

2025 1 Tier Standard - AmeriHealth Caritas VIP Care

2025 Member Formulary

Formulary ID 25399

CURRENT AS OF 6/1/2025

Drug Name	Drug Tier	Requirements/Limits
Analgesics - Treatment Of Pain		
Analgesics		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>nalbuphine hcl injection solution 10 mg/ml</i>	1	
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 EA per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 GM per 28 days)
<i>diclofenac sodium external gel 3 %</i>	1	
<i>diclofenac sodium external solution 1.5 %</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ec-naproxen oral tablet delayed release 375 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL (20 EA per 30 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Opioid Analgesics, Long-acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	1	PA; MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	1	MME; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	1	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	PA; MME; QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	1	MME; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1	PA; MME
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	MME; QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	1	PA; MME; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	1	PA; MME; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	1	PA; MME; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	1	PA; MME; QL (60 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	1	MME; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	MME; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	MME; QL (5 ML per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; MME; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	MME; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	MME; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MME
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	MME; QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	MME; QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	MME
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	1	MME
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	MME; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	MME; QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MME; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	1	MME; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	MME
<i>tramadol hcl oral tablet 100 mg</i>	1	MME; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MME; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MME; QL (240 EA per 30 days)
Anesthetics - Local Treatment Of Pain		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	1	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
<i>ZTLIDO EXTERNAL PATCH 1.8 %</i>	1	PA; QL (90 EA per 30 days)
Anti-Addiction/ Substance Abuse Treatment Agents		
Opioid Dependence		
<i>lofexidine hcl oral tablet 0.18 mg</i>	1	PA; QL (224 EA per 14 days)
Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)

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<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	1	
REXTOVY NASAL LIQUID 4 MG/0.25ML	1	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
NICOTROL INHALATION INHALER 10 MG	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	1	QL (56 EA per 28 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	QL (56 EA per 28 days)
Antibacterials - Treatment Of Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA

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<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	1	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	1	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	1	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	1	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	1	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 100 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule 125 mg</i>	1	QL (40 EA per 10 days)
<i>vancomycin hcl oral capsule 250 mg</i>	1	QL (80 EA per 10 days)
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	1	
Beta-lactam, Cephalosporins		

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Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution prefilled syringe 3 gm/30ml</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	1	
<i>cefazolin sodium intravenous solution prefilled syringe 1 gm/10ml, 2 gm/10ml, 2 gm/20ml</i>	1	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	1	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefprozil proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	PA
Beta-lactam, Penicillins		

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<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 2 gm</i>	1	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	1	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	1	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	1	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	1	PA; QL (20 EA per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
<i>erythrocin stearate oral tablet 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
Anticonvulsants - Treatment Of Seizures		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	1	PA; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	1	PA; QL (180 EA per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	1	PA; QL (480 ML per 30 days)
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	1	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 2 MG	1	ST; QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	1	ST; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	1	ST; QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	1	ST; QL (180 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	1	ST; QL (120 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	1	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 25 MG	1	ST

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	1	ST; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	1	PA; QL (10 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	PA; QL (10 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML, 7.5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 2 X 10 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	1	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	1	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; QL (1100 ML per 30 days)
Sodium Channel Agents		
APTOM ORAL TABLET 200 MG, 400 MG	1	QL (30 EA per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	1	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>epitol oral tablet 200 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	1	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA; QL (240 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	1	ST; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
Antidementia Agents - Management Of Dementia		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	1	
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	QL (30 EA per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
Antidepressants - Treatment Of Depression		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	1	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	1	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
Tricyclics		

