SummaCare℠
Health Insurance

# 2023 Comprehensive Formulary
## (List of Covered Drugs)

**Small Group and Individual**

Effective 01/01/2023

SUM-22-61317/CS/KG/10-22

# 2023 Summacare Comprehensive Formulary Small Group And Individual

## Prescription Drug Benefits

The following is a listing by drug class of medications most commonly prescribed under the SummaCare Prescription Drug Benefit. Brand-name drugs are capitalized and generic drugs are listed in lowercase. Prescription drug benefits vary, but in most cases, brand name medications that have a generic equivalent require the patient to pay the difference in cost between the brand and generic medication. Some benefits may exclude certain drugs on this list. Refer to your plan documents for more coverage information.

## About Tiers

| Prescription Drug Tier | Description |
|---|---|
| Tier 1 | Zero Cost Share Preventive Drugs (This tier will contain low cost medications that may be preferred generic, single source, or multi-source Brand Drugs.) |
| Tier 2 | Preferred Generics |
| Tier 3 | Non-Preferred Generics |
| Tier 4 | Preferred Brand |
| Tier 5 | Non-Preferred Brand |
| Tier 6 | Specialty Drugs |

Note: Some benefits may require a deductible be met before copays apply. Refer to your plan documents for further information.

## Using Your Summacare Id Card

It is important to show your SummaCare ID card when filling prescriptions. When you show your SummaCare ID card, safety checks are performed such as drug-drug interactions, therapeutic duplications and dose checks, even if you use multiple pharmacies, including mail order.

## Medimpact

MedImpact is SummaCare's Pharmacy Benefit Manager and is responsible for processing pharmacy claims for SummaCare members. MedImpact also handles pharmacy benefit customer service and utilization management requests on SummaCare's behalf. To reach MedImpact, members should call the SummaCare customer service number on the back of their ID card.

## Women's Preventive Drugs

Your cost share for selected women's preventive care services may be waived when provided by a network pharmacy provider. Please refer to your benefit documents for further information.

## Pharmacy Utilization Programs

SummaCare's Prescription Drug Benefit incorporates utilization management programs (prior authorization, step therapy and quantity limits). Drugs requiring utilization management are indicated on the formulary document with a PA, PA NSO, QL or ST. If you are prescribed one of these drugs, the prescriber may need to contact MedImpact to provide supporting medical information.

**Prior Authorization = PA**

Prior Authorization requirements are placed on medications when they have limited conditions for which they are prescribed, special monitoring or dispensing requirements or an extremely high cost. Guidelines for approving coverage for Prior Authorization drugs are developed and approved by a panel of practicing physicians and pharmacists.

**Prior Authorization for New Starts Only = PA NSO**

If you are a new member, you may be required to get Prior Authorization on particular drugs before you fill your prescription. In this scenario, the same requirements as listed above under Prior Authorization would apply.

**Step Therapy = ST**

Step Therapy is the practice of initiating drug therapy for a medical condition with the most cost-effective and safest drug, and then progressing to other more costly or risky drugs only if necessary (i.e., you must try drug "A" before you can get drug "B"). The goal is to control costs and minimize risks. Step therapy is an automated process. If you present a prescription for a "step therapy" drug (i.e., "B") to a pharmacy, an automated check of your prescription history will occur. If the system finds that you have received the qualifying drug(s) (i.e., "A"), your prescription will be processed. If the system does not find that you received a qualifying drug (i.e., "A") in recent history, a prior authorization will be necessary.

**Quantity Limit = QL**

When a drug has a Quantity Limit, the amount of medication is limited to a specified amount per prescription or within a specific time frame. These limitations are usually in place due to safety issues or because the use of a dose higher than what is recommended has been shown to result in minimal additional benefit to the patient.

**Gender Edits = GF or GM**

Gender edits may be added to certain medications when they are only to be prescribed for a male or female based on FDA prescribing indications. Drugs that are only to be prescribed for females will be indicated with a "GF" and drugs that are only to be prescribed for males will be indicated with a "GM."

**Opioid Edits**

SummaCare has implemented the following opioid edits:

**Enhanced Opioid Cumulative Dosing:** This limit is based on MME (Morphine Milligram Equivalent), which is the calculated amount of opioids that you are taking per day. Your opioid prescription will deny at the pharmacy if your total MME is greater than 80 MME. This means that you will need to get approval from SummaCare to fill your opioid prescription(s).

**Days Supply Limit Edit:** If the course of your opioid treatment continues for more than a 90 days then your opioid prescription will deny at the pharmacy. If you need more than a 90-day supply, you will need to get approval from SummaCare to fill your opioid prescription.

## Exception Process For Non-Formulary Drugs

**What is an exception request?**

Exception requests are a kind of coverage determination. Exceptions can be requested by you and/or your authorized representative, or your prescribing physician may request an exception to seek coverage of a drug that is not on the formulary (list of drugs the plan covers).

There are two types of exception requests. The first one is an expedited exception request, which is defined under exigent circumstances only and if the drug is not approved may seriously jeopardize life, health or ability to regain maximum function, or may jeopardize undergoing current treatment using a non-formulary drug. The second is a standard exception request.

If SummaCare's formulary does not include a drug that you or your prescribing provider feel is necessary, then you or your prescribing provider may request an exception so that you may obtain coverage of this drug. The exception request must include your prescribing provider's statement that he/she has determined that the preferred formulary drug either would not be as effective or would have adverse effects for you. If the Plan does not grant the requested exception, then you or your prescribing provider may file an appeal.

Exception requests can be made verbally by contacting SummaCare's Pharmacy Benefit Manager, MedImpact Healthcare Systems, Inc., at **800.788.2949** or can be sent via fax to **858.790.7100**.

**When will I receive a decision on my exception request?**

SummaCare must notify you and your prescriber of our decision no more than 24 hours following receipt of an Expedited Request and 72 hours following the receipt of a Standard Exception Request. If your request is denied, then you or your prescribing provider may file an appeal. If the exception request is granted, we will treat the excepted drug as an Essential Health Benefit and the cost share will be counted towards your annual limitation on cost-sharing and we will cover the drug for the duration of the prescription including refills.

## For More Information About Summacare's Prescription Drug Benefit Call:

- Employers and Members: Please refer to the number on the back of your Member ID card or call Member Services at **800.996.8701**
- Persons with Hearing or Speech Disabilities: Call Ohio Relay (TTY) at **800.750.0750**
- Providers: Call SummaCare Provider Services at **800.996.8401**

To view the most recent formulary, please visit **summacare.com**.

01/2023

# SummaCare/Apex Medication Request
## Form SUM01, 02, 06, 07, 11, 12, 14
### Attn: Prior Authorization Department
### Fax: 858-790-7100

☐ **REQUEST FOR EXPEDITED (URGENT) REVIEW**: BY CHECKING THIS BOX, I CERTIFY THAT APPLYING THE STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

**Date:** _____ **Time MRF was taken:** _____

**Physician Signature:** _____ **Physician Cell Phone #:** _____

**Medication Request Information (please complete each section of this form prior to transmittal): *Denotes Required Fields**

| **Status** | |
|---|---|
| **Patient did not meet Guideline # for the following reason:** | |

| **PATIENT INFORMATION** | **PHYSICIAN INFORMATION** | |
|---|---|---|
| *Name: | *Name: | |
| *ID#: | *Specialty: | |
| *Date of Birth: | *ID# / DEA#: | |
| *HQ: | *Phone: ( ) - | *Fax: ( ) - |
| Diagnosis (ICD-10 Code, if known): | | |

| **PHARMACY INFORMATION (If provided)** | | |
|---|---|---|
| *Pharmacy Name: | *Phone: ( ) - | *Fax: ( ) - |

| **REQUESTED DRUG INFORMATION** | | |
|---|---|---|
| *Requested Drug: | | |
| ***Dose:** | ***Strength:** | |
| ***Quantity:** (per month) | ***Dosage Form:** (Oral, Injection, etc) | ***Length of Treatment:** (Please be specific.) |

| **Comments** |
|---|
| Reason for Medication Request (Please be specific, give detail.): |
| Other Medications Tried and/or Failed including OTC (Please be specific, give detail. Chart notes preferred): |
| Other Pertinent History (Relative or pertaining to this request.): |

