WELLFLEET®
RX PLAN

# Student Formulary

**For Wellfleet Student Health Insurance Plans in Illinois issued by**

**Wellfleet Insurance Company**

Visit www.wellfleetstudent.com and search for your school to locate plan-specific coverage documents.
For an electronic version of this document visit: https://wellfleetrx.com/students/formularies/
To contact customer service please call: (877) 640-7940

*Drug list created 1/1/2019. Updated 1/1/2027. Next planned update 7/1/2027*

*Note that the formulary is subject to change. All Previous versions of this document are no longer active or in effect.*

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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

**Definitions**

The following definitions may be utilized throughout this document or within plan documents. These are strictly for informational purposes, as required by 50 Ill. Adm. Code 2030.

- "**Allowed amount**" is the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called "eligible expense," "payment allowance," or "negotiated rate." If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.
- "**Brand name drug**" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug must be listed in all capital letters.
- "**Coinsurance**" is a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.
- "**Copayment**" is a fixed dollar amount that you pay for a covered health care service. Typically, a copayment does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.
- "**Covered individual**" is an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.
- "**Deductible**" is the amount you pay for covered health care services before your health product begins payment for all or part of the cost of the health care service under the terms of coverage. If your health product has a


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deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, the health insurance issuer might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

- "**Drug Tier**" is a group of drugs that corresponds to a specified cost sharing tier in the health product's drug coverage. The tier in which a drug is placed determines your portion of the cost for the drug.
- "**Exception request**" is a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, iii) a quantity of a drug above a quantity limit, or iv) a drug that is subject to a step therapy requirement. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.
- "**Exigent circumstances**" are when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a nonformulary drug.
- "**Formulary**" is the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.
- "**Generic drug**" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.
- "**Nonformulary drug**" is a drug that is not listed on the health product's formulary as a covered drug, but may become eligible for coverage under an "exception request".
- "**Out-of-pocket cost**" is copayments, coinsurance, and the applicable deductible, plus all costs for health care services that the health product does not cover.
- "**Prescribing provider**" is a health care provider authorized to write a prescription to treat your health condition.
- "**Prescription**" is an oral, written, or electronic order by a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.
- "**Prescription drug**" is a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.
- "**Prior Authorization**" is a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.
- "**Step therapy**" is a process specifying the sequence in which different prescription drugs for a given health condition are medically appropriate for you. The health insurance issuer may require you to try one or more


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drugs to treat your health condition before the health insurance issuer will cover a particular drug for the condition pursuant to a step therapy request. If your attending or prescribing provider submits a request for step therapy exception, the health insurance issuer must make exceptions to step therapy when the criteria are met.

**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 & covered, it will appear bold & *italicized* in the formulary listing. Covered brand drugs appear in CAPITALIZED font, with the generic name included afterwards in parenthesis in all bold and *italicized* font. When both the brand and equivalent generic products are included on the Formulary, both products will be listed as separate items, alphabetically. In the event where a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all capitals AFTER the generic name in parentheses (like Breyna, which will display on the Formulary as "***budesonide/formoterol inhalation hfa aerosol inhaler*** (Breyna)") In order to locate a particular drug, search this document by either the therapeutic category or class of the medication or the brand or generic name of the medication. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name. If a member has any specific questions regarding their coverage (including but not limited to: coverage of medications through the pharmacy and medical benefit, actual cost-sharing applicable, and process for submitting an exception request), they should contact Wellfleet or Wellfleet Rx at the phone numbers listed on their ID card.

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. |
| **QL** | Quantity Limit | Coverage may be limited to specific quantities per prescription and/or time period. |
| **SP** | Specialty | 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 |


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| | | |
|---|---|---|
| | | • 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. Also, note that inclusion of a medication on the Formulary does not guarantee that a covered individual will be prescribed that medication by their healthcare provider for any particular health condition.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. Some medications may be covered under both the pharmacy and medical benefits, while some are only covered under one of the benefits. 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.

**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.


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**Formulary Updates**

The Formulary will be updated with material changes semi-annually, at most. These changes will take effect as of 1/1 and 7/1 of each calendar year, and may include updates to the covered drugs, tiering updates, utilization management changes, etc. Prior to the changes going live, Wellfleet will notify impacted individuals and their healthcare provider. The notices, at a minimum, will include: changes to covered medications with suggested clinically appropriate alternatives, changes in tier placement and the effect of cost-sharing, and utilization management updates. Notification will be sent at least 60 days prior to the changes going into effect.

The Formulary is also maintained on a weekly/monthly basis to ensure that new NDC's (National Drug Code's) of previously approved products maintain the same coverage status as the previously approved NDC's. No material changes will come of this standard maintenance process.

**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.
- 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 (Tier 1), branded drugs listed on the Formulary will be covered under the second copay tier (Tier 2), and non-preferred branded drugs or branded drugs not on the Formulary will be covered under the third or highest copay tier (Tier 3). Tier 1, 2, and 3 are listed within the column "Drug Tier". Wellfleet will not require a covered individual to pay for a drug at point of sale in an amount that exceeds the lesser of the cost-sharing amount or the retail price of


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the drug without insurance. In order to see applicable copays for your plan, navigate to your school landing page located at WellfleetStudent.com and view your summary of benefits.

***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 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.


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Wellfleet Rx will provide an authorization number, specific for the medical need, for all approved requests. Notification of approval or denial will be made & communicated within 24 hours of receipt for urgent requests and within 72 hours for all other requests. If notice is not communicated within these time frames, the request will be considered 'approved'. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Approved requests for maintenance medications will be valid for a calendar year. All other requests will be approved for the lesser of six months, the length of treatment as determined by the prescribing healthcare provider, or the termination/renewal date of the plan. A covered individual may file a grievance or complaint relating to the denial of a coverage request. Please see your plan documents or the denial notice for further instructions on how to initiate a grievance or complaint. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

***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


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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 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.

***8. Oral Cancer Medications***

Requirements for orally-administered cancer medications are no more restrictive than those applied to intravenously injected or administered cancer medications covered by the plan. Orally-administered cancer medications, or oral oncology medications, are denoted within the Formulary with 'Och', as indicated in the table above. There are no additional cost-sharing requirements or treatment limitations for prescribed orally-administered cancer medications. Generally, intravenously administered cancer medications are covered under the medical benefit as they are prepared and administered directly by a healthcare provider.