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Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL (90 EA per 30 days)
<i>amitriptyline hcl oral tablet 150 mg</i>	1	PA; QL (60 EA per 30 days)
<i>amoxapine oral tablet 100 mg</i>	1	PA; QL (180 EA per 30 days)
<i>amoxapine oral tablet 150 mg</i>	1	PA; QL (120 EA per 30 days)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clomipramine hcl oral capsule 25 mg</i>	1	PA; QL (60 EA per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	1	PA; QL (150 EA per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	1	PA; QL (90 EA per 30 days)
<i>desipramine hcl oral tablet 10 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (60 EA per 30 days)
<i>desipramine hcl oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA; QL (450 ML per 30 days)
<i>imipramine hcl oral tablet 10 mg</i>	1	PA; QL (90 EA per 30 days)
<i>imipramine hcl oral tablet 25 mg, 50 mg</i>	1	PA; QL (180 EA per 30 days)
<i>imipramine pamoate oral capsule 100 mg</i>	1	PA; QL (90 EA per 30 days)
<i>imipramine pamoate oral capsule 125 mg, 150 mg, 75 mg</i>	1	PA; QL (60 EA per 30 days)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	QL (120 EA per 30 days)
<i>nortriptyline hcl oral capsule 50 mg</i>	1	QL (90 EA per 30 days)
<i>nortriptyline hcl oral capsule 75 mg</i>	1	QL (60 EA per 30 days)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	QL (2250 ML per 30 days)
<i>protriptyline hcl oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>protriptyline hcl oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>trimipramine maleate oral capsule 100 mg</i>	1	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
Antiemetics - Treatment Of Vomiting Or Nausea		
Antiemetics, Other		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	QL (3600 ML per 30 days)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	1	QL (180 EA per 30 days)
<i>promethazine hcl oral tablet 50 mg</i>	1	QL (30 EA per 30 days)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	QL (180 EA per 30 days)
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	PA
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	PA
<i>promethegan rectal suppository 50 mg</i>	1	QL (30 EA per 30 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral 80 & 125 mg</i>	1	B/D
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	1	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	1	B/D
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	B/D
Antifungals - Treatment Of Fungal Or Yeast Infections		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	1	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	PA
<i>clotrimazole external cream 1 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole external solution 1 %</i>	1	QL (30 ML per 28 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	1	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA
<i>econazole nitrate external cream 1 %</i>	1	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	1	
<i>miconazole sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	1	
<i>posaconazole oral suspension 40 mg/ml</i>	1	PA; QL (630 ML per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
Antigout Agents - Treatment Or Prevention Of Gouty Arthritis		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
<i>probenecid oral tablet 500 mg</i>	1	
Antimigraine Agents - Treatment Of Migraine Headaches		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	1	PA; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	1	PA; QL (8 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	PA
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; QL (2 ML per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	1	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	1	QL (9 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	1	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	QL (6 ML per 30 days)
Antimyasthenic Agents - Treatment Of Myasthenia		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms		
Antimycobacterials, Other		