**Note: Specialty Vendor for SUM01, 02, 06, 07, 11, 12 is AcariaHealth: 833-626-8417

Specialty Vendor for SUM14 is SummaHealth Specialty Pharmacy: 888-874-8134

Effective: 6/18/2020

## Table of Contents

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Analgesics** | | | |
| **Analgesics, Miscellaneous** | | | |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml* | | 2 | QL (2700 per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | | 2 | QL (360 per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | | 2 | QL (180 per 30 days) |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | (Butrans) | 3 | QL (4 per 28 days) |
| *butalbital compound w/codeine oral capsule 30-50-325-40 mg* | (codeine-butalbital-asa-caff) | 3 | QL (180 per 30 days) |
| *butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg* | (Fioricet with Codeine) | 3 | QL (180 per 30 days) |
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | | 3 | QL (180 per 30 days) |
| *butalbital-acetaminophen oral tablet 50-300 mg* | (Bupap) | 2 | QL (180 per 30 days) |
| *butalbital-acetaminophen oral tablet 50-325 mg* | (Tencon) | 2 | |
| *butalbital-acetaminophen-caff oral capsule 50-300-40 mg* | (Fioricet) | 3 | |
| *butalbital-acetaminophen-caff oral capsule 50-325-40 mg* | (Zebutal) | 3 | |
| *butalbital-acetaminophen-caff oral tablet 50-325-40 mg* | (Esgic) | 2 | |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | | 3 | |
| *butalbital-aspirin-caffeine oral tablet 50-325-40 mg* | | 2 | |
| *butorphanol nasal spray,non-aerosol 10 mg/ml* | | 2 | |
| *codeine sulfate oral tablet 15 mg, 30 mg* | | 2 | QL (360 per 30 days) |
| *codeine sulfate oral tablet 60 mg* | | 2 | QL (180 per 30 days) |
| *endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | (oxycodone-acetaminophen) | 2 | QL (360 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg* | (Actiq) | 3 | PA; QL (120 per 30 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour* | | 2 | PA; QL (10 per 30 days) |
| *hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg* | (Hysingla ER) | 3 | QL (30 per 30 days) |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml* | | 2 | QL (5520 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg* | | 3 | QL (390 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | | 2 | QL (360 per 30 days) |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg* | | 3 | |
| *hydrocodone-ibuprofen oral tablet 7.5-200 mg* | | 2 | |
| *hydromorphone oral liquid 1 mg/ml* | (Dilaudid) | 3 | |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* | (Dilaudid) | 2 | |
| *hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg* | | 3 | PA; QL (30 per 30 days) |
| *hydromorphone oral tablet extended release 24 hr 32 mg* | | 3 | PA; QL (60 per 30 days) |
| *hydromorphone rectal suppository 3 mg* | | 2 | |
| *ibuprofen-oxycodone oral tablet 400-5 mg* | | 2 | |
| *levorphanol tartrate oral tablet 2 mg* | | 2 | |
| *lorcet (hydrocodone) oral tablet 5-325 mg* | (hydrocodone-acetaminophen) | 2 | QL (360 per 30 days) |
| *lorcet hd oral tablet 10-325 mg* | (hydrocodone-acetaminophen) | 2 | QL (360 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lorcet plus oral tablet 7.5-325 mg* | (hydrocodone-acetaminophen) | 2 | QL (360 per 30 days) |
| *meperidine oral solution 50 mg/5 ml* | | 2 | QL (900 per 30 days) |
| *meperidine oral tablet 100 mg, 50 mg* | | 2 | QL (180 per 30 days) |
| *methadone oral concentrate 10 mg/ml* | (Methadone Intensol) | 2 | QL (120 per 30 days) |
| *methadone oral solution 10 mg/5 ml* | | 2 | QL (600 per 30 days) |
| *methadone oral solution 5 mg/5 ml* | | 2 | QL (1200 per 30 days) |
| *methadone oral tablet 10 mg* | | 2 | QL (120 per 30 days) |
| *methadone oral tablet 5 mg* | | 2 | QL (240 per 30 days) |
| *methadose oral tablet,soluble 40 mg* | (methadone) | 2 | QL (30 per 30 days) |
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | | 2 | PA |
| *morphine oral capsule, er multiphase 24 hr 120 mg* | | 3 | QL (60 per 30 days) |
| *morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | | 3 | QL (30 per 30 days) |
| *morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)* | | 2 | |
| *morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | (MS Contin) | 3 | QL (90 per 30 days) |
| *morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg* | | 3 | |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | | 5 | ST; QL (60 per 30 days) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | | 5 | QL (180 per 30 days) |
| *oxycodone oral capsule 5 mg* | | 2 | |
| *oxycodone oral concentrate 20 mg/ml* | | 2 | PA |
| *oxycodone oral solution 5 mg/5 ml* | | 2 | |
| *oxycodone oral tablet 10 mg, 20 mg* | | 2 | |
| *oxycodone oral tablet 15 mg, 30 mg, 5 mg* | (Roxicodone) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg* | (OxyContin) | 3 | QL (60 per 30 days) |
| *oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg* | (OxyContin) | 3 | QL (120 per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg* | (Prolate) | 2 | QL (390 per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | (Endocet) | 2 | QL (360 per 30 days) |
| *oxycodone-aspirin oral tablet 4.8355-325 mg* | | 2 | QL (360 per 30 days) |
| *oxymorphone oral tablet 10 mg, 5 mg* | | 2 | QL (120 per 30 days) |
| *oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | | 3 | QL (60 per 30 days) |
| *pentazocine-naloxone oral tablet 50-0.5 mg* | | 2 | |
| *prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg* | (oxycodone-acetaminophen) | 2 | QL (360 per 30 days) |
| *tencon oral tablet 50-325 mg* | (butalbital-acetaminophen) | 2 | |
| *tramadol oral tablet 50 mg* | (Ultram) | 2 | QL (240 per 30 days) |
| *tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg* | | 3 | QL (30 per 30 days) |
| *tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg* | | 3 | QL (30 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | (Ultracet) | 2 | QL (300 per 30 days) |
| *zebutal oral capsule 50-325-40 mg* | (butalbital-acetaminophen-caff) | 3 | |
| **Nonsteroidal Anti-Inflammatory Agents** | | | |
| *celecoxib oral capsule 100 mg, 50 mg* | (Celebrex) | 2 | PA; QL (60 per 30 days) |
| *celecoxib oral capsule 200 mg, 400 mg* | (Celebrex) | 2 | PA; QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *choline,magnesium salicylate oral liquid 500 mg/5 ml* | | 2 | |
| *diclofenac potassium oral tablet 25 mg* | (Lofena) | 2 | QL (240 per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | (Cataflam) | 2 | |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | | 2 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg* | | 2 | |
| *diclofenac sodium topical gel 1 %* | (Arthritis Pain (diclofenac)) | 3 | |
| *diclofenac sodium topical gel 3 %* | | 3 | QL (105 per 30 days) |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg* | (Arthrotec 50) | 3 | |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg* | (Arthrotec 75) | 3 | |
| *diflunisal oral tablet 500 mg* | | 2 | |
| *etodolac oral capsule 200 mg, 300 mg* | | 2 | |
| *etodolac oral tablet 400 mg* | (Lodine) | 2 | |
| *etodolac oral tablet 500 mg* | | 2 | |
| *etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg* | | 3 | |
| *flurbiprofen oral tablet 100 mg, 50 mg* | | 2 | |
| *ibu oral tablet 400 mg, 600 mg, 800 mg* | (ibuprofen) | 2 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | (IBU) | 2 | |
| INDOCIN ORAL SUSPENSION 25 MG/5 ML | | 5 | |
| *indomethacin oral capsule 25 mg, 50 mg* | | 2 | |
| *indomethacin oral capsule, extended release 75 mg* | | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ketoprofen oral capsule 25 mg, 50 mg, 75 mg* | | 2 | |
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | | 3 | |
| *ketorolac oral tablet 10 mg* | | 2 | QL (20 per 5 days) |
| *meclofenamate oral capsule 100 mg, 50 mg* | | 2 | |
| *mefenamic acid oral capsule 250 mg* | | 2 | |
| *meloxicam oral tablet 15 mg* | | 2 | |
| *nabumetone oral tablet 500 mg, 750 mg* | (Relafen) | 2 | |
| *naproxen oral tablet 250 mg, 375 mg* | | 2 | |
| *naproxen oral tablet 500 mg* | (Naprosyn) | 2 | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg* | (EC-Naprosyn) | 3 | |
| *naproxen sodium oral tablet 275 mg* | | 3 | |
| *naproxen sodium oral tablet 550 mg* | (Anaprox DS) | 2 | |
| *oxaprozin oral tablet 600 mg* | (Daypro) | 3 | |
| *piroxicam oral capsule 10 mg, 20 mg* | (Feldene) | 2 | |
| *salsalate oral tablet 500 mg, 750 mg* | (Disalcid) | 2 | |
| *sulindac oral tablet 150 mg, 200 mg* | | 2 | |
| *tolmetin oral capsule 400 mg* | | 3 | |
| *tolmetin oral tablet 200 mg, 600 mg* | | 3 | |
| **Anesthetics** | | | |
| **Local Anesthetics** | | | |
| *glydo mucous membrane jelly in applicator 2 %* | (lidocaine hcl) | 2 | |
| KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML | | 5 | |
| LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % | | 5 | |
| *lidocaine hcl mucous membrane jelly 2 %* | | 2 | |
| *lidocaine hcl mucous membrane solution 4 % (40 mg/ml)* | | 2 | |
| *lidocaine hcl topical cream 3 %* | (Lidopin) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-1 % (7 gram)* | | 3 | |
| *lidocaine hcl-hydrocortison ac topical cream 3-0.5 %* | (Lidocort) | 2 | |
| *lidocaine topical adhesive patch,medicated 5 %* | (Lidoderm) | 2 | QL (90 per 30 days) |
| *lidocaine topical ointment 5 %* | | 2 | QL (240 per 30 days) |
| *lidocaine viscous mucous membrane solution 2 %* | (lidocaine hcl) | 2 | |
| *lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)* | | 2 | |
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | | 2 | |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | | 2 | |
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | | 3 | PA; QL (90 per 30 days) |
| *buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg* | (Suboxone) | 3 | QL (60 per 30 days) |
| *buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg* | (Suboxone) | 3 | QL (30 per 30 days) |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | | 3 | QL (90 per 30 days) |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | | 2 | QL (60 per 30 days) |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG | (varenicline) | 1 | QL (336 per 365 days) |
| CHANTIX ORAL TABLET 0.5 MG | (varenicline) | 1 | QL (672 per 365 days) |
| CHANTIX ORAL TABLET 1 MG | (varenicline) | 1 | QL (336 per 365 days) |
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) | (varenicline) | 1 | QL (106 per 365 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *disulfiram oral tablet 250 mg, 500 mg* | | 2 | |
| *naloxone injection solution 0.4 mg/ml* | | 3 | |
| *naloxone nasal spray,non-aerosol 4 mg/actuation* | (Narcan) | 3 | QL (4 per 30 days) |
| *naltrexone oral tablet 50 mg* | | 3 | |
| NICOTROL INHALATION CARTRIDGE 10 MG | | 1 | QL (336 per 30 days) |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML | | 1 | QL (50 per 28 days) |
| *varenicline oral tablet 0.5 mg* | | 1 | QL (672 per 365 days) |
| *varenicline oral tablet 1 mg* | (Chantix) | 1 | QL (336 per 365 days) |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML | | 5 | QL (2 per 30 days) |
| **Antianxiety Agents** | | | |
| **Benzodiazepines** | | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML | | 3 | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg* | (Xanax) | 2 | |
| *alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg* | (Xanax XR) | 3 | |
| *alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg* | | 3 | |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | | 2 | |
| *clonazepam oral tablet 0.5 mg, 1 mg, 2 mg* | (Klonopin) | 2 | |
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg* | | 3 | |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg* | | 2 | |
| *clorazepate dipotassium oral tablet 7.5 mg* | (Tranxene T-Tab) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *diazepam intensol oral concentrate 5 mg/ml* | (diazepam) | 2 | |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | | 2 | |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | (Valium) | 2 | |
| *estazolam oral tablet 1 mg, 2 mg* | | 2 | |
| *flurazepam oral capsule 15 mg, 30 mg* | | 2 | |
| *lorazepam oral concentrate 2 mg/ml* | (Lorazepam Intensol) | 2 | |
| *lorazepam oral tablet 0.5 mg, 1 mg, 2 mg* | (Ativan) | 2 | |
| *meprobamate oral tablet 200 mg, 400 mg* | | 3 | |
| *midazolam oral syrup 2 mg/ml* | | 2 | |
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | | 2 | |
| *quazepam oral tablet 15 mg* | (Doral) | 3 | QL (30 per 30 days) |
| *temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg* | (Restoril) | 2 | |
| *triazolam oral tablet 0.125 mg* | | 2 | |
| *triazolam oral tablet 0.25 mg* | (Halcion) | 2 | |
| **Antibacterials** | | | |
| **Aminoglycosides** | | | |
| *neomycin oral tablet 500 mg* | | 2 | |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* | (Tobi) | 6 | PA |
| *tobramycin inhalation solution for nebulization 300 mg/4 ml* | (Bethkis) | 6 | PA |
| **Antibacterials, Miscellaneous** | | | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | (Cleocin HCl) | 2 | |
| *clindamycin pediatric oral recon soln 75 mg/5 ml* | (clindamycin palmitate hcl) | 2 | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML | | 5 | QL (300 per 30 days) |
| *fosfomycin tromethamine oral packet 3 gram* | (Monurol) | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | (Zyvox) | 2 | PA |
| *linezolid oral tablet 600 mg* | (Zyvox) | 2 | PA |
| *methenamine hippurate oral tablet 1 gram* | (Hiprex) | 2 | |
| *methenamine mandelate oral tablet 0.5 g, 1 gram* | | 2 | |
| *metronidazole oral capsule 375 mg* | (Flagyl) | 2 | |
| *metronidazole oral tablet 250 mg, 500 mg* | | 2 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | (Macrodantin) | 2 | |
| *nitrofurantoin macrocrystal oral capsule 25 mg* | (Macrodantin) | 2 | QL (120 per 30 days) |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | (Macrobid) | 2 | |
| *nitrofurantoin oral suspension 25 mg/5 ml* | (Furadantin) | 2 | |
| PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG | | 5 | |
| *trimethoprim oral tablet 100 mg* | | 2 | |
| TRIMPEX ORAL SOLUTION 50 MG/5 ML | | 5 | |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG | | 5 | |
| URIN DS ORAL TABLET 81.6-10.8-40.8 MG | | 5 | |
| *uro-458 oral tablet 81-10.8-40.8 mg* | | 3 | |
| *urogesic-blue oral tablet 81.6-40.8-0.12 mg* | (methen-sod phos-meth blue-hyos) | 3 | |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG | | 5 | |
| *vancomycin oral capsule 125 mg* | (Vancocin) | 3 | QL (56 per 30 days) |
| *vancomycin oral capsule 250 mg* | (Vancocin) | 3 | QL (112 per 30 days) |
| *vancomycin oral recon soln 50 mg/ml* | (Firvanq) | 3 | QL (600 per 30 days) |
| XIFAXAN ORAL TABLET 200 MG | | 6 | PA; QL (63 per 21 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XIFAXAN ORAL TABLET 550 MG | 6 | PA; QL (60 per 30 days) |
| **Cephalosporins** | | |
| *cefaclor oral capsule 250 mg, 500 mg* | 2 | |
| *cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml* | 2 | |
| *cefaclor oral tablet extended release 12 hr 500 mg* | 3 | |
| *cefadroxil oral capsule 500 mg* | 2 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 2 | |
| *cefadroxil oral tablet 1 gram* | 2 | |
| *cefdinir oral capsule 300 mg* | 2 | |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 2 | |
| *cefditoren pivoxil oral tablet 200 mg* | 2 | |
| *cefditoren pivoxil oral tablet 400 mg* (Spectracef) | 2 | |
| *cefixime oral capsule 400 mg* (Suprax) | 2 | |
| *cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* (Suprax) | 2 | |
| *cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml* | 2 | |
| *cefpodoxime oral tablet 100 mg, 200 mg* | 2 | |
| *cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 2 | |
| *cefprozil oral tablet 250 mg, 500 mg* | 2 | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 2 | |
| *cephalexin oral capsule 250 mg, 500 mg, 750 mg* | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | | 2 | |
| *cephalexin oral tablet 250 mg, 500 mg* | | 2 | |
| **Macrolides** | | | |
| *azithromycin oral packet 1 gram* | (Zithromax) | 2 | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | (Zithromax) | 2 | |
| *azithromycin oral tablet 250 mg, 500 mg* | (Zithromax) | 2 | |
| *azithromycin oral tablet 600 mg* | | 2 | |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | | 2 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | | 2 | |
| *clarithromycin oral tablet extended release 24 hr 500 mg* | | 3 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | | 5 | ST; QL (300 per 30 days) |
| DIFICID ORAL TABLET 200 MG | | 5 | ST; QL (20 per 30 days) |
| *e.e.s. 400 oral tablet 400 mg* | (erythromycin ethylsuccinate) | 2 | |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg* | (erythromycin) | 2 | |
| *ery-tab oral tablet,delayed release (dr/ec) 500 mg* | (erythromycin) | 3 | |
| *erythrocin (as stearate) oral tablet 250 mg* | (erythromycin stearate) | 3 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml* | (E.E.S. Granules) | 2 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml* | (EryPed 400) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *erythromycin ethylsuccinate oral tablet 400 mg* | (E.E.S. 400) | 2 | |
| *erythromycin oral capsule,delayed release(dr/ec) 250 mg* | | 2 | |
| *erythromycin oral tablet 250 mg, 500 mg* | | 2 | |
| *erythromycin oral tablet,delayed release (dr/ec) 250 mg, 500 mg* | (Ery-Tab) | 2 | |
| *erythromycin oral tablet,delayed release (dr/ec) 333 mg* | (Ery-Tab) | 3 | |
| **Miscellaneous B-Lactam Antibiotics** | | | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | | 6 | PA; QL (84 per 56 days) |
| **Penicillins** | | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | | 2 | |
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml* | | 2 | |
| *amoxicillin oral tablet 500 mg, 875 mg* | | 2 | |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | | 2 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml* | | 2 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml* | (Augmentin) | 2 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml* | (Augmentin ES-600) | 2 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg* | | 2 | |
| *amoxicillin-pot clavulanate oral tablet 500-125 mg* | (Augmentin) | 2 | |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg* | (Augmentin XR) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg* | 2 | |
| *ampicillin oral capsule 250 mg, 500 mg* | 2 | |
| *dicloxacillin oral capsule 250 mg, 500 mg* | 2 | |
| *penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml* | 2 | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | 2 | |
| **Quinolones** | | |
| *ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg* | 2 | |
| *ciprofloxacin hcl oral tablet 100 mg, 750 mg* | 2 | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* (Cipro) | 2 | |
| *ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml* (Cipro) | 3 | |
| FACTIVE ORAL TABLET 320 MG | 5 | |
| *levofloxacin oral solution 250 mg/10 ml* | 2 | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | 2 | |
| *moxifloxacin oral tablet 400 mg* | 3 | |
| *ofloxacin oral tablet 300 mg, 400 mg* | 2 | |
| **Sulfonamides** | | |
| *sulfadiazine oral tablet 500 mg* | 2 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* (Sulfatrim) | 2 | |
| *sulfamethoxazole-trimethoprim oral tablet 800-160 mg* (Bactrim DS) | 2 | |
| **Tetracyclines** | | |
| *demeclocycline oral tablet 150 mg, 300 mg* | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | (Morgidox) | 2 | QL (60 per 30 days) |
| *doxycycline hyclate oral tablet 100 mg* | (LymePak) | 2 | QL (60 per 30 days) |
| *doxycycline hyclate oral tablet 150 mg, 75 mg* | (Acticlate) | 2 | QL (60 per 30 days) |
| *doxycycline hyclate oral tablet 20 mg* | | 2 | |
| *doxycycline hyclate oral tablet 50 mg* | (Targadox) | 2 | QL (120 per 30 days) |
| *doxycycline monohydrate oral capsule 100 mg* | (Mondoxyne NL) | 2 | QL (60 per 30 days) |
| *doxycycline monohydrate oral capsule 150 mg* | | 3 | QL (60 per 30 days) |
| *doxycycline monohydrate oral capsule 50 mg* | (Monodox) | 2 | QL (60 per 30 days) |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | (Vibramycin (mono)) | 2 | |
| *doxycycline monohydrate oral tablet 100 mg* | (Avidoxy) | 2 | QL (60 per 30 days) |
| *doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg* | | 2 | QL (60 per 30 days) |
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | | 2 | |
| *minocycline oral tablet 100 mg, 50 mg, 75 mg* | | 3 | |
| *tetracycline oral capsule 250 mg, 500 mg* | | 2 | |
| VIBRAMYCIN (CALCIUM) ORAL SYRUP 50 MG/5 ML | | 4 | |
| **Anticancer Agents** | | | |
| **Anticancer Agents** | | | |
| *abiraterone oral tablet 250 mg* | (Zytiga) | 6 | PA; QL (90 per 30 days) |
| *abiraterone oral tablet 500 mg* | (Zytiga) | 6 | PA; QL (90 per 31 days) |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG | (everolimus (antineoplastic)) | 6 | PA |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| AFINITOR ORAL TABLET 10 MG | (everolimus (antineoplastic)) | 6 | PA; QL (60 per 30 days) |
| AFINITOR ORAL TABLET 2.5 MG | (everolimus (antineoplastic)) | 6 | PA; QL (30 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | | 6 | PA; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | | 6 | PA; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | | 6 | PA; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | | 6 | PA; QL (30 per 30 days) |
| *anastrozole oral tablet 1 mg* | (Arimidex) | 2 | QL (30 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | | 6 | PA; QL (30 per 30 days) |
| BALVERSA ORAL TABLET 3 MG | | 6 | PA; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | | 6 | PA; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | | 6 | PA; QL (28 per 28 days) |
| *bexarotene oral capsule 75 mg* | (Targretin) | 6 | PA; QL (420 per 30 days) |
| *bexarotene topical gel 1 %* | (Targretin) | 6 | PA; QL (60 per 30 days) |
| *bicalutamide oral tablet 50 mg* | (Casodex) | 2 | PA |
| BOSULIF ORAL TABLET 100 MG | | 6 | PA; QL (90 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | | 6 | PA; QL (30 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | | 6 | PA |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | | 6 | PA; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | | 6 | PA; QL (60 per 30 days) |
| *capecitabine oral tablet 150 mg* | (Xeloda) | 6 | PA; QL (56 per 21 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *capecitabine oral tablet 500 mg* | (Xeloda) | 6 | PA; QL (112 per 21 days) |
| CAPRELSA ORAL TABLET 100 MG | (vandetanib) | 6 | PA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | (vandetanib) | 6 | PA; QL (30 per 30 days) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | | 6 | PA; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | | 6 | PA; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | | 6 | PA; QL (63 per 28 days) |
| *cyclophosphamide oral tablet 25 mg, 50 mg* | | 2 | PA |
