* | 1 | |
| *ibandronate oral tablet 150 mg* | 1 | QL |
| *raloxifene oral tablet 60 mg* | 1 | ACA; QL |
| *risedronate oral tablet 150 mg, 35 mg, 5 mg* | 1 | ST; QL |
| *risedronate oral tablet,delayed release (dr/ec) 35 mg* | 1 | ST; QL |
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* | 1 | Specialty; QL |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 2 | PA; Specialty; QL |
| **OTHER RHEUMATOLOGICALS** | | |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML | 2 | PA; Specialty; QL |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML | 2 | PA; Specialty; QL |
| ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | 2 | PA; Specialty; QL |
| ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | 2 | PA; Specialty; QL |
| ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 2 | PA; Specialty; QL |
| ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 2 | PA; Specialty; QL |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | 2 | Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 3 | PA; Specialty; QL |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 3 | PA; Specialty; QL |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 2 | PA; Specialty; QL |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 2 | PA; Specialty; QL |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 2 | PA; Specialty; QL |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 2 | PA; Specialty; QL |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | 3 | PA; Specialty; QL |
| KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 3 | PA; Specialty; QL |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 3 | PA; Specialty; QL |
| *leflunomide oral tablet 10 mg, 20 mg* | 1 | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG | 3 | PA; Specialty; QL |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | 3 | PA; Specialty; QL |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 3 | PA; Specialty; QL |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | 3 | PA; Specialty; QL |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 2 | PA; Specialty; QL |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 2 | PA; Specialty; QL |
| *penicillamine oral capsule 250 mg* | 1 | PA; Specialty |
| *penicillamine oral tablet 250 mg* | 1 | PA; Specialty |
| 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 | 2 | ST; QL |
| RIDAURA ORAL CAPSULE 3 MG | 2 | |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 2 | PA; Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 2 | PA; Specialty; QL |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 2 | |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 2 | |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | 2 | PA; Specialty; QL |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | 2 | PA; Specialty |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML | 2 | PA; Specialty |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 2 | PA; Specialty; QL |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML | 3 | PA; Specialty; QL |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML | 3 | PA; Specialty; QL |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML | 3 | PA; Specialty; QL |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 2 | PA; Specialty |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 2 | PA; Specialty |
| XELJANZ ORAL SOLUTION 1 MG/ML | 2 | PA; Specialty; QL |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 2 | PA; Specialty; QL |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 2 | PA; Specialty; QL |
| **OBSTETRICS & GYNECOLOGY** | | |
| **DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES** | | |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM | 3 | ACA |
| DUREX AVANTI BARE REAL FEEL | 3 | ACA; QL |
| FC2 FEMALE CONDOM | 3 | ACA |
| FEMCAP VAGINAL DEVICE 22 MM | 3 | ACA |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | 3 | ACA |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | 3 | ACA |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM | 3 | ACA |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | 3 | ACA |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE | 3 | ACA; QL |
| **ESTROGENS & PROGESTINS** | | |
| *abigale lo oral tablet 0.5-0.1 mg* | 1 | |
| *abigale oral tablet 1-0.5 mg* | 1 | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | 3 | |
| BIJUVA ORAL CAPSULE 1-100 MG | 3 | ST |
| *camila oral tablet 0.35 mg* | 1 | ACA |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR | 2 | QL |
| *conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg* | 1 | |
| *covaryx h.s. oral tablet 0.625-1.25 mg* | 1 | |
| *covaryx oral tablet 1.25-2.5 mg* | 1 | |
| *deblitane oral tablet 0.35 mg* | 1 | ACA |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | 2 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 3 | ACA |
| *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* | 1 | QL |
| DUAVEE ORAL TABLET 0.45-20 MG | 2 | |
| *eemt hs oral tablet 0.625-1.25 mg* | 1 | |
| *eemt oral tablet 1.25-2.5 mg* | 1 | |
| *emzahh oral tablet 0.35 mg* | 1 | ACA |
| *errin oral tablet 0.35 mg* | 1 | ACA |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| *estradiol transdermal gel in metered-dose pump 1.25 gram/actuation* | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *estradiol 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 %)* | 1 | |
| *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* | 1 | QL |
| *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* | 1 | QL |
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | 1 | |
| *estradiol vaginal tablet 10 mcg* | 1 | |
| *estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml* | 1 | |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg* | 1 | |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) | 2 | QL |