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Drug Name	Drug Tier	Requirements/Limits
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	1	PA
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA
TRECTOR ORAL TABLET 250 MG	1	
Antineoplastics - Treatment Of Cancer		
Alkylating Agents		
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	1	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
LEUKERAN ORAL TABLET 2 MG	1	PA
MATULANE ORAL CAPSULE 50 MG	1	
VALCHLOR EXTERNAL GEL 0.016 %	1	PA
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	1	PA; QL (60 EA per 30 days)
<i>abirtega oral tablet 250 mg</i>	1	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 240 MG	1	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; QL (120 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	1	PA
<i>nilutamide oral tablet 150 mg</i>	1	PA
NUBEQA ORAL TABLET 300 MG	1	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL CAPSULE 40 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	1	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56 EA per 28 days)
Antiestrogens/Modifiers		
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	1	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	1	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
<i>hydroxyurea oral capsule 500 mg</i>	1	
INQOVI ORAL TABLET 35-100 MG	1	PA; QL (5 EA per 28 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	1	PA
<i>mercaptopurine oral tablet 50 mg</i>	1	
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; QL (14 EA per 28 days)
SIKLOS ORAL TABLET 100 MG, 1000 MG	1	
TABLOID ORAL TABLET 40 MG	1	PA
XROMI ORAL SOLUTION 100 MG/ML	1	
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA; QL (60 EA per 30 days)
<i>azacitidine injection suspension reconstituted 100 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	1	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA; QL (120 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	1	PA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	1	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (49 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (91 EA per 28 days)
KRAZATI ORAL TABLET 200 MG	1	PA; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	1	PA
LONSURF ORAL TABLET 15-6.14 MG, 20- 8.19 MG	1	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	1	PA
LYSODREN ORAL TABLET 500 MG	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; QL (30 EA per 30 days)
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	1	PA
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	1	PA
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA; QL (8 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	1	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	1	PA
TIBSOVO ORAL TABLET 250 MG	1	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	1	
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA
WELIREG ORAL TABLET 40 MG	1	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	1	PA; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	1	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA; QL (30 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
AUGTYRO ORAL CAPSULE 160 MG	1	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	1	PA
BOSULIF ORAL CAPSULE 100 MG	1	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; QL (360 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA; QL (63 EA per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	1	PA
DAURISMO ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	1	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	1	PA; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; QL (30 EA per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA; QL (300 ML per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	1	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	1	PA
ODOMZO ORAL CAPSULE 200 MG	1	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	1	PA
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA
QINLOCK ORAL TABLET 50 MG	1	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	1	PA
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	1	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	1	PA; QL (224 EA per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	1	PA
SCSEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 EA per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	1	PA; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA; QL (840 EA per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA
TEPMETKO ORAL TABLET 225 MG	1	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; QL (64 EA per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	1	PA; QL (64 EA per 28 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	1	PA; QL (21 EA per 21 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	1	PA; QL (42 EA per 21 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	1	PA; QL (42 EA per 21 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	1	PA; QL (63 EA per 21 days)
TUKYSA ORAL TABLET 150 MG	1	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	1	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; QL (60 EA per 30 days)
VIJOICE ORAL PACKET 50 MG	1	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	1	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	1	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VONJO ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; QL (90 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	1	PA
<i>bexarotene oral capsule 75 mg</i>	1	PA
PANRETIN EXTERNAL GEL 0.1 %	1	PA
<i>tretinoin oral capsule 10 mg</i>	1	PA
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>mesna oral tablet 400 mg</i>	1	
MESNEX ORAL TABLET 400 MG	1	
Antiparasitics - Treatment Of Infections From Parasites		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 EA per 30 days)
<i>praziquantel oral tablet 600 mg</i>	1	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	PA
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	1	
Antiparkinson Agents - Treatment Of Parkinson's Disease		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	PA
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	PA
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	1	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	1	PA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	1	ST

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Drug Name	Drug Tier	Requirements/Limits
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	1	PA
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	1	PA; QL (90 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
Antipsychotics - Treatment Of Behavioral And Emotional Disorders		
1st Generation/Typical		

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 10 mg/5ml, 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	1	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; QL (30 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	PA; QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	PA; QL (1 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	PA; QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	1	PA; QL (2.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	PA; QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	PA
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	1	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	1	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	1	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; QL (30 EA per 30 days)
RISPERIDONE MICROSPHERES ER INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1	QL (120 EA per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	PA
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	PA; QL (0.42 ML per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	1	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	PA; QL (1 EA per 28 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	1	
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	1	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	QL (540 ML per 30 days)
Antispasticity Agents - Treatment Of Muscle Spasms		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Antivirals - Treatment Of Infections By Viruses		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200 MG	1	PA
PREVYMIS ORAL PACKET 120 MG, 20 MG	1	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	
<i>lamivudine oral solution 10 mg/ml</i>	1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA
VIREAD ORAL POWDER 40 MG/GM	1	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30 EA per 30 days)
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20 MG	1	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 EA per 28 days)
Antiherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ISENTRESS HD ORAL TABLET 600 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	1	QL (120 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	1	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	QL (180 EA per 30 days)
VOCABRIA ORAL TABLET 30 MG	1	QL (30 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT ORAL TABLET 25 MG	1	QL (30 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	1	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	1	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
Anti-HIV Agents, Other		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	1	QL (52 ML per 365 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	1	QL (42 ML per 365 days)
COMPLERA ORAL TABLET 200-25-300 MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	1	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	1	QL (30 EA per 30 days)