| DAURISMO ORAL TABLET 100 MG | | 6 | PA; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | | 6 | PA; QL (60 per 30 days) |
| EMCYT ORAL CAPSULE 140 MG | | 6 | PA |
| ERIVEDGE ORAL CAPSULE 150 MG | | 6 | PA; QL (30 per 30 days) |
| *erlotinib oral tablet 100 mg, 25 mg* | (Tarceva) | 6 | PA; QL (60 per 30 days) |
| *erlotinib oral tablet 150 mg* | (Tarceva) | 6 | PA; QL (90 per 30 days) |
| *etoposide oral capsule 50 mg* | | 2 | PA |
| *everolimus (antineoplastic) oral tablet 10 mg* | (Afinitor) | 6 | PA |
| *everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg* | (Afinitor) | 6 | PA; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet 7.5 mg* | (Afinitor) | 6 | PA; QL (60 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg* | (Afinitor Disperz) | 6 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *exemestane oral tablet 25 mg* (Aromasin) | 2 | PA; QL (30 per 30 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 6 | PA; QL (2 per 365 days) |
| *flutamide oral capsule 125 mg* (Eulexin) | 2 | PA |
| GAVRETO ORAL CAPSULE 100 MG | 6 | PA |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 6 | PA; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine) | 6 | PA |
| HEXALEN ORAL CAPSULE 50 MG | 6 | PA |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | 6 | PA |
| *hydroxyurea oral capsule 500 mg* (Hydrea) | 2 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 6 | PA; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 6 | PA; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG | 6 | PA; QL (30 per 30 days) |
| ICLUSIG ORAL TABLET 15 MG | 6 | PA; QL (60 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 6 | PA; QL (30 per 30 days) |
| *imatinib oral tablet 100 mg, 400 mg* (Gleevec) | 6 | PA; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 6 | PA; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 6 | PA; QL (30 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 6 | PA; QL (30 per 30 days) |
| INLYTA ORAL TABLET 1 MG | 6 | PA; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 6 | PA; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INREBIC ORAL CAPSULE 100 MG | 6 | PA |
| IRESSA ORAL TABLET 250 MG | 6 | PA; QL (60 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 6 | PA; QL (60 per 30 days) |
| *lapatinib oral tablet 250 mg* (Tykerb) | 6 | PA; QL (180 per 30 days) |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* (Revlimid) | 6 | PA; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG | 6 | PA; QL (30 per 30 days) |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | 6 | PA; QL (90 per 30 days) |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) | 6 | PA; QL (60 per 30 days) |
| *letrozole oral tablet 2.5 mg* (Femara) | 2 | |
| LEUKERAN ORAL TABLET 2 MG | 6 | PA |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | 6 | PA |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 6 | PA |
| LORBRENA ORAL TABLET 100 MG | 6 | PA; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 6 | PA; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 6 | PA |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 6 | PA; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 6 | PA |
| MATULANE ORAL CAPSULE 50 MG | 6 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *megestrol oral tablet 20 mg, 40 mg* | 2 | |
| MEKINIST ORAL TABLET 0.5 MG | 6 | PA; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 6 | PA; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 6 | PA; QL (180 per 30 days) |
| *melphalan oral tablet 2 mg* (Alkeran) | 2 | |
| *mercaptopurine oral tablet 50 mg* | 2 | |
| *methotrexate sodium (pf) injection recon soln 1 gram* | 2 | |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | 2 | |
| *methotrexate sodium injection solution 25 mg/ml* | 2 | |
| *methotrexate sodium oral tablet 2.5 mg* | 2 | |
| MYLERAN ORAL TABLET 2 MG | 6 | |
| NERLYNX ORAL TABLET 40 MG | 6 | PA; QL (180 per 30 days) |
| *nilutamide oral tablet 150 mg* (Nilandron) | 6 | QL (60 per 30 days) |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 6 | PA; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 6 | PA; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 6 | PA; QL (30 per 30 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 6 | PA; QL (21 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 6 | PA; QL (30 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 6 | PA; QL (90 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 6 | PA; QL (120 per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG | 6 | PA; QL (224 per 28 days) |
| SCEMBLIX ORAL TABLET 20 MG, 40 MG | 6 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 5 | |
| *sorafenib oral tablet 200 mg* (Nexavar) | 6 | PA; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | 6 | PA; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG | 6 | PA; QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 6 | PA; QL (84 per 28 days) |
| *sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* (Sutent) | 6 | PA; QL (30 per 30 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 6 | PA; QL (28 per 28 days) |
| TABLOID ORAL TABLET 40 MG (thioguanine) | 6 | |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 6 | PA; QL (120 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25 MG | 6 | PA; QL (90 per 30 days) |
| TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG | 6 | PA; QL (30 per 30 days) |
| *tamoxifen oral tablet 10 mg, 20 mg* | 1 | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | 6 | PA; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 6 | PA |
| *temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 5 mg* | 6 | PA |
| *temozolomide oral capsule 250 mg* (Temodar) | 6 | PA |
| TIBSOVO ORAL TABLET 250 MG | 6 | PA; QL (60 per 30 days) |
| *toremifene oral tablet 60 mg* (Fareston) | 2 | PA |
| *tretinoin (antineoplastic) oral capsule 10 mg* | 6 | PA |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | 4 | |
| TURALIO ORAL CAPSULE 200 MG | 6 | PA; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VENCLEXTA ORAL TABLET 10 MG | 6 | PA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 6 | PA; QL (120 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 6 | PA; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 6 | PA; QL (42 per 28 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 6 | PA; QL (56 per 28 days) |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | 6 | PA |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 6 | PA |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 6 | PA; QL (30 per 30 days) |
| VOTRIENT ORAL TABLET 200 MG | 6 | PA; QL (120 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 6 | PA; QL (60 per 30 days) |
| XOSPATA ORAL TABLET 40 MG | 6 | PA; QL (90 per 30 days) |
| XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK) | 6 | PA |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2) | 6 | PA; QL (20 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1) | 6 | PA; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 6 | PA; QL (16 per 28 days) |
| XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1) | 6 | PA; QL (12 per 28 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ZEJULA ORAL CAPSULE 100 MG | | 6 | PA; QL (90 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | | 6 | PA; QL (240 per 30 days) |
| ZOLINZA ORAL CAPSULE 100 MG | | 6 | PA |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | | 6 | PA |
| **Anticholinergic Agents** | | | |
| **Antimuscarinics/Antispasmodics** | | | |
| *chlordiazepoxide-clidinium oral capsule 5-2.5 mg* | (Librax (with clidinium)) | 2 | |
| **Anticonvulsants** | | | |
| **Anticonvulsants** | | | |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | (Carbatrol) | 2 | |
| *carbamazepine oral suspension 100 mg/5 ml* | (Tegretol) | 2 | |
| *carbamazepine oral tablet 200 mg* | (Epitol) | 2 | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | (Tegretol XR) | 2 | |
| *carbamazepine oral tablet,chewable 100 mg* | | 2 | |
| CELONTIN ORAL CAPSULE 300 MG | | 5 | |
| *clobazam oral suspension 2.5 mg/ml* | (Onfi) | 2 | PA; QL (480 per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | (Onfi) | 2 | PA; QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | | 6 | PA |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG | | 6 | PA |
| *diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg* | (Diastat AcuDial) | 3 | QL (1 per 1 day) |
| *diazepam rectal kit 2.5 mg* | (Diastat) | 3 | QL (1 per 1 day) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DILANTIN ORAL CAPSULE 30 MG | | 4 | |
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | (Depakote Sprinkles) | 2 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | (Depakote ER) | 3 | |
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | (Depakote) | 2 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | | 6 | PA |
| *epitol oral tablet 200 mg* | (carbamazepine) | 2 | |
| *ethosuximide oral capsule 250 mg* | (Zarontin) | 2 | |
| *ethosuximide oral solution 250 mg/5 ml* | (Zarontin) | 2 | |
| *felbamate oral tablet 400 mg* | (Felbatol) | 2 | QL (270 per 30 days) |
| *felbamate oral tablet 600 mg* | (Felbatol) | 2 | QL (180 per 30 days) |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | (Neurontin) | 2 | |
| *gabapentin oral solution 250 mg/5 ml* | (Neurontin) | 2 | |
| *gabapentin oral tablet 600 mg, 800 mg* | (Neurontin) | 2 | |
| *lacosamide oral solution 10 mg/ml* | (Vimpat) | 3 | PA; QL (1200 per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | (Vimpat) | 3 | PA; QL (60 per 30 days) |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | (Subvenite) | 2 | |
| *lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)* | (Lamictal ODT Starter (Blue)) | 3 | |
| *lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)* | (Lamictal ODT Starter (Orange)) | 3 | |
| *lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)* | (Lamictal ODT Starter (Green)) | 3 | |
| *lamotrigine oral tablet extended release 24hr 100 mg* | (Lamictal XR) | 3 | QL (90 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg* | (Lamictal XR) | 3 | QL (60 per 30 days) |
| *lamotrigine oral tablet extended release 24hr 25 mg, 50 mg* | (Lamictal XR) | 3 | QL (180 per 30 days) |
| *lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg* | (Lamictal) | 2 | |
| *lamotrigine oral tablet,disintegrating 100 mg* | (Lamictal ODT) | 3 | QL (90 per 30 days) |
| *lamotrigine oral tablet,disintegrating 200 mg* | (Lamictal ODT) | 3 | QL (60 per 30 days) |
| *lamotrigine oral tablet,disintegrating 25 mg, 50 mg* | (Lamictal ODT) | 3 | QL (180 per 30 days) |
| *lamotrigine oral tablets,dose pack 25 mg (35)* | (Subvenite Starter (Blue) Kit) | 2 | |
| *lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)* | (Subvenite Starter (Orange) Kit) | 2 | |
| *lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)* | (Subvenite Starter (Green) Kit) | 2 | |
| *levetiracetam oral solution 100 mg/ml* | (Keppra) | 2 | |
| *levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg* | (Keppra) | 2 | |
| *levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg* | (Keppra XR) | 3 | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | | 5 | QL (10 per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | (Trileptal) | 2 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | (Trileptal) | 2 | |
| PEGANONE ORAL TABLET 250 MG | | 5 | |
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | | 2 | |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *phenytoin oral suspension 125 mg/5 ml* | (Dilantin-125) | 2 | |
| *phenytoin oral tablet,chewable 50 mg* | (Dilantin Infatabs) | 2 | |
| *phenytoin sodium extended oral capsule 100 mg* | (Dilantin Extended) | 2 | |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | (Phenytek) | 2 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg* | (Lyrica) | 2 | |
| *pregabalin oral solution 20 mg/ml* | (Lyrica) | 2 | |
| *primidone oral tablet 250 mg, 50 mg* | (Mysoline) | 2 | |
| *rufinamide oral tablet 200 mg* | (Banzel) | 3 | PA; QL (480 per 30 days) |
| *rufinamide oral tablet 400 mg* | (Banzel) | 3 | PA; QL (240 per 30 days) |
| *subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | (lamotrigine) | 2 | |
| *subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)* | (lamotrigine) | 2 | |
| *subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)* | (lamotrigine) | 2 | |
| *subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)* | (lamotrigine) | 2 | |
| *tiagabine oral tablet 12 mg, 2 mg, 4 mg* | (Gabitril) | 3 | QL (120 per 30 days) |
| *tiagabine oral tablet 16 mg* | (Gabitril) | 3 | QL (90 per 30 days) |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | (Topamax) | 2 | |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | (Topamax) | 2 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | | 2 | |
| *valproic acid oral capsule 250 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | | 5 | QL (10 per 30 days) |
| *vigabatrin oral powder in packet 500 mg* | (Sabril) | 6 | QL (180 per 30 days) |
| *vigabatrin oral tablet 500 mg* | (Sabril) | 6 | QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1) | | 5 | ST; QL (30 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1) | | 5 | ST; QL (60 per 30 days) |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG | | 5 | ST; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 200 MG | | 5 | ST; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | | 5 | ST; QL (30 per 30 days) |
| *zonisamide oral capsule 100 mg, 25 mg* | (Zonegran) | 2 | |
| *zonisamide oral capsule 50 mg* | | 2 | |
| **Antidementia Agents** | | | |
| **Antidementia Agents** | | | |
| *donepezil oral tablet 10 mg, 5 mg* | (Aricept) | 2 | |
| *donepezil oral tablet 23 mg* | (Aricept) | 3 | |
| *donepezil oral tablet,disintegrating 10 mg, 5 mg* | | 2 | |
| *ergoloid oral tablet 1 mg* | | 2 | |
| *galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg* | (Razadyne ER) | 3 | QL (30 per 30 days) |
| *galantamine oral solution 4 mg/ml* | | 2 | QL (200 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *galantamine oral tablet 12 mg, 4 mg, 8 mg* | | 2 | QL (60 per 30 days) |
| *memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg* | (Namenda XR) | 3 | QL (30 per 30 days) |
| *memantine oral solution 2 mg/ml* | | 2 | QL (300 per 30 days) |
| *memantine oral tablet 10 mg, 5 mg* | (Namenda) | 2 | QL (60 per 30 days) |
| *memantine oral tablets,dose pack 5-10 mg* | (Namenda Titration Pak) | 2 | QL (49 per 28 days) |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | | 2 | |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* | (Exelon Patch) | 3 | QL (30 per 30 days) |
| **Antidepressants** | | | |
| **Antidepressants** | | | |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | | 2 | |
| *amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg* | | 2 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | | 2 | |
| *bupropion hcl oral tablet 100 mg, 75 mg* | | 2 | |
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* | (Wellbutrin XL) | 2 | |
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg* | (Wellbutrin SR) | 2 | |
| *citalopram oral solution 10 mg/5 ml* | | 2 | |
| *citalopram oral tablet 10 mg, 20 mg, 40 mg* | (Celexa) | 1 | |
| *clomipramine oral capsule 25 mg, 50 mg, 75 mg* | (Anafranil) | 2 | |
| *desipramine oral tablet 10 mg, 25 mg* | (Norpramin) | 2 | |
| *desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | | 2 | |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | (Pristiq) | 2 | ST; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 2 | |
| *doxepin oral concentrate 10 mg/ml* | 2 | |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg* (Cymbalta) | 2 | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 6 | ST; QL (30 per 30 days) |
| *escitalopram oxalate oral solution 5 mg/5 ml* | 2 | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* (Lexapro) | 2 | |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 5 | ST; QL (30 per 30 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 5 | ST; QL (30 per 30 days) |
| *fluoxetine oral capsule 10 mg, 20 mg, 40 mg* (Prozac) | 2 | |
| *fluoxetine oral capsule,delayed release(dr/ec) 90 mg* | 2 | |
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | 2 | |
| *fluoxetine oral tablet 10 mg, 20 mg* | 1 | |
| *fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg* | 2 | QL (60 per 30 days) |
| *fluvoxamine oral tablet 100 mg, 25 mg, 50 mg* | 2 | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 2 | |
| *imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg* | 3 | |
| *maprotiline oral tablet 25 mg, 50 mg, 75 mg* | 2 | |
| MARPLAN ORAL TABLET 10 MG | 5 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *mirtazapine oral tablet 15 mg, 30 mg* | (Remeron) | 2 | |
| *mirtazapine oral tablet 45 mg, 7.5 mg* | | 2 | |
| *mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg* | (Remeron SolTab) | 2 | |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | | 2 | |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | (Pamelor) | 2 | |
| *nortriptyline oral solution 10 mg/5 ml* | | 2 | |
| *olanzapine-fluoxetine oral capsule 12-25 mg* | | 2 | QL (30 per 30 days) |
| *olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | (Symbyax) | 2 | QL (30 per 30 days) |
| *paroxetine hcl oral suspension 10 mg/5 ml* | (Paxil) | 3 | |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | (Paxil) | 1 | |
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg* | (Paxil CR) | 3 | |
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | | 2 | |
| *phenelzine oral tablet 15 mg* | (Nardil) | 2 | |
| *protriptyline oral tablet 10 mg, 5 mg* | | 2 | |
| *sertraline oral concentrate 20 mg/ml* | (Zoloft) | 2 | |
| *sertraline oral tablet 100 mg, 25 mg, 50 mg* | (Zoloft) | 2 | |
| *tranylcypromine oral tablet 10 mg* | (Parnate) | 2 | |
| *trazodone oral tablet 100 mg, 150 mg, 50 mg* | | 1 | |
| *trazodone oral tablet 300 mg* | | 2 | |
| *trimipramine oral capsule 100 mg, 25 mg, 50 mg* | | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 4 | ST; QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg* (Effexor XR) | 2 | |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 2 | |
| *venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg* | 2 | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone) | 4 | ST; QL (30 per 30 days) |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) | 4 | ST; QL (30 per 30 days) |
| *vilazodone oral tablet 10 mg, 20 mg, 40 mg* (Viibryd) | 2 | ST; QL (30 per 30 days) |
| **Antidiabetic Agents** | | |
| **Antidiabetic Agents, Miscellaneous** | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* (Precose) | 2 | |
| AVANDIA ORAL TABLET 2 MG, 4 MG | 5 | ST |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML | 4 | ST; QL (3.4 per 28 days) |
| BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML | 4 | ST; QL (4 per 28 days) |
| BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON 2 MG | 4 | ST; QL (4 per 28 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML | 4 | ST; QL (2.4 per 30 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML | 4 | ST; QL (1.2 per 30 days) |
| CYCLOSET ORAL TABLET 0.8 MG | 5 | ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FARXIGA ORAL TABLET 10 MG, 5 MG | 4 | ST; QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 5 | ST; QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 4 | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 4 | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 4 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 4 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 4 | ST; QL (30 per 30 days) |
| *metformin oral solution 500 mg/5 ml* (Riomet) | 3 | |
| *metformin oral tablet 1,000 mg, 500 mg, 850 mg* | 1 | |
| *metformin oral tablet extended release 24 hr 500 mg, 750 mg* | 2 | |
| *miglitol oral tablet 100 mg, 25 mg, 50 mg* | 2 | |
| *nateglinide oral tablet 120 mg, 60 mg* | 2 | |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | 4 | ST; QL (1.5 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 2 MG/DOSE (8 MG/3 ML) | 4 | ST; QL (3 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML) | 4 | QL (3 per 28 days) |
| *pioglitazone oral tablet 15 mg, 30 mg, 45 mg* (Actos) | 2 | |
| *pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg* (DUETACT) | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pioglitazone-metformin oral tablet 15-500 mg* | 3 | |
| *pioglitazone-metformin oral tablet 15-850 mg* (Actoplus MET) | 3 | |
| *repaglinide oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *repaglinide-metformin oral tablet 1-500 mg, 2-500 mg* | 3 | |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 4 | ST; QL (30 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | 5 | PA; QL (10.8 per 28 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | 5 | PA; QL (6 per 28 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | 4 | ST; QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 4 | ST; QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 4 | ST; QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 4 | ST; QL (2 per 28 days) |
| VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | 4 | ST; QL (9 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG | 4 | ST; QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG | 4 | ST; QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Insulins** | | | |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin glargine) | 5 | ST; QL (30 per 28 days) |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | (insulin lispro) | 4 | QL (30 per 28 days) |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | (insulin lispro) | 4 | QL (30 per 28 days) |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | | 4 | QL (12 per 28 days) |
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) | | 4 | QL (40 per 28 days) |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | | 4 | QL (30 per 28 days) |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | (insulin lispro protamin-lispro) | 4 | QL (30 per 28 days) |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | | 4 | QL (40 per 28 days) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | | 4 | QL (30 per 28 days) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin lispro) | 4 | QL (40 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 4 | QL (40 per 28 days) |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 4 | QL (30 per 28 days) |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 4 | QL (30 per 28 days) |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 4 | QL (40 per 28 days) |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | 4 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 4 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 4 | QL (24 per 28 days) |
| LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 4 | QL (30 per 28 days) |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 4 | QL (40 per 28 days) |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 4 | QL (30 per 28 days) |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | 4 | QL (12 per 28 days) |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 4 | QL (40 per 28 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin glargine-yfgn) | 4 | QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin glargine-yfgn) | 4 | QL (30 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | | 4 | ST; QL (30 per 28 days) |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin degludec) | 4 | QL (30 per 28 days) |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | (insulin degludec) | 4 | QL (18 per 28 days) |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin degludec) | 4 | QL (40 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | | 4 | QL (15 per 28 days) |
| **Sulfonylureas** | | | |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | (Amaryl) | 1 | |
| *glipizide oral tablet 10 mg, 5 mg* | | 1 | |
| *glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg* | (Glucotrol XL) | 2 | |
| *glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg* | | 2 | |
| *glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg* | (Glynase) | 2 | |
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | | 2 | |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | | 2 | |
| *tolbutamide oral tablet 500 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Antifungals** | | | |
| **Antifungals** | | | |
| *ciclopirox topical cream 0.77 %* | (Ciclodan) | 2 | QL (180 per 30 days) |
| *ciclopirox topical gel 0.77 %* | | 3 | |
| *ciclopirox topical shampoo 1 %* | (Loprox) | 3 | |
| *ciclopirox topical solution 8 %* | (Ciclodan) | 2 | QL (19.8 per 30 days) |
| *ciclopirox topical suspension 0.77 %* | (Loprox (as olamine)) | 2 | QL (180 per 30 days) |
| *clotrimazole mucous membrane troche 10 mg* | | 2 | |
| *clotrimazole topical cream 1 %* | (Antifungal (clotrimazole)) | 2 | |
| *clotrimazole topical solution 1 %* | | 2 | |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | | 2 | |
| *clotrimazole-betamethasone topical lotion 1-0.05 %* | | 3 | |
| *econazole topical cream 1 %* | | 3 | QL (170 per 30 days) |
| EXELDERM TOPICAL CREAM 1 % | (sulconazole) | 5 | |
| EXELDERM TOPICAL SOLUTION 1 % | (sulconazole) | 5 | |
| *fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml* | (Diflucan) | 2 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | (Diflucan) | 2 | |
| *flucytosine oral capsule 250 mg, 500 mg* | (Ancobon) | 2 | |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | | 2 | |
| *griseofulvin microsize oral tablet 500 mg* | | 3 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | | 3 | |
| *itraconazole oral capsule 100 mg* | (Sporanox) | 2 | |
| *itraconazole oral solution 10 mg/ml* | (Sporanox) | 3 | |
| *ketoconazole oral tablet 200 mg* | | 2 | |
| *ketoconazole topical cream 2 %* | | 2 | QL (180 per 30 days) |
| *ketoconazole topical shampoo 2 %* | | 2 | QL (360 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ketoconazole-hydrocortisone topical cream 2-2.5 %* | (Pheyo) | 2 | |
| *luliconazole topical cream 1 %* | (Luzu) | 3 | ST; QL (60 per 28 days) |
| MENTAX TOPICAL CREAM 1 % | (butenafine) | 5 | |
| *miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %* | (Vusion) | 3 | |
| *miconazole-3 vaginal suppository 200 mg* | | 2 | |
| *naftifine topical cream 1 %* | | 3 | |
| *naftifine topical cream 2 %* | | 3 | QL (180 per 30 days) |
| *naftifine topical gel 1 %* | (Naftin) | 3 | |
| *nyamyc topical powder 100,000 unit/gram* | (nystatin) | 2 | |
| *nystatin oral suspension 100,000 unit/ml* | | 2 | |
| *nystatin oral tablet 500,000 unit* | | 2 | |
| *nystatin topical cream 100,000 unit/gram* | | 2 | |
| *nystatin topical ointment 100,000 unit/gram* | | 2 | QL (90 per 30 days) |
| *nystatin topical powder 100,000 unit/gram* | (Nyamyc) | 2 | |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | | 3 | |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | | 3 | QL (180 per 30 days) |
| *nystop topical powder 100,000 unit/gram* | (nystatin) | 2 | |
| *oxiconazole topical cream 1 %* | (Oxistat) | 3 | QL (180 per 30 days) |
| *posaconazole oral suspension 200 mg/5 ml (40 mg/ml)* | (Noxafil) | 2 | PA |
| *posaconazole oral tablet,delayed release (dr/ec) 100 mg* | (Noxafil) | 3 | PA |
| *tavaborole topical solution with applicator 5 %* | (Kerydin) | 3 | PA; QL (10 per 30 days) |
| *terbinafine hcl oral tablet 250 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | (Vfend) | 3 | QL (300 per 30 days) |
| *voriconazole oral tablet 200 mg, 50 mg* | (Vfend) | 3 | QL (120 per 30 days) |
| **Antigout Agents** | | | |
| **Antigout Agents, Other** | | | |
| *allopurinol oral tablet 100 mg* | (Zyloprim) | 2 | |
| *allopurinol oral tablet 300 mg* | | 2 | |
| *colchicine oral capsule 0.6 mg* | (Mitigare) | 2 | QL (60 per 30 days) |
| *colchicine oral tablet 0.6 mg* | (Colcrys) | 3 | QL (120 per 30 days) |
| *febuxostat oral tablet 40 mg, 80 mg* | (Uloric) | 3 | ST; QL (30 per 30 days) |
| *probenecid oral tablet 500 mg* | | 2 | |
| *probenecid-colchicine oral tablet 500-0.5 mg* | | 2 | |
| **Antihistamines** | | | |
| **Antihistamines** | | | |
| *carbinoxamine maleate oral liquid 4 mg/5 ml* | | 2 | |
| *carbinoxamine maleate oral tablet 4 mg* | | 2 | |
| *cetirizine oral solution 1 mg/ml* | (All Day Allergy (cetirizine)) | 2 | |
| *clemastine oral tablet 2.68 mg* | | 2 | |
| *cyproheptadine oral syrup 2 mg/5 ml* | | 3 | |
| *cyproheptadine oral tablet 4 mg* | | 2 | |
| *desloratadine oral tablet 5 mg* | (Clarinex) | 2 | QL (30 per 30 days) |
| *desloratadine oral tablet,disintegrating 2.5 mg, 5 mg* | | 2 | ST; QL (30 per 30 days) |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | | 2 | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | | 2 | |
| *levocetirizine oral solution 2.5 mg/5 ml* | (Xyzal) | 2 | ST; QL (300 per 30 days) |
| *levocetirizine oral tablet 5 mg* | (24HR Allergy Relief) | 2 | QL (30 per 30 days) |
| *promethazine oral syrup 6.25 mg/5 ml* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml* | (Promethazine VC) | 2 | |
| *respa-ar oral tablet extended release 12 hr 8-90-0.24 mg* | | 3 | |
| **Anti-Infectives (Skin And Mucous Membrane)** | | | |
| **Anti-Infectives (Skin And Mucous Membrane)** | | | |
| AVC VAGINAL VAGINAL CREAM 15 % | | 4 | |
| *clindamycin phosphate vaginal cream 2 %* | (Cleocin) | 2 | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | | 4 | |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | (Vandazole) | 2 | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | | 2 | |
| *terconazole vaginal suppository 80 mg* | | 2 | |
| **Antimigraine Agents** | | | |
| **Antimigraine Agents** | | | |
| AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML | | 4 | PA |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | | 4 | PA |
| *almotriptan malate oral tablet 12.5 mg, 6.25 mg* | | 3 | ST; QL (8 per 30 days) |
| *dihydroergotamine injection solution 1 mg/ml* | | 3 | QL (15 per 14 days) |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* | (Migranal) | 3 | ST; QL (8 per 28 days) |
| *eletriptan oral tablet 20 mg, 40 mg* | (Relpax) | 3 | QL (6 per 30 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | | 4 | PA |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) | | 4 | PA |
| ERGOMAR SUBLINGUAL TABLET 2 MG | | 5 | QL (40 per 28 days) |
| *ergotamine-caffeine oral tablet 1-100 mg* | | 2 | QL (40 per 28 days) |
| *frovatriptan oral tablet 2.5 mg* | (Frova) | 3 | ST; QL (18 per 30 days) |
| *naratriptan oral tablet 1 mg, 2.5 mg* | | 3 | QL (8 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | | 4 | PA |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | | 4 | PA |
| REYVOW ORAL TABLET 100 MG, 50 MG | | 5 | PA |
| *rizatriptan oral tablet 10 mg* | (Maxalt) | 2 | QL (18 per 30 days) |
| *rizatriptan oral tablet 5 mg* | | 2 | QL (18 per 30 days) |
| *rizatriptan oral tablet,disintegrating 10 mg* | (Maxalt-MLT) | 2 | QL (18 per 30 days) |
| *rizatriptan oral tablet,disintegrating 5 mg* | | 2 | QL (18 per 30 days) |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation* | (Imitrex) | 2 | QL (12 per 30 days) |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | (Imitrex) | 2 | QL (18 per 30 days) |
| *sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml* | (Imitrex STATdose Pen) | 3 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | (Imitrex) | 2 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml* | | 3 | QL (4 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | | 5 | PA; QL (16 per 30 days) |
| *zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg* | (Zomig) | 2 | ST; QL (12 per 30 days) |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | (Zomig) | 2 | QL (8 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg* | 3 | QL (8 per 30 days) |
| **Antimycobacterials** | | |
| **Antimycobacterials** | | |
| *dapsone oral tablet 100 mg, 25 mg* | 2 | |
| *ethambutol oral tablet 100 mg* | 2 | |
| *ethambutol oral tablet 400 mg* (Myambutol) | 2 | |
| *isoniazid oral solution 50 mg/5 ml* | 2 | |
| *isoniazid oral tablet 100 mg, 300 mg* | 2 | |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM | 5 | |
| PRETOMANID ORAL TABLET 200 MG | 5 | QL (30 per 30 days) |
| PRIFTIN ORAL TABLET 150 MG | 5 | |
| *pyrazinamide oral tablet 500 mg* | 2 | |
| *rifabutin oral capsule 150 mg* (Mycobutin) | 3 | |
| RIFAMATE ORAL CAPSULE 300-150 MG | 5 | |
| *rifampin oral capsule 150 mg, 300 mg* | 2 | |
| RIFATER ORAL TABLET 50-120-300 MG | 5 | |
| SIRTURO ORAL TABLET 100 MG | 6 | PA; QL (188 per 168 days) |
| SIRTURO ORAL TABLET 20 MG | 6 | PA; QL (940 per 168 days) |
| TRECATOR ORAL TABLET 250 MG | 5 | |
| **Antinausea Agents** | | |
| **Antinausea Agents** | | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | 5 | PA; QL (1 per 21 days) |
| *aprepitant oral capsule 125 mg* | 3 | PA; QL (1 per 1 day) |
| *aprepitant oral capsule 40 mg* | 3 | PA; QL (4 per 1 day) |
| *aprepitant oral capsule 80 mg* (Emend) | 3 | PA; QL (2 per 1 day) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | (Emend) | 3 | PA; QL (3 per 1 day) |
| *compro rectal suppository 25 mg* | (prochlorperazine) | 2 | |
| *doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg* | (Diclegis) | 3 | QL (120 per 30 days) |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | (Marinol) | 2 | QL (60 per 30 days) |
| *granisetron hcl oral tablet 1 mg* | | 3 | QL (8 per 28 days) |
| *meclizine oral tablet 12.5 mg* | | 2 | |
| *meclizine oral tablet 25 mg* | (Dramamine (meclizine)) | 2 | |
| *ondansetron hcl oral solution 4 mg/5 ml* | | 2 | QL (50 per 15 days) |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | | 2 | |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | | 2 | |
| *phenadoz rectal suppository 12.5 mg, 25 mg* | (promethazine) | 2 | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | (Compazine) | 2 | |
| *prochlorperazine rectal suppository 25 mg* | (Compro) | 2 | |
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | | 2 | |
| *promethazine rectal suppository 12.5 mg, 25 mg, 50 mg* | (Promethegan) | 2 | |
| *promethegan rectal suppository 12.5 mg, 25 mg, 50 mg* | (promethazine) | 2 | |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | (Transderm-Scop) | 2 | |
| *trimethobenzamide oral capsule 300 mg* | | 3 | |
| VARUBI ORAL TABLET 90 MG | | 5 | PA; QL (4 per 28 days) |
| **Antiparasite Agents** | | | |
| **Antiparasite Agents** | | | |
| *albendazole oral tablet 200 mg* | | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | | 5 | QL (700 per 14 days) |
| *atovaquone oral suspension 750 mg/5 ml* | (Mepron) | 3 | |
| *atovaquone-proguanil oral tablet 250-100 mg* | (Malarone) | 3 | |
| *atovaquone-proguanil oral tablet 62.5-25 mg* | (Malarone Pediatric) | 3 | |
| *benznidazole oral tablet 100 mg, 12.5 mg* | | 2 | |
| *chloroquine phosphate oral tablet 250 mg* | | 2 | QL (36 per 16 days) |
| COARTEM ORAL TABLET 20-120 MG | | 5 | |
| EGATEN ORAL TABLET 250 MG | | 5 | |
| EMVERM ORAL TABLET,CHEWABLE 100 MG | (mebendazole) | 5 | PA; QL (6 per 30 days) |
| *hydroxychloroquine oral tablet 100 mg* | | 2 | QL (90 per 30 days) |
| *hydroxychloroquine oral tablet 200 mg* | (Plaquenil) | 2 | QL (90 per 30 days) |
| *hydroxychloroquine oral tablet 300 mg, 400 mg* | | 2 | QL (60 per 30 days) |
| *ivermectin oral tablet 3 mg* | (Stromectol) | 2 | |
| KRINTAFEL ORAL TABLET 150 MG | | 5 | QL (2 per 30 days) |
| *mefloquine oral tablet 250 mg* | | 3 | |
| *nitazoxanide oral tablet 500 mg* | (Alinia) | 3 | QL (60 per 30 days) |
| *paromomycin oral capsule 250 mg* | (Humatin) | 3 | |
| *praziquantel oral tablet 600 mg* | (Biltricide) | 3 | |
| PRIMAQUINE ORAL TABLET 26.3 MG | | 5 | QL (42 per 30 days) |
| *pyrimethamine oral tablet 25 mg* | (Daraprim) | 6 | PA; QL (30 per 30 days) |
| *quinine sulfate oral capsule 324 mg* | (Qualaquin) | 2 | |
| *tinidazole oral tablet 250 mg, 500 mg* | | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Antiparkinsonian Agents** | | | |
| **Antiparkinsonian Agents** | | | |
| *amantadine hcl oral capsule 100 mg* | | 2 | |
| *amantadine hcl oral tablet 100 mg* | | 2 | |
| *apomorphine subcutaneous cartridge 10 mg/ml* | (APOKYN) | 6 | PA; QL (60 per 30 days) |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | | 2 | |
| *bromocriptine oral capsule 5 mg* | (Parlodel) | 2 | |
| *bromocriptine oral tablet 2.5 mg* | (Parlodel) | 2 | |
| *cabergoline oral tablet 0.5 mg* | | 2 | |
| *carbidopa oral tablet 25 mg* | (Lodosyn) | 3 | |
| *carbidopa-levodopa oral tablet 10-100 mg* | (Sinemet) | 2 | |
| *carbidopa-levodopa oral tablet 25-100 mg* | (Dhivy) | 2 | |
| *carbidopa-levodopa oral tablet 25-250 mg* | | 2 | |
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | | 2 | |
| *carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | | 2 | |
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg* | (Stalevo 50) | 2 | |
| *carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg* | (Stalevo 75) | 2 | |
| *carbidopa-levodopa-entacapone oral tablet 25-100-200 mg* | (Stalevo 100) | 2 | |
| *carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg* | (Stalevo 125) | 2 | |
| *carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg* | (Stalevo 150) | 2 | |
| *carbidopa-levodopa-entacapone oral tablet 50-200-200 mg* | (Stalevo 200) | 2 | |
| *entacapone oral tablet 200 mg* | (Comtan) | 2 | |
| INBRIJA INHALATION CAPSULE 42 MG | | 6 | PA; QL (300 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | | 5 | ST; QL (30 per 30 days) |
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | (Mirapex) | 2 | QL (30 per 30 days) |
| *pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg* | (Mirapex ER) | 3 | QL (30 per 30 days) |
| *rasagiline oral tablet 0.5 mg, 1 mg* | (Azilect) | 2 | QL (30 per 30 days) |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | | 2 | |
| *ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | | 3 | QL (30 per 30 days) |
| *selegiline hcl oral capsule 5 mg* | | 2 | |
| *selegiline hcl oral tablet 5 mg* | | 2 | |
| *tolcapone oral tablet 100 mg* | (Tasmar) | 3 | QL (90 per 30 days) |
| *trihexyphenidyl oral elixir 0.4 mg/ml* | | 2 | |
| *trihexyphenidyl oral tablet 2 mg, 5 mg* | | 2 | |
| **Antipsychotic Agents** | | | |
| **Antipsychotic Agents** | | | |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 2 MG | | 6 | PA; QL (30 per 30 days) |
| ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 20 MG, 30 MG, 5 MG | | 6 | PA; QL (30 per 30 days) |
| *aripiprazole oral solution 1 mg/ml* | | 2 | QL (900 per 30 days) |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | (Abilify) | 2 | QL (30 per 30 days) |
| *aripiprazole oral tablet,disintegrating 10 mg* | | 3 | QL (90 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *aripiprazole oral tablet,disintegrating 15 mg* | | 3 | QL (60 per 30 days) |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* | (Saphris) | 3 | ST; QL (60 per 30 days) |
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | | 2 | |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | (Clozaril) | 2 | QL (90 per 30 days) |
| *clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg* | | 3 | ST; QL (90 per 30 days) |
| *fluphenazine hcl oral concentrate 5 mg/ml* | | 2 | |
| *fluphenazine hcl oral elixir 2.5 mg/5 ml* | | 2 | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | | 2 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | | 2 | |
| *haloperidol oral tablet 0.5 mg, 1 mg* | | 1 | |
| *haloperidol oral tablet 10 mg, 2 mg, 20 mg, 5 mg* | | 2 | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | | 5 | PA NSO; QL (30 per 30 days) |
| LATUDA ORAL TABLET 80 MG | | 5 | PA NSO; QL (60 per 30 days) |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | | 2 | |
| *molindone oral tablet 10 mg* | | 3 | QL (240 per 30 days) |
| *molindone oral tablet 25 mg* | | 3 | QL (270 per 30 days) |
| *molindone oral tablet 5 mg* | | 3 | QL (120 per 30 days) |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | (Zyprexa) | 2 | QL (30 per 30 days) |
| *olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg* | (Zyprexa Zydis) | 2 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg* | (Invega) | 3 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | (Invega) | 3 | QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | | 2 | |
| *pimozide oral tablet 1 mg, 2 mg* | | 2 | |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | (Seroquel) | 2 | QL (90 per 30 days) |
| *quetiapine oral tablet 150 mg* | | 2 | QL (90 per 30 days) |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | (Seroquel XR) | 2 | QL (30 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | | 5 | ST; QL (30 per 30 days) |
| *risperidone oral solution 1 mg/ml* | (Risperdal) | 2 | QL (240 per 30 days) |
| *risperidone oral tablet 0.25 mg* | | 2 | QL (60 per 30 days) |
| *risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | (Risperdal) | 2 | QL (60 per 30 days) |
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | | 2 | QL (60 per 30 days) |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | | 2 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | | 2 | |
| *trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | | 2 | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | | 5 | QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | | 5 | QL (7 per 28 days) |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | (Geodon) | 2 | QL (60 per 30 days) |
| **Antivirals (Systemic)** | | | |
| **Antiretrovirals** | | | |
| *abacavir oral solution 20 mg/ml* | (Ziagen) | 6 | QL (960 per 30 days) |
| *abacavir oral tablet 300 mg* | (Ziagen) | 6 | QL (60 per 30 days) |
| *abacavir-lamivudine oral tablet 600-300 mg* | (Epzicom) | 6 | QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg* | (Trizivir) | 6 | QL (60 per 30 days) |
| APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML | | 6 | QL (380 per 30 days) |
| APTIVUS ORAL CAPSULE 250 MG | | 6 | QL (120 per 30 days) |
| *atazanavir oral capsule 150 mg* | | 6 | QL (60 per 30 days) |
| *atazanavir oral capsule 200 mg* | (Reyataz) | 6 | QL (60 per 30 days) |
| *atazanavir oral capsule 300 mg* | (Reyataz) | 6 | QL (30 per 30 days) |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | | 6 | QL (30 per 30 days) |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | | 6 | QL (30 per 30 days) |
| *didanosine oral capsule,delayed release(drlec) 125 mg, 200 mg* | | 3 | QL (60 per 30 days) |
| *didanosine oral capsule,delayed release(drlec) 250 mg, 400 mg* | | 3 | QL (30 per 30 days) |
| DOVATO ORAL TABLET 50-300 MG | | 6 | QL (30 per 30 days) |
| *efavirenz oral capsule 200 mg, 50 mg* | (Sustiva) | 6 | |
| *efavirenz oral tablet 600 mg* | (Sustiva) | 6 | |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | (Atripla) | 6 | QL (30 per 30 days) |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg* | (Symfi Lo) | 6 | QL (30 per 30 days) |
| *efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg* | (Symfi) | 6 | QL (30 per 30 days) |
| *emtricitabine oral capsule 200 mg* | (Emtriva) | 3 | QL (30 per 30 days) |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg* | (Truvada) | 6 | QL (30 per 30 days) |
| *etravirine oral tablet 100 mg* | (Intelence) | 6 | QL (120 per 30 days) |
| *etravirine oral tablet 200 mg* | (Intelence) | 6 | QL (60 per 30 days) |
| *fosamprenavir oral tablet 700 mg* | (Lexiva) | 6 | QL (120 per 30 days) |
| GENVOYA ORAL TABLET 150-150-200-10 MG | | 6 | QL (30 per 30 days) |
| INTELENCE ORAL TABLET 100 MG | (etravirine) | 6 | QL (120 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| INTELENCE ORAL TABLET 200 MG | (etravirine) | 6 | QL (60 per 30 days) |
| INTELENCE ORAL TABLET 25 MG | | 6 | QL (120 per 30 days) |
| INVIRASE ORAL CAPSULE 200 MG | | 6 | QL (300 per 30 days) |
| INVIRASE ORAL TABLET 500 MG | | 6 | QL (120 per 30 days) |
| ISENTRESS HD ORAL TABLET 600 MG | | 6 | QL (60 per 30 days) |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | | 6 | QL (60 per 30 days) |
| ISENTRESS ORAL TABLET 400 MG | | 6 | QL (60 per 30 days) |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | | 6 | QL (180 per 30 days) |
| JULUCA ORAL TABLET 50-25 MG | | 6 | QL (30 per 30 days) |
| *lamivudine oral solution 10 mg/ml* | (Epivir) | 6 | QL (960 per 30 days) |
| *lamivudine oral tablet 100 mg* | (Epivir HBV) | 6 | QL (30 per 30 days) |
| *lamivudine oral tablet 150 mg* | (Epivir) | 6 | QL (60 per 30 days) |
| *lamivudine oral tablet 300 mg* | (Epivir) | 6 | QL (30 per 30 days) |
| *lamivudine-zidovudine oral tablet 150-300 mg* | (Combivir) | 6 | QL (60 per 30 days) |
| LEXIVA ORAL SUSPENSION 50 MG/ML | | 6 | QL (1800 per 30 days) |
| *lopinavir-ritonavir oral solution 400-100 mg/5 ml* | (Kaletra) | 6 | QL (480 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | (Kaletra) | 6 | QL (240 per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | (Kaletra) | 6 | QL (120 per 30 days) |
| *maraviroc oral tablet 150 mg* | (Selzentry) | 6 | QL (60 per 30 days) |
| *maraviroc oral tablet 300 mg* | (Selzentry) | 6 | QL (120 per 30 days) |
| *nevirapine oral suspension 50 mg/5 ml* | | 6 | QL (1200 per 30 days) |
| *nevirapine oral tablet 200 mg* | | 6 | QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nevirapine oral tablet extended release 24 hr 100 mg* | 6 | QL (90 per 30 days) |
| *nevirapine oral tablet extended release 24 hr 400 mg* | 6 | QL (30 per 30 days) |
| ODEFSEY ORAL TABLET 200-25-25 MG | 6 | QL (30 per 30 days) |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | 6 | QL (30 per 30 days) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 6 | QL (400 per 30 days) |
| PREZISTA ORAL TABLET 150 MG | 6 | QL (240 per 30 days) |
| PREZISTA ORAL TABLET 600 MG | 6 | QL (60 per 30 days) |
| PREZISTA ORAL TABLET 75 MG | 6 | QL (480 per 30 days) |
| PREZISTA ORAL TABLET 800 MG | 6 | QL (30 per 30 days) |