| *estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg* | 1 | |
| *fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 1 | |
| *gallifrey oral tablet 5 mg* | 1 | |
| *heather oral tablet 0.35 mg* | 1 | ACA |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG | 3 | QL |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG | 3 | QL |
| *incassia oral tablet 0.35 mg* | 1 | ACA |
| *jencycla oral tablet 0.35 mg* | 1 | ACA |
| *jinteli oral tablet 1-5 mg-mcg* | 1 | |
| *lyleq oral tablet 0.35 mg* | 1 | ACA |
| *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* | 1 | QL |
| *lyza oral tablet 0.35 mg* | 1 | ACA |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* | 1 | ACA |
| *medroxyprogesterone intramuscular syringe 150 mg/ml* | 1 | ACA |
| *medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *meleya oral tablet 0.35 mg* | 1 | ACA |
| MENEST ORAL TABLET 1.25 MG, 2.5 MG | 3 | |
| *mimvey oral tablet 1-0.5 mg* | 1 | |
| *nora-be oral tablet 0.35 mg* | 1 | ACA |
| *norethindrone (contraceptive) oral tablet 0.35 mg* | 1 | ACA |
| *norethindrone acetate oral tablet 5 mg* | 1 | |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 1 | |
| OPILL ORAL TABLET 0.075 MG | 3 | |
| *orquidea oral tablet 0.35 mg* | 1 | ACA |
| PREMARIN INJECTION RECON SOLN 25 MG | 2 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 2 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | 2 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 2 | |
| *progesterone intramuscular oil 50 mg/ml* | 1 | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | 1 | |
| *progesterone micronized vaginal insert 100 mg* | 1 | |
| *sharobel oral tablet 0.35 mg* | 1 | ACA |
| *tulana oral tablet 0.35 mg* | 1 | ACA |
| *yuvafem vaginal tablet 10 mcg* | 1 | |
| **MISCELLANEOUS OB/GYN** | | |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR | 2 | ACA |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG | 3 | |
| *clindamycin phosphate vaginal cream 2 %* | 1 | |
| *eluryng vaginal ring 0.12-0.015 mg/24 hr* | 1 | ACA; QL |
| *enilloring vaginal ring 0.12-0.015 mg/24 hr* | 1 | ACA; QL |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | 1 | ACA; QL |
| GYNAZOLE-1 VAGINAL CREAM 2 % | 3 | |
| *haloette vaginal ring 0.12-0.015 mg/24 hr* | 1 | ACA; QL |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *miconazole-3 vaginal suppository 200 mg* | 1 | |
| MIFEPREX ORAL TABLET 200 MG | 3 | |
| *mifepristone oral tablet 200 mg* | 1 | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | 3 | ACA |
| *norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr* | 1 | ACA; QL |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) | 3 | PA; QL |
| OSPHENA ORAL TABLET 60 MG | 3 | QL |
| PHEXX VAGINAL GEL 1.8-1-0.4 % | 3 | ACA |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G | 3 | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | 1 | |
| *terconazole vaginal suppository 80 mg* | 2 | |
| *tranexamic acid oral tablet 650 mg* | 1 | QL |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR | 2 | ACA |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % | 3 | ACA |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % | 1 | ACA |
| VEOZAH ORAL TABLET 45 MG | 3 | QL |
| *xulane transdermal patch weekly 150-35 mcg/24 hr* | 1 | ACA; QL |
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | 1 | ACA; QL |
| **ORAL CONTRACEPTIVES & RELATED AGENTS** | | |
| *afirmelle oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *after pill oral tablet 1.5 mg* | 1 | ACA |
| AFTERA ORAL TABLET 1.5 MG | 1 | ST; ACA |
| *altavera (28) oral tablet 0.15-0.03 mg* | 1 | ACA |
| *alyacen 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |
| *alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 1 | ACA |
| *amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| *amethyst (28) oral tablet 90-20 mcg (28)* | 1 | ACA |
| *apri oral tablet 0.15-0.03 mg* | 1 | ACA |
| *aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| *aubra eq oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *aubra oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 1 | ACA |
| *aurovela 1/20 (21) oral tablet 1-20 mg-mcg* | 1 | ACA |
| *aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *aviane oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *ayuna oral tablet 0.15-0.03 mg* | 1 | ACA |
| *azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *balziva (28) oral tablet 0.4-35 mg-mcg* | 1 | ACA |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *briellyn oral tablet 0.4-35 mg-mcg* | 1 | ACA |
| *camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 1 | ACA |
| *camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| *caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg* | 1 | ACA |
| *charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | 1 | ACA |
| *chateal eq (28) oral tablet 0.15-0.03 mg* | 1 | ACA |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | 1 | ACA |
| *cyred eq oral tablet 0.15-0.03 mg* | 1 | ACA |
| *cyred oral tablet 0.15-0.03 mg* | 1 | ACA |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |
| *dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *dolishale oral tablet 90-20 mcg (28)* | 1 | ACA |
| *drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)* | 1 | ACA |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg* | 1 | ACA |
| *econtra ez oral tablet 1.5 mg* | 1 | ACA |
| *econtra one-step oral tablet 1.5 mg* | 1 | ACA |
| *elinest oral tablet 0.3-30 mg-mcg* | 1 | ACA |
| ELLA ORAL TABLET 30 MG | 3 | ACA |
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 1 | ACA |
| *enskyce oral tablet 0.15-0.03 mg* | 1 | ACA |
| *estarylla oral tablet 0.25-0.035 mg* | 1 | ACA |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | 1 | ACA |
| *falmina (28) oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG | 3 | ACA |