*Drug list created 1/1/2019. Updated 1/1/2027. Next planned update 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.
- **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®
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# 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 (***isavuconazonium sulfate***) | 2 | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (***isavuconazonium sulfate***) | 2 | |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG (***anidulafungin***) | 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 (60 per 30 days) |
| ***itraconazole oral solution 10 mg/ml*** | 1 | QL (600 per 30 days) |
| ***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 | |
| ***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** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***abacavir oral solution 20 mg/ml*** | 1 | |
| ***abacavir oral tablet 300 mg*** | 1 | QL (60 per 30 days) |
| ***abacavir-lamivudine oral tablet 600-300 mg*** | 1 | QL (30 per 30 days) |
| ***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 (30 per 30 days) |
| ***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) (***cabotegravir***) | 3 | ACA |
| APTIVUS ORAL CAPSULE 250 MG (***tipranavir***) | 2 | QL (120 per 30 days) |
| ***atazanavir oral capsule 150 mg, 200 mg*** | 1 | QL (60 per 30 days) |
| ***atazanavir oral capsule 300 mg*** | 1 | QL (30 per 30 days) |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***) | 2 | Specialty |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (***nirsevimab-alip***) | 2 | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***) | 2 | QL (30 per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML (***cabotegravir/rilpivirine***) | 3 | |
| ***cidofovir intravenous solution 75 mg/ml*** | 1 | |
| CIMDUO ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***) | 2 | QL (30 per 30 days) |
| ***darunavir oral tablet 600 mg*** | 1 | QL (60 per 30 days) |
| ***darunavir oral tablet 800 mg*** | 1 | QL (30 per 30 days) |
| DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***) | 3 | QL (30 per 30 days) |
| DESCOVY ORAL TABLET 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***) | 2 | ACA; QL (30 per 30 days) |
| DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***) | 2 | QL (30 per 30 days) |
| ***efavirenz oral tablet 600 mg*** | 1 | QL (30 per 30 days) |
| ***efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg*** | 1 | QL (30 per 30 days) |
| ***efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg*** | 1 | QL (30 per 30 days) |
| ***emtricitabine oral capsule 200 mg*** | 1 | ACA; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg*** | 1 | QL (30 per 30 days) |
| ***emtricitabine-tenofovir (tdf) oral tablet 200-300 mg*** | 1 | ACA; QL (30 per 30 days) |
| ***emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg*** | 1 | QL (30 per 30 days) |
| EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***) | 2 | |
| ***entecavir oral tablet 0.5 mg, 1 mg*** | 1 | Specialty; QL (30 per 30 days) |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (***sofosbuvir/velpatasvir***) | 2 | PA; Specialty; QL (30 per 30 days) |
| EPCLUSA ORAL TABLET 200-50 MG (***sofosbuvir/velpatasvir***) | 2 | PA; Specialty; QL (30 per 30 days) |
| ***etravirine oral tablet 100 mg*** | 1 | QL (120 per 30 days) |
| ***etravirine oral tablet 200 mg*** | 1 | QL (60 per 30 days) |
| ***famciclovir oral tablet 125 mg, 250 mg, 500 mg*** | 1 | |
| ***fosamprenavir oral tablet 700 mg*** | 1 | QL (120 per 30 days) |
| ***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 (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***) | 2 | QL (30 per 30 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***) | 2 | PA; Specialty; QL (30 per 30 days) |
| HARVONI ORAL TABLET 45-200 MG (***ledipasvir/sofosbuvir***) | 2 | PA; Specialty; QL (30 per 30 days) |
| HEPCLUDEX SUBCUTANEOUS RECON SOLN 8.5 MG (***bulevirtide acetate-gmod***) | 2 | PA; QL (30 per 30 days) |
| ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***) | 2 | QL (60 per 30 days) |
| ISENTRESS ORAL POWDER IN PACKET 100 MG (***raltegravir potassium***) | 2 | QL (60 per 30 days) |
| ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***) | 2 | QL (60 per 30 days) |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (***raltegravir potassium***) | 2 | QL (180 per 30 days) |
| JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***) | 2 | |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG (***molnupiravir***) | 2 | QL (40 per 180 days); Age Limit (Min 18 Years) |
| ***lamivudine oral solution 10 mg/ml*** | 1 | |
| ***lamivudine oral tablet 100 mg, 300 mg*** | 1 | QL (30 per 30 days) |
| ***lamivudine oral tablet 150 mg*** | 1 | QL (60 per 30 days) |
| ***lamivudine-zidovudine oral tablet 150-300 mg*** | 1 | QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG | 2 | PA; Specialty; QL (30 per 30 days) |
| ***lopinavir-ritonavir oral tablet 100-25 mg*** | 1 | QL (60 per 30 days) |
| ***lopinavir-ritonavir oral tablet 200-50 mg*** | 1 | QL (120 per 30 days) |
| ***maraviroc oral tablet 150 mg*** | 1 | QL (60 per 30 days) |
| ***maraviroc oral tablet 300 mg*** | 1 | QL (120 per 30 days) |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***) | 2 | PA; Specialty; QL (90 per 30 days) |
| MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***) | 2 | PA; Specialty; QL (90 per 30 days) |
| ***nevirapine oral suspension 50 mg/5 ml*** | 1 | |
| ***nevirapine oral tablet 200 mg*** | 1 | QL (60 per 30 days) |
| ***nevirapine oral tablet extended release 24 hr 400 mg*** | 1 | QL (30 per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***) | 3 | QL (360 per 30 days) |
| ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***) | 2 | QL (30 per 30 days) |
| ***oseltamivir oral capsule 30 mg*** | 1 | QL (40 per 135 days) |
| ***oseltamivir oral capsule 45 mg, 75 mg*** | 1 | QL (20 per 135 days) |
| ***oseltamivir oral suspension for reconstitution 6 mg/ml*** | 1 | |
| 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 (***nirmatrelvir/ritonavir***) | 3 | QL (30 per 180 days); Age Limit (Min 12 Years) |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML (***letermovir***) | 3 | QL (30 per 30 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***) | 3 | QL (30 per 30 days) |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG (***darunavir ethanolate/cobicistat***) | 3 | QL (30 per 30 days) |
| PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***) | 2 | |
| PREZISTA ORAL TABLET 150 MG (***darunavir***) | 2 | QL (240 per 30 days) |
| PREZISTA ORAL TABLET 75 MG (***darunavir***) | 2 | QL (480 per 30 days) |
| RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (***peramivir/pf***) | 2 | |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***) | 2 | QL (40 per 135 days) |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***) | 2 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***) | 3 | QL (150 per 30 days) |
| ***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 (30 per 30 days) |
| ***rimantadine oral tablet 100 mg*** | 1 | |
| ***ritonavir oral tablet 100 mg*** | 1 | QL (360 per 30 days) |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***) | 2 | PA; QL (60 per 30 days) |
| SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***) | 2 | |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG | 2 | PA; Specialty; QL (30 per 30 days) |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (***sofosbuvir***) | 3 | Specialty; QL (30 per 30 days) |
| SOVALDI ORAL TABLET 200 MG, 400 MG (***sofosbuvir***) | 3 | Specialty; QL (30 per 30 days) |
| STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***) | 3 | QL (30 per 30 days) |
| SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***) | 3 | PA; QL (4 per 30 days) |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***) | 3 | PA |
| SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***) | 3 | QL (30 per 30 days) |
| ***tenofovir disoproxil fumarate oral tablet 300 mg*** | 1 | ACA; QL (30 per 30 days) |
| TIVICAY ORAL TABLET 50 MG (***dolutegravir sodium***) | 2 | QL (60 per 30 days) |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (***dolutegravir sodium***) | 2 | QL (180 per 30 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***) | 2 | QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***) | 2 | QL (180 per 30 days) |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (***ibalizumab-uiyk***) | 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 (***remdesivir***) | 3 | |
| VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***) | 3 | Specialty; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG (***nelfinavir mesylate***) | 2 | QL (300 per 30 days) |
| VIRACEPT ORAL TABLET 625 MG (***nelfinavir mesylate***) | 2 | QL (120 per 30 days) |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***) | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***) | 3 | QL (30 per 30 days) |
| VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuvir/velpatasvir/voxilaprevir***) | 3 | PA; Specialty |
| XOCOVA ORAL TABLET 125 MG (***ensitrelvir fumarate***) | 3 | |
| XOFLUZA ORAL TABLET 40 MG (***baloxavir marboxil***) | 3 | QL (4 per 135 days) |
| XOFLUZA ORAL TABLET 80 MG (***baloxavir marboxil***) | 3 | QL (1 per 135 days) |
| YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***) | 2 | ACA |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***) | 2 | ACA |
| ***zidovudine oral capsule 100 mg*** | 1 | QL (180 per 30 days) |
| ***zidovudine oral syrup 10 mg/ml*** | 1 | |
| ***zidovudine oral tablet 300 mg*** | 1 | QL (60 per 30 days) |
| **CEPHALOSPORINS** | | |
| AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM (***ceftazidime/avibactam sodium***) | 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*** | 1 | |
| CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML (***cefazolin sodium/dextrose, iso-osmotic***) | 1 | |
| ***cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 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 (***cefazolin sodium/water for injection,sterile***) | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***cefazolin injection recon soln 1 gram, 500 mg*** | 1 | |
| ***cefazolin injection recon soln 100 gram, 3 gram, 300 gram*** | 1 | |
| CEFAZOLIN INJECTION RECON SOLN 2 GRAM (***cefazolin sodium***) | 1 | |
| ***cefazolin intravenous recon soln 10 gram*** | 1 | |
| CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM (***cefazolin sodium***) | 1 | |
| ***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 (***cefepime hcl in dextrose 5 % in water***) | 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 (***cefepime hcl***) | 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 (***cefotetan disodium***) | 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 1 gm-d5w bag duplex, single use 1 gram/50 ml*** | 2 | |
| ***ceftriaxone 2 gm-d5w bag duplex , single use 2 gram/50 ml*** | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***ceftriaxone sodium***) | 1 | |
| ***ceftriaxone intravenous recon soln 2 gram*** | 1 | |
| ***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 (***cefiderocol sulfate tosylate***) | 3 | |
| ***tazicef injection recon soln 1 gram*** | 1 | |
| ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM (***ceftolozane sulfate/tazobactam sodium***) | 2 | |
| **ERYTHROMYCINS & OTHER MACROLIDES** | | |
| ***azithromycin intravenous recon soln 500 mg*** | 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 (***fidaxomicin***) | 3 | |
| ***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 | |
| ***erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml*** | 1 | |
| ***erythromycin ethylsuccinate oral tablet 400 mg*** | 1 | |
| ***erythromycin lactobionate intravenous recon soln 500 mg*** | 1 | |
| ***erythromycin oral tablet 250 mg, 500 mg*** | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***erythromycin oral tablet,delayed release (dr/ec) 250 mg*** | 1 | |
| ***fidaxomicin oral tablet 200 mg*** | 1 | QL (20 per 30 days) |
| **MISCELLANEOUS ANTIINFECTIVES** | | |
| ***albendazole oral tablet 200 mg*** | 1 | QL (120 per 30 days) |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***nitazoxanide***) | 2 | |
| ***amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml*** | 1 | |
| ARAKODA ORAL TABLET 100 MG (***tafenoquine succinate***) | 3 | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***) | 3 | PA; QL (30 per 30 days) |
| ***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 (***benznidazole***) | 1 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***) | 2 | PA; Specialty; QL (84 per 56 days) |
| ***chloroquine phosphate oral tablet 250 mg*** | 1 | |
| ***chloroquine phosphate oral tablet 500 mg*** | 1 | |
| ***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 (***clindamycin phosphate in 0.9 % sodium chloride***) | 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 (***artemether/lumefantrine***) | 2 | |
| ***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 |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG (***daptomycin***) | 1 | |
| EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***) | 2 | PA; QL (2 per 30 days) |
| ***ertapenem injection recon soln 1 gram*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***gentamicin sulfate in sodium chloride, iso-osmotic***) | 1 | |
| ***gentamicin injection solution 40 mg/ml*** | 1 | |
| ***gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml*** | 1 | |
| ***hydroxychloroquine oral tablet 100 mg, 400 mg*** | 1 | |
| ***hydroxychloroquine oral tablet 200 mg, 300 mg*** | 1 | |
| ***imipenem-cilastatin intravenous recon soln 250 mg, 500 mg*** | 1 | |
| IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***) | 3 | PA; QL (90 per 30 days) |
| ***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 (***tafenoquine succinate***) | 2 | |
| LAMPIT ORAL TABLET 120 MG, 30 MG (***nifurtimox***) | 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 (***linezolid in 0.9 % sodium chloride***) | 1 | |
| ***mefloquine oral tablet 250 mg*** | 1 | |
| ***meropenem intravenous recon soln 1 gram, 500 mg*** | 1 | |
| ***meropenem intravenous recon soln 2 gram*** | 1 | |
| MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML (***meropenem in 0.9 % sodium chloride***) | 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 (***oritavancin diphosphate***) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***pretomanid***) | 3 | QL (30 per 30 days) |
| PRIFTIN ORAL TABLET 150 MG (***rifapentine***) | 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 (***imipenem/cilastatin sodium/relebactam***) | 3 | |
| ***rifabutin oral capsule 150 mg*** | 1 | |
| ***rifampin intravenous recon soln 600 mg*** | 1 | |
| ***rifampin oral capsule 150 mg, 300 mg*** | 1 | |
| ***rifapentine oral tablet 150 mg*** | 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***) | 3 | PA; QL (24 per 28 days) |
| SIVEXTRO INTRAVENOUS RECON SOLN 200 MG (***tedizolid phosphate***) | 3 | |
| SIVEXTRO ORAL TABLET 200 MG (***tedizolid phosphate***) | 3 | |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (***secnidazole***) | 2 | ; QL (1 per 30 days) |
| STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM (***streptomycin sulfate***) | 1 | |
| ***tinidazole oral tablet 250 mg, 500 mg*** | 1 | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***) | 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 (***meropenem/vaborbactam***) | 3 | |
| XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML (***lefamulin acetate***) | 3 | PA |
| XENLETA ORAL TABLET 600 MG (***lefamulin acetate***) | 3 | PA; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML (***plazomicin sulfate***) | 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 | |
| ***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*** | 1 | |
| BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) (***penicillin g benzathine/penicillin g procaine***) | 2 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML (***penicillin g benzathine***) | 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 (***penicillin g potassium/dextrose-water***) | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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*** | 1 | |
| ***piperacillin-tazobactam intravenous recon soln 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 (***piperacillin and tazobactam in dextrose, iso-osmotic***) | 2 | |
| **QUINOLONES** | | |
| BAXDELA INTRAVENOUS RECON SOLN 300 MG (***delafloxacin meglumine***) | 2 | PA |
| BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***) | 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 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 (***moxifloxacin hcl in sodium acetate and sulfate,water,iso-osm***) | 1 | |
| ***moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml*** | 1 | |
| ***ofloxacin oral tablet 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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **TETRACYCLINES** | | |
| ***avidoxy oral tablet 100 mg*** | 2 | QL (60 per 30 days) |
| ***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 (60 per 30 days) |
| DOXYCYCLINE HYCLATE ORAL CAPSULE 75 MG (***doxycycline hyclate***) | 1 | |
| ***doxycycline hyclate oral tablet 100 mg*** | 1 | QL (60 per 30 days) |
| ***doxycycline hyclate oral tablet 20 mg*** | 1 | |
| ***doxycycline monohydrate oral capsule 100 mg, 50 mg*** | 1 | QL (60 per 30 days) |
| ***doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg*** | 1 | ; QL (30 per 30 days) |
| ***doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml*** | 1 | |
| ***doxycycline monohydrate oral tablet 100 mg, 50 mg*** | 1 | QL (60 per 30 days) |
| MINOCIN INTRAVENOUS RECON SOLN 100 MG (***minocycline hcl***) | 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 (60 per 30 days) |
| ***mondoxyne nl oral capsule 75 mg*** | 1 | QL (60 per 30 days) |
| NUZYRA INTRAVENOUS RECON SOLN 100 MG (***omadacycline tosylate***) | 3 | |
| NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***) | 3 | PA; QL (26 per 13 days) |
| ***tetracycline oral capsule 250 mg, 500 mg*** | 1 | |
| ***tetracycline oral tablet 250 mg, 500 mg*** | 1 | |
| XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG (***eravacycline di-hydrochloride***) | 3 | |
| **URINARY TRACT AGENTS** | | |
| BLUJEPA ORAL TABLET 750 MG (***gepotidacin mesylate***) | 3 | |
| ***fosfomycin tromethamine oral packet 3 gram*** | 1 | |
| ***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** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML (***vancomycin in 0.9 % sodium chloride***) | 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 | |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML, 750 MG/150 ML, 750 MG/250 ML (***vancomycin in 0.9 % sodium chloride***) | 1 | |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML | 1 | |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML (***vancomycin in 5 % dextrose in water***) | 1 | |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML (***vancomycin in 5 % dextrose in water***) | 1 | |
| VANCOMYCIN INJECTION RECON SOLN 100 GRAM (***vancomycin hcl***) | 1 | |
| ***vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg*** | 1 | |
| ***vancomycin intravenous recon soln 1.25 gram, 1.5 gram, 5 gram, 750 mg*** | 1 | |
| ***vancomycin oral capsule 125 mg*** | 1 | QL (40 per 30 days) |
| ***vancomycin oral capsule 250 mg*** | 1 | QL (80 per 30 days) |
| ***vancomycin oral recon soln 25 mg/ml, 50 mg/ml*** | 1 | |
| 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 (***vancomycin hcl in water for injection (peg-400, nada)***) | 1 | |
| VIBATIV INTRAVENOUS RECON SOLN 750 MG (***telavancin hcl***) | 3 | |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | |
| **ADJUNCTIVE AGENTS** | | |
| BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab-nxxp***) | 2 | PA; Specialty |
| ***dexrazoxane hcl intravenous recon soln 250 mg, 500 mg*** | 1 | |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG (***rasburicase***) | 2 | |
| KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG (***palifermin***) | 2 | Specialty |
| KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***) | 3 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***leucovorin calcium injection recon soln 100 mg, 50 mg*** | 1 | |
| ***leucovorin calcium injection recon soln 200 mg, 350 mg, 500 mg*** | 1 | |
| ***leucovorin calcium injection solution 10 mg/ml*** | 1 | |
| ***leucovorin calcium oral tablet 10 mg, 15 mg*** | 1 | |
| ***leucovorin calcium oral tablet 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 (***glucarpidase***) | 2 | Specialty |
| WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab-bbdz***) | 2 | PA; Specialty |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | |
| ***abiraterone oral tablet 250 mg*** | 1 | Specialty; Och; QL (120 per 30 days) |
| ***abiraterone oral tablet 500 mg*** | 1 | Specialty; Och; QL (60 per 30 days) |
| ***abirtega oral tablet 250 mg*** | 1 | Specialty; Och; QL (120 per 30 days) |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (***crizanlizumab-tmca***) | 3 | PA; Specialty |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (***niraparib tosylate/abiraterone acetate***) | 2 | PA; Specialty; QL (60 per 30 days) |
| ***anastrozole oral tablet 1 mg*** | 1 | Och; ACA; QL (30 per 30 days) |
| AUGTYRO ORAL CAPSULE 160 MG (***repotrectinib***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG (***repotrectinib***) | 2 | PA; Specialty; Och; QL (240 per 30 days) |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG (***avutometinib potassium/defactinib hydrochloride***) | 3 | PA; Specialty; QL (66 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***avapritinib***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| ***azathioprine oral tablet 100 mg, 50 mg, 75 mg*** | 1 | |
| ***azathioprine sodium injection recon soln 100 mg*** | 1 | |
| BALVERSA ORAL TABLET 3 MG (***erdafitinib***) | 3 | PA; Specialty; Och; QL (90 per 30 days) |
| BALVERSA ORAL TABLET 4 MG (***erdafitinib***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |
| BALVERSA ORAL TABLET 5 MG (***erdafitinib***) | 3 | PA; Specialty; Och; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***bexarotene oral capsule 75 mg*** | 1 | PA; Specialty; QL (30 per 30 days) |
| ***bexarotene topical gel 1 %*** | 1 | PA; Specialty; QL (60 per 30 days) |
| ***bosutinib oral tablet 100 mg*** | 1 | PA; QL (120 per 30 days) |
| ***bosutinib oral tablet 400 mg, 500 mg*** | 1 | PA; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***) | 3 | PA; Specialty; QL (180 per 30 days) |
| BRUKINSA ORAL TABLET 160 MG (***zanubrutinib***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG (***cabozantinib s-malate***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG, 60 MG (***cabozantinib s-malate***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| ***capecitabine oral tablet 150 mg*** | 1 | Specialty; Och; QL (28 per 20 days) |
| ***capecitabine oral tablet 500 mg*** | 1 | Specialty; Och; QL (112 per 20 days) |
| CAPRELSA ORAL TABLET 100 MG (***vandetanib***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG (***vandetanib***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| 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) (***cabozantinib s-malate***) | 2 | PA; Specialty; Och; QL (112 per 20 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |
| COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***) | 2 | PA; Specialty; Och; QL (63 per 28 days) |
| ***cyclophosphamide oral capsule 25 mg, 50 mg*** | 2 | Och |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 2 | Och |
| ***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, 50 mg, 70 mg, 80 mg*** | 1 | PA; Specialty; Och; QL (30 per 30 days) |
| ***dasatinib oral tablet 20 mg*** | 1 | PA; Specialty; Och; QL (60 per 30 days) |
| DAURISMO ORAL TABLET 100 MG (***glasdegib maleate***) | 3 | PA; Specialty; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG (***glasdegib maleate***) | 3 | PA; Specialty; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***) | 2 | |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***) | 2 | PA; Specialty; QL (1 per 84 days) |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***) | 2 | PA; Specialty; QL (1 per 90 days) |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***) | 2 | PA; Specialty; QL (1 per 168 days) |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***) | 2 | PA; Specialty; QL (1 per 28 days) |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (***satralizumab-mwge***) | 2 | PA; Specialty |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (***tacrolimus***) | 3 | Specialty |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (***epcoritamab-bysp***) | 3 | PA; Specialty |
| ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***) | 2 | PA; Specialty; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 240 MG (***apalutamide***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG (***apalutamide***) | 2 | PA; Specialty; Och; QL (120 per 30 days) |
| ***erlotinib oral tablet 100 mg, 25 mg*** | 1 | PA; Specialty; Och; QL (60 per 30 days) |
| ***erlotinib oral tablet 150 mg*** | 1 | PA; Specialty; Och; QL (90 per 30 days) |
| ***etoposide oral capsule 50 mg*** | 1 | Och |
| ***everolimus (antineoplastic) oral tablet 10 mg, 7.5 mg*** | 1 | PA; Specialty; Och; QL (60 per 30 days) |
| ***everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg*** | 1 | PA; Specialty; Och; QL (30 per 30 days) |
| ***everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg*** | 1 | PA; Specialty; Och |
| ***everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg*** | 1 | Specialty |
| ***everolimus (immunosuppressive) oral tablet 1 mg*** | 1 | |
| ***exemestane oral tablet 25 mg*** | 1 | Och; ACA; QL (30 per 30 days) |
| FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***) | 3 | PA; Specialty; QL (1 per 168 days) |
| ***floxuridine injection recon soln 0.5 gram*** | 1 | Specialty |
| ***fluorouracil intravenous solution 5 gram/100 ml*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FRUZAQLA ORAL CAPSULE 1 MG (***fruquintinib***) | 2 | PA; Specialty; Och; QL (120 per 30 days) |
| FRUZAQLA ORAL CAPSULE 5 MG (***fruquintinib***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (***emapalumab-lzsg***) | 3 | PA; Specialty |
| GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***) | 3 | PA; Specialty; Och; QL (120 per 30 days) |
| ***gefitinib oral tablet 250 mg*** | 1 | PA; Specialty; Och; QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG (***mirdametinib***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (***mirdametinib***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |
| HERNEXEOS ORAL TABLET 60 MG (***zongertinib***) | 3 | Specialty; Och; QL (90 per 30 days) |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***) | 2 | Specialty |
| ***hydroxyurea oral capsule 500 mg*** | 1 | Och |
| HYRNUO ORAL TABLET 10 MG (***sevabertinib***) | 3 | PA; QL (120 per 30 days) |
| IBRANCE ORAL CAPSULE 125 MG (***palbociclib***) | 3 | PA; Specialty; Och |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***) | 3 | PA; Specialty; Och |
| IBTROZI ORAL CAPSULE 200 MG (***taletrectinib adipate***) | 2 | PA; Specialty; Och; QL (90 per 30 days) |
| ICLUSIG ORAL TABLET 10 MG, 30 MG (***ponatinib hcl***) | 2 | PA; Specialty; Och |
| ICLUSIG ORAL TABLET 15 MG (***ponatinib hcl***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| ICLUSIG ORAL TABLET 45 MG (***ponatinib hcl***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***) | 3 | PA; Specialty; QL (30 per 30 days) |
| ***imatinib oral tablet 100 mg*** | 1 | Specialty; Och; QL (60 per 30 days) |
| ***imatinib oral tablet 400 mg*** | 1 | Specialty; Och; QL (30 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG (***ibrutinib***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG (***ibrutinib***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***) | 2 | PA; Specialty; Och |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| INLURIYO ORAL TABLET 200 MG (***imlunestrant tosylate***) | 3 | Och; QL (60 per 30 days) |
| INLYTA ORAL TABLET 1 MG (***axitinib***) | 2 | PA; Specialty; Och; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG (***axitinib***) | 2 | PA; Specialty; Och; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG (***decitabine/cedazuridine***) | 2 | PA; Specialty; Och; QL (5 per 28 days) |
| ITOVEBI ORAL TABLET 3 MG, 9 MG (***inavolisib***) | 3 | PA; Specialty; Och; QL (30 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***) | 2 | PA; Specialty; QL (60 per 30 days) |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG (***ruxolitinib phosphate***) | 2 | PA; QL (30 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) (***ribociclib succinate***) | 3 | PA; Specialty; Och; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) (***ribociclib succinate***) | 3 | PA; Specialty; Och; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) (***ribociclib succinate***) | 3 | PA; Specialty; Och; QL (63 per 28 days) |