| *ritonavir oral tablet 100 mg* (Norvir) | 6 | QL (360 per 30 days) |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 6 | QL (930 per 30 days) |
| SELZENTRY ORAL TABLET 25 MG | 6 | QL (120 per 30 days) |
| SELZENTRY ORAL TABLET 75 MG | 6 | QL (60 per 30 days) |
| *tenofovir disoproxil fumarate oral tablet 300 mg* (Viread) | 6 | QL (30 per 30 days) |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | 6 | QL (60 per 30 days) |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 6 | QL (180 per 30 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 6 | QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 6 | QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 6 | |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 6 | QL (240 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | | 6 | QL (30 per 30 days) |
| *zidovudine oral capsule 100 mg* | (Retrovir) | 3 | QL (180 per 30 days) |
| *zidovudine oral syrup 10 mg/ml* | (Retrovir) | 3 | QL (1920 per 30 days) |
| *zidovudine oral tablet 300 mg* | | 3 | QL (60 per 30 days) |
| **Antivirals, Miscellaneous** | | | |
| LIVTENCITY ORAL TABLET 200 MG | | 6 | PA |
| *oseltamivir oral capsule 30 mg* | (Tamiflu) | 2 | QL (20 per 180 days) |
| *oseltamivir oral capsule 45 mg, 75 mg* | (Tamiflu) | 2 | QL (10 per 180 days) |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* | (Tamiflu) | 2 | QL (180 per 180 days) |
| PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG | | 4 | QL (30 per 5 days); AGE (Min 12 Years) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | | 5 | QL (20 per 180 days) |
| *rimantadine oral tablet 100 mg* | (Flumadine) | 2 | |
| XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG | | 5 | QL (2 per 180 days) |
| **Hcv Antivirals** | | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG | | 6 | PA; QL (30 per 30 days) |
| EPCLUSA ORAL TABLET 200-50 MG | | 6 | PA; QL (30 per 30 days) |
| EPCLUSA ORAL TABLET 400-100 MG | (sofosbuvir-velpatasvir) | 6 | PA; QL (30 per 30 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG | | 6 | PA; QL (30 per 30 days) |
| HARVONI ORAL TABLET 45-200 MG | | 6 | PA; QL (30 per 30 days) |
| HARVONI ORAL TABLET 90-400 MG | (ledipasvir-sofosbuvir) | 6 | PA; QL (30 per 30 days) |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG | | 6 | PA; QL (140 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VOSEVI ORAL TABLET 400-100-100 MG | 6 | PA |
| **Interferons** | | |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 6 | PA |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML | 6 | PA |
| PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML | 6 | PA; QL (2 per 28 days) |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 6 | PA; QL (4 per 28 days) |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 6 | PA; QL (2 per 28 days) |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML | 6 | PA |
| **Nucleosides And Nucleotides** | | |
| *acyclovir oral capsule 200 mg* | 2 | |
| *acyclovir oral suspension 200 mg/5 ml* (Zovirax) | 2 | |
| *acyclovir oral tablet 400 mg, 800 mg* | 2 | |
| *adefovir oral tablet 10 mg* (Hepsera) | 6 | QL (30 per 30 days) |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 6 | QL (630 per 30 days) |
| *entecavir oral tablet 0.5 mg, 1 mg* (Baraclude) | 6 | QL (30 per 30 days) |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 2 | |
| *lagevrio (eua) oral capsule 200 mg* | 3 | QL (40 per 5 days); AGE (Min 18 Years) |
| *ribasphere ribapak oral tablets,dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)* | 3 | |
| *ribavirin oral capsule 200 mg* | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ribavirin oral tablet 200 mg* | | 3 | |
| *valacyclovir oral tablet 1 gram, 500 mg* | (Valtrex) | 2 | |
| *valganciclovir oral recon soln 50 mg/ml* | (Valcyte) | 2 | |
| *valganciclovir oral tablet 450 mg* | (Valcyte) | 2 | |
| **Blood Products/Modifiers/Volume Expanders** | | | |
| **Anticoagulants** | | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | | 4 | PA NSO; QL (74 per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG | | 4 | PA NSO; QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | | 4 | PA NSO; QL (74 per 30 days) |
| *enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml* | (Lovenox) | 6 | |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml* | (Arixtra) | 6 | QL (24 per 30 days) |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* | (Arixtra) | 6 | QL (15 per 30 days) |
| *fondaparinux subcutaneous syringe 5 mg/0.4 ml* | (Arixtra) | 6 | QL (12 per 30 days) |
| *fondaparinux subcutaneous syringe 7.5 mg/0.6 ml* | (Arixtra) | 6 | QL (18 per 30 days) |
| *heparin, porcine (pf) injection solution 5,000 unit/0.5 ml* | | 2 | |
| *heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml* | | 2 | |
| *heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml* | | 2 | |
| *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | (warfarin) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* (Jantoven) | 2 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | 4 | PA NSO; QL (51 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 4 | PA NSO; QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 4 | PA NSO; QL (60 per 30 days) |
| **Blood Formation Modifiers** | | |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | 6 | PA; QL (4 per 28 days) |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 200 MCG/0.4 ML, 40 MCG/0.4 ML | 6 | PA; QL (1.6 per 28 days) |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML | 6 | PA; QL (2 per 28 days) |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 60 MCG/0.3 ML | 6 | PA; QL (1.2 per 28 days) |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML | 6 | PA; QL (1.68 per 28 days) |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | 6 | PA; QL (15 per 1 day) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 6 | PA; QL (15 per 1 day) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | 6 | PA; QL (15 per 1 day) |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 6 | PA; QL (12 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 6 | PA |
| LEUKINE INJECTION RECON SOLN 250 MCG | 6 | PA |
| MULPLETA ORAL TABLET 3 MG | 6 | PA; QL (7 per 1 day) |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 6 | PA |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 6 | PA |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 6 | PA |
| PROCRIT INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 6 | PA; QL (12 per 28 days) |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | 6 | PA; QL (180 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25 MG | 6 | PA; QL (30 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | 6 | PA; QL (30 per 30 days) |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | 6 | PA |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 6 | PA |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 6 | PA |
| **Hematologic Agents, Miscellaneous** | | |
| *aminocaproic acid oral solution 250 mg/ml (25 %)* (Amicar) | 3 | |
| *aminocaproic acid oral tablet 1,000 mg, 500 mg* (Amicar) | 2 | |
| *anagrelide oral capsule 0.5 mg* (Agrylin) | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *anagrelide oral capsule 1 mg* | 3 | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 5 | |
| OXBRYTA ORAL TABLET 500 MG | 6 | PA |
| OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG | 6 | PA |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | 6 | PA; QL (60 per 30 days) |
| *tranexamic acid oral tablet 650 mg* (Lysteda) | 3 | QL (30 per 30 days) |
| **Platelet-Aggregation Inhibitors** | | |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | 3 | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 5 | QL (60 per 30 days) |
| *cilostazol oral tablet 100 mg, 50 mg* | 2 | |
| *clopidogrel oral tablet 300 mg* | 2 | QL (4 per 30 days) |
| *clopidogrel oral tablet 75 mg* (Plavix) | 2 | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | 2 | |
| *pentoxifylline oral tablet extended release 400 mg* | 2 | |
| *prasugrel oral tablet 10 mg, 5 mg* (Effient) | 2 | QL (30 per 30 days) |
| ZONTIVITY ORAL TABLET 2.08 MG | 5 | PA; QL (30 per 30 days) |
| **Cardiovascular Agents** | | |
| **Alpha-Adrenergic Agents** | | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 2 | |
| *clonidine transdermal patch weekly 0.1 mg/24 hr* (Catapres-TTS-1) | 2 | |
| *clonidine transdermal patch weekly 0.2 mg/24 hr* (Catapres-TTS-2) | 2 | |
| *clonidine transdermal patch weekly 0.3 mg/24 hr* (Catapres-TTS-3) | 2 | |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg* (Cardura) | 2 | |
| *guanfacine oral tablet 1 mg, 2 mg* | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *methyldopa oral tablet 250 mg, 500 mg* | | 2 | |
| *methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg* | | 2 | |
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | | 2 | |
| *phenoxybenzamine oral capsule 10 mg* | (Dibenzyline) | 6 | PA |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | (Minipress) | 2 | |
| **Angiotensin Ii Receptor Antagonists** | | | |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | (Atacand) | 3 | |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | (Atacand HCT) | 3 | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | | 4 | PA NSO; QL (60 per 30 days) |
| *eprosartan oral tablet 600 mg* | | 3 | |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | (Avapro) | 2 | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | (Avalide) | 2 | |
| *losartan oral tablet 100 mg, 25 mg, 50 mg* | (Cozaar) | 2 | |
| *losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | (Hyzaar) | 2 | |
| *olmesartan oral tablet 20 mg, 40 mg, 5 mg* | (Benicar) | 2 | |
| *olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | (Tribenzor) | 3 | |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | (Benicar HCT) | 3 | |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | (Micardis) | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | (Twynsta) | 3 | |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | (Micardis HCT) | 3 | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | (Diovan) | 2 | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | (Diovan HCT) | 2 | |
| **Angiotensin-Converting Enzyme Inhibitors** | | | |
| *benazepril oral tablet 10 mg, 20 mg, 40 mg* | (Lotensin) | 1 | |
| *benazepril oral tablet 5 mg* | | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Lotensin HCT) | 2 | |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25 mg* | | 2 | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | | 2 | |
| *captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg* | | 3 | |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Vasotec) | 2 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg* | (Vaseretic) | 2 | |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5 mg* | | 2 | |
| *fosinopril oral tablet 10 mg, 20 mg, 40 mg* | | 2 | |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | | 2 | |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | (Zestril) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Zestoretic) | 1 | |
| *moexipril oral tablet 15 mg, 7.5 mg* | | 2 | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | | 2 | |
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | (Accupril) | 2 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Accuretic) | 2 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | (Altace) | 2 | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | | 2 | |
| *trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg* | | 3 | |
| **Antiarrhythmic Agents** | | | |
| *amiodarone oral tablet 100 mg, 200 mg, 400 mg* | (Pacerone) | 2 | |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | (Norpace) | 2 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | (Tikosyn) | 3 | |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | | 2 | |
| *mexiletine oral capsule 150 mg, 200 mg, 250 mg* | | 2 | |
| MULTAQ ORAL TABLET 400 MG | | 4 | |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | (amiodarone) | 2 | |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | (Rythmol SR) | 2 | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | | 2 | |
| *quinidine gluconate oral tablet extended release 324 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *quinidine sulfate oral tablet 200 mg, 300 mg* | | 2 | |
| **Beta-Adrenergic Blocking Agents** | | | |
| *acebutolol oral capsule 200 mg, 400 mg* | | 2 | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | (Tenormin) | 1 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg* | (Tenoretic 100) | 2 | |
| *atenolol-chlorthalidone oral tablet 50-25 mg* | (Tenoretic 50) | 2 | |
| *betaxolol oral tablet 10 mg, 20 mg* | | 2 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | | 2 | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | (Ziac) | 1 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | (Coreg) | 1 | |
| *carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg* | (Coreg CR) | 2 | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | | 5 | PA; QL (360 per 30 days) |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | | 2 | |
| LEVATOL ORAL TABLET 20 MG | | 5 | |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* | (Toprol XL) | 2 | |
| *metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | | 2 | |
| *metoprolol tartrate oral tablet 100 mg, 50 mg* | (Lopressor) | 1 | |
| *metoprolol tartrate oral tablet 25 mg* | | 1 | |
| *metoprolol tartrate oral tablet 37.5 mg, 75 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | (Corgard) | 3 | |
| *nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg* | | 3 | |
| *nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Bystolic) | 2 | |
| *pindolol oral tablet 10 mg, 5 mg* | | 2 | |
| *propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | (Inderal LA) | 2 | |
| *propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)* | | 2 | |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | | 2 | |
| *propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg* | | 2 | |
| *sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | (sotalol) | 2 | |
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | (sotalol) | 2 | |
| *sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | (Sorine) | 2 | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | | 3 | |
| **Calcium-Channel Blocking Agents** | | | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG | | 5 | |
| *cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | (diltiazem hcl) | 2 | |
| *diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg* | | 2 | |
| *diltiazem hcl oral capsule,extended release 24 hr 360 mg* | (Taztia XT) | 2 | |
| *diltiazem hcl oral capsule,extended release 24 hr 420 mg* | (Tiadylt ER) | 2 | |
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | (Cartia XT) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg* | (Cardizem) | 2 | |
| *diltiazem hcl oral tablet 90 mg* | | 2 | |
| *diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | (Matzim LA) | 3 | |
| *dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | (diltiazem hcl) | 2 | |
| *matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | (diltiazem hcl) | 2 | |
| *taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | (diltiazem hcl) | 2 | |
| *tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg* | (diltiazem hcl) | 2 | |
| *tiadylt er oral capsule,extended release 24 hr 360 mg* | (diltiazem hcl) | 3 | |
| *verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg* | (Verelan PM) | 2 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg* | (Verelan) | 2 | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | | 2 | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | (Calan SR) | 2 | |
| **Cardiovascular Agents, Miscellaneous** | | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | | 4 | QL (600 per 30 days) |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | | 4 | ST; QL (60 per 30 days) |
| *digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (digoxin) | 2 | |
| *digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (digoxin) | 2 | |
| DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML) | | 5 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (Digitek) | 2 | |
| *digoxin oral tablet 62.5 mcg (0.0625 mg)* | (Lanoxin) | 2 | |
| *epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml* | (Auvi-Q) | 2 | QL (4 per 1 day) |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml* | (EpiPen Jr) | 2 | QL (4 per 1 day) |
| *hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | | 2 | |
| *icatibant subcutaneous syringe 30 mg/3 ml* | (Firazyr) | 6 | PA; QL (9 per 30 days) |
| *isoxsuprine oral tablet 10 mg, 20 mg* | | 2 | |
| LANOXIN ORAL TABLET 187.5 MCG (0.1875 MG) | | 5 | |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) | (digoxin) | 5 | |
| *ranolazine oral tablet extended release 12 hr 1,000 mg* | (Ranexa) | 3 | QL (60 per 30 days) |
| *ranolazine oral tablet extended release 12 hr 500 mg* | (Ranexa) | 3 | QL (120 per 30 days) |
| VYNDAQEL ORAL CAPSULE 20 MG | | 6 | PA |
| **Dihydropyridines** | | | |
| *afeditab cr oral tablet extended release 30 mg* | (nifedipine) | 2 | |
| *amlodipine oral tablet 10 mg, 2.5 mg, 5 mg* | (Norvasc) | 2 | |
| *amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg* | (Lotrel) | 2 | |
| *amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg* | | 2 | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | (Azor) | 3 | |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | (Exforge) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg* | (Exforge HCT) | 3 | |
| *felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg* | | 2 | |
| *isradipine oral capsule 2.5 mg, 5 mg* | | 2 | |
| *nicardipine oral capsule 20 mg, 30 mg* | | 2 | |
| *nifedipine oral capsule 10 mg, 20 mg* | | 2 | |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg* | (Procardia XL) | 2 | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | | 2 | |
| *nimodipine oral capsule 30 mg* | | 2 | |
| *nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg* | (Sular) | 3 | |
| *nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg* | | 3 | |
| **Diuretics** | | | |
| ALDACTAZIDE ORAL TABLET 50-50 MG | | 5 | |
| *amiloride oral tablet 5 mg* | | 2 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | | 2 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | | 2 | |
| *chlorothiazide oral tablet 250 mg, 500 mg* | | 2 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | | 2 | |
| DIURIL ORAL SUSPENSION 250 MG/5 ML | | 5 | |
| *ethacrynic acid oral tablet 25 mg* | (Edecrin) | 3 | |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | | 2 | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | (Lasix) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *hydrochlorothiazide oral capsule 12.5 mg* | | 2 | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | | 1 | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | | 1 | |
| JYNARQUE ORAL TABLET 15 MG | | 6 | PA; QL (60 per 30 days) |
| JYNARQUE ORAL TABLET 30 MG | | 6 | PA; QL (30 per 30 days) |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | | 6 | PA; QL (56 per 28 days) |
| *methyclothiazide oral tablet 5 mg* | | 2 | |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | | 2 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | (Aldactone) | 2 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | (Aldactazide) | 2 | |
| *tolvaptan oral tablet 15 mg* | (Samsca) | 6 | PA; QL (30 per 365 days) |
| *tolvaptan oral tablet 30 mg* | (Samsca) | 6 | PA; QL (60 per 365 days) |
| *torsemide oral tablet 10 mg, 100 mg, 5 mg* | | 2 | |
| *torsemide oral tablet 20 mg* | (Soaanz) | 2 | |
| *triamterene oral capsule 100 mg, 50 mg* | (Dyrenium) | 2 | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg* | | 2 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg* | (Maxzide-25mg) | 2 | |
| *triamterene-hydrochlorothiazid oral tablet 75-50 mg* | (Maxzide) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Dyslipidemics** | | | |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg* | (Caduet) | 3 | QL (30 per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg* | | 3 | QL (30 per 30 days) |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | (Lipitor) | 1 | QL (30 per 30 days) |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | (Questran) | 2 | |
| *cholestyramine light oral powder in packet 4 gram* | (cholestyramine-aspartame) | 2 | |
| *colesevelam oral powder in packet 3.75 gram* | (WelChol) | 3 | |
| *colesevelam oral tablet 625 mg* | (WelChol) | 3 | |
| *colestipol oral packet 5 gram* | (Colestid) | 2 | |
| *colestipol oral tablet 1 gram* | (Colestid) | 2 | |
| *ezetimibe oral tablet 10 mg* | (Zetia) | 2 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-10 mg* | (Vytorin 10-10) | 3 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-20 mg* | (Vytorin 10-20) | 3 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-40 mg* | (Vytorin 10-40) | 3 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-80 mg* | (Vytorin 10-80) | 3 | PA NSO; QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | | 2 | |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | (Tricor) | 2 | |
| *fenofibrate nanocrystallized oral tablet 160 mg* | | 2 | |
| *fenofibrate oral capsule 150 mg, 50 mg* | (Lipofen) | 3 | |
| *fenofibrate oral tablet 120 mg, 40 mg* | (Fenoglide) | 3 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg* | (Trilipix) | 3 | |
| *fenofibric acid oral tablet 105 mg, 35 mg* | (Fibricor) | 2 | |
| *fluvastatin oral capsule 20 mg* | | 3 | QL (30 per 30 days) |
| *fluvastatin oral capsule 40 mg* | | 3 | QL (60 per 30 days) |
| *gemfibrozil oral tablet 600 mg* | (Lopid) | 2 | |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | | 1 | QL (60 per 30 days) |
| NEXLETOL ORAL TABLET 180 MG | | 5 | |
| NEXLIZET ORAL TABLET 180-10 MG | | 5 | |
| *niacin oral tablet extended release 24 hr 1,000 mg* | (Niaspan Extended-Release) | 3 | |
| *niacin oral tablet extended release 24 hr 500 mg, 750 mg* | | 3 | |
| *niacor oral tablet 500 mg* | (niacin) | 2 | |
| *omega-3 acid ethyl esters oral capsule 1 gram* | (Lovaza) | 3 | QL (120 per 30 days) |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | | 4 | PA; QL (2 per 28 days) |
| *pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | | 1 | QL (30 per 30 days) |
| *prevalite oral powder in packet 4 gram* | (cholestyramine-aspartame) | 2 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | | 4 | PA; QL (3.5 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | | 4 | PA; QL (2 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | | 4 | PA; QL (2 per 28 days) |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | (Crestor) | 2 | QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg* | (Zocor) | 1 | QL (30 per 30 days) |
| *simvastatin oral tablet 5 mg* | | 1 | QL (30 per 30 days) |