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	1	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	1	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	1	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	1	QL (120 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG	1	QL (10 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	1	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	1	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	QL (6 ML per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	1	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	1	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	1	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	1	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	QL (390 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	1	QL (360 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	1	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	1	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	1	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	QL (120 EA per 30 days)
Anti-influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (42 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	1	
Antiviral, Coronavirus Agents		
<i>paxlovid (150/100) oral tablet therapy pack 10 x 150 mg & 10 x 100mg</i>	1	QL (20 EA per 5 days)
<i>paxlovid (300/100) oral tablet therapy pack 20 x 150 mg & 10 x 100mg</i>	1	QL (30 EA per 5 days)
<i>paxlovid oral tablet therapy pack 6 x 150 mg & 5 x 100mg</i>	1	QL (11 EA per 5 days)
Antivirals		
LAGEVRIO ORAL CAPSULE 200 MG	1	QL (40 EA per 5 days)
Anxiolytics - Treatment Of Anxiety Or Nervousness		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
Benzodiazepines		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	QL (90 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)

Bipolar Agents - Treatment For Bipolar Illnesses

Mood Stabilizers

EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	

Blood Glucose Regulators - Control Of Diabetes

Antidiabetic Agents

<i>acarbose oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	1	QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	1	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	1	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	1	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	PA; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	1	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	1	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	QL (4 EA per 30 days)
<i>glucagon emergency injection kit 1 mg</i>	1	QL (4 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	1	QL (4 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mifepristone oral tablet 300 mg</i>	1	PA; QL (120 EA per 30 days)
Insulins		
<i>gauze pad 2"x2"</i>	1	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	1	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	1	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	1	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin aspart injection solution 100 unit/ml</i>	1	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	1	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin lispro injection solution 100 unit/ml</i>	1	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	1	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 31g x 6mm 0.5 ml, u-100 1 ml</i>	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	1	
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	1	
OMNIPOD 5 G7 PODS (GEN 5)	1	
OMNIPOD 5 LIBRE2 PLUS G6 KIT	1	

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	
OMNIPOD DASH INTRO (GEN 4) KIT	1	
OMNIPOD DASH PDM (GEN 4) KIT	1	
OMNIPOD DASH PODS (GEN 4)	1	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	1	
<i>pen needles 29g x 12.7mm , 29g x 12mm , 29g x 4mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	1	
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
V-GO 20 KIT 20 UNIT/24HR	1	
V-GO 30 KIT 30 UNIT/24HR	1	
V-GO 40 KIT 40 UNIT/24HR	1	
Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production		
Anticoagulants		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	1	PA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>rivaroxaban oral tablet 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	QL (51 EA per 30 days)
Blood Products and Modifiers, Other		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	1	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	1	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA

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Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
PIASKY INJECTION SOLUTION 340 MG/2ML	1	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
PROMACTA ORAL PACKET 12.5 MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	1	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	1	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	1	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
TAVNEOS ORAL CAPSULE 10 MG	1	PA
<i>tranexamic acid oral tablet 650 mg</i>	1	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	1	PA

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Drug Name	Drug Tier	Requirements/Limits
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
XOLREMDI ORAL CAPSULE 100 MG	1	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	1	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	1	
Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels		
Alpha-adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg</i>	1	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg</i>	1	QL (60 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>	1	QL (30 EA per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 2 mg</i>	1	QL (90 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg</i>	1	QL (60 EA per 30 days)
<i>terazosin hcl oral capsule 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	1	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
Antiarrhythmics		