| KOMZIFTI ORAL CAPSULE 200 MG (***ziftomenib***) | 3 | Och; QL (90 per 30 days) |
| KOSELUGO ORAL CAPSULE 10 MG (***selumetinib sulfate***) | 2 | PA; Specialty; Och; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG (***selumetinib sulfate***) | 2 | PA; Specialty; Och; QL (120 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG (***selumetinib sulfate***) | 2 | PA; Och; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG (***selumetinib sulfate***) | 2 | PA; Och; QL (210 per 30 days) |
| KRAZATI ORAL TABLET 200 MG (***adagrasib***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |
| ***lapatinib oral tablet 250 mg*** | 1 | PA; Specialty; Och; QL (180 per 30 days) |
| LAZCLUZE ORAL TABLET 240 MG (***lazertinib mesylate***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG (***lazertinib mesylate***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| ***lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg*** | 1 | PA; Specialty; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1) (***lenvatinib mesylate***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) (***lenvatinib mesylate***) | 2 | PA; Specialty; Och; QL (90 per 30 days) |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) (***lenvatinib mesylate***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| LENVIMA ORAL CAPSULE 4 MG (***lenvatinib mesylate***) | 2 | PA; Specialty; Och; QL (15 per 30 days) |
| ***letrozole oral tablet 2.5 mg*** | 1 | Och |
| LEUKERAN ORAL TABLET 2 MG (***chlorambucil***) | 2 | Specialty; Och |
| ***leuprolide subcutaneous kit 1 mg/0.2 ml*** | 1 | PA; Specialty; QL (1 per 14 days) |
| ***lomustine oral capsule 10 mg, 100 mg, 40 mg*** | 1 | PA; Och |
| LONSURF ORAL TABLET 15-6.14 MG (***trifluridine/tipiracil hcl***) | 2 | PA; Specialty; Och; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG (***trifluridine/tipiracil hcl***) | 2 | PA; Specialty; Och; QL (80 per 28 days) |
| LORBRENA ORAL TABLET 100 MG (***lorlatinib***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG (***lorlatinib***) | 2 | PA; Specialty; Och; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG (***sotorasib***) | 3 | PA; Specialty; Och; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG (***sotorasib***) | 3 | PA; Specialty; Och; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG (***sotorasib***) | 3 | PA; Specialty; Och; QL (90 per 30 days) |
| LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***) | 3 | PA; Specialty |
| LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***) | 2 | PA; Specialty; Och; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG (***mitotane***) | 2 | Specialty; Och |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (***futibatinib***) | 3 | PA; Specialty; Och; QL (30 per 30 days) |
| MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***) | 2 | Specialty; Och |
| ***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 (***trametinib dimethyl sulfoxide***) | 3 | PA; Specialty; Och |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MEKINIST ORAL TABLET 0.5 MG (***trametinib dimethyl sulfoxide***) | 3 | PA; Specialty; Och; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG (***trametinib dimethyl sulfoxide***) | 3 | PA; Specialty; Och; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG (***binimetinib***) | 2 | PA; Specialty; Och; QL (180 per 30 days) |
| ***mercaptopurine oral suspension 20 mg/ml*** | 1 | ; Och |
| ***mercaptopurine oral tablet 50 mg*** | 1 | Och |
| ***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 |
| MODEYSO ORAL CAPSULE 125 MG (***dordaviprone hcl***) | 2 | PA; Specialty; QL (20 per 30 days) |
| MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***octreotide acetate***) | 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 (***busulfan***) | 2 | Specialty; Och |
| NERLYNX ORAL TABLET 40 MG (***neratinib maleate***) | 3 | PA; Specialty; Och; QL (180 per 30 days) |
| ***nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg*** | 1 | PA; Och; QL (120 per 30 days) |
| ***nilutamide oral tablet 150 mg*** | 1 | Specialty; Och; QL (150 per 30 days) |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***) | 2 | PA; Specialty; Och; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG (***darolutamide***) | 2 | PA; Specialty; Och; QL (120 per 30 days) |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG (***belatacept***) | 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 |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***) | 3 | PA; Specialty; QL (30 per 30 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (***momelotinib dihydrochloride***) | 3 | PA; Specialty; Och; QL (30 per 30 days) |
| ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***) | 2 | PA; Specialty; Och; QL (14 per 28 days) |
| ORSERDU ORAL TABLET 345 MG, 86 MG (***elacestrant hcl***) | 3 | PA; Specialty; Och; QL (30 per 30 days) |
| ***pazopanib oral tablet 200 mg*** | 1 | PA; Specialty; Och; QL (120 per 30 days) |
| PAZOPANIB ORAL TABLET 400 MG (***pazopanib hcl***) | 1 | PA; Och; QL (60 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***) | 3 | PA; Specialty; Och; QL (14 per 20 days) |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) (***alpelisib***) | 3 | PA; Specialty; Och; QL (30 per 30 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (***alpelisib***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |
| ***pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg*** | 1 | PA; QL (21 per 28 days) |
| ***pralatrexate intravenous solution 20 mg/ml (1 ml)*** | 1 | |
| QINLOCK ORAL TABLET 50 MG (***ripretinib***) | 3 | PA; Specialty; Och; QL (90 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG (***selpercatinib***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG (***selpercatinib***) | 3 | PA; Specialty; Och; QL (180 per 30 days) |
| RETEVMO ORAL TABLET 80 MG (***selpercatinib***) | 3 | PA; Specialty; Och |
| REVUFORJ ORAL TABLET 110 MG (***revumenib citrate***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG (***revumenib citrate***) | 3 | PA; Specialty; Och; QL (30 per 30 days) |
| REVUFORJ ORAL TABLET 25 MG (***revumenib citrate***) | 3 | PA; Specialty; Och; QL (120 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG (***olutasidenib***) | 3 | PA; Specialty; QL (60 per 30 days) |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (***vimseltinib***) | 3 | PA; Specialty; Och; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG (***entrectinib***) | 2 | PA; Specialty; Och; QL (150 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG (***entrectinib***) | 2 | PA; Specialty; Och; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG (***entrectinib***) | 2 | PA; Specialty; Och; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***) | 2 | PA; Specialty; Och; QL (120 per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG (***midostaurin***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 100 MG (***asciminib hydrochloride***) | 3 | PA; Specialty; Och; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG (***asciminib hydrochloride***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG (***asciminib hydrochloride***) | 3 | PA; Specialty; Och; QL (300 per 30 days) |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***) | 2 | PA; Specialty; QL (60 per 30 days) |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (***basiliximab***) | 2 | Specialty |
| ***sirolimus oral solution 1 mg/ml*** | 1 | Specialty |
| ***sirolimus oral tablet 0.5 mg, 1 mg, 2 mg*** | 1 | Specialty |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML (***lanreotide acetate***) | 2 | Specialty |
| ***sorafenib oral tablet 200 mg*** | 1 | PA; Specialty; Och; QL (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG (***regorafenib***) | 2 | PA; Specialty; Och; QL (90 per 30 days) |
| ***sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg*** | 1 | PA; Specialty; Och; QL (30 per 30 days) |
| TABLOID ORAL TABLET 40 MG (***thioguanine***) | 2 | Specialty; Och |
| TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hydrochloride***) | 3 | PA; Specialty; Och; QL (120 per 30 days) |
| ***tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg*** | 1 | Specialty |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***) | 3 | PA; Specialty; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (***dabrafenib mesylate***) | 3 | PA; Specialty; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML (***talquetamab-tgvs***) | 3 | PA; Specialty |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG (***talazoparib tosylate***) | 2 | PA; Specialty; Och; QL (90 per 30 days) |
| TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| ***tamoxifen oral tablet 10 mg, 20 mg*** | 1 | Och; ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg*** | 1 | PA; Specialty; Och |
| TEPMETKO ORAL TABLET 225 MG (***tepotinib hcl***) | 3 | PA; Specialty; Och |
| THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***) | 2 | PA; Specialty; Och; QL (30 per 30 days) |
| TIBSOVO ORAL TABLET 250 MG (***ivosidenib***) | 3 | PA; Specialty; QL (60 per 30 days) |
| ***toremifene oral tablet 60 mg*** | 1 | PA; Specialty; Och; QL (30 per 30 days) |
| ***tretinoin (antineoplastic) oral capsule 10 mg*** | 1 | Specialty; Och |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***) | 3 | Och |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***triptorelin pamoate***) | 3 | PA; Specialty; QL (1 per 135 days) |
| TUKYSA ORAL TABLET 150 MG (***tucatinib***) | 3 | PA; Specialty; Och; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG (***tucatinib***) | 3 | PA; Specialty; Och; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG (***pexidartinib hydrochloride***) | 3 | PA; Specialty; Och; QL (120 per 30 days) |
| UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (***inebilizumab-cdon***) | 3 | PA; Specialty |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (***quizartinib dihydrochloride***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 10 MG (***venetoclax***) | 2 | PA; Specialty; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG (***venetoclax***) | 2 | PA; Specialty; QL (120 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG (***venetoclax***) | 2 | PA; Specialty; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***) | 2 | PA; Specialty; QL (45 per 30 days) |
| VEPPANU ORAL TABLET 100 MG, 200 MG (***vepdegestrant***) | 3 | QL (30 per 30 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| VIJOICE ORAL TABLET 125 MG, 50 MG (***alpelisib***) | 3 | PA; Specialty; QL (30 per 30 days) |
| VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1) (***alpelisib***) | 3 | PA; Specialty; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 100 MG (***larotrectinib sulfate***) | 3 | PA; Specialty; Och; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VITRAKVI ORAL CAPSULE 25 MG (***larotrectinib sulfate***) | 3 | PA; Specialty; Och; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***) | 3 | PA; Specialty; Och; QL (300 per 30 days) |
| VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***) | 3 | PA; Specialty; Och; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG (***vorasidenib citrate***) | 2 | PA; Specialty; QL (60 per 30 days) |
| VORANIGO ORAL TABLET 40 MG (***vorasidenib citrate***) | 2 | PA; Specialty; QL (30 per 30 days) |
| WELIREG ORAL TABLET 40 MG (***belzutifan***) | 3 | PA; Specialty; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (***crizotinib***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| XERMELO ORAL TABLET 250 MG (***telotristat etiprate***) | 2 | PA; Specialty; QL (90 per 30 days) |
| XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***) | 2 | PA; Specialty; Och; QL (90 per 30 days) |
| XTANDI ORAL CAPSULE 40 MG (***enzalutamide***) | 2 | PA; Specialty; Och; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG (***enzalutamide***) | 2 | PA; Specialty; Och; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG (***enzalutamide***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***) | 2 | PA; Specialty; Och |
| ***yulithira oral tablet 10 mg, 7.5 mg*** | 1 | PA; QL (60 per 30 days) |
| ***yulithira oral tablet 2.5 mg, 5 mg*** | 1 | PA; QL (30 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (***niraparib tosylate***) | 3 | PA; Specialty; Och; QL (90 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG (***vemurafenib***) | 2 | PA; Specialty; QL (240 per 30 days) |
| ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***) | 2 | Specialty |
| ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***) | 2 | PA; Specialty; Och; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG (***ceritinib***) | 2 | PA; Specialty; Och; QL (90 per 30 days) |
| **AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH** | | |
| **ANTICONVULSANTS** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***brivaracetam intravenous solution 50 mg/5 ml*** | 1 | |
| ***brivaracetam oral solution 10 mg/ml*** | 1 | |
| ***brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg*** | 1 | ; QL (60 per 30 days) |
| ***carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg*** | 1 | |
| ***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 (***carbamazepine***) | 1 | |
| ***clobazam oral suspension 2.5 mg/ml*** | 1 | |
| ***clobazam oral tablet 10 mg, 20 mg*** | 1 | QL (60 per 30 days) |
| ***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 (***stiripentol***) | 3 | PA; Specialty; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG (***stiripentol***) | 3 | PA; Specialty; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG (***stiripentol***) | 3 | PA; Specialty; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG (***stiripentol***) | 3 | PA; Specialty; QL (180 per 30 days) |
| ***diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg*** | 1 | |
| ***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 (***cannabidiol (cbd)***) | 2 | PA; Specialty |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***) | 3 | |
| ***ethosuximide oral capsule 250 mg*** | 1 | |
| ***ethosuximide oral solution 250 mg/5 ml*** | 1 | |
| ***felbamate oral suspension 600 mg/5 ml*** | 1 | |
| ***felbamate oral tablet 400 mg*** | 1 | ; QL (270 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***felbamate oral tablet 600 mg*** | 1 | ; QL (180 per 30 days) |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML (***fenfluramine hcl***) | 3 | PA; Specialty |
| ***fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml*** | 1 | |
| ***gabapentin oral capsule 100 mg*** | 1 | QL (240 per 30 days) |
| ***gabapentin oral capsule 200 mg*** | 1 | |
| ***gabapentin oral capsule 300 mg*** | 1 | QL (360 per 30 days) |
| ***gabapentin oral capsule 400 mg*** | 1 | QL (270 per 30 days) |
| ***gabapentin oral solution 250 mg/5 ml*** | 1 | |
| ***gabapentin oral solution 300 mg/6 ml (6 ml)*** | 1 | |
| ***gabapentin oral tablet 600 mg*** | 1 | QL (180 per 30 days) |
| ***gabapentin oral tablet 800 mg*** | 1 | QL (150 per 30 days) |
| ***gabapentin oral tablet extended release 24 hr 300 mg, 600 mg*** | 2 | QL (30 per 30 days) |
| ***gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg*** | 1 | QL (30 per 30 days) |
| ***lacosamide intravenous solution 200 mg/20 ml*** | 1 | |
| ***lacosamide oral solution 10 mg/ml*** | 1 | |
| ***lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg*** | 1 | QL (60 per 30 days) |
| ***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 | |
| ***lamotrigine oral tablet extended release 24hr 100 mg*** | 1 | |
| ***lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg*** | 1 | ; QL (60 per 30 days) |
| ***lamotrigine oral tablet extended release 24hr 25 mg, 50 mg*** | 1 | ; QL (180 per 30 days) |
| ***lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg*** | 1 | |
| ***lamotrigine oral tablet,disintegrating 100 mg*** | 1 | ; QL (90 per 30 days) |
| ***lamotrigine oral tablet,disintegrating 200 mg*** | 1 | ; QL (60 per 30 days) |
| ***lamotrigine oral tablet,disintegrating 25 mg, 50 mg*** | 1 | ; QL (180 per 30 days) |
| ***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 (***levetiracetam in sodium chloride, iso-osmotic***) | 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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***methsuximide oral capsule 300 mg*** | 1 | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***) | 3 | QL (5 per 30 days) |
| ***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*** | 1 | QL (30 per 30 days) |
| ***oxcarbazepine oral tablet extended release 24 hr 600 mg*** | 1 | QL (120 per 30 days) |
| ***perampanel oral suspension 0.5 mg/ml*** | 1 | |
| ***perampanel oral tablet 10 mg, 12 mg, 8 mg*** | 1 | ; QL (30 per 30 days) |
| ***perampanel oral tablet 2 mg*** | 1 | ; QL (120 per 30 days) |
| ***perampanel oral tablet 4 mg, 6 mg*** | 1 | ; QL (60 per 30 days) |
| ***phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)*** | 1 | |
| ***phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg*** | 1 | |
| ***phenobarbital oral tablet 15 mg, 30 mg, 60 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, 25 mg, 50 mg, 75 mg*** | 1 | QL (120 per 30 days) |
| ***pregabalin oral capsule 200 mg*** | 1 | QL (90 per 30 days) |
| ***pregabalin oral capsule 225 mg, 300 mg*** | 1 | QL (60 per 30 days) |
| ***pregabalin oral solution 20 mg/ml*** | 1 | |
| ***pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg*** | 1 | QL (120 per 30 days) |
| ***primidone oral tablet 250 mg, 50 mg*** | 1 | |
| ***roweepra oral tablet 500 mg*** | 3 | |
| ***rufinamide oral suspension 40 mg/ml*** | 1 | |
| ***rufinamide oral tablet 200 mg*** | 1 | ; QL (480 per 30 days) |
| ***rufinamide oral tablet 400 mg*** | 1 | ; QL (240 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG (***levetiracetam***) | 3 | ; QL (60 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG (***levetiracetam***) | 3 | ; QL (120 per 30 days) |
| ***subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg*** | 1 | |
| ***subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***clobazam***) | 3 | PA; QL (60 per 30 days) |
| ***tiagabine oral tablet 12 mg, 2 mg, 4 mg*** | 1 | ; QL (120 per 30 days) |
| ***tiagabine oral tablet 16 mg*** | 1 | ; QL (90 per 30 days) |
| ***topiramate oral capsule, sprinkle 15 mg, 25 mg*** | 1 | |
| ***topiramate oral capsule, sprinkle 50 mg*** | 1 | |
| ***topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg*** | 1 | ; QL (30 per 30 days) |
| ***topiramate oral capsule,extended release 24hr 200 mg*** | 1 | ; QL (60 per 30 days) |
| ***topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg*** | 1 | ; QL (30 per 30 days) |
| ***topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg*** | 1 | ; QL (60 per 30 days) |
| ***topiramate oral solution 25 mg/ml*** | 1 | |
| ***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) (***diazepam***) | 2 | QL (10 per 30 days) |
| ***vigabatrin oral powder in packet 500 mg*** | 1 | ; Specialty; QL (180 per 30 days) |
| ***vigadrone oral powder in packet 500 mg*** | 1 | ; Specialty; QL (180 per 30 days) |
| ***vigadrone oral tablet 500 mg*** | 1 | ; QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***) | 3 | ; QL (60 per 30 days) |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (***cenobamate***) | 3 | ; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 200 MG (***cenobamate***) | 3 | ; QL (60 per 30 days) |
| 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) (***cenobamate***) | 3 | ; QL (30 per 30 days) |
| ***zonisamide oral capsule 100 mg, 25 mg, 50 mg*** | 1 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML (***ganaxolone***) | 3 | PA; ; Specialty |
| **ANTIPARKINSONISM AGENTS** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***apomorphine subcutaneous cartridge 10 mg/ml*** | 1 | PA; Specialty; QL (60 per 30 days) |
| ***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 | |
| ***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 (***levodopa***) | 3 | PA; Specialty; QL (300 per 30 days) |
| 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 (***rotigotine***) | 3 | ; QL (30 per 30 days) |
| NOURIANZ ORAL TABLET 20 MG, 40 MG (***istradefylline***) | 3 | PA; QL (30 per 30 days) |
| ***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 | ; QL (30 per 30 days) |
| ***rasagiline oral tablet 0.5 mg, 1 mg*** | 1 | QL (30 per 30 days) |
| ***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 | ; QL (30 per 30 days) |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (***carbidopa/levodopa***) | 3 | ; QL (300 per 30 days) |
| ***selegiline hcl oral capsule 5 mg*** | 1 | |
| ***selegiline hcl oral tablet 5 mg*** | 1 | |
| ***trihexyphenidyl oral elixir 0.4 mg/ml*** | 1 | |
| ***trihexyphenidyl oral tablet 2 mg, 5 mg*** | 1 | |
| **MIGRAINE & CLUSTER HEADACHE THERAPY** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***) | 2 | PA; QL (1 per 30 days) |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (***fremanezumab-vfrm***) | 2 | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***) | 2 | PA; QL (1.5 per 30 days) |
| ***almotriptan malate oral tablet 12.5 mg, 6.25 mg*** | 2 | ; QL (8 per 30 days) |
| ***dihydroergotamine injection solution 1 mg/ml*** | 2 | |
| ***dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)*** | 2 | |
| ***eletriptan oral tablet 20 mg, 40 mg*** | 2 | ; QL (6 per 30 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***) | 2 | PA; QL (1 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***) | 2 | PA; QL (1 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***) | 2 | PA; QL (3 per 30 days) |
| ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***) | 3 | QL (40 per 28 days) |
| ***ergotamine-caffeine oral tablet 1-100 mg*** | 1 | QL (40 per 28 days) |
| ***frovatriptan oral tablet 2.5 mg*** | 2 | ; QL (12 per 30 days) |
| ***migergot rectal suppository 2-100 mg*** | 2 | QL (20 per 28 days) |
| ***naratriptan oral tablet 1 mg, 2.5 mg*** | 1 | QL (8 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***) | 2 | PA; QL (18 per 28 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***) | 2 | PA; QL (30 per 30 days) |
| ***rizatriptan oral tablet 10 mg, 5 mg*** | 1 | QL (12 per 30 days) |
| ***rizatriptan oral tablet,disintegrating 10 mg, 5 mg*** | 1 | QL (12 per 30 days) |
| ***sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation*** | 1 | QL (12 per 30 days) |
| ***sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg*** | 1 | QL (18 per 30 days) |
| ***sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml*** | 1 | |
| ***sumatriptan succinate subcutaneous solution 6 mg/0.5 ml*** | 1 | |
| ***sumatriptan-naproxen oral tablet 85-500 mg*** | 2 | ; QL (18 per 30 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***) | 2 | PA; QL (16 per 30 days) |
| ***zolmitriptan nasal spray,non-aerosol 5 mg*** | 2 | ; QL (24 per 30 days) |
| ***zolmitriptan oral tablet 2.5 mg, 5 mg*** | 2 | ; QL (8 per 30 days) |
| ***zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg*** | 2 | ; QL (8 per 30 days) |
| **MISCELLANEOUS NEUROLOGICAL THERAPY** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (***casimersen***) | 2 | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG (***deutetrabenazine***) | 2 | PA; Specialty; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG (***deutetrabenazine***) | 2 | PA; Specialty; QL (60 per 30 days) |
| ***dalfampridine oral tablet extended release 12 hr 10 mg*** | 1 | PA; Specialty; QL (60 per 30 days) |
| DAYBUE ORAL SOLUTION 200 MG/ML (***trofinetide***) | 2 | PA; Specialty |
| ***dextromethorphan-quinidine oral capsule 20-10 mg*** | 1 | PA; QL (60 per 30 days) |
| ***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 (2000 per 28 days) |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML (***risdiplam***) | 3 | PA; Specialty |
| ***galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg*** | 1 | QL (30 per 30 days) |
| ***galantamine oral solution 4 mg/ml*** | 1 | |
| ***galantamine oral tablet 12 mg, 4 mg, 8 mg*** | 1 | QL (60 per 30 days) |
| KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML (***donanemab-azbt***) | 3 | PA; Specialty |
| ***memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg*** | 1 | QL (30 per 30 days) |
| ***memantine oral solution 2 mg/ml*** | 1 | |
| ***memantine oral tablet 10 mg, 5 mg*** | 1 | QL (60 per 30 days) |
| ***memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg*** | 2 | QL (30 per 30 days) |
| NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan hbr/quinidine sulfate***) | 2 | PA; QL (60 per 30 days) |
| ***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 (30 per 30 days) |
| SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***) | 2 | PA; Specialty |
| SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML (***elivaldogene autotemcel***) | 3 | PA; Specialty |
| ***tetrabenazine oral tablet 12.5 mg*** | 1 | PA; Specialty; QL (90 per 30 days) |
| ***tetrabenazine oral tablet 25 mg*** | 1 | PA; Specialty; QL (60 per 30 days) |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab***) | 3 | PA; Specialty; QL (15 per 28 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***) | 2 | PA; Specialty; QL (30 per 30 days) |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***) | 2 | PA; Specialty; QL (30 per 30 days) |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***) | 2 | PA; Specialty; QL (30 per 30 days) |
| **MUSCLE RELAXANTS & ANTISPASMODIC THERAPY** | | |
| ***atracurium intravenous solution 10 mg/ml*** | 1 | |
| ***baclofen oral solution 10 mg/5 ml (2 mg/ml)*** | 2 | |
| ***baclofen oral solution 5 mg/5 ml*** | 2 | QL (2400 per 30 days) |
| ***baclofen oral suspension 25 mg/5 ml (5 mg/ml)*** | 2 | |
| ***baclofen oral tablet 10 mg, 20 mg*** | 1 | QL (90 per 30 days) |
| ***baclofen oral tablet 15 mg, 5 mg*** | 1 | QL (90 per 30 days) |
| ***carisoprodol oral tablet 250 mg, 350 mg*** | 1 | ; QL (120 per 30 days) |
| ***chlorzoxazone oral tablet 500 mg*** | 1 | QL (120 per 30 days) |
| ***cisatracurium intravenous solution 2 mg/ml*** | 1 | |
| ***cyclobenzaprine oral tablet 10 mg*** | 1 | QL (180 per 30 days) |
| ***cyclobenzaprine oral tablet 5 mg*** | 1 | QL (90 per 30 days) |
| ***cyclobenzaprine oral tablet 7.5 mg*** | 1 | ; QL (90 per 30 days) |
| ***dantrolene oral capsule 100 mg, 25 mg, 50 mg*** | 1 | QL (90 per 30 days) |
| ***meprobamate oral tablet 200 mg, 400 mg*** | 1 | |
| ***metaxalone oral tablet 400 mg, 800 mg*** | 1 | QL (120 per 30 days) |
| ***methocarbamol oral tablet 1,000 mg*** | 1 | QL (180 per 30 days) |
| ***methocarbamol oral tablet 500 mg*** | 1 | QL (360 per 30 days) |
| ***methocarbamol oral tablet 750 mg*** | 1 | QL (240 per 30 days) |
| ***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) (***neostigmine methylsulfate***) | 1 | |
| ***neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)*** | 1 | |
| ***neostigmine methylsulfate intravenous syringe 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 (60 per 30 days) |
| ***orphengesic forte oral tablet 50-770-60 mg*** | 2 | QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***pyridostigmine bromide oral syrup 60 mg/5 ml*** | 1 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG (***pyridostigmine bromide***) | 1 | |
| ***pyridostigmine bromide oral tablet 60 mg*** | 1 | |
| ***pyridostigmine bromide oral tablet extended release 180 mg*** | 1 | |
| ***regonol injection solution 5 mg/ml*** | 2 | |
| ***sugammadex intravenous solution 100 mg/ml*** | 1 | |
| ***sugammadex intravenous syringe 200 mg/2 ml*** | 1 | |
| ***tizanidine oral capsule 2 mg, 4 mg, 6 mg*** | 1 | QL (120 per 30 days) |
| ***tizanidine oral tablet 2 mg, 4 mg*** | 1 | QL (120 per 30 days) |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (***efgartigimod alfa-hyaluronidase-qvfc***) | 2 | PA; Specialty; QL (1 per 30 days) |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML (***efgartigimod alfa-hyaluronidase-qvfc***) | 2 | PA; Specialty; QL (1 per 30 days) |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (***zilucoplan sodium***) | 2 | PA; Specialty; QL (30 per 30 days) |
| **NARCOTIC ANALGESICS** | | |
| ***acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg*** | 1 | ; Opioid |
| ***acetaminophen-codeine oral solution 120-12 mg/5 ml*** | 1 | ; Opioid |
| ***acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml*** | 1 | ; Opioid |
| ***acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg*** | 1 | ; Opioid |
| ***ascomp with codeine oral capsule 30-50-325-40 mg*** | 1 | ; Opioid |
| 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 (***buprenorphine***) | 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 | ; Opioid |
| ***butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg*** | 1 | ; Opioid |
| ***butalbital-acetaminophen oral capsule 50-300 mg*** | 2 | ; Opioid; QL (180 per 30 days) |
| ***butalbital-acetaminophen oral tablet 50-300 mg*** | 2 | ; Opioid; QL (180 per 30 days) |
| ***butalbital-acetaminophen oral tablet 50-325 mg*** | 1 | Opioid; QL (180 per 30 days) |
| ***butalbital-acetaminophen-caff oral capsule 50-300-40 mg*** | 2 | Opioid; QL (180 per 30 days) |
| ***butalbital-acetaminophen-caff oral capsule 50-325-40 mg*** | 1 | Opioid; QL (180 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml*** | 1 | Opioid |