| *simvastatin oral tablet 80 mg* | (Zocor) | 1 | PA NSO; QL (30 per 30 days) |
| ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG | | 5 | ST; QL (30 per 30 days) |
| **Renin-Angiotensin-Aldosterone System Inhibitors** | | | |
| *aliskiren oral tablet 150 mg, 300 mg* | (Tekturna) | 3 | QL (30 per 30 days) |
| *eplerenone oral tablet 25 mg, 50 mg* | (Inspra) | 2 | |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | | 5 | QL (30 per 30 days) |
| **Vasodilators** | | | |
| DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG | | 5 | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg* | | 2 | |
| *isosorbide dinitrate oral tablet 40 mg* | (Isordil) | 3 | |
| *isosorbide dinitrate oral tablet 5 mg* | (Isordil Titradose) | 2 | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | | 2 | |
| *isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg* | | 2 | |
| *minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | (nitroglycerin) | 2 | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | | 2 | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | (nitroglycerin) | 4 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | | 4 | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* | (Nitrostat) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | (Nitro-Dur) | 2 | |
| *nitroglycerin translingual spray,non-aerosol 400 mcg/spray* | (Nitrolingual) | 3 | |
| *nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg* | (nitroglycerin) | 2 | |
| **Central Nervous System Agents** | | | |
| **Central Nervous System Agents** | | | |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG | (dextroamphetamine-amphetamine) | 3 | QL (30 per 30 days) |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG | (dextroamphetamine-amphetamine) | 3 | QL (60 per 30 days) |
| *amphetamine sulfate oral tablet 10 mg, 5 mg* | (Evekeo) | 3 | PA; QL (120 per 30 days) |
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | (Strattera) | 3 | QL (60 per 30 days) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | (Strattera) | 3 | QL (30 per 30 days) |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | | 6 | PA; QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | | 6 | PA; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | | 6 | PA; QL (60 per 30 days) |
| AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG | | 6 | PA; QL (1 per 30 days) |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | | 6 | PA; QL (1 per 30 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | | 6 | PA; QL (1 per 30 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | | 6 | PA; QL (14 per 28 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)* | | 2 | |
| *clonidine hcl oral tablet extended release 12 hr 0.1 mg* | (Kapvay) | 3 | QL (120 per 30 days) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG | (methylphenidate hcl) | 3 | QL (30 per 30 days) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG | (methylphenidate hcl) | 3 | QL (60 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML | (glatiramer) | 6 | PA |
| *dalfampridine oral tablet extended release 12 hr 10 mg* | (Ampyra) | 6 | PA; QL (60 per 30 days) |
| *dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg* | (Focalin XR) | 3 | QL (30 per 30 days) |
| *dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg* | (Focalin) | 2 | QL (60 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 10 mg* | (Dexedrine Spansule) | 3 | QL (60 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 15 mg* | (Dexedrine Spansule) | 3 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 5 mg* | | 3 | QL (60 per 30 days) |
| *dextroamphetamine sulfate oral solution 5 mg/5 ml* | (ProCentra) | 3 | QL (1800 per 30 days) |
| *dextroamphetamine sulfate oral tablet 10 mg* | (Zenzedi) | 2 | QL (180 per 30 days) |
| *dextroamphetamine sulfate oral tablet 5 mg* | (Zenzedi) | 2 | QL (90 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | (Adderall) | 2 | QL (60 per 30 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg* | (Tecfidera) | 6 | PA; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 5 MG | 5 | PA; QL (120 per 30 days) |
| EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG | 5 | PA; QL (60 per 30 days) |
| GILENYA ORAL CAPSULE 0.25 MG | 6 | PA; QL (30 per 30 days) |
| GILENYA ORAL CAPSULE 0.5 MG (fingolimod) | 6 | PA; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 20 mg/ml* (Copaxone) | 6 | PA; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* (Copaxone) | 6 | PA; QL (12 per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* (glatiramer) | 6 | PA; QL (30 per 30 days) |
| *glatopa subcutaneous syringe 40 mg/ml* (glatiramer) | 6 | PA; QL (12 per 28 days) |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* (Intuniv ER) | 3 | QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 6 | PA |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | 2 | |
| *lithium carbonate oral tablet 300 mg* | 2 | |
| *lithium carbonate oral tablet extended release 300 mg* (Lithobid) | 2 | |
| *lithium carbonate oral tablet extended release 450 mg* | 2 | |
| *lithium citrate oral solution 8 meq/5 ml* | 2 | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 6 | PA; QL (20 per 336 days) |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 6 | PA; QL (20 per 336 days) |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 6 | PA; QL (20 per 336 days) |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 6 | PA; QL (20 per 336 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 6 | PA; QL (20 per 336 days) |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 6 | PA; QL (20 per 336 days) |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 6 | PA; QL (20 per 336 days) |
| MAYZENT ORAL TABLET 0.25 MG | 6 | PA; QL (120 per 30 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 6 | PA; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | 6 | PA; QL (7 per 1 day) |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 6 | PA; QL (12 per 1 day) |
| *metadate er oral tablet extended release 20 mg* (methylphenidate hcl) | 2 | PA NSO; QL (90 per 30 days) |
| *methamphetamine oral tablet 5 mg* (Desoxyn) | 2 | PA; QL (150 per 30 days) |
| *methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg* | 3 | QL (30 per 30 days) |
| *methylphenidate hcl oral capsule, er biphasic 30-70 30 mg* | 3 | QL (60 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg* (Ritalin LA) | 3 | QL (30 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 30 mg* (Ritalin LA) | 3 | QL (60 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 60 mg* | 3 | QL (30 per 30 days) |
| *methylphenidate hcl oral solution 10 mg/5 ml* (Methylin) | 2 | |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* (Ritalin) | 2 | QL (90 per 30 days) |
| *methylphenidate hcl oral tablet extended release 10 mg* | 2 | QL (90 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *methylphenidate hcl oral tablet extended release 20 mg* | (Metadate ER) | 2 | QL (90 per 30 days) |
| *methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg* | | 2 | QL (90 per 30 days) |
| *methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr* | (Daytrana) | 3 | PA; QL (30 per 30 days) |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG | | 4 | QL (30 per 30 days) |
| NUEDEXTA ORAL CAPSULE 20-10 MG | | 5 | PA; QL (60 per 30 days) |
| *phendimetrazine tartrate oral capsule, extended release 105 mg* | | 3 | QL (30 per 30 days) |
| *phentermine oral capsule 15 mg, 30 mg* | | 3 | PA; QL (30 per 30 days) |
| *phentermine oral capsule 37.5 mg* | (Adipex-P) | 3 | PA; QL (30 per 30 days) |
| *phentermine oral tablet 37.5 mg* | (Adipex-P) | 3 | PA; QL (30 per 30 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | | 6 | PA; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | | 6 | PA; QL (1 per 28 days) |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML | | 6 | PA; QL (4 per 30 days) |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML | | 6 | PA; QL (6 per 30 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML | | 6 | PA; QL (4 per 30 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 44 MCG/0.5 ML | | 6 | PA; QL (6 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) | | 6 | PA; QL (4.2 per 28 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | | 6 | PA; QL (4.2 per 28 days) |
| *riluzole oral tablet 50 mg* | (Rilutek) | 5 | PA |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | | 5 | ST; QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | | 5 | ST; QL (55 per 28 days) |
| *tetrabenazine oral tablet 12.5 mg* | (Xenazine) | 6 | PA; QL (90 per 30 days) |
| *tetrabenazine oral tablet 25 mg* | (Xenazine) | 6 | PA; QL (120 per 30 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | | 6 | PA |
| **Contraceptives** | | | |
| **Contraceptives** | | | |
| *afirmelle oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *after pill oral tablet 1.5 mg* | (levonorgestrel) | 1 | |
| *aftera oral tablet 1.5 mg* | (levonorgestrel) | 1 | |
| *altavera (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *alyacen 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| *amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *amethyst (28) oral tablet 90-20 mcg (28)* | (levonorgestrel-ethinyl estrad) | 5 | |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR | | 1 | QL (1 per 365 days) |
| *apri oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg* | | 1 | |
| *ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| *aubra oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *aurovela 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *aviane oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *ayuna oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) | | 1 | QL (28 per 28 days) |
| *balziva (28) oral tablet 0.4-35 mg-mcg* | | 1 | |
| *bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *briellyn oral tablet 0.4-35 mg-mcg* | | 1 | |
| *camila oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| *camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM | | 1 | |
| *caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg* | | 1 | |
| *charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *chateal (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| *cyclafem 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *cyred oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| *deblitane oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Azurette (28)) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg* | (Apri) | 1 | |
| *dolishale oral tablet 90-20 mcg (28)* | (levonorgestrel-ethinyl estrad) | 1 | |
| *drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)* | (Beyaz) | 1 | |
| *drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)* | (Tydemy) | 1 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg* | (Jasmiel (28)) | 1 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.03 mg* | (Ocella) | 1 | |
| *econtra ez oral tablet 1.5 mg* | (levonorgestrel) | 1 | |
| *elinest oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| ELLA ORAL TABLET 30 MG | | 1 | |
| *eluryng vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| *emoquette oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | |
| *enskyce oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *errin oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *estarylla oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg* | (Kelnor 1/35 (28)) | 1 | |
| *ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg* | (Kelnor 1-50 (28)) | 1 | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | (EluRyng) | 1 | QL (1 per 28 days) |
| *falmina (28) oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | (l norgest/e.estradiol-e.estrad) | 1 | |
| FC2 FEMALE CONDOM | | 1 | QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM | | 1 | |
| *femynor oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *finzala oral tablet,chewable 1 mg-20 mcg(24) l75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *gemmily oral capsule 1 mg-20 mcg (24)l75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *gianvi (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| GYNOL II VAGINAL GEL 3 % | | 1 | |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)l75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey fe 1.5l30 (28) oral tablet 1.5 mg-30 mcg (21)l75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey fe 1l20 (28) oral tablet 1 mg-20 mcg (21)l75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *heather oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *incassia oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *isibloom oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)l10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| *jasmiel (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *jencycla oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *jolivette oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *juleber oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *junel 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | (noreth-ethinyl estradiol-iron) | 1 | |
| *kalliga oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *kelnor 1/35 (28) oral tablet 1-35 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | |
| *kelnor 1-50 (28) oral tablet 1-50 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | |
| *kurvelo (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG | | 1 | |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)* | (Camrese Lo) | 1 | QL (91 per 84 days) |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | (Rivelsa) | 1 | |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (Amethia) | 1 | QL (91 per 84 days) |
| *larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *larissia oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | (noreth-ethinyl estradiol-iron) | 1 | |
| *leena 28 oral tablet 0.5/1/0.5-35 mg-mcg* | | 1 | |
| *lessina oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | |
| *levonorgestrel oral tablet 1.5 mg* | (After Pill) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg* | (Afirmelle) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg* | (Altavera (28)) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)* | (Dolishale) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Iclevia) | 1 | QL (91 per 84 days) |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (Enpresse) | 1 | |
| *levora-28 oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG | | 1 | |
| *lillow (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| *loryna (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *low-ogestrel (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| *lo-zumandimine (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *lutera (28) oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *lyleq oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *lyza oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *marlissa (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *melodetta 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *microgestin 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *mili oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (8 YRS) 52 MG | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *mono-linyah oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *mononessa (28) oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *my choice oral tablet 1.5 mg* | (levonorgestrel) | 1 | |
| *my way oral tablet 1.5 mg* | (levonorgestrel) | 1 | |
| *myzilra oral tablet 50-30 (6)\|75-40 (5)\|125-30(10)* | (levonorg-eth estrad triphasic) | 1 | |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG | | 1 | |
| *necon 0.5\|35 (28) oral tablet 0.5-35 mg-mcg* | | 1 | |
| *new day oral tablet 1.5 mg* | (levonorgestrel) | 1 | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | | 1 | QL (1 per 365 days) |
| *nikki (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *nora-be oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)* | (Wymzya Fe) | 1 | |
| *noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | (Kaitlib Fe) | 1 | |
| *norethindrone (contraceptive) oral tablet 0.35 mg* | (Camila) | 1 | |
| *norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg* | (Aurovela 1.5/30 (21)) | 1 | |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | (Aurovela 1/20 (21)) | 1 | |
| *norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)\|75 mg (4)* | (Gemmily) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)\|75 mg (7)* | (Aurovela Fe 1-20 (28)) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)\|75 mg (4)* | (Aurovela 24 Fe) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Aurovela Fe 1.5/30 (28)) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (Tilia Fe) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | (Charlotte 24 Fe) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg* | (Tri-Lo-Estarylla) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (Tri Femynor) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg* | (Estarylla) | 1 | |
| *norlyda oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | | 1 | |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)* | | 1 | |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *nylia 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *nymyo oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *ocella oral tablet 3-0.03 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *ogestrel (28) oral tablet 0.5-50 mg-mcg* | | 1 | |
| *opcicon one-step oral tablet 1.5 mg* | (levonorgestrel) | 1 | |
| *option-2 oral tablet 1.5 mg* | (levonorgestrel) | 1 | |
| *orsythia oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM | | 1 | |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % | | 1 | PA |
| *philith oral tablet 0.4-35 mg-mcg* | | 1 | |
| *pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *pirmella oral tablet 0.5/0.75/1 mg-35 mcg* | | 1 | |
| *pirmella oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *portia 28 oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *previfem oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *rajani oral tablet 3-0.02-0.451 mg (24) (4)* | (drospirenone-e.estradiol-lm.fa) | 1 | |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | (l norgest/e.estradiol-e.estrad) | 1 | |
| *setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *sharobel oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG | | 1 | |
| SLYND ORAL TABLET 4 MG (28) | | 1 | QL (28 per 28 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sprintec (28) oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *sronyx oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *syeda oral tablet 3-0.03 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *take action oral tablet 1.5 mg* | (levonorgestrel) | 5 | |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | 1 | |
| TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG | | 1 | |
| *tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | 1 | |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | |
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tulana oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *tyblume oral tablet,chewable 0.1 mg- 20 mcg* | | 1 | |
| *tydemy oral tablet 3-0.03-0.451 mg (21) (7)* | (drospirenone-e.estradiol-lm.fa) | 1 | |
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % | | 1 | |
| *vaginal contraceptive foam vaginal foam 12.5 %* | | 1 | |
| *vcf contraceptive gel vaginal gel 4 %* | | 1 | |
| *velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg* | | 1 | |
| *vestura (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *vienva oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *vyfemla (28) oral tablet 0.4-35 mg-mcg* | | 1 | |
| *vylibra oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *wera (28) oral tablet 0.5-35 mg-mcg* | | 1 | |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM | | 1 | |
| *wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)* | (noreth-ethinyl estradiol-iron) | 1 | |
| *xulane transdermal patch weekly 150-35 mcg/24 hr* | | 1 | QL (3 per 28 days) |
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | | 1 | QL (3 per 28 days) |
| *zarah oral tablet 3-0.03 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | |
| *zumandimine (28) oral tablet 3-0.03 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| **Cough And Cold Products** | | | |
| **Cough And Cold Products** | | | |
| *benzonatate oral capsule 100 mg, 150 mg, 200 mg* | | 2 | |
| *bromfed dm oral syrup 2-30-10 mg/5 ml* | (brompheniramine-pseudoeph-dm) | 2 | |
| *brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml* | (Bromfed DM) | 2 | |
| *cheratussin ac oral liquid 10-100 mg/5 ml* | (codeine-guaifenesin) | 2 | AGE (Min 18 Years) |
| *codeine-guaifenesin oral liquid 10-100 mg/5 ml* | (G Tussin AC) | 2 | AGE (Min 18 Years) |
| *hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml* | | 3 | QL (300 per 30 days); AGE (Min 18 Years) |
| *hydrocodone-cpm-pseudoephed oral solution 5-4-60 mg/5 ml* | | 3 | QL (600 per 30 days); AGE (Min 18 Years) |
| *hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml* | (Hydromet) | 2 | QL (900 per 30 days); AGE (Min 18 Years) |
| *hydrocodone-homatropine oral tablet 5-1.5 mg* | (Hycodan (with homatropine)) | 2 | QL (180 per 30 days); AGE (Min 18 Years) |
| *hydromet oral syrup 5-1.5 mg/5 ml* | (hydrocodone-homatropine) | 2 | QL (900 per 30 days); AGE (Min 18 Years) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mar-cof bp oral liquid 2-30-7.5 mg/5 ml* | 3 | AGE (Min 18 Years) |
| *mar-cof cg oral liquid 7.5-225 mg/5 ml* | 3 | AGE (Min 18 Years) |
| POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML | 5 | AGE (Min 18 Years) |
| *promethazine-codeine oral syrup 6.25-10 mg/5 ml* | 2 | QL (900 per 30 days); AGE (Min 18 Years) |
| *promethazine-dm oral syrup 6.25-15 mg/5 ml* | 2 | |
| *promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml* (Promethazine VC-Codeine) | 2 | QL (900 per 30 days); AGE (Min 18 Years) |
| PRO-RED AC (W/ DEXCHLORPHENIR) ORAL LIQUID 1-5-9 MG/5 ML | 5 | AGE (Min 18 Years) |
| ZODRYL AC 25 ORAL SUSPENSION 1-3 MG/3 ML | 5 | AGE (Min 18 Years) |
| ZODRYL AC 30 ORAL SUSPENSION 1-3.5 MG/3.5 ML | 5 | AGE (Min 18 Years) |
| ZODRYL AC 35 ORAL SUSPENSION 1-4 MG/4 ML | 5 | AGE (Min 18 Years) |
| ZODRYL AC 40 ORAL SUSPENSION 1-4.5 MG/4.5 ML | 5 | AGE (Min 18 Years) |
| ZODRYL AC 50 ORAL SUSPENSION 2-5 MG/5 ML | 5 | AGE (Min 18 Years) |
| ZODRYL AC 60 ORAL SUSPENSION 2-7.5 MG/7.5 ML | 5 | AGE (Min 18 Years) |
| ZODRYL AC 80 ORAL SUSPENSION 2-10 MG/10 ML | 5 | AGE (Min 18 Years) |
| ZODRYL DAC 50 ORAL SUSPENSION 2-30-5 MG/5 ML | 5 | AGE (Min 18 Years) |
| ZODRYL DAC 60 ORAL SUSPENSION 2-30-7.5 MG/7.5 ML | 5 | AGE (Min 18 Years) |
| ZODRYL DAC 80 ORAL SUSPENSION 2-30-10 MG/10 ML | 5 | AGE (Min 18 Years) |