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Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	PA
<i>nimodipine oral capsule 30 mg</i>	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1	QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	1	PA; QL (450 ML per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	QL (150 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	1	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	PA; QL (60 EA per 30 days)
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LODOCO ORAL TABLET 0.5 MG	1	PA; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA
NEXLETOL ORAL TABLET 180 MG	1	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	1	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	1	PA; QL (3 ML per 28 days)
Diuretics, Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 35 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-rosuvastatin oral tablet 10-5 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	1	QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	1	QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	QL (60 EA per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	1	PA
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gm/dose</i>	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	1	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
Central Nervous System, Other		
AQNEURSA ORAL PACKET 1 GM	1	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60 EA per 30 days)
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	1	PA; QL (70 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	1	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	1	PA
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA; QL (56 EA per 28 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	1	PA; QL (56 EA per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA; QL (240 ML per 30 days)
EVRYSDI ORAL TABLET 5 MG	1	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	1	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	1	PA; QL (28 EA per 180 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; QL (60 EA per 30 days)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	1	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	1	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG	1	PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	1	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	ST; QL (55 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	1	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; QL (14 EA per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	1	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	1	PA; QL (12 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	1	PA; QL (7 EA per 180 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	1	PA; QL (20 ML per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	1	PA; QL (23 ML per 180 days)
PONVORY ORAL TABLET 20 MG	1	PA; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	1	PA; QL (14 EA per 180 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	1	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	1	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	1	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	1	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	1	PA; QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	1	PA; QL (7 EA per 180 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	1	PA; QL (28 EA per 180 days)
Dental And Oral Agents - Treatment Of Mouth And Gum Disorders		
Dental and Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
Dermatological Agents - Treatment Of Skin Conditions		
Acne and Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>tazarotene external cream 0.05 %</i>	1	
<i>tazarotene external cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
Dermatitis and Pruritus Agents		
<i>alclometasone dipropionate external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	QL (120 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	1	QL (120 GM per 30 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	1	QL (50 ML per 30 days)
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
<i>doxepin hcl external cream 5 %</i>	1	PA; QL (90 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	1	PA
FLAC OTIC OIL 0.01 %	1	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	1	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	1	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	1	QL (60 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	QL (118.28 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	1	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	1	QL (50 GM per 30 days)
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
HYFTOR EXTERNAL GEL 0.2 %	1	PA
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>pimecrolimus external cream 1 %</i>	1	ST
<i>prednicarbate external ointment 0.1 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	ST
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external cream 0.1 %</i>	1	QL (454 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	1	
Dermatological Agents, Other		
<i>alcohol pad , 70 %</i>	1	
<i>alcohol sheet , 70 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	1	QL (120 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	QL (60 ML per 28 days)
<i>fluorouracil external cream 0.5 %</i>	1	PA
<i>fluorouracil external cream 5 %</i>	1	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	1	QL (10 ML per 30 days)
<i>imiquimod external cream 5 %</i>	1	QL (24 EA per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	QL (60 GM per 28 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	1	PA; QL (55 EA per 180 days)
<i>podofilox external solution 0.5 %</i>	1	
REGRANEX EXTERNAL GEL 0.01 %	1	PA; QL (15 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	QL (180 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
Pediculicides/Scabicides		