| *finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | 1 | ACA |
| *galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | 1 | ACA |
| *gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *hailey oral tablet 1.5-30 mg-mcg* | 1 | ACA |
| *iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 1 | ACA |
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *isibloom oral tablet 0.15-0.03 mg* | 1 | ACA |
| *jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| *jasmiel (28) oral tablet 3-0.02 mg* | 1 | ACA |
| *jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 1 | ACA |
| *joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | 1 | ACA |
| *juleber oral tablet 0.15-0.03 mg* | 1 | ACA |
| *junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 1 | ACA |
| *junel 1/20 (21) oral tablet 1-20 mg-mcg* | 1 | ACA |
| *junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | 1 | ACA |
| *kalliga oral tablet 0.15-0.03 mg* | 1 | ACA |
| *kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *kelnor 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |
| *kurvelo (28) oral tablet 0.15-0.03 mg* | 1 | ACA |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 1 | ACA |
| *larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 1 | ACA |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | 1 | ACA |
| *larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *lessina oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 1 | ACA |
| *levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | 1 | ACA |
| *levonorgestrel oral tablet 1.5 mg* | 1 | ACA |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 1 | ACA |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 1 | ACA |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) | 2 | ACA |
| *lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 1 | ACA |
| *loryna (28) oral tablet 3-0.02 mg* | 1 | ACA |
| *low-ogestrel (28) oral tablet 0.3-30 mg-mcg* | 1 | ACA |
| *lo-zumandimine (28) oral tablet 3-0.02 mg* | 1 | ACA |
| *luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | 1 | ACA |
| *lutera (28) oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *marlissa (28) oral tablet 0.15-0.03 mg* | 1 | ACA |
| *mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | 1 | ACA |
| *microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 1 | ACA |
| *microgestin 1/20 (21) oral tablet 1-20 mg-mcg* | 1 | ACA |
| *microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *mili oral tablet 0.25-0.035 mg* | 1 | ACA |
| *minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | 1 | ACA |
| *mono-linyah oral tablet 0.25-0.035 mg* | 1 | ACA |
| *my choice oral tablet 1.5 mg* | 1 | ACA |
| *my way oral tablet 1.5 mg* | 1 | ACA |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG | 2 | ACA |
| *new day oral tablet 1.5 mg* | 1 | ACA |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) | 2 | ACA |
| *nikki (28) oral tablet 3-0.02 mg* | 1 | ACA |
| *noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | 1 | ACA |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | 1 | ACA |
| *norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | 1 | ACA |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg* | 1 | ACA |
| *nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | 1 | ACA |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)* | 1 | ACA |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 1 | ACA |
| *nylia 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 1 | ACA |
| *ocella oral tablet 3-0.03 mg* | 1 | ACA |
| *opcicon one-step oral tablet 1.5 mg* | 1 | ACA |
| *option-2 oral tablet 1.5 mg* | 1 | ACA |
| *philith oral tablet 0.4-35 mg-mcg* | 1 | ACA |
| *pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *portia 28 oral tablet 0.15-0.03 mg* | 1 | ACA |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | 1 | ACA |
| *rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | 1 | ACA |
| *rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | 1 | ACA |
| *setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 1 | ACA |
| *shewise oral tablet 1.5 mg* | 1 | ACA |
| *simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| SLYND ORAL TABLET 4 MG (28) | 3 | ACA |
| *sprintec (28) oral tablet 0.25-0.035 mg* | 1 | ACA |
| *syeda oral tablet 3-0.03 mg* | 1 | ACA |
| TAKE ACTION ORAL TABLET 1.5 MG | 1 | ST; ACA |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 1 | ACA |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | ACA |
| *tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 1 | ACA |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | ACA |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 1 | ACA |
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 1 | ACA |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 1 | ACA |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 1 | ACA |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | ACA |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | ACA |
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 1 | ACA |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | ACA |
| *turqoz (28) oral tablet 0.3-30 mg-mcg* | 1 | ACA |
| *tydemy oral tablet 3-0.03-0.451 mg (21) (7)* | 1 | ACA |
| *valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | 1 | ACA |
| *velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg* | 1 | ACA |
| *vestura (28) oral tablet 3-0.02 mg* | 1 | ACA |
| *vienva oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *vyfemla (28) oral tablet 0.4-35 mg-mcg* | 1 | ACA |
| *vylibra oral tablet 0.25-0.035 mg* | 1 | ACA |
| *wera (28) oral tablet 0.5-35 mg-mcg* | 1 | ACA |
| *wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 1 | ACA |
| *xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)* | 1 | ACA |
| *zarah oral tablet 3-0.03 mg* | 1 | ACA |