| ZODRYL DEC 25 ORAL SUSPENSION 15-3-60 MG/3 ML | 5 | AGE (Min 18 Years) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ZODRYL DEC 30 ORAL SUSPENSION 15-3.5-70 MG/3.5 ML | | 5 | AGE (Min 18 Years) |
| ZODRYL DEC 35 ORAL SUSPENSION 15-4-80 MG/4 ML | | 5 | AGE (Min 18 Years) |
| ZODRYL DEC 40 ORAL SUSPENSION 15-4.5-90 MG/4.5 ML | | 5 | AGE (Min 18 Years) |
| ZODRYL DEC 50 ORAL SUSPENSION 30-5-100 MG/5 ML | | 5 | AGE (Min 18 Years) |
| ZODRYL DEC 60 ORAL SUSPENSION 30-7.5-150 MG/7.5 ML | | 5 | AGE (Min 18 Years) |
| ZODRYL DEC 80 ORAL SUSPENSION 30-10-200 MG/10 ML | | 5 | AGE (Min 18 Years) |
| Z-TUSS AC ORAL LIQUID 2-9 MG/5 ML | | 5 | AGE (Min 18 Years) |
| **Dental And Oral Agents** | | | |
| **Dental And Oral Agents** | | | |
| *cevimeline oral capsule 30 mg* | (Evoxac) | 3 | |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | (Paroex Oral Rinse) | 2 | |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % | | 5 | |
| DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % | | 5 | |
| *denta 5000 plus dental cream 1.1 %* | (fluoride (sodium)) | 2 | |
| *dentagel dental gel 1.1 %* | (fluoride (sodium)) | 2 | |
| *oralone dental paste 0.1 %* | (triamcinolone acetonide) | 2 | |
| *paroex oral rinse mucous membrane mouthwash 0.12 %* | (chlorhexidine gluconate) | 2 | |
| *periogard mucous membrane mouthwash 0.12 %* | (chlorhexidine gluconate) | 2 | |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | (Salagen (pilocarpine)) | 2 | |
| *sf 5000 plus dental cream 1.1 %* | (fluoride (sodium)) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sodium fluoride-pot nitrate dental paste 1.1-5 %* | (Fluoridex Sensitivity Relief) | 3 | |
| *triamcinolone acetonide dental paste 0.1 %* | (Oralone) | 2 | |
| **Dermatological Agents** | | | |
| **Dermatological Agents, Other** | | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | | 3 | PA |
| *acyclovir topical ointment 5 %* | (Zovirax) | 3 | QL (30 per 10 days) |
| *ammonium lactate topical cream 12 %* | | 3 | |
| *amnesteem oral capsule 10 mg, 20 mg, 40 mg* | (isotretinoin) | 3 | PA |
| ANACAINE TOPICAL OINTMENT 10 % | | 5 | |
| *azelaic acid topical gel 15 %* | (Finacea) | 3 | |
| AZELEX TOPICAL CREAM 20 % | | 5 | ST |
| *bp 10-1 topical cleanser 10-1 %* | (sulfacetamide sodium-sulfur) | 2 | |
| *bpo topical gel 4 %, 8 %* | (benzoyl peroxide) | 3 | |
| *calcipotriene scalp solution 0.005 %* | | 2 | |
| *calcipotriene topical cream 0.005 %* | (Dovonex) | 2 | |
| *calcipotriene topical foam 0.005 %* | (Sorilux) | 3 | |
| *calcipotriene topical ointment 0.005 %* | | 2 | |
| *calcipotriene-betamethasone topical ointment 0.005-0.064 %* | (Taclonex) | 3 | |
| *calcipotriene-betamethasone topical suspension 0.005-0.064 %* | (Taclonex) | 6 | ST |
| *calcitrene topical ointment 0.005 %* | (calcipotriene) | 2 | |
| *calcitriol topical ointment 3 mcg/gram* | (Vectical) | 3 | |
| *cem-urea topical gel 45 %* | (urea) | 2 | |
| CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % | | 5 | |
| CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) | | 5 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (isotretinoin) | 3 | PA |
| *cleansing wash topical cleanser 10-4-10 %* | (sulfacetamide sod-sulfur-urea) | 3 | |
| CONDYLOX TOPICAL GEL 0.5 % | | 5 | |
| *dapsone topical gel 5 %* | (Aczone) | 3 | |
| *dapsone topical gel with pump 7.5 %* | (Aczone) | 3 | |
| *exoderm topical lotion 25-1 %* | | 2 | |
| *fluorouracil topical cream 0.5 %* | (Carac) | 3 | PA |
| *fluorouracil topical cream 5 %* | (Efudex) | 2 | PA |
| *fluorouracil topical solution 2 %* | | 2 | |
| *fluorouracil topical solution 5 %* | | 2 | PA |
| *imiquimod topical cream in packet 5 %* | | 2 | QL (24 per 30 days) |
| INOVA 4-1 TOPICAL COMBO PACK 1-4-5 % | | 5 | |
| INOVA 8-2 TOPICAL COMBO PACK 2-8-5 % | | 5 | |
| *isotretinoin oral capsule 10 mg, 20 mg, 40 mg* | (Amnesteem) | 3 | PA |
| *isotretinoin oral capsule 30 mg* | (Claravis) | 3 | PA |
| KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 % | | 5 | |
| *lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %* | | 2 | |
| *mafenide acetate topical packet 50 gram* | (Sulfamylon) | 3 | |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | | 3 | |
| MIRVASO TOPICAL GEL WITH PUMP 0.33 % | | 5 | QL (30 per 30 days) |
| *myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (isotretinoin) | 3 | PA |
| NUOX TOPICAL GEL 6-3 % | | 5 | |
| OPZELURA TOPICAL CREAM 1.5 % | | 6 | PA |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PACNEX HP TOPICAL PADS, MEDICATED 7 % | | 5 | |
| PACNEX LP TOPICAL PADS, MEDICATED 4.25 % | | 5 | |
| PANRETIN TOPICAL GEL 0.1 % | | 6 | QL (60 per 28 days) |
| *podocon topical liquid 25 %* | | 2 | |
| *podofilox topical solution 0.5 %* | | 2 | |
| *pr cream topical cream* | | 2 | |
| REGRANEX TOPICAL GEL 0.01 % | | 6 | |
| *salicylic acid topical film forming liquid w/appl 27.5 %* | (Virasal) | 2 | |
| *salicylic acid topical foam 6 %* | (Salvax) | 2 | |
| *salicylic acid topical liquid 26 %* | | 2 | |
| *salicylic acid topical lotion 6 %* | | 2 | |
| *salicylic acid topical shampoo 6 %* | (Keralyt) | 2 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | | 5 | QL (180 per 25 days) |
| *seb-prev topical cleanser 10 %* | (sulfacetamide sodium) | 2 | |
| *sss 10-5 topical foam 10-5 %* | (sulfacetamide sodium-sulfur) | 2 | |
| *sulfacetamide sodium topical cleanser 10 %* | (Ovace) | 2 | |
| *sulfacetamide sodium-sulfur topical cleanser 10-2 %* | (Avar LS) | 2 | |
| *sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)* | (Avar) | 2 | QL (1419 per 30 days) |
| *sulfacetamide sodium-sulfur topical cleanser 9-4 %* | (Sumaxin) | 2 | |
| *sulfacetamide sodium-sulfur topical cream 10-2 %* | (Avar-E LS) | 2 | |
| *sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)* | (Avar-E) | 2 | |
| *sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)* | | 3 | |
| *sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %* | (Plexion) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sulfacetamide sodium-sulfur topical pads, medicated 10-4 %* | (Sumaxin) | 2 | |
| *sulfacetamide-niacinamide topical cream 10-4 %* | (Eceoxia) | 3 | |
| SULFAMYLON TOPICAL CREAM 85 MG/G | | 5 | |
| SULFAMYLON TOPICAL PACKET 50 GRAM | (mafenide acetate) | 5 | |
| *tazarotene topical gel 0.05 %, 0.1 %* | (Tazorac) | 3 | |
| *urea nail stick topical solution 50 %* | (urea) | 2 | |
| *urea topical cream 39 %* | (Uredeb) | 2 | |
| *urea topical cream 40 %* | | 2 | |
| *urea topical cream 45 %* | (Uramaxin) | 2 | |
| *urea topical foam 35 %* | (Hydro 35) | 2 | |
| *urea topical gel 45 %* | (CEM-Urea) | 2 | |
| *urea topical lotion 40 %* | | 2 | |
| *urea topical lotion 45 %* | (Uramaxin) | 2 | |
| VALCHLOR TOPICAL GEL 0.016 % | | 6 | PA |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (isotretinoin) | 3 | PA |
| **Dermatological Antibacterials** | | | |
| ALTABAX TOPICAL OINTMENT 1 % | | 5 | |
| *clindamycin phosphate topical foam 1 %* | (Evoclin) | 3 | |
| *clindamycin phosphate topical gel 1 %* | | 2 | |
| *clindamycin phosphate topical lotion 1 %* | (Cleocin T) | 2 | |
| *clindamycin phosphate topical solution 1 %* | (Cleocin T) | 2 | QL (180 per 30 days) |
| *clindamycin phosphate topical swab 1 %* | (Clindacin ETZ) | 2 | |
| *clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %* | (Neuac) | 3 | |
| *clindamycin-benzoyl peroxide topical gel 1-5 %* | | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-% | | 5 | |
| CORTISPORIN TOPICAL OINTMENT 1 % | | 5 | |
| *ery pads topical swab 2 %* | (erythromycin with ethanol) | 2 | |
| *erythromycin with ethanol topical gel 2 %* | (Erygel) | 2 | |
| *erythromycin with ethanol topical solution 2 %* | | 2 | QL (180 per 30 days) |
| *erythromycin-benzoyl peroxide topical gel 3-5 %* | (Benzamycin) | 2 | |
| *gentamicin topical cream 0.1 %* | | 2 | QL (90 per 30 days) |
| *gentamicin topical ointment 0.1 %* | | 2 | QL (90 per 30 days) |
| *metronidazole topical cream 0.75 %* | (Rosadan) | 2 | |
| *metronidazole topical gel 0.75 %* | (Rosadan) | 2 | |
| *metronidazole topical gel 1 %* | (Metrogel) | 3 | |
| *metronidazole topical lotion 0.75 %* | (MetroLotion) | 2 | |
| *mupirocin calcium topical cream 2 %* | | 3 | QL (90 per 30 days) |
| *mupirocin topical ointment 2 %* | (Centany) | 2 | QL (90 per 30 days) |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | | 5 | ST |
| *rosadan topical cream 0.75 %* | (metronidazole) | 2 | |
| *selenium sulfide topical lotion 2.5 %* | | 2 | |
| *silver nitrate applicators topical stick 75-25 %* | | 3 | |
| *silver nitrate topical ointment 10 %* | | 2 | |
| *silver sulfadiazine topical cream 1 %* | (SSD) | 2 | |
| *ssd topical cream 1 %* | (silver sulfadiazine) | 2 | |
| *sulfacetamide sodium (acne) topical suspension 10 %* | (Klaron) | 2 | |
| TERSI FOAM TOPICAL FOAM 2.25 % | | 5 | |
| XEPI TOPICAL CREAM 1 % | | 5 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Dermatological Anti-Inflammatory Agents** | | | |
| *ala-cort topical cream 1 %* | (hydrocortisone) | 2 | |
| *ala-scalp topical lotion 2 %* | | 2 | |
| *alclometasone topical cream 0.05 %* | | 2 | |
| *alclometasone topical ointment 0.05 %* | | 2 | |
| *amcinonide topical cream 0.1 %* | | 3 | |
| *amcinonide topical lotion 0.1 %* | | 3 | |
| *anucort-hc rectal suppository 25 mg* | (hydrocortisone acetate) | 2 | |
| *betamethasone dipropionate topical cream 0.05 %* | | 2 | |
| *betamethasone dipropionate topical lotion 0.05 %* | | 2 | |
| *betamethasone dipropionate topical ointment 0.05 %* | | 2 | |
| *betamethasone valerate topical cream 0.1 %* | | 2 | |
| *betamethasone valerate topical foam 0.12 %* | (Luxiq) | 2 | |
| *betamethasone valerate topical lotion 0.1 %* | | 2 | |
| *betamethasone valerate topical ointment 0.1 %* | | 2 | |
| *betamethasone, augmented topical cream 0.05 %* | | 2 | |
| *betamethasone, augmented topical gel 0.05 %* | | 2 | |
| *betamethasone, augmented topical lotion 0.05 %* | | 2 | |
| *betamethasone, augmented topical ointment 0.05 %* | (Diprolene (augmented)) | 2 | |
| CAPEX TOPICAL SHAMPOO 0.01 % | | 5 | |
| *clobetasol scalp solution 0.05 %* | | 2 | |
| *clobetasol topical cream 0.05 %* | | 3 | |
| *clobetasol topical foam 0.05 %* | (Olux) | 3 | |
| *clobetasol topical gel 0.05 %* | | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *clobetasol topical lotion 0.05 %* | (Clobex) | 3 | |
| *clobetasol topical ointment 0.05 %* | (Temovate) | 3 | |
| *clobetasol topical shampoo 0.05 %* | (Clobex) | 3 | |
| *clobetasol topical spray,non-aerosol 0.05 %* | (Clobex) | 3 | |
| *clobetasol-emollient topical cream 0.05 %* | | 3 | |
| *clobetasol-emollient topical foam 0.05 %* | (Olux-E) | 3 | |
| *clocortolone pivalate topical cream 0.1 %* | (Cloderm) | 3 | |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 | | 5 | QL (2 per 30 days) |
| CORDRAN TOPICAL CREAM 0.025 % | | 5 | |
| CORTIFOAM RECTAL FOAM 10 % (80 MG) | | 5 | |
| DESONATE TOPICAL GEL 0.05 % | (desonide) | 5 | |
| *desonide topical cream 0.05 %* | (DesOwen) | 2 | |
| *desonide topical gel 0.05 %* | (DesRx) | 2 | |
| *desonide topical lotion 0.05 %* | | 2 | |
| *desonide topical ointment 0.05 %* | | 2 | |
| *desoximetasone topical cream 0.05 %, 0.25 %* | (Topicort) | 3 | |
| *desoximetasone topical gel 0.05 %* | (Topicort) | 3 | |
| *desoximetasone topical ointment 0.05 %, 0.25 %* | (Topicort) | 3 | |
| *desoximetasone topical spray,non-aerosol 0.25 %* | (Topicort) | 3 | |
| DESRX TOPICAL GEL 0.05 % | (desonide) | 5 | |
| *fluocinolone topical cream 0.01 %* | | 2 | |
| *fluocinolone topical cream 0.025 %* | (Synalar) | 2 | |
| *fluocinolone topical oil 0.01 %* | (Derma-Smoothe/FS Body Oil) | 3 | |
| *fluocinolone topical ointment 0.025 %* | (Synalar) | 2 | |
| *fluocinolone topical solution 0.01 %* | (Synalar) | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fluocinonide topical cream 0.05 %* | | 2 | |
| *fluocinonide topical cream 0.1 %* | (Vanos) | 3 | |
| *fluocinonide topical gel 0.05 %* | | 3 | |
| *fluocinonide topical ointment 0.05 %* | | 3 | |
| *fluocinonide topical solution 0.05 %* | | 2 | |
| *fluocinonide-e topical cream 0.05 %* | (fluocinonide-emollient) | 2 | |
| *flurandrenolide topical cream 0.05 %* | (Cordran) | 3 | QL (120 per 30 days) |
| *flurandrenolide topical lotion 0.05 %* | (Cordran) | 3 | QL (120 per 30 days) |
| *flurandrenolide topical ointment 0.05 %* | (Cordran) | 3 | QL (120 per 30 days) |
| *fluticasone propionate topical cream 0.05 %* | | 2 | |
| *fluticasone propionate topical lotion 0.05 %* | (Beser) | 3 | |
| *fluticasone propionate topical ointment 0.005 %* | | 2 | |
| *halcinonide topical cream 0.1 %* | (Halog) | 3 | |
| *halobetasol propionate topical cream 0.05 %* | | 3 | |
| *halobetasol propionate topical foam 0.05 %* | (Lexette) | 3 | |
| *halobetasol propionate topical ointment 0.05 %* | | 3 | |
| HALOG TOPICAL OINTMENT 0.1 % | | 5 | |
| HALOG TOPICAL SOLUTION 0.1 % | | 5 | |
| *hydrocortisone acetate rectal suppository 25 mg* | (Anucort-HC) | 2 | |
| *hydrocortisone acetate rectal suppository 30 mg* | (Hemmorex-HC) | 2 | |
| *hydrocortisone butyrate topical lotion 0.1 %* | (Locoid) | 3 | QL (236 per 30 days) |
| *hydrocortisone butyrate topical ointment 0.1 %* | | 3 | |
| *hydrocortisone butyrate topical solution 0.1 %* | | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *hydrocortisone topical cream 1 %* | (Ala-Cort) | 2 | |
| *hydrocortisone topical cream 2.5 %* | | 2 | |
| *hydrocortisone topical lotion 2.5 %* | | 2 | |
| *hydrocortisone topical ointment 1 %* | (Anti-Itch (HC)) | 2 | |
| *hydrocortisone topical ointment 2.5 %* | | 2 | |
| *hydrocortisone valerate topical cream 0.2 %* | | 3 | |
| *hydrocortisone valerate topical ointment 0.2 %* | | 3 | |
| *hydrocortisone-iodoquinol topical cream 1-1 %* | (Corti-Sav) | 2 | |
| *hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %* | (Analpram-HC) | 2 | |
| *hydrocortisone-pramoxine topical cream 2.5-1 %* | (Pramosone) | 2 | |
| *mometasone topical cream 0.1 %* | | 2 | |
| *mometasone topical ointment 0.1 %* | | 2 | |
| *mometasone topical solution 0.1 %* | | 2 | |
| *pimecrolimus topical cream 1 %* | (Elidel) | 3 | ST |
| *prednicarbate topical cream 0.1 %* | | 3 | |
| *prednicarbate topical ointment 0.1 %* | | 3 | |
| *procto-med hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 2 | |
| *procto-pak topical cream with perineal applicator 1 %* | (hydrocortisone) | 2 | |
| *proctosol hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 2 | |
| *proctozone-hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 2 | |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | (Protopic) | 3 | |
| *triamcinolone acetonide topical aerosol 0.147 mg/gram* | (Kenalog) | 3 | |
| *triamcinolone acetonide topical cream 0.025 %* | | 2 | |
| *triamcinolone acetonide topical cream 0.1 %* | (Triderm) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *triamcinolone acetonide topical cream 0.5 %* | (Triderm) | 2 | QL (454 per 30 days) |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | | 2 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | | 2 | |
| *triderm topical cream 0.1 %* | (triamcinolone acetonide) | 2 | |
| *triderm topical cream 0.5 %* | (triamcinolone acetonide) | 2 | QL (454 per 30 days) |
| **Dermatological Retinoids** | | | |
| *adapalene topical cream 0.1 %* | (Differin) | 2 | AGE (Max 25 Years) |
| *adapalene topical gel 0.1 %* | (Differin) | 2 | AGE (Max 25 Years) |
| *adapalene topical gel 0.3 %* | | 3 | AGE (Max 25 Years) |
| *adapalene topical lotion 0.1 %* | (Differin) | 3 | AGE (Max 25 Years) |
| *adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %* | (Epiduo) | 3 | QL (45 per 30 days); AGE (Max 25 Years) |
| ALTRENO TOPICAL LOTION 0.05 % | | 5 | |
| *avita topical cream 0.025 %* | (tretinoin) | 2 | AGE (Max 25 Years) |
| *avita topical gel 0.025 %* | (tretinoin) | 2 | AGE (Max 25 Years) |
| *tazarotene topical cream 0.1 %* | (Tazorac) | 3 | |
| TAZORAC TOPICAL CREAM 0.05 % | | 5 | AGE (Max 25 Years) |
| *tretinoin microspheres topical gel 0.04 %, 0.1 %* | (Retin-A Micro) | 3 | AGE (Max 25 Years) |
| *tretinoin topical cream 0.025 %* | (Avita) | 2 | AGE (Max 25 Years) |
| *tretinoin topical cream 0.05 %* | (Retin-A) | 2 | AGE (Max 25 Years) |
| *tretinoin topical cream 0.1 %* | (Retin-A) | 3 | AGE (Max 25 Years) |
| *tretinoin topical gel 0.01 %* | (Retin-A) | 2 | AGE (Max 25 Years) |
| *tretinoin topical gel 0.025 %* | (Avita) | 2 | AGE (Max 25 Years) |
| *tretinoin topical gel 0.05 %* | (Atralin) | 3 | AGE (Max 25 Years) |
| TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 % | | 5 | AGE (Max 25 Years) |
| **Scabicides And Pediculicides** | | | |
| CROTAN TOPICAL LOTION 10 % | | 5 | |
| *ivermectin topical lotion 0.5 %* | (Sklice) | 3 | QL (117 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lindane topical shampoo 1 %* | | 2 | |
| *malathion topical lotion 0.5 %* | (Ovide) | 3 | |
| *permethrin topical cream 5 %* | (Elimite) | 2 | |
| SOOLANTRA TOPICAL CREAM 1 % | (ivermectin) | 3 | ST |
| *spinosad topical suspension 0.9 %* | (Natroba) | 3 | |
| ULESFIA TOPICAL LOTION 5 % | | 5 | |
| **Devices** | | | |
| **Devices** | | | |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN | | 4 | |
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN | | 4 | |
| BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" | | 4 | |
| BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 " | | 4 | |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | (pen needle, diabetic) | 4 | |
| BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" | | 4 | |
| BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 4 | |
| CEQUR SIMPLICITY DEVICE 2 UNIT | | 4 | |
| HUMAPEN LUXURA HD SUBCUTANEOUS INSULIN PEN | | 4 | |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN | | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | 4 | |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 4 | |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | 4 | |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | 4 | |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 4 | |
| OMNIPOD DASH PDM KIT (GEN 4) | 4 | |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 4 | |
| V-GO 20 DEVICE | 4 | |
| V-GO 30 DEVICE | 4 | |
| V-GO 40 DEVICE | 4 | |
| **Enzyme Replacement/Modifiers** | | |
| **Enzyme Replacement/Modifiers** | | |
| CERDELGA ORAL CAPSULE 84 MG | 6 | PA; QL (60 per 30 days) |
| CHENODAL ORAL TABLET 250 MG | 6 | PA |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 4 | |
| GALAFOLD ORAL CAPSULE 123 MG | 6 | PA; QL (14 per 28 days) |
| *miglustat oral capsule 100 mg* (Zavesca) | 6 | PA; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nitisinone oral capsule 10 mg, 2 mg, 5 mg* (Orfadin) | 6 | PA |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | 6 | PA; QL (15 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML | 6 | PA; QL (4 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML | 6 | PA; QL (60 per 30 days) |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 6 | PA |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | 6 | PA |
| *sapropterin oral powder in packet 100 mg* (Javygtor) | 6 | PA |
| *sapropterin oral powder in packet 500 mg* (Kuvan) | 6 | PA |
| *sapropterin oral tablet,soluble 100 mg* (Javygtor) | 6 | PA |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | 6 | PA |
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT | 5 | |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT | 4 | |
| **Eye, Ear, Nose, Throat Agents** | | |
| **Eye, Ear, Nose, Throat Agents, Miscellaneous** | | |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % | 5 | |
| ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % | 5 | QL (40 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *apraclonidine ophthalmic (eye) drops 0.5 %* | | 2 | |
| *atropine ophthalmic (eye) drops 1 %* | (Isopto Atropine) | 2 | |
| *atropine ophthalmic (eye) ointment 1 %* | | 2 | |
| *azelastine nasal aerosol,spray 137 mcg (0.1 %)* | | 2 | QL (60 per 30 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* | (Astepro Allergy) | 3 | QL (60 per 30 days) |
| *azelastine ophthalmic (eye) drops 0.05 %* | | 2 | QL (12 per 30 days) |
| *azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray* | (Dymista) | 3 | ST; QL (23 per 30 days) |
| *bepotastine besilate ophthalmic (eye) drops 1.5 %* | (Bepreve) | 3 | QL (10 per 30 days) |
| *ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)* | (Otovel) | 3 | |
| *cromolyn ophthalmic (eye) drops 4 %* | | 2 | QL (50 per 28 days) |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | | 6 | PA; QL (60 per 28 days) |
| *epinastine ophthalmic (eye) drops 0.05 %* | | 2 | QL (10 per 30 days) |
| GELFILM OPHTHALMIC (EYE) FILM | | 5 | |
| *homatropaire ophthalmic (eye) drops 5 %* | (homatropine hbr) | 2 | |
| *homatropine hbr ophthalmic (eye) drops 5 %* | (Homatropaire) | 3 | |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % | | 5 | |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)* | | 2 | |
| LACRISERT OPHTHALMIC (EYE) INSERT 5 MG | | 5 | |
| LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 % | | 5 | QL (3 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *levofloxacin ophthalmic (eye) drops 1.5 %* | | 3 | |
| *olopatadine nasal spray,non-aerosol 0.6 %* | (Patanase) | 3 | QL (30.5 per 30 days) |
| *olopatadine ophthalmic (eye) drops 0.1 %* | (Eye Allergy Itch-Redness Rlf) | 3 | |
| *olopatadine ophthalmic (eye) drops 0.2 %* | (Clear Eyes Once Daily Allergy) | 3 | QL (3 per 30 days) |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % | | 6 | PA; QL (56 per 28 days) |
| *phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %* | | 2 | |
| *proparacaine ophthalmic (eye) drops 0.5 %* | (Alcaine) | 2 | |
| TYZINE NASAL DROPS 0.1 % | | 5 | |
| TYZINE NASAL SPRAY,NON-AEROSOL 0.1 % | | 5 | |
| ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % | | 5 | QL (60 per 30 days) |
| **Eye, Ear, Nose, Throat Anti-Infectives Agents** | | | |
| *acetic acid otic (ear) solution 2 %* | | 2 | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | | 5 | |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | | 2 | |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | (Polycin) | 2 | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % | | 4 | |
| *bleph-10 ophthalmic (eye) drops 10 %* | (sulfacetamide sodium) | 3 | |
| BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % | | 4 | |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % | | 4 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % | | 5 | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | (Ciloxan) | 2 | |
| *ciprofloxacin hcl otic (ear) dropperette 0.2 %* | (Cetraxal) | 3 | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | (Ciprodex) | 2 | |
| COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML | | 5 | |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML | | 5 | |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | | 2 | |