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Drug Name	Drug Tier	Requirements/Limits
<i>malathion external lotion 0.5 %</i>	1	QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	1	QL (60 GM per 30 days)
Topical Anti-infectives		
<i>acyclovir external cream 5 %</i>	1	QL (30 GM per 30 days)
<i>acyclovir external ointment 5 %</i>	1	QL (30 GM per 30 days)
<i>ciclopirox external solution 8 %</i>	1	QL (6.6 ML per 28 days)
<i>ciclopirox olamine external cream 0.77 %</i>	1	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phos (once-daily) external gel 1 %</i>	1	QL (120 ML per 30 days)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	1	QL (60 EA per 30 days)
<i>ery external pad 2 %</i>	1	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	1	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	1	QL (60 ML per 30 days)
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	1	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	1	QL (45 GM per 30 days)
<i>metronidazole external gel 1 %</i>	1	QL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	1	QL (59 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	1	QL (44 GM per 30 days)
<i>penciclovir external cream 1 %</i>	1	QL (5 GM per 30 days)
Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	1	PA
ISOLYTE-S INTRAVENOUS SOLUTION	1	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
KLOR-CON ORAL PACKET 20 MEQ	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>sodium chloride (pf) injection solution 0.9 %</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
Electrolyte/Mineral/Metal Modifiers		
CUVRIOR ORAL TABLET 300 MG	1	PA
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine oral tablet 250 mg</i>	1	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA
<i>trientine hcl oral capsule 250 mg</i>	1	PA
Electrolytes/Minerals/Metals/Vitamins		
<i>clinisol sf intravenous solution 15 %</i>	1	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	
<i>levocarnitine oral solution 1 gm/10ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	1	
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	B/D
<i>plenamine intravenous solution 15 %</i>	1	B/D
<i>prenatal oral tablet 27-1 mg</i>	1	
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	QL (360 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm</i>	1	QL (270 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	1	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL (540 EA per 30 days)
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	1	
<i>sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	1	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	1	QL (90 EA per 30 days)
Vitamins		
<i>trinatal rx 1 oral tablet 60-1 mg</i>	1	
Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
RELISTOR ORAL TABLET 150 MG	1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	1	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	1	PA; QL (12 ML per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl oral capsule 2 mg</i>	1	
XERMELO ORAL TABLET 250 MG	1	PA
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
Gastrointestinal Agents, Other		
CHENODAL ORAL TABLET 250 MG	1	PA
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	1	PA
OICALIVA ORAL TABLET 10 MG, 5 MG	1	PA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VOWST ORAL CAPSULE	1	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (60 EA per 30 days)
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	1	PA
<i>betaine oral powder</i>	1	
CERDELGA ORAL CAPSULE 84 MG	1	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	1	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	1	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	1	PA
GALAFOLD ORAL CAPSULE 123 MG	1	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	1	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	1	PA
<i>l-glutamine oral packet 5 gm</i>	1	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	PA
<i>miglustat oral capsule 100 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	1	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	1	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	1	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	1	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	1	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	1	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	1	
Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	ST; QL (30 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	1	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	1	
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA
<i>tiopronin oral tablet 100 mg</i>	1	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	1	PA

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Drug Name	Drug Tier	Requirements/Limits
ACTHAR INJECTION GEL 80 UNIT/ML	1	PA
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	1	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	1	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	1	PA
GENOTROPIN MINIQUEL SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	1	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	1	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	1	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	1	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones		
Anabolic Steroids		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	1	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	1	PA; QL (180 ML per 30 days)
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA; QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	1	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	PA
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	1	QL (8 EA per 28 days)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>introvale oral tablet 0.15-0.03 mg</i>	1	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	1	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	
PREMPHASE ORAL TABLET 0.625-5 MG	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	1	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
Progestins		
<i>camila oral tablet 0.35 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml</i>	1	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
Selective Estrogen Receptor Modifying Agents		

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Drug Name	Drug Tier	Requirements/Limits
DUAVEE ORAL TABLET 0.45-20 MG	1	
<i>raloxifene hcl oral tablet 60 mg</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	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	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	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	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	1	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	1	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	1	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
ORGOVYX ORAL TABLET 120 MG	1	PA; QL (30 EA per 28 days)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	1	PA
ORLISSA ORAL TABLET 150 MG, 200 MG	1	PA
RECORLEV ORAL TABLET 150 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA
Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
Immunological Agents - Medications That Alter The Immune System Including Vaccinations		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT	1	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	1	PA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	1	PA; QL (20 EA per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION SOLUTION 1 GM/10ML	1	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	1	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	1	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	1	B/D
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; QL (8 ML per 28 days)
CABLIVI INJECTION KIT 11 MG	1	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	1	PA; QL (30 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	1	PA