| ***butalbital-acetaminophen-caff oral tablet 50-325-40 mg*** | 1 | Opioid; QL (180 per 30 days) |
| ***butalbital-aspirin-caffeine oral capsule 50-325-40 mg*** | 1 | Opioid; QL (180 per 30 days) |
| ***butalbital-aspirin-caffeine oral tablet 50-325-40 mg*** | 1 | Opioid; QL (180 per 30 days) |
| ***codeine sulfate oral tablet 15 mg, 30 mg, 60 mg*** | 1 | ; Opioid |
| ***codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg*** | 1 | ; Opioid |
| DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML (***hydromorphone hcl/pf***) | 1 | ; Opioid |
| DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (***hydromorphone hcl/pf***) | 3 | ; Opioid |
| ***diskets oral tablet,soluble 40 mg*** | 2 | ; Opioid |
| ***duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml*** | 3 | ; Opioid |
| ***endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*** | 1 | ; Opioid |
| ***fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 2-0.0625 mcg/ml-%*** | 1 | ; Opioid |
| ***fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml-0.0625 %*** | 1 | ; Opioid |
| ***fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %*** | 1 | ; Opioid |
| FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 1,500 MCG/30 ML (50 MCG/ML) (***fentanyl citrate/pf***) | 1 | ; Opioid |
| ***fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)*** | 1 | ; Opioid |
| ***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 | ; Opioid |
| FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,500 MCG/30 ML (50 MCG/ML) (***fentanyl citrate/pf***) | 1 | ; Opioid |
| FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML) (***fentanyl citrate/pf***) | 1 | ; Opioid |
| FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML (***fentanyl citrate in 0.9 % sodium chloride/pf***) | 1 | ; Opioid |
| ***fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml*** | 1 | ; Opioid |
| ***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 | ; Opioid |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 500 MCG/50 ML (10 MCG/ML) (***fentanyl citrate in 0.9 % sodium chloride/pf***) | 1 | ; Opioid |
| ***fentanyl citrate (pf)-0.9%nacl intravenous solution 50 mcg/ml*** | 1 | ; Opioid |
| ***fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 50 mcg/5 ml (10 mcg/ml)*** | 1 | ; Opioid |
| FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 20 MCG/2 ML (10 MCG/ML) (***fentanyl citrate in 0.9 % sodium chloride/pf***) | 1 | ; Opioid |
| ***fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr*** | 1 | PA; ; Opioid |
| ***fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour*** | 1 | PA; ; Opioid |
| FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 % (***fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf***) | 1 | ; Opioid |
| ***fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%*** | 1 | ; Opioid |
| ***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 | ; Opioid |
| ***hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 7.5-325 mg/15 ml*** | 1 | ; Opioid |
| ***hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*** | 1 | ; Opioid |
| ***hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg*** | 1 | ; Opioid |
| HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML) (***hydromorphone hcl in sterile water/pf***) | 1 | ; Opioid |
| HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML) (***hydromorphone hcl in sterile water/pf***) | 3 | ; Opioid |
| HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML) (***hydromorphone hcl in sterile water/pf***) | 1 | ; Opioid |
| HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML | 1 | ; Opioid |
| ***hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml*** | 1 | ; Opioid |
| ***hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml*** | 1 | ; Opioid |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML) (***hydromorphone hcl in 0.9 % sodium chloride/pf***) | 1 | ; Opioid |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)*** | 1 | ; Opioid |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML) (***hydromorphone hcl in 0.9 % sodium chloride/pf***) | 1 | ; Opioid |
| ***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), 50 mg/50 ml (1 mg/ml)*** | 1 | ; Opioid |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML) (***hydromorphone hcl in 0.9 % sodium chloride/pf***) | 1 | ; Opioid |
| ***hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 1 mg/ml*** | 1 | ; Opioid |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.5 MG/ML (***hydromorphone hcl in 0.9 % sodium chloride/pf***) | 1 | ; Opioid |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 2 MG/ML (***hydromorphone hcl in 0.9 % sodium chloride/pf***) | 1 | ; Opioid |
| ***hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)*** | 1 | ; Opioid |
| ***hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)*** | 1 | ; Opioid |
| ***hydromorphone injection solution 2 mg/ml*** | 1 | ; Opioid |
| HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML (***hydromorphone hcl***) | 1 | ; Opioid |
| ***hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml*** | 1 | ; Opioid |
| ***hydromorphone oral liquid 1 mg/ml*** | 1 | ; Opioid |
| ***hydromorphone oral tablet 2 mg, 4 mg, 8 mg*** | 1 | ; Opioid |
| ***hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg*** | 2 | PA; ; Opioid |
| ***hydromorphone rectal suppository 3 mg*** | 1 | ; Opioid |
| HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML (***hydromorphone hcl in sodium chloride, iso-osmotic/pf***) | 1 | ; Opioid |
| ***hydromorphone(pf)-nacl,iso-osm injection syringe 2 mg/10 ml (0.2 mg/ml)*** | 1 | ; Opioid |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML) (***hydromorphone hcl in sodium chloride, iso-osmotic/pf***) | 1 | ; Opioid |
| ***hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 6 mg/30 ml (0.2 mg/ml)*** | 1 | ; Opioid |
| ***hydromorphone(pf)-nacl,iso-osm intravenous solution 1 mg/ml*** | 1 | ; Opioid |
| INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML (***morphine sulfate/pf***) | 3 | ; Opioid |
| ***levorphanol tartrate oral tablet 2 mg*** | 1 | ; Opioid |
| ***meperidine oral tablet 50 mg*** | 2 | ; Opioid |
| ***methadone intravenous syringe 10 mg/ml*** | 1 | ; Opioid |
| ***methadone oral concentrate 10 mg/ml*** | 1 | ; Opioid |
| ***methadone oral solution 10 mg/5 ml, 5 mg/5 ml*** | 1 | ; Opioid |
| ***methadone oral tablet 10 mg, 5 mg*** | 1 | ; Opioid |
| ***methadone oral tablet,soluble 40 mg*** | 1 | ; Opioid |
| ***methadose oral concentrate 10 mg/ml*** | 2 | ; Opioid |
| ***methadose oral tablet,soluble 40 mg*** | 1 | ; Opioid |
| 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) (***morphine sulfate in 0.9 % sodium chloride/pf***) | 1 | ; Opioid |
| ***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 | ; Opioid |
| ***morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml*** | 1 | ; Opioid |
| ***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 | ; Opioid |
| ***morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml*** | 1 | ; Opioid |
| ***morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)*** | 1 | ; Opioid |
| MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML (***morphine sulfate/pf***) | 1 | ; Opioid |
| ***morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)*** | 1 | ; Opioid |
| MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML) (***morphine sulfate in 0.9 % sodium chloride***) | 1 | ; Opioid |
| ***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 | ; Opioid |
| ***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 | ; Opioid |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML | 1 | ; Opioid |
| MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 5 MG/ML (***morphine sulfate in 0.9 % sodium chloride***) | 1 | ; Opioid |
| MORPHINE INJECTION SOLUTION 2 MG/ML, 4 MG/ML (***morphine sulfate***) | 1 | ; Opioid |
| MORPHINE INJECTION SOLUTION 5 MG/ML | 2 | ; Opioid |
| MORPHINE INJECTION SYRINGE 2 MG/ML (***morphine sulfate***) | 1 | ; Opioid |
| ***morphine injection syringe 4 mg/ml*** | 1 | ; Opioid |
| MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML (***morphine sulfate***) | 1 | ; Opioid |
| ***morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml*** | 1 | ; Opioid |
| MORPHINE INTRAVENOUS SOLUTION 8 MG/ML (***morphine sulfate***) | 1 | ; Opioid |
| MORPHINE INTRAVENOUS SYRINGE 10 MG/ML (***morphine sulfate***) | 1 | ; Opioid |
| ***morphine intravenous syringe 2 mg/ml, 4 mg/ml*** | 1 | ; Opioid |
| ***morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)*** | 1 | ; Opioid |
| ***morphine oral tablet 15 mg, 30 mg*** | 1 | ; Opioid |
| ***morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg*** | 1 | ; Opioid |
| ***morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg*** | 1 | ; Opioid |
| ***oxycodone oral capsule 5 mg*** | 1 | ; Opioid |
| ***oxycodone oral concentrate 20 mg/ml*** | 2 | ; Opioid |
| ***oxycodone oral solution 5 mg/5 ml*** | 1 | ; Opioid |
| ***oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg*** | 1 | ; Opioid |
| OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG, 40 MG, 80 MG | 2 | ; Opioid |
| ***oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg*** | 1 | ; Opioid |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (***oxycodone hcl***) | 2 | ; Opioid |
| ***oxymorphone oral tablet 10 mg, 5 mg*** | 1 | ; Opioid |
| ***oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg*** | 1 | ; Opioid |
| PROLATE ORAL SOLUTION 10-300 MG/5 ML (***oxycodone hcl/acetaminophen***) | 3 | ; Opioid |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG (***oxycodone hcl***) | 2 | ; Opioid |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (***buprenorphine***) | 2 | Specialty; Opioid |
| ***tencon oral tablet 50-325 mg*** | 1 | Opioid; QL (180 per 30 days) |
| **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 | |
| ***butorphanol nasal spray,non-aerosol 10 mg/ml*** | 1 | |
| CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML) (***ibuprofen***) | 2 | |
| CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML) (***ibuprofen***) | 2 | |
| ***celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg*** | 1 | QL (60 per 30 days) |
| DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 % | 2 | QL (60 per 30 days) |
| ***diclofenac potassium oral powder in packet 50 mg*** | 1 | QL (3 per 10 days) |
| ***diclofenac potassium oral tablet 50 mg*** | 1 | QL (120 per 30 days) |
| ***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*** | 1 | QL (120 per 30 days) |
| ***diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg*** | 1 | QL (60 per 30 days) |
| ***diclofenac sodium topical drops 1.5 %*** | 1 | |
| ***diclofenac sodium topical gel 1 %*** | 1 | |
| ***diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg*** | 1 | QL (120 per 30 days) |
| DICLOFONO TOPICAL GEL IN PACKET 1.6 % (***diclofenac sodium***) | 3 | |
| ***diflunisal oral tablet 500 mg*** | 1 | |
| DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (***hyaluronate sodium, stabilized***) | 3 | PA |
| ***etodolac oral capsule 200 mg, 300 mg*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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) (***hyaluronate sodium***) | 2 | PA; Specialty; QL (6 per 135 days) |
| ***fenoprofen oral capsule 300 mg*** | 1 | |
| ***fenoprofen oral tablet 600 mg*** | 2 | |
| ***flurbiprofen oral tablet 100 mg*** | 1 | |
| FROTEK TOPICAL CREAM IN PACKET 10 % (***ketoprofen***) | 3 | |
| GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (***hyaluronate sod, cross-linked***) | 3 | PA |
| GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (***hyaluronate sodium***) | 3 | |
| HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (***hyaluronate sodium***) | 3 | PA |
| HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (***hyaluronate sodium, modified, non-crosslinked***) | 3 | |
| ***ibu oral tablet 400 mg, 600 mg, 800 mg*** | 1 | |
| ***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 (30 per 30 days) |
| JOURNAVX ORAL TABLET 50 MG (***suzetrigine***) | 3 | PA |
| ***ketoprofen oral capsule 25 mg*** | 2 | |
| ***ketoprofen oral capsule 50 mg, 75 mg*** | 1 | |
| ***ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg*** | 2 | |
| ***ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)*** | 1 | |
| ***ketorolac injection solution 30 mg/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 (120 per 30 days) |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***) | 3 | |
| LIFEMS NALOXONE INJECTION SYRINGE KIT 2 MG/2 ML (***naloxone hcl***) | 2 | $0 Copay |
| ***lofexidine oral tablet 0.18 mg*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***meclofenamate oral capsule 100 mg, 50 mg*** | 1 | |
| ***mefenamic acid oral capsule 250 mg*** | 2 | QL (150 per 30 days) |
| ***meloxicam oral tablet 15 mg*** | 1 | QL (30 per 30 days) |
| ***meloxicam oral tablet 7.5 mg*** | 1 | QL (60 per 30 days) |
| MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (***hyaluronate sodium, stabilized***) | 2 | PA |
| ***nabumetone oral tablet 500 mg*** | 1 | QL (120 per 30 days) |
| ***nabumetone oral tablet 750 mg*** | 1 | QL (60 per 30 days) |
| ***nalbuphine injection solution 10 mg/ml, 20 mg/ml*** | 1 | |
| 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 |
| ***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 | |
| ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (***hyaluronate sodium***) | 2 | PA |
| ***oxaprozin oral tablet 600 mg*** | 1 | |
| ***pentazocine-naloxone oral tablet 50-0.5 mg*** | 1 | |
| ***piroxicam oral capsule 10 mg, 20 mg*** | 1 | |
| REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (***naloxone hcl***) | 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 (***hyaluronate sodium***) | 3 | PA |
| ***tapentadol oral tablet 100 mg, 50 mg, 75 mg*** | 1 | |
| TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | 1 | |
| ***tolectin ds oral capsule 400 mg*** | 1 | |
| ***tolmetin oral capsule 400 mg*** | 1 | |
| ***tolmetin oral tablet 200 mg, 600 mg*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TORONOVA II SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***) | 3 | |
| TORONOVA SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***) | 3 | |
| TRAMADOL ORAL TABLET 25 MG (***tramadol hcl***) | 1 | |
| ***tramadol oral tablet 50 mg*** | 1 | |
| ***tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg*** | 1 | |
| ***tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg*** | 1 | |
| ***tramadol-acetaminophen oral tablet 37.5-325 mg*** | 1 | |
| TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | 3 | PA |
| TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | 3 | PA |
| VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | 3 | PA |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (***naltrexone microspheres***) | 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 (***buprenorphine hcl/naloxone hcl***) | 2 | |
| **PSYCHOTHERAPEUTIC DRUGS** | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (***aripiprazole***) | 2 | Specialty |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (***aripiprazole***) | 2 | Specialty |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***) | 3 | Specialty |
| ***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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 6.3 mg, 9.4 mg*** | 1 | ; QL (30 per 30 days) |
| ***amphetamine sulfate oral tablet 10 mg, 5 mg*** | 1 | PA; QL (90 per 30 days) |
| ***aripiprazole oral solution 1 mg/ml*** | 1 | |
| ***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 | |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (***aripiprazole lauroxil, submicronized***) | 2 | Specialty |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (***aripiprazole lauroxil***) | 2 | Specialty; QL (1 per 44 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML (***aripiprazole lauroxil***) | 2 | Specialty |
| ***armodafinil oral tablet 150 mg, 200 mg, 250 mg*** | 1 | QL (30 per 30 days) |
| ***armodafinil oral tablet 50 mg*** | 1 | QL (90 per 30 days) |
| ***asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg*** | 1 | ; QL (60 per 30 days) |
| ***atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg*** | 1 | QL (60 per 30 days) |
| ***atomoxetine oral capsule 100 mg, 60 mg, 80 mg*** | 1 | QL (30 per 30 days) |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (***dextromethorphan hbr/bupropion hcl***) | 3 | QL (60 per 30 days) |
| AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG (***dextromethorphan hbr/bupropion hcl***) | 3 | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***) | 3 | ; QL (30 per 30 days) |
| ***bupropion hcl oral tablet 100 mg, 75 mg*** | 1 | |
| ***bupropion hcl oral tablet extended release 24 hr 150 mg*** | 1 | QL (60 per 30 days) |
| ***bupropion hcl oral tablet extended release 24 hr 300 mg*** | 1 | QL (30 per 30 days) |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | 2 | ; QL (30 per 30 days) |
| ***bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg*** | 1 | QL (60 per 30 days) |
| ***buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg*** | 1 | |
| BYFAVO INTRAVENOUS RECON SOLN 20 MG (***remimazolam besylate***) | 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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***citalopram oral capsule 30 mg*** | 1 | |
| ***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 (120 per 30 days) |
| ***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 (90 per 30 days) |
| ***clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg*** | 1 | ; QL (90 per 30 days) |
| ***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 (30 per 30 days) |
| ***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 (30 per 30 days) |
| ***dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg*** | 1 | QL (60 per 30 days) |
| ***dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg*** | 1 | QL (60 per 30 days) |
| ***dextroamphetamine sulfate oral capsule, extended release 15 mg*** | 1 | QL (120 per 30 days) |
| ***dextroamphetamine sulfate oral solution 5 mg/5 ml*** | 1 | |
| ***dextroamphetamine sulfate oral tablet 10 mg*** | 1 | QL (180 per 30 days) |
| ***dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg*** | 1 | QL (90 per 30 days) |
| ***dextroamphetamine sulfate oral tablet 20 mg, 30 mg*** | 1 | QL (60 per 30 days) |
| ***dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg*** | 1 | QL (60 per 30 days) |
| ***dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg*** | 1 | QL (60 per 30 days) |
| ***dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg*** | 1 | QL (120 per 30 days) |
| ***dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg*** | 1 | QL (120 per 30 days) |
| ***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 | ; QL (30 per 30 days) |
| ***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 (***selegiline***) | 3 | ; QL (30 per 30 days) |
| ***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 (30 per 30 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***iloperidone***) | 3 | ; QL (60 per 30 days) |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) (***iloperidone***) | 3 | ; QL (8 per 28 days) |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) (***iloperidone***) | 3 | ; QL (12 per 28 days) |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) (***iloperidone***) | 3 | ; QL (8 per 28 days) |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran hcl***) | 3 | ; QL (30 per 30 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***) | 3 | ; QL (30 per 30 days) |
| ***fluoxetine hcl 10 mg tablet*** | 1 | |
| ***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, 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 | |
| ***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 (30 per 30 days) |
| ***haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml*** | 1 | |
| ***haloperidol lactate injection solution 5 mg/ml*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***tasimelteon***) | 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 (***paliperidone palmitate***) | 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 (***paliperidone palmitate***) | 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 (***paliperidone palmitate***) | 3 | Specialty |
| JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***) | 2 | |
| ***lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg*** | 1 | QL (30 per 30 days) |
| ***lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg*** | 1 | QL (30 per 30 days) |
| ***lithium carbonate oral capsule 150 mg, 600 mg*** | 1 | $0 Copay |
| ***lithium carbonate oral capsule 300 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 | |
| ***loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg*** | 1 | |
| ***lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg*** | 1 | ; QL (30 per 30 days) |
| ***lurasidone oral tablet 80 mg*** | 1 | ; QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***) | 3 | PA; QL (30 per 30 days) |
| MARPLAN ORAL TABLET 10 MG (***isocarboxazid***) | 3 | |
| ***methamphetamine oral tablet 5 mg*** | 1 | QL (150 per 30 days) |
| ***methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg*** | 1 | QL (60 per 30 days) |
| ***methylphenidate hcl oral capsule, er biphasic 30-70 30 mg*** | 1 | QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg*** | 1 | QL (60 per 30 days) |
| ***methylphenidate hcl oral capsule,er biphasic 50-50 30 mg*** | 1 | QL (120 per 30 days) |
| ***methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml*** | 1 | |
| ***methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg*** | 1 | QL (180 per 30 days) |
| ***methylphenidate hcl oral tablet extended release 10 mg*** | 1 | |
| ***methylphenidate hcl oral tablet extended release 20 mg*** | 1 | QL (180 per 30 days) |
| ***methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg, 72 mg*** | 1 | QL (60 per 30 days) |
| ***methylphenidate hcl oral tablet extended release 24hr 36 mg*** | 1 | QL (120 per 30 days) |
| ***methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg*** | 2 | QL (180 per 30 days) |
| MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML) (***midazolam hcl in 0.9 % sodium chloride/pf***) | 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) (***midazolam hcl in 0.9 % sodium chloride/pf***) | 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) (***midazolam hcl in 0.9 % sodium chloride***) | 1 | |
| MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML (***midazolam in sodium chloride, iso-osmotic/pf***) | 1 | |
| MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML) (***midazolam hcl***) | 1 | |
| ***midazolam oral syrup 2 mg/ml*** | 1 | |
| ***mirtazapine oral tablet 15 mg, 30 mg, 45 mg*** | 1 | |
| ***mirtazapine oral tablet 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 (***midazolam/ketamine hcl/ondansetron hcl***) | 1 | |
| ***modafinil oral tablet 100 mg, 200 mg*** | 1 | QL (60 per 30 days) |
| ***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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***) | 3 | PA; Specialty; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***) | 3 | PA; Specialty; QL (30 per 30 days) |
| ***olanzapine intramuscular recon soln 10 mg*** | 1 | QL (30 per 30 days) |
| ***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 (30 per 30 days) |
| ***olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg*** | 1 | QL (30 per 30 days) |
| ***oxazepam oral capsule 10 mg, 15 mg, 30 mg*** | 1 | |
| ***paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg*** | 2 | ; QL (30 per 30 days) |
| ***paliperidone oral tablet extended release 24hr 6 mg*** | 2 | ; QL (60 per 30 days) |
| ***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 | ; QL (30 per 30 days) |
| ***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 (***risperidone***) | 3 | Specialty |
| ***phenelzine oral tablet 15 mg*** | 1 | |
| ***pimozide oral tablet 1 mg, 2 mg*** | 1 | |
| ***protriptyline oral tablet 10 mg, 5 mg*** | 2 | |
| 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 (30 per 30 days) |
| ***ramelteon oral tablet 8 mg*** | 1 | ; QL (30 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***) | 2 | PA; QL (30 per 30 days) |
| ***risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml*** | 1 | Specialty |
| ***risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml*** | 1 | |
| ***risperidone oral solution 1 mg/ml*** | 1 | |
| ***risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg*** | 1 | $0 Copay |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***risperidone oral tablet,disintegrating 0.25 mg*** | 1 | QL (60 per 30 days) |
| ***risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg*** | 1 | QL (60 per 30 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (***asenapine***) | 3 | ; QL (30 per 30 days) |
| ***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 (540 per 30 days) |
| SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol hcl***) | 3 | PA; QL (30 per 30 days) |
| ***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 | |
| ***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 | ; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***) | 2 | PA; QL (30 per 30 days) |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG (***pitolisant hcl***) | 3 | PA; Specialty; QL (60 per 30 days) |
| XYREM ORAL SOLUTION 500 MG/ML (***sodium oxybate***) | 2 | PA; QL (540 per 30 days) |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***) | 2 | PA; Specialty |
| ***zaleplon oral capsule 10 mg, 5 mg*** | 1 | QL (30 per 30 days) |
| ***ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg*** | 1 | QL (60 per 30 days) |
| ***ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)*** | 1 | |
| ***zolpidem oral tablet 10 mg, 5 mg*** | 1 | QL (30 per 30 days) |
| ***zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg*** | 1 | QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***zolpidem sublingual tablet 1.75 mg, 3.5 mg*** | 1 | ; QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (***zuranolone***) | 3 | PA; QL (60 per 30 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG (***olanzapine pamoate***) | 3 | Specialty |
| **AUTONOMIC & CNS DRUGS, NEUROLOGY** | | |
| **MULTIPLE SCLEROSIS AGENTS** | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***) | 2 | PA; Specialty; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***) | 2 | PA; Specialty; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***) | 2 | PA; Specialty; QL (14 per 28 days) |
| BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML (***ublituximab-xiiy***) | 3 | PA; Specialty |
| ***cladribine(multiple sclerosis) oral tablet 10 mg*** | 1 | PA |
| ***dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg*** | 1 | PA; Specialty; QL (60 per 30 days) |
| ***fingolimod oral capsule 0.5 mg*** | 1 | PA; Specialty |
| ***glatiramer subcutaneous syringe 20 mg/ml*** | 1 | PA; Specialty; QL (30 per 30 days) |
| ***glatiramer subcutaneous syringe 40 mg/ml*** | 1 | PA; Specialty; QL (12 per 28 days) |
| ***glatopa subcutaneous syringe 20 mg/ml*** | 1 | PA; Specialty; QL (30 per 30 days) |
| ***glatopa subcutaneous syringe 40 mg/ml*** | 1 | PA; Specialty; QL (12 per 28 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***) | 2 | PA; Specialty; QL (50 per 28 days) |
| LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (***alemtuzumab***) | 2 | PA; Specialty; QL (3.6 per 365 days) |
| MAYZENT ORAL TABLET 0.25 MG (***siponimod***) | 3 | PA; Specialty; QL (120 per 30 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG (***siponimod***) | 3 | PA; Specialty; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***) | 3 | PA; Specialty |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***) | 3 | PA; Specialty |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (***ocrelizumab***) | 3 | PA; Specialty; QL (20 per 180 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML (***ocrelizumab-hyaluronidase-ocsq***) | 3 | PA; Specialty |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***) | 2 | PA; Specialty; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML (***peginterferon beta-1a***) | 2 | PA; Specialty; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***) | 2 | PA; Specialty; QL (1 per 30 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***) | 2 | PA; Specialty; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***) | 2 | PA; Specialty; QL (1 per 30 days) |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (***ponesimod***) | 3 | PA |
| PONVORY ORAL TABLET 20 MG (***ponesimod***) | 3 | PA |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***) | 2 | PA; Specialty; QL (6 per 28 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***) | 2 | PA; Specialty; QL (6 per 28 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***) | 2 | PA; Specialty; QL (4.2 per 28 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***) | 2 | PA; Specialty; QL (4.2 per 28 days) |
| ***teriflunomide oral tablet 14 mg, 7 mg*** | 1 | PA; Specialty; QL (30 per 30 days) |