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |
| *zumandimine (28) oral tablet 3-0.03 mg* | 1 | ACA |
| **OXYTOCICS** | | |
| *methylergonovine oral tablet 0.2 mg* | 1 | |
| **OPHTHALMOLOGY** | | |
| **ANTIBIOTICS** | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | 2 | |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | 1 | |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | 1 | |
| BESIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % | 2 | ST |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % | 3 | ST |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % | 3 | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | 1 | |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | 1 | |
| *gatifloxacin ophthalmic (eye) drops 0.5 %* | 1 | |
| *gentamicin ophthalmic (eye) drops 0.3 %* | 1 | |
| *levofloxacin ophthalmic (eye) drops 0.5 %* | 1 | |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* | 1 | |
| *moxifloxacin ophthalmic (eye) drops, viscous 0.5 %* | 1 | ST |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | 2 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | 1 | |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml* | 1 | |
| *neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ofloxacin ophthalmic (eye) drops 0.3 %* | 1 | |
| *polycin ophthalmic (eye) ointment 500-10,000 unit/gram* | 1 | |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml* | 1 | |
| *povidone-iodine ophthalmic (eye) solution 5 %* | 1 | |
| *tobramycin ophthalmic (eye) drops 0.3 %* | 1 | |
| TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 % | 1 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | 3 | |
| **ANTIVIRALS** | | |
| *trifluridine ophthalmic (eye) drops 1 %* | 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 3 | |
| **BETA-BLOCKERS** | | |
| *betaxolol ophthalmic (eye) drops 0.5 %* | 1 | |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 3 | ST |
| *carteolol ophthalmic (eye) drops 1 %* | 1 | |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 1 | |
| *timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %* | 1 | QL |
| *timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %* | 1 | |
| *timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %* | 1 | |
| *timolol maleate ophthalmic (eye) drops, once daily 0.5 %* | 1 | |
| *timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %* | 1 | |
| *timolol ophthalmic (eye) drops 0.5 %* | 1 | |
| **CHOLINESTERASE INHIBITOR MIOTICS** | | |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % | 2 | |
| **CYCLOPLEGIC MYDRIATICS** | | |
| *atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %* | 1 | |
| ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 % | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *cyclopentolate ophthalmic (eye) drops 1 %* | 1 | |
| *cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %* | 1 | |
| CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 % | 1 | |
| CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-0.1 %-2.5 %-0.4 % | 1 | |
| *homatropaire ophthalmic (eye) drops 5 %* | 1 | |
| *phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %* | 1 | |
| *tropicamide ophthalmic (eye) drops 0.5 %, 1 %* | 1 | |
| **DIRECT ACTING MIOTICS** | | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %* | 1 | |
| **MISCELLANEOUS OPHTHALMOLOGICS** | | |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % | 3 | |
| *altacaine ophthalmic (eye) drops 0.5 %* | 1 | |
| *azelastine ophthalmic (eye) drops 0.05 %* | 1 | |
| *bepotastine besilate ophthalmic (eye) drops 1.5 %* | 1 | |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % | 3 | PA; QL |
| *cromolyn ophthalmic (eye) drops 4 %* | 1 | |
| *cyclosporine ophthalmic (eye) dropperette 0.05 %* | 1 | PA; QL |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % | 3 | PA; Specialty; QL |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 2 | PA; Specialty; QL |
| *epinastine ophthalmic (eye) drops 0.05 %* | 2 | |
| *fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %* | 1 | |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | 3 | QL |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % | 3 | PA; Specialty; QL |
| *prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 % | 1 | |
| PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 % | 1 | |
| *prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %* | 1 | |
| PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 % | 1 | |
| PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 % | 1 | |
| *proparacaine ophthalmic (eye) drops 0.5 %* | 1 | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | 2 | PA; QL |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 % | 1 | |
| *tetracaine hcl ophthalmic (eye) drops 0.5 %* | 1 | |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % | 2 | PA |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | 2 | PA; QL |
| **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS** | | |
| *bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %* | 1 | |
| *bromfenac ophthalmic (eye) drops 0.075 %* | 1 | ST |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | 1 | |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | 1 | |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | 2 | |
| *ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %* | 1 | |
| **ORAL DRUGS FOR GLAUCOMA** | | |
| *acetazolamide oral capsule, extended release 500 mg* | 1 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | 1 | |
| *acetazolamide sodium injection recon soln 500 mg* | 1 | |
| *methazolamide oral tablet 25 mg, 50 mg* | 1 | |
| **OTHER GLAUCOMA DRUGS** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| BIMATOPROST (PF) OPHTHALMIC (EYE) DROPS 0.01 % | 1 | |
| *bimatoprost ophthalmic (eye) drops 0.03 %* | 1 | QL |
| BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 % | 1 | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* | 1 | |
| *brinzolamide ophthalmic (eye) drops,suspension 1 %* | 1 | ST |
| DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 % | 1 | |
| *dorzolamide ophthalmic (eye) drops 2 %* | 1 | |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %* | 1 | ST; QL |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | 1 | |
| *latanoprost ophthalmic (eye) drops 0.005 %* | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 2 | ST; QL |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 2 | ST; QL |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | 3 | ST; QL |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | 3 | ST |
| *tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %* | 1 | QL |
| TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 % | 1 | |
| TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC (EYE) DROPS 0.5-0.1-2 % | 1 | |
| *travoprost ophthalmic (eye) drops 0.004 %* | 1 | ST; QL |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | 3 | ST; QL |
| **STEROID-ANTIBIOTIC COMBINATIONS** | | |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | 1 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %* | 1 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml* | 1 | |
| *neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | 1 | |
| PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 % | 1 | |
| PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 % | 1 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | 2 | |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % | 2 | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* | 1 | |
| **STEROIDS** | | |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | 1 | |
| *difluprednate ophthalmic (eye) drops 0.05 %* | 1 | |
| *fluorometholone ophthalmic (eye) drops,suspension 0.1 %* | 1 | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 2 | ST; QL |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 2 | |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | 2 | |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | 1 | |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %* | 1 | |
| PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 1 | |
| *prednisolone acetate ophthalmic (eye) drops,suspension 1 %* | 1 | |
| *prednisolone sodium phosphate ophthalmic (eye) drops 1 %* | 1 | |
| **STEROID-SULFONAMIDE COMBINATIONS** | | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **SULFONAMIDES** | | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | 1 | |
| *sulfacetamide sodium ophthalmic (eye) ointment 10 %* | 1 | |
| **SYMPATHOMIMETICS** | | |
| *apraclonidine ophthalmic (eye) drops 0.5 %* | 1 | |
| *brimonidine ophthalmic (eye) drops 0.1 %* | 1 | ST |
| *brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %* | 1 | |
| **VASOCONSTRICTOR DECONGESTANTS** | | |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % | 3 | |
| *phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %* | 1 | |
| **RESPIRATORY, ALLERGY, COUGH & COLD** | | |
| **ANTIHISTAMINE & ANTIALLERGENIC AGENTS** | | |
| *adrenalin injection solution 1 mg/ml (1 ml)* | 2 | |
| ADYPHREN AMP II INJECTION KIT 1 MG/ML | 3 | |
| ADYPHREN II INJECTION KIT 1 MG/ML | 3 | |
| *carbinoxamine maleate oral liquid 4 mg/5 ml* | 1 | QL |
| *carbinoxamine maleate oral tablet 4 mg* | 1 | |
| *clemastine oral syrup 0.5 mg/5 ml* | 1 | |
| *clemastine oral tablet 2.68 mg* | 1 | |
| *clemsza oral tablet 2.68 mg* | 1 | |
| *cyproheptadine oral syrup 2 mg/5 ml* | 1 | |
| *cyproheptadine oral tablet 4 mg* | 1 | |
| *desloratadine oral tablet 5 mg* | 1 | QL |
| *desloratadine oral tablet,disintegrating 2.5 mg, 5 mg* | 2 | QL |
| *dexchlorpheniramine maleate oral solution 2 mg/5 ml* | 2 | |
| *diphenhydramine hcl injection solution 50 mg/ml* | 1 | |
| *diphenhydramine hcl injection syringe 50 mg/ml* | 1 | |
| EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML) | 1 | |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml* | 1 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *epinephrine injection solution 1 mg/ml* | 1 | QL |
| *epinephrine injection syringe 0.1 mg/ml* | 1 | QL |
| *hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml* | 1 | |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | 1 | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | 1 | |
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | 1 | |
| *promethazine injection solution 25 mg/ml, 50 mg/ml* | 1 | |
| *promethazine oral syrup 6.25 mg/5 ml* | 1 | |
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | |
| *promethazine rectal suppository 12.5 mg, 25 mg* | 1 | |
| *promethegan rectal suppository 12.5 mg, 25 mg, 50 mg* | 1 | |
| QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML | 2 | |
| **COUGH & COLD THERAPY** | | |
| *benzonatate oral capsule 100 mg, 200 mg* | 1 | |
| *brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml* | 1 | |
| *hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml* | 1 | QL; Age Limit (Min 12 Years and Max 999 Years) |
| *hydrocodone-homatropine oral solution 5-1.5 mg/5 ml* | 1 | QL; Age Limit (Min 12 Years and Max 999 Years) |
| *hydrocodone-homatropine oral tablet 5-1.5 mg* | 1 | QL; Age Limit (Min 12 Years and Max 999 Years) |
| *hydromet oral solution 5-1.5 mg/5 ml* | 1 | QL; Age Limit (Min 12 Years and Max 999 Years) |
| *promethazine-codeine oral syrup 6.25-10 mg/5 ml* | 1 | QL; Age Limit (Min 12 Years and Max 999 Years) |
| *promethazine-dm oral solution 6.25-15 mg/5 ml* | 1 | |
| *promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml* | 1 | |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG | 2 | |
| **PULMONARY AGENTS** | | |