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	1	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	1	PA; QL (2 ML per 28 days)
FABHALTA ORAL CAPSULE 200 MG	1	PA; QL (60 EA per 30 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; QL (2 ML per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	1	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	1	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA
LITFULO ORAL CAPSULE 50 MG	1	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA; QL (4 EA per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	1	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	1	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	1	PA; QL (2.8 ML per 28 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	1	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	1	PA; QL (60 ML per 365 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	1	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; QL (2 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	1	PA; QL (30 EA per 30 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	1	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	1	PA; QL (0.75 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	1	PA; QL (1.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	1	PA; QL (3 ML per 28 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	1	PA
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA; QL (30 EA per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	1	PA

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Drug Name	Drug Tier	Requirements/Limits
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	1	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	1	PA; QL (22.68 ML per 28 days)
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA; QL (2 ML per 28 days)
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	B/D
<i>azathioprine oral tablet 50 mg</i>	1	B/D
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (3 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	1	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (3 EA per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>gengraf oral solution 100 mg/ml</i>	1	B/D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	1	PA; QL (4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	1	PA; QL (6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (4 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	1	PA; QL (6 ML per 28 days)
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA; QL (6 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; QL (6 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	1	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	1	PA; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA; QL (3 EA per 180 days)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA; QL (4 EA per 180 days)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; QL (3 EA per 180 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	1	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	B/D
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	B/D
REZUROCK ORAL TABLET 200 MG	1	PA; QL (30 EA per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	B/D
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	1	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	

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Drug Name	Drug Tier	Requirements/Limits
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5- 18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	1	B/D
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	B/D
ERVEBO INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION INJECTABLE	1	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	

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Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	B/D
ROTARIX ORAL SUSPENSION	1	
ROTATEQ ORAL SOLUTION	1	

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Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	B/D
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VAXELIS INTRAMUSCULAR SUSPENSION	1	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	
Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease		
Aminosalicylates		

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Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium oral capsule 750 mg</i>	1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	QL (90 EA per 30 days)
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML, 620 MCG/2.48ML	1	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML	1	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	1	PA
Ophthalmic Agents - Treatment Of Eye Conditions		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CYSTARAN OPTHALMIC SOLUTION 0.44 %	1	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
OXERVATE OPTHALMIC SOLUTION 0.002 %	1	PA
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
XDEMVEY OPTHALMIC SOLUTION 0.25 %	1	PA
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
Ophthalmic Anti-Infectives		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
NATACYN OPTHALMIC SUSPENSION 5 %	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
Ophthalmic Anti-inflammatories		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	ST

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Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	1	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	
Otic Agents - Treatment Of Ear Conditions		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	QL (7.5 ML per 7 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	QL (60 ML per 30 days)
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	PA
<i>hydroxyzine hcl oral tablet 10 mg</i>	1	
<i>hydroxyzine hcl oral tablet 25 mg, 50 mg</i>	1	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	QL (3600 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	B/D; QL (60 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	1	QL (60 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	1	QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	1	QL (120 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	QL (34 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	1	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	1	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	QL (90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	B/D; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	1	PA; QL (56 EA per 28 days)
BRONCHITOL INHALATION CAPSULE 40 MG	1	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA; QL (84 ML per 56 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	1	PA; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 5.8 MG	1	PA
KALYDECO ORAL TABLET 150 MG	1	PA; QL (56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	1	PA; QL (56 EA per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	B/D
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	B/D; QL (280 ML per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	1	PA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	1	PA; QL (56 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; QL (720 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML	1	PA; QL (300 ML per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	1	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	1	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	1	PA
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	1	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	B/D
ADVAIR HFA INHALATION AEROSOL 115- 21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	1	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	1	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	1	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	QL (10.7 GM per 30 days)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	1	QL (10.2 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	1	PA; QL (8 ML per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	1	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	1	PA; QL (1 ML per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	1	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; QL (3 EA per 28 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 GM per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA; QL (8 EA per 28 days)
Skeletal Muscle Relaxants - Treatment Of Muscle Tightness		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA; QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	1	PA; QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA
Sleep Disorder Agents - Treatment Of Insomnia		
Sleep Promoting Agents		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	1	PA; QL (158 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	1	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	1	PA

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