| **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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***) | 3 | |
| ***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) (***sotalol hcl***) | 2 | |
| ***sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg*** | 1 | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***) | 2 | |
| **ANTIHYPERTENSIVE THERAPY** | | |
| ***acebutolol oral capsule 200 mg, 400 mg*** | 1 | |
| ***aliskiren oral tablet 150 mg, 300 mg*** | 1 | ; QL (30 per 30 days) |
| ***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 | |
| ***amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg*** | 2 | |
| ***amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg*** | 1 | |
| ***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 | |
| ***atenolol oral tablet 100 mg, 25 mg, 50 mg*** | 1 | |
| ***atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg*** | 1 | |
| ***azilsartan medoxomil oral tablet 40 mg, 80 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) (***esmolol hcl in sodium chloride, iso-osmotic***) | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML) (***esmolol hcl***) | 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 (***doxazosin mesylate***) | 3 | |
| ***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, 80 mg*** | 1 | |
| ***chlorothiazide sodium intravenous recon soln 500 mg*** | 1 | |
| ***chlorthalidone oral tablet 25 mg, 50 mg*** | 1 | |
| CLONIDINE HCL ORAL TABLET 0.05 MG (***clonidine hcl***) | 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*** | 1 | QL (4 per 28 days) |
| ***clonidine transdermal patch weekly 0.3 mg/24 hr*** | 1 | QL (8 per 28 days) |
| ***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 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan medoxomil/chlorthalidone***) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 |
| ***esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)*** | 1 | |
| ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML (20 MG/ML), 2,500 MG/250 ML (10 MG/ML) (***esmolol hcl in sterile water***) | 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 | |
| ***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*** | 1 | |
| ***furosemide oral solution 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*** | 1 | |
| ***hydrochlorothiazide oral tablet 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) (***labetalol hcl***) | 1 | |
| ***labetalol intravenous syringe 20 mg/4 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, 30 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 | |
| ***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, 50 mg*** | 1 | |
| ***metoprolol tartrate oral tablet 25 mg, 37.5 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, 5 mg*** | 1 | QL (30 per 30 days) |
| ***nebivolol oral tablet 20 mg*** | 1 | QL (60 per 30 days) |
| ***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 (120 per 20 days) |
| ***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 | |
| ***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 | |
| ***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 (***treprostinil diolamine***) | 3 | PA; Specialty |
| ***papaverine injection solution 30 mg/ml*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg*** | 1 | |
| ***phenoxybenzamine oral capsule 10 mg*** | 1 | PA; Specialty; QL (10 per 20 days) |
| ***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 | |
| ***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 | |
| ***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 | |
| ***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 | |
| ***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 (***selexipag***) | 2 | PA; Specialty; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***) | 2 | PA; Specialty; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| UPTRAVI ORAL TABLET 200 MCG (***selexipag***) | 2 | PA; Specialty; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) (***selexipag***) | 2 | PA; Specialty; QL (200 per 365 days) |
| ***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 (***antihemophilic factor (fviii) recombinant,full length***) | 2 | Specialty |
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (***antihemophilic factor (fviii) recombinant, full length, peg***) | 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 (***antihemophilic factor viii recomb,single-chn,b-dom truncated***) | 2 | PA; Specialty |
| AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML (***tirofiban hcl monohydrate***) | 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 (***antihemophilic factor, human/von willebrand factor,human***) | 2 | Specialty |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix***) | 2 | Specialty |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***factor ix recombinant, fc fusion protein***) | 2 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl***) | 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 (***argatroban***) | 3 | Specialty |
| ***aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg*** | 1 | QL (60 per 30 days) |
| BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***) | 2 | Specialty |
| ***bivalirudin intravenous recon soln 250 mg*** | 1 | PA; Specialty |
| BIVALIRUDIN INTRAVENOUS SOLUTION 250 MG/50 ML (5 MG/ML) (***bivalirudin***) | 1 | PA; Specialty |
| CABLIVI INJECTION KIT 11 MG (***caplacizumab-yhdp***) | 3 | PA; Specialty; QL (30 per 30 days) |
| CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (***protein c, human***) | 2 | Specialty |
| CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (***protein c, human***) | 2 | Specialty |
| ***cilostazol oral tablet 100 mg, 50 mg*** | 1 | |
| ***clopidogrel oral tablet 300 mg*** | 1 | QL (4 per 30 days) |
| ***clopidogrel oral tablet 75 mg*** | 1 | |
| COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***coagulation factor x***) | 2 | Specialty |
| CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (***factor xiii***) | 2 | Specialty |
| ***dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg*** | 1 | ; QL (60 per 30 days) |
| DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML (***defibrotide sodium***) | 3 | |
| ***dipyridamole oral tablet 25 mg, 50 mg, 75 mg*** | 1 | |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***) | 2 | PA; Specialty; QL (60 per 30 days) |
| DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG (***avatrombopag maleate***) | 2 | PA; Specialty |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (***apixaban***) | 2 | QL (74 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ELIQUIS ORAL TABLET 2.5 MG (***apixaban***) | 2 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG (***apixaban***) | 2 | QL (74 per 30 days) |
| 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 (***antihemophilic factor (fviii) recombinant, fc fusion protein***) | 2 | PA; Specialty |
| ***eltrombopag olamine oral powder in packet 12.5 mg*** | 1 | PA; Specialty; QL (30 per 30 days) |
| ***eltrombopag olamine oral powder in packet 25 mg*** | 1 | PA; Specialty; QL (90 per 30 days) |
| ***eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg*** | 1 | PA; Specialty; QL (30 per 30 days) |
| ***enoxaparin subcutaneous solution 300 mg/3 ml*** | 1 | ; Specialty |
| ***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 |
| ***eptifibatide intravenous solution 0.75 mg/ml*** | 1 | Specialty |
| ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-dom truncated peg-exei***) | 2 | PA; Specialty |
| FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (***anti-inhibitor coagulant complex***) | 2 | Specialty |
| FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG-1,300 MG), 2 GRAM (1,400 MG-2,600 MG) (***fibrinogen***) | 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 |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***) | 2 | ; Specialty |
| 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 (***dalteparin sodium,porcine***) | 2 | ; Specialty |
| HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML (***etranacogene dezaparvovec-drlb***) | 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 (***emicizumab-kxwh***) | 3 | PA; Specialty |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (***antihemophilic factor, human***) | 2 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (***antihemophilic factor, human***) | 2 | Specialty |
| HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (***antihemophilic factor, human***) | 2 | Specialty |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (***antihemophilic factor, human***) | 2 | Specialty |
| ***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) (***heparin sodium,porcine in 0.9 % sodium chloride***) | 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 | |
| ***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) (***heparin sodium,porcine in 0.9 % sodium chloride/pf***) | 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 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 (***heparin sodium,porcine in 0.45 % sodium chloride***) | 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*** | 1 | |
| ***heparin, porcine (pf) intravenous syringe 100 unit/ml*** | 1 | |
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (***antihemophilic factor, human/von willebrand factor,human***) | 2 | Specialty |
| IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT (***factor ix recombinant,albumin fusion protein***) | 3 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant, threonine 148***) | 2 | Specialty |
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-domain deleted peg-aucl***) | 2 | PA; Specialty |
| KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (***human prothrombin complex concentrate 4-factor***) | 3 | Specialty |
| KENGREAL INTRAVENOUS RECON SOLN 50 MG (***cangrelor tetrasodium***) | 3 | |
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor, human***) | 3 | Specialty |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***) | 2 | Specialty |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii recombinant, b-domain truncated***) | 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) (***coagulation factor viia (recombinant)***) | 2 | Specialty |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG (***romiplostim***) | 2 | PA; Specialty |
| NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG (***romiplostim***) | 2 | PA; Specialty; QL (8 per 28 days) |
| OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (***antihemophilic factor viii, recombinant porcine sequence***) | 2 | Specialty |
| ***pentoxifylline oral tablet extended release 400 mg*** | 1 | |
| ***phytonadione (vitamin k1) injection solution 1 mg/0.5 ml, 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 (30 per 30 days) |
| PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML (***idarucizumab***) | 3 | Specialty |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix complex, prothrombin complex conc no.4, 3-factor***) | 2 | Specialty |
| ***protamine intravenous solution 10 mg/ml*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***factor ix (human) recombinant, pegylated***) | 3 | Specialty |
| RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) (***fibrinogen***) | 2 | |
| ***rivaroxaban oral suspension for reconstitution 1 mg/ml*** | 1 | |
| ***rivaroxaban oral tablet 2.5 mg*** | 1 | QL (60 per 30 days) |
| RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***) | 3 | Specialty |
| SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) (***coagulation factor viia recombinant-jncw***) | 3 | Specialty |
| THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT (***antithrombin iii (human plasma derived)***) | 2 | |
| ***ticagrelor oral tablet 60 mg, 90 mg*** | 1 | QL (60 per 30 days) |
| ***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 IN NACL,ISO-OS INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML) (***tranexamic acid in sodium chloride,iso-osmotic***) | 1 | |
| ***tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)*** | 1 | |
| TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (***factor xiii a-subunit, recombinant***) | 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 (***von willebrand factor (recombinant)***) | 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 (***antihemophilic factor, human/von willebrand factor,human***) | 2 | Specialty |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***) | 2 | QL (51 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***) | 2 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG (***rivaroxaban***) | 2 | QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***) | 2 | PA; Specialty |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***) | 2 | PA; Specialty |
| ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***) | 3 | QL (30 per 30 days) |
| **LIPID/CHOLESTEROL LOWERING AGENTS** | | |
| ***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 | ; QL (30 per 30 days) |
| ***atorvastatin oral tablet 10 mg, 20 mg*** | 1 | ACA; QL (30 per 30 days) |
| ***atorvastatin oral tablet 40 mg, 80 mg*** | 1 | QL (30 per 30 days) |
| ***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 (30 per 30 days) |
| ***ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg*** | 1 | QL (30 per 30 days) |
| ***ezetimibe-simvastatin oral tablet 10-80 mg*** | 1 | ; QL (30 per 30 days) |
| ***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 | |
| ***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 | ; ACA; QL (60 per 30 days) |
| ***fluvastatin oral tablet extended release 24 hr 80 mg*** | 2 | ; ACA; QL (30 per 30 days) |
| ***gemfibrozil oral tablet 600 mg*** | 1 | |
| ***icosapent ethyl oral capsule 0.5 gram*** | 1 | ; QL (240 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***icosapent ethyl oral capsule 1 gram*** | 1 | ; QL (120 per 30 days) |
| JUXTAPID ORAL CAPSULE 10 MG, 30 MG (***lomitapide mesylate***) | 2 | PA; Specialty; QL (30 per 30 days) |
| JUXTAPID ORAL CAPSULE 2 MG (***lomitapide mesylate***) | 2 | PA |
| JUXTAPID ORAL CAPSULE 20 MG (***lomitapide mesylate***) | 2 | PA; Specialty; QL (90 per 30 days) |
| JUXTAPID ORAL CAPSULE 5 MG (***lomitapide mesylate***) | 2 | PA; Specialty; QL (45 per 30 days) |
| ***lovastatin oral tablet 10 mg, 20 mg, 40 mg*** | 1 | ACA; QL (60 per 30 days) |
| NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***) | 2 | PA; QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***) | 2 | PA; QL (30 per 30 days) |
| ***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 (120 per 30 days) |
| ***pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg*** | 1 | ; ACA; QL (30 per 30 days) |
| ***pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg*** | 1 | ACA; QL (30 per 30 days) |
| ***prevalite oral powder 4 gram*** | 1 | |
| ***prevalite oral powder in packet 4 gram*** | 1 | |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***) | 2 | PA; QL (2 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***) | 2 | PA; QL (2 per 28 days) |
| ***rosuvastatin oral tablet 10 mg, 5 mg*** | 1 | ACA; QL (30 per 30 days) |
| ***rosuvastatin oral tablet 20 mg, 40 mg*** | 1 | QL (30 per 30 days) |
| ***simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg*** | 1 | ACA; QL (30 per 30 days) |
| ***simvastatin oral tablet 80 mg*** | 1 | QL (30 per 30 days) |
| **MISCELLANEOUS CARDIOVASCULAR AGENTS** | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine hcl***) | 2 | |
| FILSPARI ORAL TABLET 200 MG, 400 MG (***sparsentan***) | 2 | PA; Specialty; QL (30 per 30 days) |
| GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML (***angiotensin ii acetate, human***) | 3 | |
| ***isoproterenol hcl injection solution 0.2 mg/ml*** | 1 | |
| ***ivabradine oral tablet 5 mg, 7.5 mg*** | 1 | ; QL (60 per 30 days) |
| ***ranolazine oral tablet extended release 12 hr 1,000 mg*** | 1 | QL (60 per 30 days) |
| ***ranolazine oral tablet extended release 12 hr 500 mg*** | 1 | QL (120 per 30 days) |
| ***sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg*** | 1 | QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VECAMYL ORAL TABLET 2.5 MG (***mecamylamine hcl***) | 3 | PA |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***) | 3 | PA |
| VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***) | 3 | PA; Specialty; QL (30 per 30 days) |
| **NITRATES** | | |
| ***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 (***nitroglycerin***) | 3 | |
| ***nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg*** | 1 | |
| ***nitroglycerin transdermal ointment 2 %*** | 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 (***bimekizumab-bkzx***) | 3 | PA; Specialty; QL (2 per 30 days) |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML (***bimekizumab-bkzx***) | 3 | PA; Specialty; QL (2 per 30 days) |
| ***calcipotriene scalp solution 0.005 %*** | 1 | |
| ***calcipotriene topical cream 0.005 %*** | 1 | |
| CALCIPOTRIENE TOPICAL FOAM 0.005 % | 2 | |
| ***calcipotriene topical ointment 0.005 %*** | 1 | |
| ***calcipotriene-betamethasone topical ointment 0.005-0.064 %*** | 1 | |
| ***calcitriol topical ointment 3 mcg/gram*** | 1 | |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***) | 3 | PA; Specialty; QL (2 per 28 days) |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML (***secukinumab***) | 3 | PA; Specialty |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***) | 3 | PA; Specialty; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***) | 3 | PA; Specialty; QL (1 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***) | 3 | PA; Specialty; QL (1 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML (***secukinumab***) | 3 | PA; Specialty; QL (1 per 30 days) |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (***secukinumab***) | 3 | PA; Specialty |
| ***drithocreme hp topical cream 1 %*** | 2 | |
| ***hydrocortisone-pramoxine topical cream 2.5-1 %*** | 1 | |
| ICOTYDE ORAL TABLET 200 MG (***icotrokinra hcl***) | 2 | PA; QL (30 per 30 days) |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (***tildrakizumab-asmn***) | 3 | PA; Specialty; QL (1 per 84 days) |
| IMULDOSA INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-srlf***) | 2 | PA; Specialty |
| IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-srlf***) | 2 | PA; Specialty |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-aekn***) | 2 | PA; Specialty |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-aekn***) | 2 | PA |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-aekn***) | 2 | PA; Specialty |
| ***selenium sulfide topical lotion 2.5 %*** | 1 | |
| ***selenium sulfide topical shampoo 2.25 %*** | 2 | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***) | 2 | PA; Specialty; QL (2 per 84 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (***risankizumab-rzaa***) | 2 | PA; Specialty; QL (2 per 84 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML (***risankizumab-rzaa***) | 2 | PA |
| SOTYKTU ORAL TABLET 6 MG (***deucravacitinib***) | 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 (***ixekizumab***) | 2 | PA; Specialty; QL (1 per 28 days) |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***) | 2 | PA; Specialty; QL (1 per 28 days) |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***) | 2 | PA; Specialty; QL (1 per 28 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (***ixekizumab***) | 2 | PA; Specialty; QL (1 per 28 days) |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (***guselkumab***) | 2 | PA; Specialty |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***) | 2 | PA; Specialty; QL (1 per 56 days) |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (***guselkumab***) | 2 | PA; Specialty |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (***guselkumab***) | 2 | PA; Specialty; QL (1 per 56 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (***guselkumab***) | 2 | PA; Specialty; QL (1 per 56 days) |
| 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 |
| INTEK INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-kfce***) | 2 | PA; Specialty |
| INTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***) | 2 | PA; Specialty |
| INTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-kfce***) | 2 | PA; Specialty |
| ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin micronized***) | 3 | |
| ZORYVE TOPICAL CREAM 0.05 % (***roflumilast***) | 3 | PA |
| ZORYVE TOPICAL CREAM 0.15 %, 0.3 % (***roflumilast***) | 3 | PA; Specialty |
| ZORYVE TOPICAL FOAM 0.3 % (***roflumilast***) | 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 | |
| ***salicylic acid topical liquid 26 %*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 % (***salicylic acid***) | 3 | |
| ***salimez topical cream 6 %*** | 2 | |
| ***salycim topical cream 6 %*** | 1 | |
| ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (***salicylic acid***) | 3 | |
| **MISCELLANEOUS DERMATOLOGICALS** | | |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (***tralokinumab-ldrm***) | 2 | PA; Specialty |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (***tralokinumab-ldrm***) | 2 | PA; Specialty |
| AMELUZ TOPICAL GEL 10 % (***aminolevulinic acid hcl***) | 3 | |
| ***avo cream topical emulsion*** | 1 | |
| ***cem-urea topical gel 45 %*** | 1 | |
| CERACADE TOPICAL EMULSION (***emollient combination no.103***) | 3 | |
| CERAMAX TOPICAL CREAM (***emollient combination no.101***) | 3 | |
| CERAMAX TOPICAL LOTION (***emollient combination no.101***) | 3 | |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***) | 2 | PA; Specialty; QL (30 per 30 days) |
| ***dermacure topical cream 41 %*** | 1 | |
| ***diclofenac sodium topical gel 3 %*** | 1 | |
| ***doxepin topical cream 5 %*** | 1 | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (***aluminum chloride***) | 2 | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML (***dupilumab***) | 2 | PA; Specialty; QL (2.28 per 28 days) |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (***dupilumab***) | 2 | PA; Specialty; QL (4 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML (***dupilumab***) | 2 | PA; Specialty; QL (2.28 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML (***dupilumab***) | 2 | PA; Specialty; QL (4 per 28 days) |
| ***emulsion sb topical emulsion*** | 1 | |
| EUCRISA TOPICAL OINTMENT 2 % (***crisaborole***) | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FILSUVEZ TOPICAL GEL 10 % (***birch bark extract***) | 2 | PA; Specialty |
| FLUOROURACIL TOPICAL CREAM 0.5 % | 1 | PA |
| ***fluorouracil topical cream 5 %*** | 1 | |
| ***fluorouracil topical solution 2 %, 5 %*** | 1 | |
| HALUCORT TOPICAL GEL (***emollient combination no.56/hyaluronic acid***) | 3 | |
| ***imiquimod topical cream in packet 5 %*** | 1 | QL (24 per 30 days) |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***) | 3 | |
| IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***) | 3 | |
| LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL (***emollient combination no.60***) | 3 | |
| LEVULAN TOPICAL SOLUTION 20 % (***aminolevulinic acid hcl***) | 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 % (***alitretinoin***) | 3 | Specialty |
| ***pimecrolimus topical cream 1 %*** | 1 | |
| ***podofilox topical gel 0.5 %*** | 1 | |
| ***podofilox topical solution 0.5 %*** | 1 | |
| ***pruclair topical cream*** | 1 | |
| QBREXZA TOPICAL TOWELETTE 2.4 % (***glycopyrronium tosylate***) | 3 | ; QL (30 per 30 days) |
| SCENESSE SUBCUTANEOUS IMPLANT 16 MG (***afamelanotide acetate***) | 3 | PA; Specialty; QL (1 per 60 days) |
| SEBUDERM TOPICAL GEL (***emollient combination no.60***) | 3 | |
| ***silver nitrate applicators topical stick 75-25 %*** | 1 | |
| ***silver nitrate topical solution 0.5 %*** | 1 | |
| ***silver nitrate topical solution 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 %, 50 %*** | 1 | |
| UREA TOPICAL CREAM 39.5 % (***urea***) | 1 | |
| ***urea topical foam 35 %*** | 1 | |
| ***urea topical gel 45 %*** | 1 | |
| ***urea topical lotion 40 %*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***) | 2 | PA; Specialty |
| VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML (***beremagene geperpavec-svdt***) | 3 | PA; Specialty |
| ***wintergreen oil oil*** | 1 | |
| YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (***cantharidin***) | 2 | PA; Specialty; QL (12 per 28 days) |
| **THERAPY FOR ACNE** | | |
| ***accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg*** | 1 | QL (60 per 30 days) |
| ***adapalene topical cream 0.1 %*** | 1 | |
| ***adapalene topical gel 0.3 %*** | 1 | |
| ***adapalene topical gel with pump 0.3 %*** | 2 | |
| ADAPALENE TOPICAL LOTION 0.1 % | 2 | |
| ***adapalene topical solution 0.1 %*** | 2 | |
| ***adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %*** | 2 | |
| ***amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg*** | 2 | QL (60 per 30 days) |
| ***azelaic acid topical gel 15 %*** | 1 | |
| ***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 (1 per 30 days) |
| ***claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg*** | 2 | QL (60 per 30 days) |
| ***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 |
| ***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 | |
| ***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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***erythromycin with ethanol topical solution 2 %*** | 1 | ; $0 Copay |
| ***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 (60 per 30 days) |
| ***ivermectin topical cream 1 %*** | 2 | |
| ***metronidazole topical cream 0.75 %*** | 1 | |
| ***metronidazole topical gel 0.75 %*** | 1 | |
| ***metronidazole topical gel 1 %*** | 2 | |
| ***metronidazole topical gel with pump 1 %*** | 2 | |
| ***metronidazole topical lotion 0.75 %*** | 2 | |
| NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % (***clindamycin phosphate/benzoyl peroxide/emollient comb no.94***) | 3 | |
| ***neuac topical gel 1.2 %(1 % base) -5 %*** | 1 | $0 Copay |
| ***oxymetazoline topical cream 1 %*** | 1 | |
| ***rosadan topical cream 0.75 %*** | 1 | |
| ***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 |
| ***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 |
| ***sulfacleanse 8-4 topical suspension 8-4 %*** | 1 | |
| ***tazarotene topical cream 0.05 %, 0.1 %*** | 1 | |
| ***tazarotene topical gel 0.05 %, 0.1 %*** | 1 | |
| ***tretinoin microspheres topical gel 0.04 %, 0.1 %*** | 2 | |
| ***tretinoin topical cream 0.025 %, 0.05 %, 0.1 %*** | 1 | |
| ***tretinoin topical gel 0.01 %*** | 1 | |
| ***tretinoin topical gel 0.025 %, 0.05 %*** | 2 | |
| ***trilitas topical gel 0.1 %*** | 1 | |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide/hydrocortisone***) | 3 | |
| ***zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg*** | 2 | QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **TOPICAL ANESTHETICS** | | |
| COCAINE NASAL SOLUTION 4 % | 2 | |
| ***ethyl chloride topical aerosol,spray 100 %*** | 1 | |
| ***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 2 %, 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 (90 per 30 days) |
| ***lidocaine topical ointment 5 %*** | 1 | |
| ***lidocaine-prilocaine topical cream 2.5-2.5 %*** | 1 | |
| ***lidocort topical cream 3-0.5 %*** | 3 | |
| NUMBRINO NASAL SOLUTION 4 % (***cocaine hcl***) | 1 | |
| ***polocaine-mpf injection solution 20 mg/ml (2 %)*** | 1 | |
| **TOPICAL ANTIBACTERIALS** | | |
| ***corti-sav topical cream 1-1 %*** | 1 | |
| ***gentamicin topical cream 0.1 %*** | 1 | |
| ***gentamicin topical ointment 0.1 %*** | 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 % (***neomycin sulfate/fluocinolone acetonide/emollient comb no.65***) | 3 | |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide***) | 3 | |
| ***strong iodine topical solution 5-10 %*** | 1 | |
| ***sulfacetamide sodium (acne) topical suspension 10 %*** | 1 | $0 Copay |
| SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide acetate***) | 2 | |
| **TOPICAL ANTIFUNGALS** | | |
| ***ciclopirox topical cream 0.77 %*** | 1 | |
| ***ciclopirox topical gel 0.77 %*** | 2 | |
| ***ciclopirox topical shampoo 1 %*** | 2 | |
| ***ciclopirox topical solution 8 %*** | 1 | |
| ***ciclopirox topical suspension 0.77 %*** | 1 | |
| ***clotrimazole-betamethasone topical cream 1-0.05 %*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***clotrimazole-betamethasone topical lotion 1-0.05 %*** | 1 | |
| ***econazole nitrate topical cream 1 %*** | 1 | |
| ERTACZO TOPICAL CREAM 2 % (***sertaconazole nitrate***) | 3 | |
| ***ketoconazole topical cream 2 %*** | 1 | |
| ***ketoconazole topical foam 2 %*** | 2 | |
| ***ketoconazole topical shampoo 2 %*** | 1 | |
| ***ketodan kit topical combo pack 2 %*** | 2 | |
| ***ketodan topical foam 2 %*** | 2 | |
| ***klata topical powder 100,000 unit/gram*** | 1 | |
| LULICONAZOLE TOPICAL CREAM 1 % | 3 | |
| ***naftifine topical cream 1 %*** | 2 | |
| ***naftifine topical cream 2 %*** | 2 | |
| ***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 | |
| ***oxiconazole topical cream 1 %*** | 2 | |
| OXISTAT TOPICAL LOTION 1 % (***oxiconazole nitrate***) | 3 | |
| SULCONAZOLE TOPICAL CREAM 1 % | 2 | |