| *acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 2 | PA; Specialty |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 2 | QL |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | 2 | |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | 1 | |
| *albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml* | 1 | |
| *albuterol sulfate oral syrup 2 mg/5 ml* | 1 | |
| *albuterol sulfate oral tablet 2 mg, 4 mg* | 1 | |
| *albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg* | 1 | |
| *alyq oral tablet 20 mg* | 3 | PA; Specialty; QL |
| *ambrisentan oral tablet 10 mg, 5 mg* | 1 | PA; Specialty; QL |
| *aminophylline intravenous solution 250 mg/10 ml* | 1 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 2 | QL |
| *arformoterol inhalation solution for nebulization 15 mcg/2 ml* | 1 | QL |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 2 | QL |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 2 | QL |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 2 | QL |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | 2 | QL |
| *azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray* | 1 | ST; QL |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG | 2 | QL |
| *bosentan oral tablet 125 mg, 62.5 mg* | 1 | PA; Specialty; QL |
| *bosentan oral tablet for suspension 32 mg* | 1 | PA; Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE | 2 | QL |
| *breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | 1 | QL |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG | 2 | PA; QL |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml* | 1 | QL |
| *budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | 2 | QL |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | 2 | PA; Specialty; QL |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 2 | |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | 1 | |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION | 2 | QL |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 2 | PA; Specialty |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | 2 | PA; Specialty |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | 1 | QL |
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION | 2 | QL |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION | 2 | QL |
| *fluticasone propionate nasal spray,suspension 50 mcg/actuation* | 1 | QL |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 1 | QL |
| *formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml* | 1 | QL |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT | 3 | PA; Specialty; QL |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % | 3 | |
| *icatibant subcutaneous syringe 30 mg/3 ml* | 1 | PA; Specialty; QL |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | 2 | QL |
| *ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation* | 1 | QL |
| *ipratropium bromide inhalation solution 0.02 %* | 1 | |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | 1 | QL |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 2 | PA; Specialty |
| KALYDECO ORAL TABLET 150 MG | 2 | PA; Specialty |
| *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* | 1 | |
| *mometasone nasal spray,non-aerosol 50 mcg/actuation* | 2 | QL |
| *montelukast oral granules in packet 4 mg* | 1 | |
| *montelukast oral tablet 10 mg* | 1 | QL |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | 1 | QL |
| *nebusal inhalation solution for nebulization 3 %* | 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | 3 | |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 2 | PA; Specialty; QL |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 2 | PA; Specialty; QL |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML | 2 | PA; Specialty; QL |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 3 | PA; Specialty; QL |
| OPSUMIT ORAL TABLET 10 MG | 3 | PA; Specialty; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 2 | PA; Specialty; QL |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 2 | PA; Specialty; QL |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | 3 | PA; Specialty |
| ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG | 3 | PA |
| *pirfenidone oral capsule 267 mg* | 1 | PA; Specialty; QL |
| *pirfenidone oral tablet 267 mg, 801 mg* | 1 | PA; Specialty; QL |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION | 2 | QL |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 2 | PA; Specialty; QL |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION | 2 | QL |
| *roflumilast oral tablet 250 mcg, 500 mcg* | 1 | QL |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT | 2 | PA; Specialty; QL |
| *sajazir subcutaneous syringe 30 mg/3 ml* | 1 | PA; QL |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 2 | QL |
| *sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml* | 1 | PA; Specialty; QL |
| *sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml* | 1 | PA; Specialty; QL |
| *sildenafil (pulm.hypertension) oral tablet 20 mg* | 1 | PA; QL |
| SINUVA SINUS IMPLANT 1,350 MCG | 3 | PA; QL |
| *sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %* | 1 | |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 2 | QL |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 2 | QL |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 3 | QL |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 3 | PA; Specialty; QL |
| *tadalafil (pulm. hypertension) oral tablet 20 mg* | 1 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) | 2 | PA; Specialty; QL |
| *terbutaline oral tablet 2.5 mg, 5 mg* | 1 | |
| *terbutaline subcutaneous solution 1 mg/ml* | 1 | |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) | 3 | PA; Specialty |
| TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) | 3 | PA; Specialty |
| *theophylline oral elixir 80 mg/15 ml* | 1 | |
| *theophylline oral solution 80 mg/15 ml* | 1 | |
| *theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg* | 1 | |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | 1 | |
| TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % | 3 | ST |
| *tiotropium bromide inhalation capsule, w/inhalation device 18 mcg* | 1 | QL |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 2 | QL |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | 2 | PA; Specialty; QL |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | 2 | PA; Specialty; QL |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG | 2 | PA; Specialty |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG, 80 MCG | 2 | PA |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 2 | PA; Specialty |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 2 | PA; Specialty |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML | 2 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 2 | QL |
| *wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 1 | QL |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 2 | PA; Specialty; QL |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 2 | PA; Specialty; QL |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 2 | PA; Specialty; QL |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML | 2 | QL |
| *zafirlukast oral tablet 10 mg, 20 mg* | 2 | QL |
| *zileuton oral tablet, er multiphase 12 hr 600 mg* | 2 | |
| **PULMONARY DEVICES** | | |
| ACE AEROSOL CLOUD ENHANCER SPACER | 1 | QL |
| AEROCHAMBER MECHANICAL VENT SPACER | 1 | QL |
| AEROCHAMBER MINI SPACER | 1 | QL |
| AEROCHAMBER PLUS FLOW-VU SPACER | 1 | QL |
| AEROCHAMBER PLUS Z STAT SPACER | 1 | QL |
| AEROTRACH PLUS SPACER | 1 | QL |
| AEROVENT PLUS SPACER | 1 | QL |
| BREATHERITE MDI SPACER SPACER | 1 | QL |
| COMPACT SPACE CHAMBER SPACER | 1 | QL |
| EASIVENT HOLDING CHAMBER SPACER | 1 | QL |
| FLEXICHAMBER SPACER | 1 | QL |
| LITEAIRE MDI CHAMBER SPACER | 1 | QL |
| MICROCHAMBER SPACER | 1 | QL |
| MICROSPACER SPACER | 1 | QL |
| OPTICHAMBER DIAMOND VHC SPACER | 1 | QL |
| POCKET CHAMBER SPACER | 1 | QL |
| PRIMEAIRE SPACER | 1 | QL |
| PROCHAMBER SPACER | 1 | QL |
| RITEFLO AEROCHAMBER SPACER | 1 | QL |
| SPACE CHAMBER SPACER | 1 | QL |
| VORTEX HOLDING CHAMBER SPACER | 1 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **UROLOGICALS** | | |
| **ANTICHOLINERGICS & ANTISPASMODICS** | | |
| *darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg* | 1 | ST |
| *fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg* | 1 | ST |
| *flavoxate oral tablet 100 mg* | 1 | |
| *mirabegron oral tablet extended release 24 hr 25 mg, 50 mg* | 1 | ST; QL |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML | 2 | ST |
| *oxybutynin chloride oral syrup 5 mg/5 ml* | 1 | |
| OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG | 2 | ST |
| *oxybutynin chloride oral tablet 5 mg* | 1 | |
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg* | 1 | |
| *solifenacin oral tablet 10 mg, 5 mg* | 1 | ST |
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | 1 | ST |
| *tolterodine oral tablet 1 mg, 2 mg* | 1 | ST |
| *trospium oral capsule,extended release 24hr 60 mg* | 1 | ST |
| *trospium oral tablet 20 mg* | 1 | ST |
| **BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY** | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | 1 | |
| *dutasteride oral capsule 0.5 mg* | 1 | QL |
| *dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg* | 1 | ST |
| *finasteride oral tablet 5 mg* | 1 | |
| *silodosin oral capsule 4 mg, 8 mg* | 1 | QL |
| *tamsulosin oral capsule 0.4 mg* | 1 | QL |
| **CHOLINERGIC STIMULANTS** | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | 1 | |
| **MISCELLANEOUS UROLOGICALS** | | |
| *alprostadil injection solution 500 mcg/ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 2 | PA; Specialty |
| ELMIRON ORAL CAPSULE 100 MG | 2 | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG | 2 | |
| *mb caps oral capsule 120-10.8-40.8 mg* | 1 | |
| *methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg* | 1 | |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML | 3 | PA; Specialty |
| *potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)* | 1 | |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML | 2 | |
| *sodium citrate-citric acid oral solution 490-640 mg/5 ml* | 1 | |
| *urimar-t oral tablet 120-10.8-0.12 mg* | 1 | |
| *urogesic-blue oral tablet 81.6-40.8-0.12 mg* | 1 | |
| *uro-mp oral capsule 118-10-40.8-36 mg* | 1 | |
| *uryl oral tablet 81.6-40.8-0.12 mg* | 2 | |
| **URINARY ANESTHETICS** | | |
| *phenazopyridine oral tablet 100 mg, 200 mg* | 1 | |
| **VITAMINS, HEMATINICS & ELECTROLYTES** | | |
| **BLOOD DERIVATIVES** | | |
| ALBUMINEX 5 % INTRAVENOUS SOLUTION 5 % | 3 | |
| **ELECTROLYTES** | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | 1 | |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | 1 | |
| *calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml* | 1 | |
| *effer-k oral tablet, effervescent 25 meq* | 1 | |
| *ferric citrate oral tablet 210 mg iron* | 1 | QL |
| *kionex oral suspension 15 gram/60 ml* | 1 | |
| *klor-con m10 oral tablet,er particles/crystals 10 meq* | 1 | |
| *klor-con m15 oral tablet,er particles/crystals 15 meq* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | 1 | |
| *lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg* | 1 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | 2 | PA; QL |
| *lugols oral solution 5 %* | 1 | |
| *magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %)* | 1 | |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | 1 | |
| *potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml* | 1 | |
| *potassium chloride oral packet 20 meq* | 1 | |
| *potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq* | 1 | |
| *potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq* | 1 | |
| *sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram* | 1 | |