| ***tavaborole topical solution with applicator 5 %*** | 1 | PA; QL (10 per 30 days) |
| **TOPICAL ANTIVIRALS** | | |
| ***acyclovir topical ointment 5 %*** | 2 | |
| ***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 | |
| ***amcinonide topical ointment 0.1 %*** | 2 | |
| ***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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 | |
| ***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 % (***halobetasol propionate/tazarotene***) | 3 | |
| ***evesse topical lotion 0.1 %*** | 1 | |
| ***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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 | |
| ***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 gel 2 %*** | 1 | |
| ***hydrocortisone topical lotion 2 %, 2.5 %*** | 1 | |
| ***hydrocortisone topical ointment 2.5 %*** | 1 | |
| ***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 % (***hydrocortisone acetate/aloe vera***) | 3 | |
| ***prednicarbate topical cream 0.1 %*** | 1 | |
| ***triadermex topical kit 0.1 %- 4" x 4"*** | 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 | |
| ***triderm topical cream 0.5 %*** | 1 | |
| **TOPICAL ENZYMES** | | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***) | 2 | |
| **TOPICAL SCABICIDES / PEDICULICIDES** | | |
| ***crotan topical lotion 10 %*** | 3 | |
| EURAX TOPICAL CREAM 10 % (***crotamiton***) | 3 | |
| EURAX TOPICAL LOTION 10 % (***crotamiton***) | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***malathion topical lotion 0.5 %*** | 1 | |
| ***permethrin topical cream 5 %*** | 1 | |
| ***pruradik topical lotion 10 %*** | 1 | |
| ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***) | 3 | |
| **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 (***tirzepatide***) | 2 | PA |
| **ANTIDOTES** | | |
| PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML (***methylene blue***) | 1 | |
| **DIAGNOSTICS & MISCELLANEOUS AGENTS** | | |
| BD VERITOR SARS-COV-2, FLU A-B KIT (***covid-19, influenza a, influenza b antigen immunoassay test***) | 3 | ACA; QL (8 per 30 days) |
| BD VERITOR SYSTEM SARS-COV-2 KIT (***covid-19 antigen immunoassay test***) | 3 | ACA; QL (8 per 30 days) |
| BINAXNOW COVID-19 AG CARD KIT (***covid-19 antigen immunoassay test***) | 3 | ACA; QL (8 per 30 days) |
| COVID19 TEST ADM.BY PHARMACIST (***covid-19 test administered by pharmacist***) | 3 | ACA; QL (8 per 30 days) |
| ID NOW COVID-19 TEST KIT KIT (***covid-19 molecular nucleic acid test assay***) | 3 | ACA; QL (8 per 30 days) |
| LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***) | 3 | ACA; QL (8 per 30 days) |
| PIXEL COVID19 HOME COLLECT KIT (***covid-19 test specimen collection***) | 3 | ACA; QL (8 per 30 days) |
| QUICKVUE SARS ANTIGEN KIT (***covid-19 antigen immunoassay test***) | 3 | ACA; QL (8 per 30 days) |
| SOFIA SARS ANTIGEN FIA KIT (***covid-19 antigen immunoassay test***) | 3 | ACA; QL (8 per 30 days) |
| SOFIA2 FLU-SARS ANTIGEN FIA KIT (***covid-19, influenza a, influenza b antigen immunoassay test***) | 3 | ACA; QL (8 per 30 days) |
| **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 (***physiological irrigating solution no.1***) | 3 | |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***) | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***ringer's irrigation solution*** | 1 | |
| SORBITOL IRRIGATION SOLUTION 3 % (***sorbitol solution***) | 1 | |
| SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML (***mannitol/sorbitol solution***) | 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 (***hyaluronidase***) | 3 | |
| ***anagrelide oral capsule 0.5 mg, 1 mg*** | 1 | |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (***alpha-1-proteinase inhibitor***) | 2 | Specialty |
| ***caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)*** | 1 | |
| ***carglumic acid oral tablet, dispersible 200 mg*** | 1 | Specialty |
| CASGEVY INTRAVENOUS SUSPENSION 4 X TO 13 X 10EXP6 CELL/ML (***exagamglogene autotemcel***) | 3 | PA; Specialty; QL (1 per 720 days) |
| ***cevimeline oral capsule 30 mg*** | 1 | |
| CHEMET ORAL CAPSULE 100 MG (***succimer***) | 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 (180 per 30 days) |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG (***deferiprone***) | 2 | PA; Specialty |
| FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***) | 2 | PA; Specialty |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (***givosiran sodium***) | 3 | PA; Specialty |
| ***glutamine (sickle cell) oral powder in packet 5 gram*** | 1 | PA |
| HYLENEX INJECTION SOLUTION 150 UNIT/ML (***hyaluronidase, human recombinant***) | 3 | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***) | 2 | PA; Specialty |
| JOENJA ORAL TABLET 70 MG (***leniolisib phosphate***) | 2 | PA; Specialty; QL (60 per 30 days) |
| LAMZEDE INTRAVENOUS RECON SOLN 10 MG (***velmanase alfa-tycv***) | 2 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| LENMELDY INTRAVENOUS SUSPENSION 2 X TO 11.8 X 10EXP6 CELL/ML (***atidarsagene autotemcel***) | 2 | PA; Specialty; QL (1 per 720 days) |
| ***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 (***acetohydroxamic acid***) | 3 | |
| LOARGYS INJECTION SOLUTION 5 MG/ML (***pegzilarginase-nbln***) | 2 | PA |
| ***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 (***nitisinone***) | 2 | PA; Specialty |
| OMISIRGE INTRAVENOUS SUSPENSION (***omidubicel-onlv***) | 3 | PA; Specialty |
| ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***) | 2 | PA; Specialty |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (***alpha-1-proteinase inhibitor***) | 2 | Specialty |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (***mitapivat sulfate***) | 3 | PA; Specialty; QL (60 per 30 days) |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (***mitapivat sulfate***) | 3 | PA; Specialty; QL (30 per 30 days) |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***) | 3 | |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML (***glycerol phenylbutyrate***) | 2 | PA; QL (525 per 30 days) |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (***elapegademase-lvlr***) | 3 | PA; Specialty |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (***resmetirom***) | 2 | PA; Specialty; QL (30 per 30 days) |
| ***riluzole oral tablet 50 mg*** | 1 | Specialty |
| ***risedronate oral tablet 30 mg*** | 1 | QL (30 per 30 days) |
| ***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 (1200 per 30 days) |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (***palovarotene***) | 2 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab***) | 3 | PA; Specialty; QL (180 per 28 days) |
| TAVNEOS ORAL CAPSULE 10 MG (***avacopan***) | 3 | PA; Specialty; QL (180 per 30 days) |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***) | 3 | PA; Specialty; QL (600 per 30 days) |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***) | 3 | PA; Specialty; QL (600 per 30 days) |
| ***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 (240 per 30 days) |
| TRIENTINE ORAL CAPSULE 500 MG (***trientine hcl***) | 2 | |
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***) | 2 | PA; Specialty; QL (360 per 56 days) |
| VAFSEO ORAL TABLET 150 MG, 300 MG (***vadadustat***) | 2 | Specialty; QL (30 per 30 days) |
| VEOPOZ INJECTION SOLUTION 200 MG/ML (***pozelimab-bbfg***) | 3 | PA; Specialty; QL (8 per 28 days) |
| VOYDEYA ORAL TABLET 100 MG (***danicopan***) | 3 | PA; Specialty; QL (180 per 30 days) |
| VOYDEYA ORAL TABLET 150 MG (50 MG X 1-100 MG X 1) (***danicopan***) | 3 | PA; Specialty; QL (90 per 30 days) |
| ***water for irrigation, sterile irrigation solution*** | 1 | |
| XENPOZYME INTRAVENOUS RECON SOLN 20 MG (***olipudase alfa-rpcp***) | 3 | PA; Specialty; QL (30 per 28 days) |
| XENPOZYME INTRAVENOUS RECON SOLN 4 MG (***olipudase alfa-rpcp***) | 3 | PA; Specialty |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine triacetate***) | 2 | PA; Specialty; QL (120 per 30 days) |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (***alpha-1-proteinase inhibitor***) | 2 | Specialty |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***) | 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 (60 per 30 days) |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (***nicotine***) | 3 | ACA; QL (30 per 30 days) |
| NICORETTE BUCCAL GUM 2 MG (***nicotine polacrilex***) | 3 | ACA; QL (720 per 30 days) |
| ***nicorette buccal gum 4 mg*** | 3 | ACA; QL (720 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NICORETTE BUCCAL LOZENGE 2 MG, 4 MG (***nicotine polacrilex***) | 3 | ACA; QL (600 per 30 days) |
| NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG (***nicotine polacrilex***) | 3 | ACA; QL (600 per 30 days) |
| ***nicotine (polacrilex) buccal gum 2 mg, 4 mg*** | 1 | ACA; QL (720 per 30 days) |
| ***nicotine (polacrilex) buccal lozenge 2 mg, 4 mg*** | 1 | ACA; QL (600 per 30 days) |
| ***nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg*** | 1 | ACA; QL (600 per 30 days) |
| ***nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr*** | 1 | ACA; QL (30 per 30 days) |
| ***nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr*** | 3 | ACA; QL (30 per 30 days) |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (***nicotine***) | 3 | ACA |
| ***quit 2 buccal gum 2 mg*** | 1 | ACA; QL (720 per 30 days) |
| ***quit 2 buccal lozenge 2 mg*** | 1 | ACA; QL (600 per 30 days) |
| ***quit 4 buccal gum 4 mg*** | 1 | ACA; QL (720 per 30 days) |
| ***quit 4 buccal lozenge 4 mg*** | 1 | ACA; QL (600 per 30 days) |
| ***stop smoking aid buccal lozenge 2 mg, 4 mg*** | 1 | ACA; QL (600 per 30 days) |
| ***varenicline tartrate oral tablet 0.5 mg, 1 mg*** | 1 | ACA; QL (60 per 30 days) |
| ***varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)*** | 1 | ACA; QL (60 per 30 days) |
| **EAR, NOSE & THROAT MEDICATIONS** | | |
| **MISCELLANEOUS AGENTS** | | |
| ***azelastine nasal spray,non-aerosol 137 mcg (0.1 %)*** | 1 | |
| ***chlorhexidine gluconate mucous membrane mouthwash 0.12 %*** | 1 | |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (***sulfuric acid/sulfonated phenol***) | 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 | |
| ***paroex oral rinse mucous membrane mouthwash 0.12 %*** | 1 | |
| ***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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 | |
| ***ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %*** | 1 | |
| ***neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%*** | 1 | |
| ***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 (39 per 30 days) |
| ***deflazacort oral tablet 18 mg*** | 1 | PA; QL (30 per 30 days) |
| ***deflazacort oral tablet 30 mg, 36 mg, 6 mg*** | 1 | PA; QL (60 per 30 days) |
| ***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, 1.5 mg, 4 mg, 6 mg*** | 1 | |
| ***dexamethasone oral tablet 1 mg, 2 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 suspension 22.75 mg/ml*** | 1 | QL (39 per 30 days) |
| ***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 | |
| ***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), 5 mg base/5 ml (6.7 mg/5 ml)*** | 1 | |
| ***prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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, 5 mg*** | 1 | |
| ***prednisone oral tablets,dose pack 10 mg, 5 mg*** | 1 | |
| 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 (***hydrocortisone sodium succinate/pf***) | 2 | |
| SOLU-CORTEF INJECTION RECON SOLN 100 MG (***hydrocortisone sodium succinate***) | 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 (***potassium iodide***) | 1 | |
| **BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES** | | |
| AGAMATRIX PRESTO SYSTEM (***blood-glucose meter***) | 1 | |
| CONTOUR CONTROL SOLUTION, NML SOLUTION (***blood glucose calibration control solution, normal***) | 2 | |
| CONTOUR NEXT EZ METER (***blood-glucose meter***) | 2 | |
| CONTOUR NEXT GEN METER KIT (***blood-glucose meter***) | 2 | |
| CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (***blood glucose calibration control solution, normal***) | 2 | |
| CONTOUR NEXT METER (***blood-glucose meter***) | 2 | |
| CONTOUR NEXT ONE METER (***blood-glucose meter***) | 2 | |
| CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***) | 2 | QL (200 per 30 days) |
| CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***) | 2 | |
| CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***) | 2 | QL (200 per 30 days) |
| DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***) | 2 | |
| DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***) | 2 | |
| DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***) | 2 | |
| DEXCOM G7 15 DAY SENSOR DEVICE (***blood-glucose sensor***) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***) | 2 | |
| DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***) | 2 | |
| GOJJI KETONE CONTROL SOLN-L1 SOLUTION (***blood-ketone control, normal***) | 3 | |
| GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***) | 3 | |
| **DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT** | | |
| OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,l2/l3***) | 3 | |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,l2/l3 with controller***) | 3 | |
| **GLUCOSE ELEVATING AGENTS** | | |
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***) | 2 | |
| ***diazoxide oral suspension 50 mg/ml*** | 1 | |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (***glucagon hcl***) | 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 (***glucagon***) | 2 | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***) | 2 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (***glucagon***) | 2 | |
| **INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU** | | |
| CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT) (***subcutaneous bolus insulin patch pump, 200 unit, disposable***) | 3 | |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | 3 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | 3 | |
| LANCING DEVICE | 3 | |
| MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***) | 3 | PA |
| MINIMED MIO ADVANCE INF SET23" INFUSION SET (***infusion set for insulin pump***) | 3 | PA |
| MINIMED QUICK SET 43" INFUSION SET (***infusion set for insulin pump***) | 3 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MINIMED SILHOUETTE 23" INFUSION SET (***infusion set for insulin pump***) | 3 | PA |
| MINIMED SURE T 32" INFUSION SET (***infusion set for insulin pump***) | 3 | PA |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***) | 3 | |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***) | 3 | |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***) | 3 | |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***) | 3 | |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***) | 3 | |
| PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (***pen needle, diabetic***) | 1 | |
| V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***) | 3 | PA |
| V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***) | 3 | PA |
| V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***) | 3 | PA |
| **INSULIN THERAPY** | | |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (***insulin regular, human***) | 3 | PA |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60) (***insulin regular, human***) | 3 | PA; QL (180 per 28 days) |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***) | 3 | |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (***insulin lispro***) | 2 | |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (***insulin lispro***) | 2 | |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***) | 2 | |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***) | 2 | |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***) | 2 | |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***) | 2 | |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***) | 2 | |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***) | 2 | |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***) | 2 | |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***) | 2 | |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***) | 2 | |
| INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | 1 | |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 1 | |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | 1 | |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | |
| KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart-xjhz***) | 2 | |
| KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart-xjhz***) | 2 | |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***) | 2 | |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine,human recombinant analog***) | 2 | |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***) | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro-aabc***) | 1 | |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***) | 1 | |
| MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (***insulin regular, human in 0.9 % sodium chloride***) | 3 | |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (***insulin glargine,human recombinant analog/lixisenatide***) | 2 | |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***) | 2 | |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***) | 2 | |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***) | 2 | |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***) | 2 | |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***) | 2 | |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec/liraglutide***) | 2 | |
| **MISCELLANEOUS HORMONES** | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (***laronidase***) | 2 | Specialty |
| BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***) | 3 | Specialty; QL (2 per 28 days) |
| ***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 (***eliglustat tartrate***) | 2 | PA; Specialty; QL (30 per 30 days) |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (***imiglucerase***) | 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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***clomiphene citrate oral tablet 50 mg*** | 1 | |
| CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (***burosumab-twza***) | 3 | PA; Specialty; QL (3 per 14 days) |
| ***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 (***idursulfase***) | 2 | Specialty |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (***agalsidase beta***) | 2 | PA; Specialty |
| GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***) | 3 | PA; Specialty; QL (15 per 30 days) |
| ***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 (***follitropin alfa, recombinant***) | 2 | PA; Specialty |
| GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT (***follitropin alfa, recombinant***) | 2 | PA; Specialty |
| ISTURISA ORAL TABLET 1 MG (***osilodrostat phosphate***) | 3 | PA; Specialty; QL (1800 per 30 days) |
| ISTURISA ORAL TABLET 5 MG (***osilodrostat phosphate***) | 3 | PA; Specialty; QL (360 per 30 days) |
| JATENZO ORAL CAPSULE 158 MG, 198 MG (***testosterone undecanoate***) | 3 | PA; QL (120 per 30 days) |
| JATENZO ORAL CAPSULE 237 MG (***testosterone undecanoate***) | 3 | PA; QL (60 per 30 days) |
| ***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 (***sebelipase alfa***) | 2 | PA; Specialty |
| LUMIZYME INTRAVENOUS RECON SOLN 50 MG (***alglucosidase alfa***) | 2 | PA; Specialty |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (***menotropins***) | 2 | PA; Specialty |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (***vestronidase alfa-vjbk***) | 3 | Specialty |
| ***methyltestosterone oral capsule 10 mg*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***mifepristone oral tablet 300 mg*** | 1 | PA; Specialty |
| ***miglustat oral capsule 100 mg*** | 1 | PA; Specialty; QL (90 per 30 days) |
| ***milophene oral tablet 50 mg*** | 1 | |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (***metreleptin***) | 2 | Specialty; QL (30 per 30 days) |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (***galsulfase***) | 2 | Specialty |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (***chorionic gonadotropin, human***) | 2 | PA; Specialty |
| ORILISSA ORAL TABLET 150 MG (***elagolix sodium***) | 2 | PA; QL (30 per 30 days) |
| ORILISSA ORAL TABLET 200 MG (***elagolix sodium***) | 2 | PA; QL (60 per 30 days) |
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (***choriogonadotropin alfa***) | 2 | PA; Specialty |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML (***pegvaliase-pqpz***) | 3 | PA; Specialty; QL (15 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML (***pegvaliase-pqpz***) | 3 | PA; Specialty; QL (1 per 7 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML (***pegvaliase-pqpz***) | 3 | PA; Specialty; QL (60 per 30 days) |
| ***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 | |
| ***paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg*** | 1 | |
| PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (***etelcalcetide hydrochloride***) | 3 | PA; Specialty; QL (36 per 28 days) |
| ***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 (***pegvisomant***) | 2 | Specialty |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***) | 2 | PA; Specialty |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***) | 2 | PA; Specialty; QL (32 per 30 days) |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG (***teprotumumab-trbw***) | 3 | PA; Specialty |
| TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (***testosterone cypionate***) | 3 | PA |
| TESTOPEL IMPLANT PELLET 75 MG (***testosterone***) | 3 | PA |
| ***testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml*** | 1 | PA |
| ***testosterone enanthate intramuscular oil 200 mg/ml*** | 1 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TESTOSTERONE IMPLANT PELLET 100 MG, 50 MG (***testosterone***) | 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 (150 per 30 days) |
| ***testosterone transdermal gel in packet 1 % (25 mg/2.5gram)*** | 2 | PA; QL (150 per 30 days) |
| ***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 | PA; QL (30 per 30 days) |
| ***testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)*** | 1 | PA; QL (150 per 30 days) |
| ***testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)*** | 2 | PA |
| TLANDO ORAL CAPSULE 112.5 MG (***testosterone undecanoate***) | 3 | PA; QL (120 per 30 days) |
| ***tolvaptan (polycys kidney dis) oral tablet 15 mg*** | 1 | Specialty; QL (30 per 365 days) |
| ***tolvaptan (polycys kidney dis) oral tablet 30 mg*** | 1 | Specialty; QL (60 per 365 days) |
| ***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 (60 per 30 days) |
| ***tolvaptan oral tablet 15 mg*** | 1 | PA; Specialty; QL (30 per 365 days) |
| ***tolvaptan oral tablet 30 mg*** | 1 | PA; Specialty; QL (60 per 365 days) |
| VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML) (***vasopressin in 0.9 % sodium chloride***) | 1 | |
| VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML) (***vasopressin in dextrose 5 % in water***) | 1 | |
| ***vasopressin intravenous solution 20 unit/ml*** | 1 | |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (***elosulfase alfa***) | 2 | PA; Specialty |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (***vosoritide***) | 3 | PA; Specialty; QL (10 per 30 days) |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT (***velaglucerase alfa***) | 3 | PA; Specialty |
| ***zoledronic acid intravenous recon soln 4 mg*** | 1 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***zoledronic acid in mannitol and 0.9 % sodium chloride***) | 1 | Specialty |
| **NON-INSULIN HYPOGLYCEMIC AGENTS** | | |
| ***acarbose oral tablet 100 mg, 25 mg, 50 mg*** | 1 | |
| ***dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg*** | 1 | ; QL (30 per 30 days) |
| ***glimepiride oral tablet 1 mg, 2 mg, 4 mg*** | 1 | |
| ***glipizide oral tablet 10 mg, 5 mg*** | 1 | |
| GLIPIZIDE ORAL TABLET 2.5 MG (***glipizide***) | 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 | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin/linagliptin***) | 2 | ; QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (***sitagliptin phosphate/metformin hcl***) | 2 | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***) | 2 | QL (60 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***) | 2 | ; QL (30 per 30 days) |
| ***liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)*** | 1 | |
| ***metformin oral tablet 1,000 mg, 500 mg, 850 mg*** | 1 | ACA |
| ***metformin oral tablet 625 mg, 750 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 (***tirzepatide***) | 2 | PA |
| ***nateglinide oral tablet 120 mg, 60 mg*** | 1 | |
| ***pioglitazone oral tablet 15 mg, 30 mg, 45 mg*** | 1 | |
| ***pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg*** | 1 | |
| ***pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg*** | 1 | |
| ***repaglinide oral tablet 0.5 mg, 1 mg, 2 mg*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg*** | 1 | ; QL (60 per 30 days) |
| ***sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg*** | 1 | ; QL (30 per 30 days) |
| ***sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg*** | 1 | ; QL (60 per 30 days) |
| ***sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg*** | 1 | ; QL (30 per 30 days) |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin pidolate/sitagliptin phosphate***) | 2 | ; QL (30 per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***) | 2 | ; QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (***empagliflozin/metformin hcl***) | 2 | ; QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***) | 2 | ; QL (60 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***) | 3 | ; QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***) | 3 | ; QL (60 per 30 days) |
| 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 (***dulaglutide***) | 2 | PA |
| **THYROID HORMONES** | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid,pork***) | 2 | |
| ***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*** | 1 | |
| ***levothyroxine intravenous recon soln 200 mcg, 500 mcg*** | 1 | |
| LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML (***levothyroxine sodium***) | 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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***levothyroxine sodium***) | 2 | |
| ***thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg*** | 1 | |
| ***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 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML) (***atropine sulfate in 0.9 % sodium chloride***) | 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 (***dicyclomine hcl***) | 1 | |
| ***digenyx oral tablet 0.125 mg*** | 1 | |
| ***diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml*** | 1 | |
| ***diphenoxylate-atropine oral tablet 2.5-0.025 mg*** | 1 | QL (240 per 30 days) |
| ***ed-spaz oral tablet,disintegrating 0.125 mg*** | 1 | |
| GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML (***glycopyrrolate in sterile water/pf***) | 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) (***glycopyrrolate in sterile water/pf***) | 1 | |
| ***glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)*** | 1 | |
| ***glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 | |
| ***glycopyrrolate oral tablet 1 mg, 2 mg*** | 1 | |
| GLYRX-PF INJECTION SOLUTION 0.2 MG/ML (***glycopyrrolate/pf***) | 3 | |
| GLYRX-PF INJECTION SYRINGE 1 MG/5 ML (0.2 MG/ML) (***glycopyrrolate/pf***) | 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) (***hyoscyamine sulfate***) | 3 | |
| **MISCELLANEOUS GASTROINTESTINAL AGENTS** | | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG (***fosnetupitant chloride hcl/palonosetron hcl***) | 3 | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML (***fosnetupitant chloride hcl/palonosetron hcl***) | 3 | |
| ***alosetron oral tablet 0.5 mg, 1 mg*** | 1 | QL (60 per 30 days) |
| ***alvimopan oral capsule 12 mg*** | 1 | QL (15 per 30 days) |
| ***anucort-hc rectal suppository 25 mg*** | 1 | |
| ***aprepitant oral capsule 125 mg*** | 1 | QL (1 per 20 days) |
| ***aprepitant oral capsule 40 mg*** | 1 | QL (1 per 28 days) |
| ***aprepitant oral capsule 80 mg*** | 1 | QL (2 per 20 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)*** | 1 | QL (3 per 20 days) |
| ***balsalazide oral capsule 750 mg*** | 1 | |
| BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML) (***amisulpride***) | 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 (***odevixibat***) | 3 | PA; Specialty; QL (150 per 30 days) |
| BYLVAY ORAL CAPSULE 400 MCG (***odevixibat***) | 3 | PA; Specialty; QL (60 per 30 days) |
| BYLVAY ORAL PELLET 200 MCG (***odevixibat***) | 3 | PA; Specialty; QL (60 per 30 days) |
| BYLVAY ORAL PELLET 600 MCG (***odevixibat***) | 3 | PA; Specialty; QL (120 per 30 days) |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***) | 2 | PA; Specialty |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***) | 3 | PA; Specialty; QL (1 per 30 days) |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML (***certolizumab pegol***) | 3 | PA; QL (2 per 28 days) |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | 3 | PA; Specialty |
| CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML) (***aprepitant***) | 3 | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (***sodium picosulfate/magnesium oxide/citric acid***) | 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 (***lipase/protease/amylase (porcine)***) | 2 | |
| ***cromolyn oral concentrate 100 mg/5 ml*** | 1 | |
| ***dimenhydrinate injection solution 50 mg/ml*** | 1 | |
| DIPENTUM ORAL CAPSULE 250 MG (***olsalazine sodium***) | 3 | |
| ***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 | ; QL (60 per 30 days) |
| DRONABINOL ORAL SOLUTION 5 MG/ML | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***droperidol injection solution 2.5 mg/ml*** | 1 | |
| ENTYVIO INTRAVENOUS RECON SOLN 300 MG (***vedolizumab***) | 2 | PA; Specialty; QL (1 per 56 days) |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (***vedolizumab***) | 2 | PA; Specialty |
| ***enulose oral solution 10 gram/15 ml*** | 1 | |
| ***fosaprepitant intravenous recon soln 150 mg*** | 1 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***) | 3 | PA; Specialty; QL (30 per 30 days) |
| ***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 |
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***) | 3 | |
| ***granisetron (pf) intravenous solution 1 mg/ml (1 ml)*** | 1 | |
| ***granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)*** | 1 | |
| ***granisetron hcl oral tablet 1 mg*** | 1 | ; QL (8 per 30 days) |
| ***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) (***lidocaine hcl/hydrocortisone acetate***) | 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 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***) | 2 | QL (30 per 30 days) |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (***maralixibat chloride***) | 3 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (***maralixibat chloride***) | 3 | PA; Specialty; QL (60 per 30 days) |
| ***lubiprostone oral capsule 24 mcg, 8 mcg*** | 1 | QL (60 per 30 days) |
| ***meclizine oral tablet 50 mg*** | 1 | |
| ***mesalamine oral capsule (with del rel tablets) 400 mg*** | 1 | |
| ***mesalamine oral capsule, extended release 250 mg, 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 (***naloxegol oxalate***) | 2 | QL (30 per 30 days) |
| ***nitroglycerin rectal ointment 0.4 % (w/w)*** | 1 | |
| ***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 | |
| ***ondansetron hcl oral tablet 4 mg, 8 mg*** | 1 | |
| ***ondansetron oral tablet,disintegrating 4 mg, 8 mg*** | 1 | |
| ***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 (***lipase/protease/amylase (porcine)***) | 3 | |
| ***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 (***mesalamine***) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 (***lipase/protease/amylase (porcine)***) | 3 | |
| ***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 (***methylnaltrexone bromide***) | 2 | PA; QL (90 per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***) | 2 | PA |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***) | 2 | PA |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***) | 3 | PA; Specialty |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***) | 3 | ; QL (4 per 28 days) |
| ***scopolamine base transdermal patch 3 day 1 mg over 3 days*** | 1 | QL (10 per 30 days) |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (***risankizumab-rzaa***) | 2 | PA; Specialty |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***) | 2 | PA; Specialty |
| ***sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram*** | 1 | ACA |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***) | 2 | Specialty; QL (240 per 30 days) |
| ***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 (***sodium sulfate/potassium chloride/magnesium sulfate***) | 3 | ACA |
| SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***) | 2 | QL (30 per 30 days) |
| SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***) | 3 | |
| ***trimethobenzamide intramuscular solution 100 mg/ml*** | 1 | |
| ***trimethobenzamide oral capsule 300 mg*** | 1 | |
| TRULANCE ORAL TABLET 3 MG (***plecanatide***) | 2 | QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***ursodiol oral capsule 200 mg, 300 mg, 400 mg*** | 1 | |
| ***ursodiol oral tablet 250 mg, 500 mg*** | 1 | |
| VARUBI ORAL TABLET 90 MG (***rolapitant hcl***) | 2 | QL (2 per 14 days) |
| VELSIPITY ORAL TABLET 2 MG (***etrasimod arginine***) | 2 | PA; Specialty; QL (30 per 30 days) |
| VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***) | 3 | PA; QL (60 per 30 days) |
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (***lipase/protease/amylase (porcine)***) | 2 | |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL (***fecal microbiota spores, live-brpk***) | 2 | PA; Specialty |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (***infliximab-dyyb***) | 2 | PA; Specialty |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (***infliximab-dyyb***) | 2 | PA; Specialty |
| **ULCER THERAPY** | | |
| ***amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg*** | 1 | QL (112 per 10 days) |
| ***bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg*** | 2 | QL (120 per 14 days) |
| ***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 (30 per 30 days) |
| ***esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg*** | 1 | QL (30 per 30 days) |
| ***esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg*** | 1 | QL (30 per 30 days) |
| ***famotidine (pf) intravenous solution 20 mg/2 ml*** | 1 | |
| FAMOTIDINE (PF) INTRAVENOUS SOLUTION 4 MG/ML (***famotidine/pf***) | 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 (60 per 30 days) |
| ***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 (60 per 30 days) |
| ***pantoprazole intravenous recon soln 40 mg*** | 1 | |
| ***pantoprazole oral granules dr for susp in packet 40 mg*** | 1 | QL (60 per 30 days) |
| ***pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg*** | 2 | QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***rabeprazole oral tablet,delayed release (dr/ec) 20 mg*** | 2 | QL (30 per 30 days) |
| ***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) (***vonoprazan fumarate/amoxicillin trihydrate***) | 3 | PA |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG (***vonoprazan fumarate***) | 3 | PA |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (***vonoprazan fumarate/amoxicillin trihydrate/clarithromycin***) | 3 | PA |
| **IMMUNOLOGY, VACCINES & BIOTECHNOLOGY** | | |
| **BIOTECHNOLOGY DRUGS** | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (***rilonacept***) | 3 | Specialty |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-jmdb***) | 2 | PA; Specialty |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab/pf***) | 2 | PA; Specialty; QL (1 per 56 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***) | 2 | PA; Specialty |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim***) | 3 | PA; Specialty |
| NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML (***pegfilgrastim***) | 3 | PA |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim***) | 3 | PA; Specialty |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***) | 2 | PA; Specialty |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***) | 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 (***epoetin alfa***) | 3 | PA; Specialty; QL (12 per 28 days) |
| PROCRIT INJECTION SOLUTION 40,000 UNIT/ML (***epoetin alfa***) | 3 | PA; Specialty; QL (6 per 28 days) |
| REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***) | 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 (***epoetin alfa-epbx***) | 3 | PA; Specialty; QL (12 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-sndz***) | 2 | PA; Specialty |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***) | 2 | PA; Specialty |
| ZYNTEGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML (***betibeglogene autotemcel***) | 3 | PA; Specialty |
| **GROWTH HORMONES** | | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (***tesamorelin acetate***) | 2 | PA; Specialty; QL (60 per 30 days) |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (***tesamorelin acetate***) | 2 | PA; Specialty |
| 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 (***somatropin***) | 2 | PA; Specialty |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***) | 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) (***somatropin***) | 2 | PA; Specialty |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***) | 2 | PA; Specialty |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (***somatropin***) | 2 | PA; Specialty |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (***somatropin***) | 2 | PA; Specialty |
| **INTERFERONS** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***) | 2 | PA; Specialty |
| BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML (***ropeginterferon alfa-2b-njft***) | 3 | PA; QL (2 per 30 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (***ropeginterferon alfa-2b-njft***) | 3 | PA; Specialty |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***) | 3 | PA; Specialty; QL (4 per 28 days) |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***) | 3 | PA; Specialty; QL (4 per 28 days) |
| **VACCINES & MISCELLANEOUS IMMUNOLOGICALS** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref a and b/pf***) | 3 | ACA |
| ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML (***smallpox vaccine,live***) | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***) | 2 | ACA |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***) | 3 | ; ACA |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***) | 3 | ; ACA |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (***respiratory syncytial virus vacc. antigen/as01e adjuvant/pf***) | 3 | Age Limit (Min 60 Years) |
| ATGAM INTRAVENOUS SOLUTION 50 MG/ML (***lymphocyte immune globulin,antithymocyte (equine)***) | 2 | Specialty |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***meningococcal group b vaccine, 4-component***) | 3 | ; ACA; Age Limit (Min 10 Years and Max 25 Years) |
| BIVIGAM INTRAVENOUS SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***) | 2 | PA; Specialty |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***) | 3 | ; ACA |
| BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT (***onabotulinumtoxina***) | 2 | PA; Specialty |
| CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf***) | 3 | ACA |
| COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (***covid vacc 2025-2026 (5-11 years) (pfizer)/pf***) | 3 | ACA |
| COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (***covid vaccine 2025-2026 (12 yrs up) (pfizer)/pf***) | 3 | ACA |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (***immune globulin,gamma(igg)-hipp human/maltose***) | 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 %) (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***) | 3 | PA; Specialty |
| CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (***cytomegalovirus immune globulin (human)***) | 2 | Specialty |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***) | 2 | ACA |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***) | 3 | ; ACA; Age Limit (Min 18 Years) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***) | 3 | ; ACA; Age Limit (Min 18 Years) |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***) | 3 | ACA |
| ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML (***ebola (zaire) recombinant vaccine, live, vero cell/pf***) | 3 | |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 % (***immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml***) | 3 | PA; Specialty |
| FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza vaccine tvs 2026-27 (65 yr up)/adjuvant mf59c.1/pf***) | 3 | ACA |
| FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2026-2027(6 months and older)/pf***) | 3 | ACA |
| FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (***influenza virus vaccine tv 2026-27(9 yrs and older)rcmb/pf***) | 3 | ACA |
| FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine tri 2026-2027(6 month and older)cell derived/pf***) | 3 | ACA |
| FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2026-2027(6 months and older)/pf***) | 3 | ACA |
| FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2026-2027 (2 yrs-49 yrs)***) | 3 | ACA |
| FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2026-2027 (2 yrs-49 yrs)***) | 3 | ACA |
| FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2026-2027(6 months and older)/pf***) | 3 | ACA |
| FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2026-27 (6 mos and older)***) | 3 | ACA |
| FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival split 2026-2027(65 yr up)/pf***) | 3 | ACA |
| GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma(igg)/glycine***) | 2 | PA; Specialty |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***) | 2 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (***immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml***) | 2 | PA; Specialty |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (***immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml***) | 3 | PA; Specialty |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***) | 3 | PA; Specialty |
| 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 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***) | 2 | PA; Specialty |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***) | 3 | ; ACA; Age Limit (Min 9 Years and Max 26 Years) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***) | 3 | ; ACA; Age Limit (Min 9 Years and Max 26 Years) |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***) | 2 | PA; QL (30 per 30 days) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (***hepatitis a virus vaccine/pf***) | 3 | ; ACA; Age Limit (Min 18 Years) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***) | 3 | ACA |
| HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) (***hepatitis b immune globulin/maltose***) | 2 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***) | 3 | ; ACA; Age Limit (Min 18 Years) |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***) | 2 | ACA |
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (***hepatitis b immune globulin***) | 2 | |
| HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (***hepatitis b immune globulin***) | 2 | |
| HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML (***rabies immune globulin/pf***) | 3 | |
| HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML (***tetanus immune globulin/pf***) | 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 %) (***immune globulin,gamma(igg) human/hyaluronidase, human recomb***) | 3 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (***rabies immune globulin/pf***) | 2 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (***rabies vaccine, human diploid cell/pf***) | 3 | ACA |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***) | 2 | ACA |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine, killed***) | 2 | ACA |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (***japanese encephalitis vaccine/pf***) | 3 | ACA |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***) | 3 | Age Limit (Min 18 Years) |
| KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (***rabies immune globulin/pf***) | 2 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***) | 2 | ACA |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***) | 3 | ; ACA; 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 (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***) | 3 | ACA; QL (1 per 365 days); 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 (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***) | 3 | ; ACA; Age Limit (Min 11 Years and Max 23 Years) |
| MFLUSIVA 2026-2027 (PF) INTRAMUSCULAR SYRINGE 37.5 MCG (12.5 MCG X 3)/0.38ML (***influenza virus vacc tv 2026-27(50 yr up) mrna/pf***) | 3 | ACA |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***) | 3 | ACA; QL (2 per 365 days) |
| MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***) | 2 | PA; Specialty |
| NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (***hepatitis b immune globulin***) | 2 | |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***) | 2 | PA; QL (30 per 30 days) |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***) | 2 | PA; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (***peanut allergen powder-dnfp***) | 2 | PA; Specialty |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***) | 2 | PA; Specialty; QL (30 per 30 days) |
| PANZYGA INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma(igg)-ifas human/glycine***) | 3 | PA; Specialty |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***) | 2 | ACA |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (***haemophilus b conjugate vaccine (meningococcal prot.conj)/pf***) | 2 | ACA |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (***meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf***) | 3 | ACA; Age Limit (Min 10 Years and Max 25 Years) |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF-62 DU/0.5 ML (***diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf***) | 2 | ACA |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***) | 3 | ; ACA |
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***) | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***) | 3 | ACA; QL (2 per 365 days) |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***) | 3 | ACA |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***) | 2 | ACA |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***) | 2 | ACA |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (***rabies vaccine, purified chicken embryo cell (pcec)/pf***) | 3 | ACA |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***) | 2 | PA; QL (30 per 30 days) |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (***hepatitis b virus vaccine recombinant/pf***) | 3 | ; ACA; Age Limit (Min 18 Years) |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***) | 3 | ACA |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (***hepatitis b virus vaccine recombinant/pf***) | 3 | ; ACA; Age Limit (Min 18 Years) |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***) | 3 | ACA |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***) | 2 | ACA |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***) | 2 | ACA |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***) | 3 | ACA; Age Limit (Min 19 Years) |
| STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (***yellow fever vaccine live/pf***) | 3 | ACA |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***) | 3 | ; ACA |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***) | 3 | ; ACA |
| THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (***anti-thymocyte globulin,rabbit***) | 2 | Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***) | 3 | ; ACA; Age Limit (Min 10 Years and Max 25 Years) |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus and hepatitis b virus vaccine/pf***) | 3 | ; ACA |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (***typhoid vaccine vi capsular polysaccharide***) | 3 | ACA |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML (***hepatitis a virus vaccine/pf***) | 3 | ACA |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (***hepatitis a virus vaccine/pf***) | 3 | ; ACA; Age Limit (Min 18 Years) |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML (***hepatitis a virus vaccine/pf***) | 3 | ACA |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (***hepatitis a virus vaccine/pf***) | 3 | ; ACA; Age Limit (Min 18 Years) |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***) | 3 | ACA; QL (2 per 365 days) |
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (***varicella-zoster immune globulin/maltose***) | 2 | |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***) | 3 | ACA |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***) | 2 | ACA |
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf***) | 3 | Age Limit (Min 19 Years) |
| VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML (***chikungunya vaccine, recombinant/pf***) | 3 | |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***) | 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 %) (***immune globulin,gamma (igg)-klhw human***) | 2 | PA; Specialty |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (***yellow fever vaccine live/pf***) | 3 | ACA |
| **MUSCULOSKELETAL & RHEUMATOLOGY** | | |
| **GOUT THERAPY** | | |
| ***allopurinol oral tablet 100 mg, 300 mg*** | 1 | |
| ***allopurinol oral tablet 200 mg*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***allopurinol sodium intravenous recon soln 500 mg*** | 1 | |
| ***colchicine oral capsule 0.6 mg*** | 1 | QL (60 per 30 days) |
| ***colchicine oral tablet 0.6 mg*** | 1 | QL (120 per 30 days) |
| ***febuxostat oral tablet 40 mg, 80 mg*** | 1 | ; QL (30 per 30 days) |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML (***pegloticase***) | 2 | PA; Specialty |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (***pegloticase***) | 2 | PA; Specialty; QL (2 per 28 days) |
| ***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 | |
| ***alendronate oral tablet 10 mg*** | 1 | QL (30 per 30 days) |
| ***alendronate oral tablet 35 mg, 70 mg*** | 1 | QL (4 per 28 days) |
| ***ibandronate intravenous solution 3 mg/3 ml*** | 1 | |
| ***ibandronate intravenous syringe 3 mg/3 ml*** | 1 | |
| ***ibandronate oral tablet 150 mg*** | 1 | QL (1 per 28 days) |
| ***raloxifene oral tablet 60 mg*** | 1 | ACA; QL (30 per 30 days) |
| ***risedronate oral tablet 150 mg*** | 1 | ; QL (1 per 30 days) |
| ***risedronate oral tablet 35 mg*** | 1 | ; QL (4 per 28 days) |
| ***risedronate oral tablet 5 mg*** | 1 | ; QL (30 per 30 days) |
| ***risedronate oral tablet,delayed release (dr/ec) 35 mg*** | 1 | ; QL (4 per 28 days) |
| ***teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)*** | 1 | ; Specialty |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***) | 2 | PA; Specialty; QL (1.56 per 30 days) |
| **OTHER RHEUMATOLOGICALS** | | |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML | 2 | PA; Specialty; QL (2 per 28 days) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML | 2 | PA; Specialty; QL (2 per 28 days) |
| ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | 2 | PA; Specialty; QL (2 per 28 days) |
| 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 (2 per 28 days) |
| ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | 2 | PA; Specialty; QL (2 per 28 days) |
| ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 2 | PA; Specialty; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (***belimumab***) | 2 | Specialty; QL (2 per 30 days) |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***) | 3 | PA; Specialty; QL (4 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (***belimumab***) | 3 | PA; Specialty; QL (4 per 28 days) |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***) | 2 | PA; Specialty; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***) | 2 | PA; Specialty; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (***etanercept***) | 2 | PA; Specialty; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (***etanercept***) | 2 | PA; Specialty; QL (4 per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***) | 2 | PA; Specialty; QL (4 per 28 days) |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***) | 3 | PA; Specialty; QL (2.28 per 28 days) |
| KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML (***sarilumab***) | 3 | PA; Specialty; QL (2.28 per 28 days) |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***) | 3 | PA; Specialty; QL (30 per 30 days) |
| ***milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg*** | 1 | |
| ***milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)*** | 1 | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***) | 3 | PA; Specialty; QL (30 per 30 days) |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (***abatacept/maltose***) | 3 | PA; Specialty; QL (4 per 30 days) |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***) | 3 | PA; Specialty; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML (***abatacept***) | 3 | PA; Specialty; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML (***abatacept***) | 3 | PA; Specialty; QL (1.6 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML (***abatacept***) | 3 | PA; Specialty; QL (2.8 per 28 days) |
| OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***) | 2 | PA; Specialty; QL (60 per 30 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***) | 2 | PA; Specialty; QL (60 per 30 days) |
| ***penicillamine oral capsule 250 mg*** | 1 | PA; Specialty |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***methotrexate/pf***) | 2 | |
| RIDAURA ORAL CAPSULE 3 MG (***auranofin***) | 2 | |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML (***upadacitinib***) | 2 | PA; Specialty |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***) | 2 | PA; Specialty; QL (30 per 30 days) |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (***adalimumab-ryvk***) | 2 | PA; Specialty; QL (2 per 28 days) |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (***adalimumab-ryvk***) | 2 | PA; Specialty |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML (***adalimumab-ryvk***) | 2 | PA; Specialty |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (***adalimumab-ryvk***) | 2 | PA; Specialty; QL (2 per 28 days) |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***) | 3 | PA; Specialty |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***) | 3 | PA; Specialty; QL (1 per 28 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML (***golimumab***) | 3 | PA; Specialty; QL (0.5 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***) | 3 | PA; Specialty; QL (1 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML (***golimumab***) | 3 | PA; Specialty; QL (0.5 per 28 days) |
| ***tofacitinib oral solution 1 mg/ml*** | 1 | PA |
| ***tofacitinib oral tablet 10 mg, 5 mg*** | 1 | PA; QL (60 per 30 days) |
| ***tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg*** | 1 | PA; QL (30 per 30 days) |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab-aazg***) | 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) (***tocilizumab-aazg***) | 2 | PA; Specialty |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab-aazg***) | 2 | PA; Specialty |
| **OBSTETRICS & GYNECOLOGY** | | |
| **DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES** | | |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***) | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***) | 3 | ACA; QL (30 per 30 days) |
| FC2 FEMALE CONDOM (***condoms, female***) | 3 | ACA |
| FEMCAP VAGINAL DEVICE 22 MM (***cervical cap***) | 3 | ACA |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (***levonorgestrel***) | 3 | ACA |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (***levonorgestrel***) | 3 | ACA |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (***levonorgestrel***) | 3 | ACA |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***) | 3 | ACA |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (***levonorgestrel***) | 3 | ACA |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***) | 3 | ACA; QL (30 per 30 days) |
| **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 (***drospirenone/estradiol***) | 3 | |
| BIJUVA ORAL CAPSULE 1-100 MG (***estradiol/progesterone***) | 3 | |
| ***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 (***estradiol/norethindrone acetate***) | 2 | QL (8 per 28 days) |
| ***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 (***estradiol cypionate***) | 2 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***) | 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 (8 per 28 days) |
| DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated/bazedoxifene acetate***) | 2 | |
| ***eemt hs oral tablet 0.625-1.25 mg*** | 1 | |
| ***eemt oral tablet 1.25-2.5 mg*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 | |
| ***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 (8 per 28 days) |
| ***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 (4 per 28 days) |
| ***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) (***estradiol***) | 2 | QL (1 per 90 days) |
| ***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 (***estradiol***) | 3 | QL (18 per 28 days) |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (***estradiol***) | 3 | QL (18 per 28 days) |
| ***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 (8 per 28 days) |
| ***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 | |
| ***meleya oral tablet 0.35 mg*** | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***norgestrel***) | 3 | |
| ***orquidea oral tablet 0.35 mg*** | 1 | ACA |
| PREMARIN INJECTION RECON SOLN 25 MG (***estrogens, conjugated***) | 2 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***) | 2 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***) | 2 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***estrogens, conjugated/medroxyprogesterone acetate***) | 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 (***segesterone acetate/ethinyl estradiol***) | 2 | ACA |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***) | 3 | |
| ***clindamycin phosphate vaginal cream 2 %*** | 1 | |
| ***eluryng vaginal ring 0.12-0.015 mg/24 hr*** | 1 | ACA; QL (16 per 365 days) |
| ***enilloring vaginal ring 0.12-0.015 mg/24 hr*** | 1 | ACA; QL (16 per 365 days) |
| ***etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr*** | 1 | ACA; QL (16 per 365 days) |
| GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate***) | 3 | |
| ***metronidazole vaginal gel 0.75 % (37.5mg/5 gram)*** | 1 | |
| ***miconazole-3 vaginal suppository 200 mg*** | 1 | |
| MIFEPREX ORAL TABLET 200 MG (***mifepristone***) | 3 | |
| ***mifepristone oral tablet 200 mg*** | 1 | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***) | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr*** | 1 | ACA; QL (39 per 365 days) |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***) | 3 | PA; QL (60 per 30 days) |
| OSPHENA ORAL TABLET 60 MG (***ospemifene***) | 3 | QL (30 per 30 days) |
| PHEXX VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***) | 3 | ACA |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G (***dinoprostone***) | 3 | |
| ***terconazole vaginal cream 0.4 %, 0.8 %*** | 1 | |
| ***terconazole vaginal suppository 80 mg*** | 2 | |
| ***tranexamic acid oral tablet 650 mg*** | 1 | QL (180 per 30 days) |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (***levonorgestrel/ethinyl estradiol***) | 2 | ACA |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***) | 3 | ACA |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***) | 1 | ACA |
| VEOZAH ORAL TABLET 45 MG (***fezolinetant***) | 3 | QL (30 per 30 days) |
| ***xulane transdermal patch weekly 150-35 mcg/24 hr*** | 1 | ACA; QL (39 per 365 days) |
| ***zafemy transdermal patch weekly 150-35 mcg/24 hr*** | 1 | ACA; QL (39 per 365 days) |
| **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 (***levonorgestrel***) | 1 | ; 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 |
| ***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 |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 |
| ***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 (***ulipristal acetate***) | 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 |
| ***falmina (28) oral tablet 0.1-20 mg-mcg*** | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***norethindrone acetate/ethinyl estradiol***) | 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 |
| ***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 |
| ***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 |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 |
| ***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) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***) | 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 (***estradiol valerate/dienogest***) | 2 | ACA |
| ***new day oral tablet 1.5 mg*** | 1 | ACA |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (***drospirenone/estetrol***) | 2 | ACA |
| ***nikki (28) oral tablet 3-0.02 mg*** | 1 | ACA |
| ***norethindrone ac-eth estradiol oral tablet 1-20 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,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) (***drospirenone***) | 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 (***levonorgestrel***) | 1 | ACA |
| ***tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)*** | 1 | ACA |
| ***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 |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 |
| ***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 |
| ***your choice oral tablet 1.5 mg*** | 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 % (***azithromycin***) | 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 | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (***besifloxacin hcl***) | 3 | |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (***povidone-iodine***) | 3 | |
| ***ciprofloxacin hcl ophthalmic (eye) drops 0.3 %*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***) | 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 | |
| ***ofloxacin ophthalmic (eye) drops 0.3 %*** | 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 1-2.5 %, 1.5-5 % (***tobramycin sulfate/vancomycin hcl***) | 1 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***) | 3 | |
| **ANTIVIRALS** | | |
| ***trifluridine ophthalmic (eye) drops 1 %*** | 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (***ganciclovir***) | 3 | |
| **BETA-BLOCKERS** | | |
| ***betaxolol ophthalmic (eye) drops 0.5 %*** | 1 | |
| ***carteolol ophthalmic (eye) drops 1 %*** | 1 | |
| ***levobunolol ophthalmic (eye) drops 0.5 %*** | 1 | |
| ***timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %*** | 1 | QL (60 per 30 days) |
| ***timolol maleate ophthalmic (eye) drops 0.25 %, 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 % (***echothiophate iodide***) | 2 | |
| **CYCLOPLEGIC MYDRIATICS** | | |
| ***atropine ophthalmic (eye) drops 0.01 %, 0.025 %*** | 1 | |
| ***atropine ophthalmic (eye) drops 1 %*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 % (***atropine sulfate/pf***) | 1 | |
| ***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 % (***cyclopentolate/tropicamide/phenylephrine/ketorolac in water***) | 1 | |
| CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-0.1 %- 2.5 %-0.4 % (***cyclopent/tropicamide/proparacaine/phenyl/ketorolac in water***) | 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 % (***lidocaine hcl/pf***) | 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 % (***cyclosporine***) | 3 | PA; QL (60 per 30 days) |
| ***cromolyn ophthalmic (eye) drops 4 %*** | 1 | |
| ***cyclosporine ophthalmic (eye) dropperette 0.05 %*** | 1 | PA; QL (60 per 30 days) |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (***cysteamine hcl***) | 3 | PA; Specialty |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***) | 2 | PA; Specialty |
| ***fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %*** | 1 | |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***) | 3 | QL (1 per 30 days) |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (***cenegermin-bkbj***) | 3 | PA; Specialty; QL (28 per 720 days) |
| ***prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %*** | 1 | |
| PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 % (***prednisolone acetate/bromfenac sodium***) | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 % (***prednisolone acetate/nepafenac***) | 1 | |
| ***prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %*** | 1 | |
| PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 % (***prednisolone acetate/moxifloxacin hcl/nepafenac***) | 1 | |
| PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 % (***prednisolone acetate/moxifloxacin hcl/bromfenac sodium***) | 1 | |
| ***proparacaine ophthalmic (eye) drops 0.5 %*** | 1 | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***) | 2 | PA; QL (5.5 per 30 days) |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 % (***tetracaine hcl/pf***) | 1 | |
| ***tetracaine hcl ophthalmic (eye) drops 0.5 %*** | 1 | |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (***lotilaner***) | 2 | PA |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***) | 2 | PA; QL (60 per 28 days) |
| **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS** | | |
| ***bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %*** | 1 | |
| ***bromfenac ophthalmic (eye) drops 0.075 %*** | 1 | |
| ***diclofenac sodium ophthalmic (eye) drops 0.1 %*** | 1 | |
| ***flurbiprofen sodium ophthalmic (eye) drops 0.03 %*** | 1 | |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***) | 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** | | |
| BIMATOPROST (PF) OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost/pf***) | 1 | |
| ***bimatoprost ophthalmic (eye) drops 0.01 %, 0.03 %*** | 1 | |
| BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 % (***brimonidine tartrate/dorzolamide hcl/pf***) | 1 | |
| ***brinzolamide ophthalmic (eye) drops,suspension 1 %*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 % (***dorzolamide hcl/pf***) | 1 | |
| ***dorzolamide ophthalmic (eye) drops 2 %*** | 1 | |
| ***dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %*** | 1 | ; QL (60 per 30 days) |
| ***dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml*** | 1 | |
| ***latanoprost ophthalmic (eye) drops 0.005 %*** | 1 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil mesylate***) | 2 | |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***) | 3 | |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide/brimonidine tartrate***) | 3 | |
| ***tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %*** | 1 | ; QL (30 per 30 days) |
| TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 % (***timolol maleate/brimonidine tartrate/dorzolamide hcl/pf***) | 1 | |
| TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC (EYE) DROPS 0.5-0.1-2 % (***timolol maleate/brimonidine tartrate/dorzolamide hcl***) | 1 | |
| ***travoprost ophthalmic (eye) drops 0.004 %*** | 1 | |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (***latanoprostene bunod***) | 3 | |
| **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 | |
| ***neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml*** | 1 | |
| PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 % (***prednisolone sodium phosphate/moxifloxacin hcl***) | 1 | |
| PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 % (***prednisolone acetate/moxifloxacin hcl***) | 1 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***) | 2 | |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (***tobramycin/dexamethasone***) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %*** | 1 | |
| ***tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %*** | 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 % (***loteprednol etabonate***) | 2 | |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol etabonate***) | 2 | |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (***loteprednol etabonate***) | 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 % (***prednisolone acetate/pf***) | 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 | |
| **SULFONAMIDES** | | |
| ***sulfacetamide sodium ophthalmic (eye) drops 10 %*** | 1 | |
| **SYMPATHOMIMETICS** | | |
| ***apraclonidine ophthalmic (eye) drops 0.5 %*** | 1 | |
| ***brimonidine ophthalmic (eye) drops 0.1 %*** | 1 | |
| ***brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %*** | 1 | |
| **VASOCONSTRICTOR DECONGESTANTS** | | |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate hcl/phenylephrine hcl***) | 3 | |
| ***phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %*** | 1 | |
| **RESPIRATORY, ALLERGY, COUGH & COLD** | | |
| **ANTIHISTAMINE & ANTIALLERGENIC AGENTS** | | |
| ADYPHREN AMP II INJECTION KIT 1 MG/ML (***epinephrine***) | 3 | |
| ADYPHREN II INJECTION KIT 1 MG/ML (***epinephrine***) | 3 | |
| ***carbinoxamine maleate oral liquid 4 mg/5 ml*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (30 per 30 days) |
| ***desloratadine oral tablet,disintegrating 2.5 mg, 5 mg*** | 2 | QL (30 per 30 days) |
| ***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) (***epinephrine hcl/pf***) | 1 | |
| ***epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml*** | 1 | |
| ***epinephrine injection solution 1 mg/ml*** | 1 | |
| ***epinephrine injection solution 1 mg/ml (1 ml)*** | 1 | |
| ***epinephrine injection syringe 0.1 mg/ml*** | 1 | |
| ***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 (***cetirizine hcl***) | 2 | |
| **COUGH & COLD THERAPY** | | |
| ***benzonatate oral capsule 100 mg, 150 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 | ; Age Limit (Min 12 Years) |
| ***hydrocodone-homatropine oral solution 5-1.5 mg/5 ml*** | 1 | ; Age Limit (Min 12 Years) |
| ***hydrocodone-homatropine oral tablet 5-1.5 mg*** | 1 | QL (180 per 30 days); Age Limit (Min 12 Years) |
| ***promethazine-codeine oral syrup 6.25-10 mg/5 ml*** | 1 | ; Age Limit (Min 12 Years) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***) | 2 | |
| **PULMONARY AGENTS** | | |
| ***acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)*** | 1 | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***) | 2 | PA; Specialty |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***) | 2 | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (***albuterol sulfate/budesonide***) | 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 %), 5 mg/ml*** | 1 | |
| ***albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml*** | 1 | |
| ***albuterol sulfate oral syrup 2 mg/5 ml*** | 1 | |
| ***albuterol sulfate oral tablet 2 mg, 4 mg*** | 1 | |
| ***alyq oral tablet 20 mg*** | 3 | PA; Specialty; QL (60 per 30 days) |
| ***ambrisentan oral tablet 10 mg, 5 mg*** | 1 | PA; Specialty; QL (30 per 30 days) |
| ***aminophylline intravenous solution 250 mg/10 ml*** | 1 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***) | 2 | QL (60 per 30 days) |
| ***arformoterol inhalation solution for nebulization 15 mcg/2 ml*** | 1 | |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***) | 2 | QL (30 per 30 days) |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***mometasone furoate***) | 2 | |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***) | 2 | QL (1 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***) | 2 | |
| ***azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray*** | 1 | |
| ***beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation*** | 1 | |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (***glycopyrrolate/formoterol fumarate***) | 2 | |
| ***bosentan oral tablet 125 mg, 62.5 mg*** | 1 | PA; Specialty; QL (60 per 30 days) |
| ***bosentan oral tablet for suspension 32 mg*** | 1 | PA; Specialty; QL (120 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***) | 2 | QL (60 per 30 days) |
| ***budesonide/formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation (***Breyna***)*** | 1 | |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG (***brensocatib***) | 2 | PA; QL (30 per 30 days) |
| ***budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml*** | 1 | |
| ***budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation*** | 2 | |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (***c1 esterase inhibitor***) | 2 | PA; Specialty; QL (40 per 28 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***) | 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 (***mometasone furoate/formoterol fumarate***) | 2 | |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***) | 2 | PA; Specialty |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (***benralizumab***) | 2 | PA; Specialty |
| ***flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)*** | 1 | |
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | 2 | QL (60 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION | 2 | QL (120 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation*** | 2 | |
| ***fluticasone propionate nasal spray,suspension 50 mcg/actuation*** | 1 | |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | 2 | QL (1 per 30 days) |
| ***fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose*** | 1 | QL (60 per 30 days) |
| ***formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml*** | 1 | |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT (***c1 esterase inhibitor***) | 3 | PA; Specialty; QL (24 per 28 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT (***c1 esterase inhibitor***) | 3 | PA; Specialty; QL (16 per 28 days) |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (***sodium chloride for inhalation***) | 3 | |
| ***icatibant subcutaneous syringe 30 mg/3 ml*** | 1 | PA; Specialty |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***) | 2 | QL (30 per 30 days) |
| ***ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation*** | 1 | |
| ***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 | |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (***ivacaftor***) | 2 | PA; Specialty |
| KALYDECO ORAL TABLET 150 MG (***ivacaftor***) | 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 | |
| ***macitentan oral tablet 10 mg*** | 1 | PA; QL (30 per 30 days) |
| ***mometasone nasal spray,non-aerosol 50 mcg/actuation*** | 2 | |
| ***montelukast oral granules in packet 4 mg*** | 1 | |
| ***montelukast oral tablet 10 mg*** | 1 | QL (30 per 30 days) |
| ***montelukast oral tablet,chewable 4 mg, 5 mg*** | 1 | QL (30 per 30 days) |
| ***nebusal inhalation solution for nebulization 3 %*** | 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***) | 3 | |
| ***nintedanib oral capsule 100 mg, 150 mg*** | 1 | PA; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***) | 2 | PA; Specialty; QL (1 per 28 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***) | 2 | PA; Specialty; QL (1 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (***mepolizumab***) | 2 | PA; Specialty; QL (1 per 28 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***) | 2 | PA; Specialty; QL (60 per 30 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***) | 2 | PA; Specialty; QL (120 per 30 days) |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***) | 3 | PA; Specialty |
| ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG (***berotralstat hydrochloride***) | 3 | PA |
| ***pirfenidone oral capsule 267 mg*** | 1 | PA; Specialty; QL (270 per 30 days) |
| ***pirfenidone oral tablet 267 mg*** | 1 | PA; Specialty; QL (270 per 30 days) |
| ***pirfenidone oral tablet 801 mg*** | 1 | PA; Specialty; QL (90 per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (***budesonide***) | 2 | QL (1 per 30 days) |
| PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***) | 2 | PA; Specialty |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***) | 2 | |
| ***roflumilast oral tablet 250 mcg, 500 mcg*** | 1 | QL (30 per 30 days) |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (***c1 esterase inhibitor, recombinant***) | 2 | PA; Specialty |
| ***sajazir subcutaneous syringe 30 mg/3 ml*** | 1 | PA |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***) | 2 | QL (60 per 30 days) |
| ***sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml*** | 1 | PA; Specialty; QL (90 per 30 days) |
| ***sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml*** | 1 | PA; Specialty; QL (224 per 23 days) |
| ***sildenafil (pulm.hypertension) oral tablet 20 mg*** | 1 | PA; QL (90 per 30 days) |
| SINUVA SINUS IMPLANT 1,350 MCG (***mometasone furoate***) | 3 | PA; QL (2 per 720 days) |
| ***sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %*** | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***) | 2 | |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***) | 2 | |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol hcl***) | 3 | |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***) | 3 | PA; Specialty; QL (60 per 30 days) |
| ***tadalafil (pulm. hypertension) oral tablet 20 mg*** | 1 | PA; QL (60 per 30 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***) | 2 | PA; Specialty; QL (4 per 28 days) |
| ***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) (***tezepelumab-ekko***) | 3 | PA; Specialty |
| TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***) | 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 % (***fluticasone propionate/sodium chloride/sodium bicarbonate***) | 3 | |
| ***tiotropium bromide inhalation capsule, w/inhalation device 18 mcg*** | 1 | QL (30 per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***) | 2 | QL (60 per 30 days) |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (***elexacaftor/tezacaftor/ivacaftor***) | 2 | PA; Specialty; QL (56 per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***) | 2 | PA; Specialty; QL (84 per 28 days) |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***) | 2 | PA; Specialty |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG, 48-80 MCG, 80 MCG (***treprostinil***) | 2 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***) | 2 | PA; Specialty |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***) | 2 | PA; Specialty |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***) | 2 | PA; Specialty |
| UMECLIDINIUM INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | 2 | QL (30 per 30 days) |
| UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 2 | QL (60 per 30 days) |
| ***wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose*** | 1 | QL (60 per 30 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***) | 2 | PA; Specialty; QL (2 per 28 days) |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***) | 2 | PA; Specialty; QL (2 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***) | 2 | PA; Specialty; QL (2 per 28 days) |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (***revefenacin***) | 2 | |
| ***zafirlukast oral tablet 10 mg, 20 mg*** | 2 | QL (60 per 30 days) |
| ***zileuton oral tablet, er multiphase 12 hr 600 mg*** | 2 | |
| **PULMONARY DEVICES** | | |
| ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| AEROCHAMBER MINI SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| AEROTRACH PLUS SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| AEROVENT PLUS SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FLEXICHAMBER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| MICROCHAMBER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| MICROSPACER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| POCKET CHAMBER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| PRIMEAIRE SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| PROCHAMBER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| SPACE CHAMBER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***) | 1 | QL (1 per 365 days) |
| **UROLOGICALS** | | |
| **ANTICHOLINERGICS & ANTISPASMODICS** | | |
| ***darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg*** | 1 | |
| ***fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg*** | 1 | |
| ***flavoxate oral tablet 100 mg*** | 1 | |
| ***mirabegron oral suspension,extended rel recon 8 mg/ml*** | 1 | |
| ***mirabegron oral tablet extended release 24 hr 25 mg, 50 mg*** | 1 | ; QL (30 per 30 days) |
| ***oxybutynin chloride oral syrup 5 mg/5 ml*** | 1 | |
| ***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 | |
| ***tolterodine oral capsule,extended release 24hr 2 mg, 4 mg*** | 1 | |
| ***tolterodine oral tablet 1 mg, 2 mg*** | 1 | |
| ***trospium oral capsule,extended release 24hr 60 mg*** | 1 | |
| ***trospium oral tablet 20 mg*** | 1 | |
| **BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY** | | |
| ***alfuzosin oral tablet extended release 24 hr 10 mg*** | 1 | |
| ***dutasteride oral capsule 0.5 mg*** | 1 | QL (30 per 30 days) |
| ***dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg*** | 1 | |
| ***finasteride oral tablet 5 mg*** | 1 | |
| ***silodosin oral capsule 4 mg, 8 mg*** | 1 | QL (30 per 30 days) |
| ***tamsulosin oral capsule 0.4 mg*** | 1 | QL (30 per 30 days) |
| **CHOLINERGIC STIMULANTS** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg*** | 1 | |
| **MISCELLANEOUS UROLOGICALS** | | |
| ***alprostadil injection solution 500 mcg/ml*** | 1 | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***) | 2 | PA; Specialty |
| ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***) | 2 | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***) | 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 (***lumasiran sodium***) | 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 (***citric acid/gluconolactone/magnesium carbonate***) | 2 | |
| ***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 % (***albumin human-kjda***) | 3 | |
| ***alburx (human) 25 % intravenous parenteral solution 25 %*** | 2 | |
| **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 (360 per 30 days) |
| ***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 (***sodium zirconium cyclosilicate***) | 2 | PA; QL (90 per 30 days) |
| ***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 (***sucroferric oxyhydroxide***) | 2 | |
| **MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES** | | |
| AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (***levacetylleucine***) | 3 | PA; Specialty; QL (120 per 30 days) |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML (***triheptanoin***) | 3 | PA |
| **VITAMINS & HEMATINICS** | | |
| AZESCO ORAL TABLET 13 MG IRON- 1 MG (***prenatal vitamins no.147/ferrous gluconate/folic acid***) | 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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ***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 (***iron dextran complex***) | 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 (***ferric derisomaltose***) | 3 | |
| ***mvi, pedi no.1 with vit k intravenous solution 80 mg-400 unit-200 mcg/5 ml*** | 1 | |
| ***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 (***prenatal vitamins no.86/iron ps complex/folic acid/dha/epa***) | 3 | |
| NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (***prenatal vits with calcium no.87/iron bisgly/folic acid/dha***) | 3 | |
| NESTABS ORAL TABLET 32-1,000 MG-MCG (***prenatal vitamins no.86/iron bis-glycinate/folic acid***) | 3 | |
| ***newgen oral tablet 32-1,000 mg-mcg*** | 1 | |
| OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG (***prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil***) | 3 | |
| OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (***prenatal 56/iron carbonyl,asparto glycinate/folic acid/dha***) | 3 | |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (***prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid***) | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (***prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3***) | 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 (***prenatal vitamins no.163/iron bis-glycinate/folate no.10***) | 3 | |
| PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.37/ferrous fumarate/folic acid***) | 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 (***prenatal vits with calcium 133/ferrous fumarate/folic acid***) | 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 (***pnv no.72/ferrous fumarate/folic acid/omega-3/dha***) | 3 | |
| ***prenatal plus oral tablet 29 mg iron- 1 mg*** | 1 | |
| ***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 (***prenatal vitamins no.78/iron asparto glycin/folate no.1/dha***) | 3 | |
| PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (***prenatal vits no.114/ferrous aspart glycinate/folate no.1***) | 3 | |
| PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG (***prenatal vitamins no.68/iron fumarate/folate no.6/dha***) | 3 | |
| PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (***prenatal vits no.87/iron asp.glycinate,carb/folate no.1/dha***) | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (***prenatal vitamins no.85/iron asparto glycin/folate no.1/dha***) | 3 | |
| PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (***prenatal vitamins no.69/iron fumarate/folate no.6/dha***) | 3 | |
| PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (***prenatal vitamins no.77/ferrous asparto glycinate/folic acid***) | 3 | |
| PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vits no.65/ferrous fumarate,iron polysac/folic acid***) | 3 | |
| ***purevita folic acid oral tablet 400 mcg*** | 1 | ACA |
| SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (***prenatal vitamins no.33/iron polysach complex/folic acid/dha***) | 3 | |
| ***taron-c dha oral capsule 35-1-200 mg*** | 1 | |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***) | 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 (***prenatal vitamins no.162/ferrous gluconate/folic acid***) | 3 | |
| TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (***prenatal vitamins no.93/iron carbonyl/folate no.9/dha***) | 3 | |
| VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (***prenatal vits no.102/iron polysacch/folate no.1/dha***) | 3 | |
| VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vitamins no.67/iron polysaccharides/folate no.1/dha***) | 3 | |
| VITAFOL-OB ORAL TABLET 65-1 MG (***prenatal vits with calcium no.10/ferrous fumarate/folic acid***) | 3 | |
| VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vits no.26/iron polysaccharide cplex/folic acid/dha***) | 3 | |
| VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG - 200 MG (***prenatal vitamins no.25/ferrous fumarate/folate no.6/dha***) | 3 | |
| ***westab plus oral tablet 27 mg iron- 1 mg*** | 1 | ACA |
| ZALVIT ORAL TABLET 13 MG IRON- 1 MG (***prenatal vitamins no.147/ferrous gluconate/folic acid***) | 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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ZIPHEX ORAL TABLET 13 MG IRON- 1 MG (***prenatal vitamins no.147/ferrous gluconate/folic acid***) | 3 | |

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