| *sevelamer carbonate oral tablet 800 mg* | 1 | |
| *sodium chloride 0.45 % intravenous parenteral solution 0.45 %* | 1 | |
| *sodium chloride 3 % hypertonic intravenous parenteral solution 3 %* | 1 | |
| *sodium chloride 5 % hypertonic intravenous parenteral solution 5 %* | 1 | |
| *sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml* | 1 | |
| *sodium polystyrene sulfonate oral powder 15 gram* | 1 | |
| *sodium polystyrene sulfonate oral suspension 15 gram/60 ml* | 1 | |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | 1 | |
| *sps (with sorbitol) rectal enema 30-40 gram/120 ml* | 2 | |
| *strong iodine oral solution 5 %* | 1 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | 2 | |
| **MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AQNEURSA ORAL GRANULES IN PACKET 1 GRAM | 3 | PA; Specialty; QL |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML | 3 | PA |
| **VITAMINS & HEMATINICS** | | |
| AZESCO ORAL TABLET 13 MG IRON- 1 MG | 3 | |
| *bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg* | 1 | |
| *complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg* | 2 | |
| *completenate oral tablet,chewable 29 mg iron- 1 mg* | 1 | |
| *embriva oral tablet 13 mg iron- 1 mg* | 1 | |
| *ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)* | 1 | |
| *ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)* | 1 | |
| *fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml* | 1 | ACA; Age Limit (Max 6 Years) |
| *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)* | 1 | ACA; Age Limit (Max 6 Years) |
| *folic acid oral tablet 1 mg, 400 mcg, 800 mcg* | 1 | ACA |
| *folivane-ob oral capsule 85-1 mg* | 1 | |
| *gestyra oral tablet 13 mg iron- 1 mg* | 1 | |
| INFED INJECTION SOLUTION 50 MG/ML | 3 | |
| *iron sucrose intravenous solution 100 mg iron/5 ml, 200 mg iron/10 ml, 50 mg iron/2.5 ml* | 1 | |
| *ludent fluoride 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)* | 1 | Age Limit (Max 6 Years) |
| *m-natal plus oral tablet 27 mg iron- 1 mg* | 1 | ACA |
| MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML | 3 | |
| *mynatal oral capsule 65 mg iron- 1 mg* | 1 | |
| *mynatal plus oral tablet 65 mg iron- 1 mg* | 1 | |
| *mynatal-z oral tablet 65 mg iron- 1 mg* | 1 | |
| *neo-vital rx oral tablet 27 mg iron- 1 mg* | 1 | |
| NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG | 3 | |
| NESTABS ORAL TABLET 32-1,000 MG-MCG | 3 | |
| *newgen oral tablet 32-1,000 mg-mcg* | 1 | |
| OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG | 3 | |
| OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG | 3 | |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG | 3 | |
| OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG | 3 | |
| *one natal rx oral tablet 27 mg iron- 1 mg* | 1 | |
| *pnv-dha oral capsule 27 mg iron-1 mg -300 mg* | 1 | |
| *pnv-omega oral capsule 28-1-300 mg* | 1 | |
| *pnv-select oral tablet 27-1 mg* | 1 | |
| *pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg* | 1 | |
| *pr natal 400 oral combo pack 29-1-400 mg* | 1 | |
| *pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg* | 1 | |
| *pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg* | 1 | |
| PREGENNA ORAL TABLET 20 MG IRON- 1 MG | 3 | |
| PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | 3 | |
| *prenatabs fa oral tablet 29-1 mg* | 1 | |
| *prenatabs rx oral tablet 29 mg iron- 1 mg* | 1 | |
| *prenatal 19 oral tablet 29 mg iron- 1 mg* | 1 | |
| PRENATAL ORAL TABLET 28-800 MG-MCG | 3 | |
| *prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg* | 1 | $0 Copay; ACA |
| PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG | 3 | |
| *prenatal plus oral tablet 29 mg iron- 1 mg* | 1 | |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG | 3 | |
| *prenatal vitamin oral tablet 27 mg iron- 0.8 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg* | 1 | ACA |
| *prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg* | 1 | |
| *prenatal-u oral capsule 106.5-1 mg* | 1 | |
| PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG | 3 | |
| PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG | 3 | |
| PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG | 3 | |
| PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG | 3 | |
| PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG | 3 | |
| PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG | 3 | |
| PRENATE STAR ORAL TABLET 20 MG IRON-1 MG | 3 | |
| PROVIDA OB ORAL CAPSULE 40 MG IRON-1.25 MG | 3 | |
| *purevita folic acid oral tablet 400 mcg* | 1 | ACA |
| SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG | 3 | |
| *se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg* | 1 | |
| *se-natal 19 oral tablet 29 mg iron- 1 mg* | 3 | |
| *taron-c dha oral capsule 35-1-200 mg* | 1 | |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG | 3 | |
| *trinatal rx 1 oral tablet 60 mg iron-1 mg* | 2 | |
| *trinate oral tablet 28 mg iron- 1 mg* | 1 | |
| TRINAZ ORAL TABLET 12-1 MG | 3 | |
| TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG | 3 | |
| VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML | 3 | |
| VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG | 3 | |
| VITAFOL-OB ORAL TABLET 65-1 MG | 3 | |
| VITAFOL-ONE ORAL CAPSULE 29 MG IRON-1 MG-200 MG | 3 | |
| VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG | 3 | |
| *wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg* | 2 | |
| *westab plus oral tablet 27 mg iron- 1 mg* | 1 | ACA |
| ZALVIT ORAL TABLET 13 MG IRON- 1 MG | 3 | |
| *zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg* | 1 | |
| *zatean-pn plus oral capsule 28-1-300 mg* | 1 | |
| *zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg* | 1 | |
| ZIPHEX ORAL TABLET 13 MG IRON- 1 MG | 3 | |

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