| *gatifloxacin ophthalmic (eye) drops 0.5 %* | (Zymaxid) | 3 | |
| *gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)* | (gentamicin) | 2 | |
| *gentamicin ophthalmic (eye) drops 0.3 %* | | 2 | |
| *gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)* | (Gentak) | 2 | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | | 2 | |
| *levofloxacin ophthalmic (eye) drops 0.5 %* | | 2 | |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* | (Vigamox) | 2 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | | 5 | |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | (Neo-Polycin HC) | 2 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | (Neo-Polycin) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %* | (Maxitrol) | 2 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | (Maxitrol) | 2 | |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml* | | 2 | |
| *neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml* | | 2 | |
| *neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%* | | 2 | |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%* | | 2 | |
| *neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | (neomycin-bacitracin-poly-hc) | 2 | |
| *neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | (neomycin-bacitracin-polymyxin) | 3 | |
| *ofloxacin ophthalmic (eye) drops 0.3 %* | (Ocuflox) | 2 | |
| *ofloxacin otic (ear) drops 0.3 %* | | 2 | |
| *polycin ophthalmic (eye) ointment 500-10,000 unit/gram* | (bacitracin-polymyxin b) | 2 | |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml* | (Polytrim) | 2 | |
| PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 % | | 5 | |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % | | 5 | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | | 2 | |
| *sulfacetamide sodium ophthalmic (eye) ointment 10 %* | | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | 2 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | 5 | |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % | 5 | |
| *tobramycin ophthalmic (eye) drops 0.3 %* (Tobrex) | 2 | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* (TobraDex) | 2 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | 5 | |
| *trifluridine ophthalmic (eye) drops 1 %* | 2 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 4 | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | 5 | |
| **Eye, Ear, Nose, Throat Anti-Inflammatory Agents** | | |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % | 5 | QL (120 per 30 days) |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % | 4 | QL (20 per 28 days) |
| *bromfenac ophthalmic (eye) drops 0.09 %* | 3 | QL (6.8 per 30 days) |
| *budesonide nasal spray,non-aerosol 32 mcg/actuation* | 3 | QL (17.2 per 30 days) |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | 2 | QL (30 per 28 days) |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | 2 | QL (20 per 28 days) |
| *difluprednate ophthalmic (eye) drops 0.05 %* (Durezol) | 3 | |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | 2 | QL (50 per 25 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | (DermOtic Oil) | 2 | |
| *fluorometholone ophthalmic (eye) drops,suspension 0.1 %* | (FML Liquifilm) | 2 | QL (20 per 28 days) |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | | 2 | |
| *fluticasone propionate nasal spray,suspension 50 mcg/actuation* | (24 Hour Allergy Relief) | 2 | QL (16 per 30 days) |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | | 4 | QL (20 per 28 days) |
| FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 % | | 4 | QL (7 per 28 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | | 5 | QL (6.8 per 30 days) |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | | 5 | QL (5.6 per 14 days) |
| *ketorolac ophthalmic (eye) drops 0.4 %* | (Acular LS) | 2 | |
| *ketorolac ophthalmic (eye) drops 0.5 %* | (Acular) | 2 | QL (20 per 30 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | | 4 | QL (14 per 28 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | | 4 | QL (20 per 28 days) |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | (Lotemax) | 3 | QL (20 per 28 days) |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | (Lotemax) | 2 | QL (40 per 28 days) |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | | 5 | QL (50 per 28 days) |
| *mometasone nasal spray,non-aerosol 50 mcg/actuation* | | 3 | QL (17 per 30 days) |
| *nasal allergy nasal aerosol,spray 55 mcg* | (triamcinolone acetonide) | 3 | QL (16.5 per 30 days) |
| NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | | 5 | QL (18 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % | | 4 | QL (40 per 28 days) |
| *prednisolone sodium phosphate ophthalmic (eye) drops 1 %* | | 2 | QL (40 per 28 days) |
| PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % | | 4 | QL (6 per 30 days) |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION | | 5 | ST; QL (4.9 per 30 days) |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION | | 5 | ST; QL (8.7 per 30 days) |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | | 4 | PA; QL (5.5 per 30 days) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | (cyclosporine) | 3 | PA; QL (60 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | | 4 | PA; QL (60 per 30 days) |
| **Gastrointestinal Agents** | | | |
| **Antiulcer Agents And Acid Suppressants** | | | |
| *amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg* | | 3 | QL (112 per 10 days) |
| *cimetidine hcl oral solution 300 mg/5 ml* | | 2 | |
| *cimetidine oral tablet 300 mg, 400 mg, 800 mg* | | 2 | |
| *dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg* | (Dexilant) | 3 | ST; QL (30 per 30 days) |
| *famotidine oral suspension 40 mg/5 ml (8 mg/ml)* | | 3 | |
| *famotidine oral tablet 20 mg* | (Acid Controller) | 1 | |
| *famotidine oral tablet 40 mg* | (Pepcid) | 2 | |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg* | (Prevacid 24Hr) | 2 | QL (30 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | (Prevacid) | 2 | QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg* | (Prevacid SoluTab) | 2 | ST; QL (30 per 30 days) |
| *misoprostol oral tablet 100 mcg, 200 mcg* | (Cytotec) | 2 | |
| *nizatidine oral capsule 150 mg, 300 mg* | | 3 | |
| *nizatidine oral solution 150 mg/10 ml* | | 3 | |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) | | 5 | QL (240 per 365 days) |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg* | | 2 | QL (30 per 30 days) |
| *pantoprazole oral granules dr for susp in packet 40 mg* | (Protonix) | 3 | ST; QL (30 per 30 days) |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg* | (Protonix) | 2 | QL (30 per 30 days) |
| *rabeprazole oral tablet,delayed release (dr/ec) 20 mg* | (AcipHex) | 2 | ST; QL (30 per 30 days) |
| *ranitidine hcl oral syrup 15 mg/ml* | | 2 | |
| *ranitidine hcl oral tablet 150 mg, 300 mg* | | 1 | |
| *sucralfate oral tablet 1 gram* | (Carafate) | 2 | |
| **Gastrointestinal Agents, Other** | | | |
| *carglumic acid oral tablet, dispersible 200 mg* | (Carbaglu) | 6 | |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | | 6 | PA |
| *constulose oral solution 10 gram/15 ml* | (lactulose) | 2 | |
| *cromolyn oral concentrate 100 mg/5 ml* | (Gastrocrom) | 2 | |
| *dicyclomine oral capsule 10 mg* | | 2 | |
| *dicyclomine oral solution 10 mg/5 ml* | | 2 | |
| *dicyclomine oral tablet 20 mg* | | 2 | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml* | | 2 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | (Lomotil) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ed-spaz oral tablet,disintegrating 0.125 mg* | (hyoscyamine sulfate) | 2 | |
| *enulose oral solution 10 gram/15 ml* | (lactulose) | 2 | |
| *generlac oral solution 10 gram/15 ml* | (lactulose) | 2 | |
| *glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)* | (Cuvposa) | 3 | |
| *glycopyrrolate oral tablet 1 mg* | (Robinul) | 2 | |
| *glycopyrrolate oral tablet 2 mg* | (Robinul Forte) | 2 | |
| *hyoscyamine sulfate oral elixir 0.125 mg/5 ml* | (Hyosyne) | 2 | |
| *hyoscyamine sulfate oral tablet 0.125 mg* | (Oscimin) | 2 | |
| *hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg* | (Levbid) | 2 | |
| *hyoscyamine sulfate oral tablet,disintegrating 0.125 mg* | (Ed-Spaz) | 2 | |
| *hyoscyamine sulfate sublingual tablet 0.125 mg* | (Oscimin SL) | 2 | |
| *hyosyne oral drops 0.125 mg/ml* | (hyoscyamine sulfate) | 2 | |
| *kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml* | | 2 | |
| *lactulose oral solution 10 gram/15 ml* | (Constulose) | 2 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | | 4 | PA; QL (30 per 30 days) |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML | | 6 | PA |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | | 5 | |
| *loperamide oral capsule 2 mg* | (Anti-Diarrheal (loperamide)) | 2 | |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | (Amitiza) | 3 | QL (60 per 30 days) |
| *methscopolamine oral tablet 2.5 mg, 5 mg* | | 2 | |
| *metoclopramide hcl oral solution 5 mg/5 ml* | | 2 | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | (Reglan) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | | 5 | PA; QL (30 per 30 days) |
| MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG | | 5 | |
| *oscimin oral tablet 0.125 mg* | (hyoscyamine sulfate) | 2 | |
| *oscimin oral tablet,disintegrating 0.125 mg* | (hyoscyamine sulfate) | 2 | |
| *oscimin sl sublingual tablet 0.125 mg* | (hyoscyamine sulfate) | 2 | |
| *oscimin sr oral tablet extended release 12 hr 0.375 mg* | (hyoscyamine sulfate) | 2 | |
| *paregoric oral liquid 2 mg/5 ml* | | 2 | |
| *propantheline oral tablet 15 mg* | | 2 | |
| *sodium phenylbutyrate oral powder 0.94 gram/gram* | (Buphenyl) | 6 | PA |
| *sodium phenylbutyrate oral tablet 500 mg* | (Buphenyl) | 6 | PA |
| *sodium polystyrene (sorb free) oral suspension 15 gram/60 ml* | | 2 | |
| *sodium polystyrene sulfonate oral powder* | | 2 | |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | | 2 | |
| *ursodiol oral capsule 200 mg, 400 mg* | (Reltone) | 3 | |
| *ursodiol oral capsule 300 mg* | | 3 | |
| *ursodiol oral tablet 250 mg* | (URSO 250) | 3 | |
| *ursodiol oral tablet 500 mg* | (URSO Forte) | 3 | |
| **Laxatives** | | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML | | 4 | |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | (peg 3350-electrolytes) | 2 | |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram* | (peg 3350-electrolytes) | 2 | |
| *gavilyte-n oral recon soln 420 gram* | (peg-electrolyte soln) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM | | 4 | |
| OSMOPREP ORAL TABLET 1.5 GRAM | | 5 | |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | (GaviLyte-G) | 2 | |
| *peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram* | (GaviLyte-C) | 2 | |
| *peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram* | (MoviPrep) | 3 | |
| *peg-electrolyte soln oral recon soln 420 gram* | | 2 | |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM | | 5 | |
| PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM | | 5 | |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram* | (Suprep Bowel Prep Kit) | 2 | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | (sodium,potassium,mag sulfates) | 4 | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | | 4 | |
| *trilyte with flavor packets oral recon soln 420 gram* | (peg-electrolyte soln) | 2 | |
| **Phosphate Binders** | | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | | 2 | |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | | 2 | |
| *lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg* | (Fosrenol) | 3 | |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML | | 5 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram* | (Renvela) | 3 | |
| *sevelamer carbonate oral tablet 800 mg* | (Renvela) | 3 | |
| *sevelamer hcl oral tablet 400 mg* | | 3 | |
| *sevelamer hcl oral tablet 800 mg* | (Renagel) | 3 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | | 5 | |
| **Genitourinary Agents** | | | |
| **Antispasmodics, Urinary** | | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | | 2 | |
| *darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg* | | 3 | ST; QL (30 per 30 days) |
| *fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg* | (Toviaz) | 2 | ST; QL (30 per 30 days) |
| *flavoxate oral tablet 100 mg* | | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | | 4 | ST; QL (30 per 30 days) |
| *oxybutynin chloride oral syrup 5 mg/5 ml* | | 2 | |
| *oxybutynin chloride oral tablet 5 mg* | | 2 | |
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg* | (Ditropan XL) | 3 | |
| *oxybutynin chloride oral tablet extended release 24hr 15 mg* | | 3 | |
| *solifenacin oral tablet 10 mg, 5 mg* | (Vesicare) | 2 | |
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | (Detrol LA) | 3 | ST; QL (30 per 30 days) |
| *tolterodine oral tablet 1 mg, 2 mg* | (Detrol) | 3 | QL (60 per 30 days) |
| *trospium oral capsule,extended release 24hr 60 mg* | | 3 | |
| *trospium oral tablet 20 mg* | | 2 | |
| **Genitourinary Agents, Miscellaneous** | | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | (Uroxatral) | 2 | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | | 6 | PA |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *dutasteride oral capsule 0.5 mg* | (Avodart) | 3 | |
| *dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg* | (Jalyn) | 3 | |
| *finasteride oral tablet 5 mg* | (Proscar) | 2 | |
| *hyophen oral tablet 81.6-0.12-10.8 mg* | | 3 | |
| *phenazopyridine oral tablet 100 mg, 200 mg* | (Pyridium) | 2 | |
| *silodosin oral capsule 4 mg, 8 mg* | (Rapaflo) | 3 | QL (30 per 30 days) |
| *tamsulosin oral capsule 0.4 mg* | (Flomax) | 2 | |
| *terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | | 2 | |
| *tiopronin oral tablet 100 mg* | (Thiola) | 6 | PA |
| *uro-mp oral capsule 118-10-40.8-36 mg* | | 3 | |
| *ustell oral capsule 120-0.12 mg* | | 3 | |
| **Heavy Metal Antagonists** | | | |
| **Heavy Metal Antagonists** | | | |
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | (Jadenu Sprinkle) | 6 | PA |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | (Jadenu) | 6 | PA |
| *deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg* | (Exjade) | 6 | PA |
| *penicillamine oral capsule 250 mg* | (Cuprimine) | 6 | PA; QL (240 per 30 days) |
| *penicillamine oral tablet 250 mg* | (Depen Titratabs) | 6 | PA; QL (240 per 30 days) |
| **Hormonal Agents, Stimulant/Replacement/Modifying** | | | |
| **Androgens** | | | |
| ANADROL-50 ORAL TABLET 50 MG | | 5 | PA |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR | | 5 | PA NSO; QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *covaryx h.s. oral tablet 0.625-1.25 mg* | (estrogens-methyltestosterone) | 2 | |
| *covaryx oral tablet 1.25-2.5 mg* | (estrogens-methyltestosterone) | 2 | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | | 2 | |
| *estrogens-methyltestosterone oral tablet 0.625-1.25 mg* | (Covaryx H.S.) | 2 | |
| *estrogens-methyltestosterone oral tablet 1.25-2.5 mg* | (Covaryx) | 2 | |
| METHITEST ORAL TABLET 10 MG | (methyltestosterone) | 5 | PA NSO; QL (20 per 10 days) |
| *methyltestosterone oral capsule 10 mg* | | 3 | PA NSO; QL (150 per 30 days) |
| *oxandrolone oral tablet 10 mg, 2.5 mg* | (Oxandrin) | 2 | PA |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml* | (Depo-Testosterone) | 2 | PA NSO; QL (10 per 30 days) |
| *testosterone enanthate intramuscular oil 200 mg/ml* | | 2 | PA NSO; QL (10 per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)* | (AndroGel) | 3 | PA NSO; QL (150 per 30 days) |
| *testosterone transdermal gel in packet 1 % (50 mg/5 gram)* | (AndroGel) | 3 | PA NSO; QL (300 per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)* | (AndroGel) | 3 | PA NSO; QL (37.5 per 30 days) |
| *testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)* | | 3 | PA NSO; QL (180 per 30 days) |
| **Estrogens And Antiestrogens** | | | |
| ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | (estradiol) | 5 | QL (8 per 30 days) |
| *amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg* | (estradiol-norethindrone acet) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | | 5 | |
| BIJUVA ORAL CAPSULE 1-100 MG | | 5 | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR | | 5 | QL (4 per 28 days) |
| *clomiphene citrate oral tablet 50 mg* | (Clomid) | 3 | |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR | | 4 | QL (8 per 28 days) |
| DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %) | (estradiol) | 4 | |
| *dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (estradiol) | 3 | QL (8 per 28 days) |
| DUAVEE ORAL TABLET 0.45-20 MG | | 5 | |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION | | 5 | |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | (Estrace) | 2 | |
| *estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (Dotti) | 3 | QL (8 per 28 days) |
| *estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (Climara) | 2 | QL (4 per 28 days) |
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | (Estrace) | 2 | |
| *estradiol vaginal tablet 10 mcg* | (Yuvafem) | 2 | |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg* | (Amabelz) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | (norethindrone ac-eth estradiol) | 2 | |
| *jinteli oral tablet 1-5 mg-mcg* | (norethindrone ac-eth estradiol) | 2 | |
| *lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg* | (estradiol-norethindrone acet) | 2 | |
| *lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (estradiol) | 3 | QL (8 per 28 days) |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | | 5 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR | | 5 | QL (4 per 28 days) |
| *mimvey lo oral tablet 0.5-0.1 mg* | (estradiol-norethindrone acet) | 2 | |
| *mimvey oral tablet 1-0.5 mg* | (estradiol-norethindrone acet) | 2 | |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | (Fyavolv) | 2 | |
| OSPHENA ORAL TABLET 60 MG | | 5 | PA; QL (30 per 30 days) |
| PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15) | | 5 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG | | 4 | |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG | (conjugated estrogens) | 4 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | | 4 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | | 4 | |
| *raloxifene oral tablet 60 mg* | (Evista) | 3 | PA; QL (30 per 30 days) |
| *yuvafem vaginal tablet 10 mcg* | (estradiol) | 2 | |
| **Glucocorticoids/Mineralocorticoids** | | | |
| *cortisone oral tablet 25 mg* | | 2 | |
| *decadron oral elixir 0.5 mg/5 ml* | (dexamethasone) | 5 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *decadron oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg* | (dexamethasone) | 5 | |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML | | 3 | |
| *dexamethasone oral elixir 0.5 mg/5 ml* | | 2 | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg* | | 1 | |
| *dexamethasone oral tablet 1.5 mg, 6 mg* | | 2 | |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML | | 6 | PA; QL (39 per 30 days) |
| EMFLAZA ORAL TABLET 18 MG | | 6 | PA; QL (30 per 30 days) |
| EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG | | 6 | PA; QL (60 per 30 days) |
| *fludrocortisone oral tablet 0.1 mg* | | 2 | |
| HEMADY ORAL TABLET 20 MG | | 5 | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | (Cortef) | 2 | |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | (Medrol) | 2 | |
| *methylprednisolone oral tablets,dose pack 4 mg* | (Medrol (Pak)) | 2 | |
| MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS) | | 5 | |
| MILLIPRED ORAL TABLET 5 MG | (prednisolone) | 5 | |
| *prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)* | | 2 | |
| *prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)* | (Veripred 20) | 2 | |
| *prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)* | (Pediapred) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg* (Orapred ODT) | 3 | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | 5 | |
| *prednisone oral solution 5 mg/5 ml* | 2 | |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | |
| *prednisone oral tablet 50 mg* | 2 | |
| *prednisone oral tablets,dose pack 10 mg, 5 mg* | 2 | |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG | 6 | PA |
| **Pituitary** | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | 6 | PA; QL (40 per 28 days) |
| *desmopressin injection solution 4 mcg/ml* (DDAVP) | 3 | |
| *desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)* | 2 | |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* (DDAVP) | 2 | |
| LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30) | 6 | PA |
| LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90) | 6 | PA |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | 5 | PA |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 6 | PA |
| *octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml* | 6 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* (Sandostatin) | 6 | PA |
| *octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)* | 6 | PA |
| ORGOVYX ORAL TABLET 120 MG | 6 | PA |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) | 5 | PA |
| ORILISSA ORAL TABLET 150 MG | 5 | PA; QL (30 per 30 days) |
| ORILISSA ORAL TABLET 200 MG | 5 | PA; QL (60 per 30 days) |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 6 | PA; QL (60 per 30 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 6 | PA |
| STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) (desmopressin) | 5 | |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML | 6 | PA |
| **Progestins** | | |
| CRINONE VAGINAL GEL 4 % | 5 | QL (6 per 1 day) |
| CRINONE VAGINAL GEL 8 % | 5 | PA; QL (6 per 1 day) |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML | 5 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 5 | QL (0.65 per 84 days) |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* (Depo-Provera) | 1 | QL (1 per 84 days) |
| *medroxyprogesterone intramuscular syringe 150 mg/ml* (Depo-Provera) | 1 | QL (1 per 84 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg* | (Provera) | 2 | |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | | 2 | |
| *norethindrone acetate oral tablet 5 mg* | (Aygestin) | 2 | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | (Prometrium) | 2 | |
| **Thyroid And Antithyroid Agents** | | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG | (thyroid (pork)) | 4 | |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG | | 4 | |
| *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* | (levothyroxine) | 2 | |
| *levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | (Euthyrox) | 2 | |
| *levothyroxine oral tablet 300 mcg* | (Synthroid) | 2 | |
| 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 | (levothyroxine) | 5 | |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | (Cytomel) | 2 | |
| *methimazole oral tablet 10 mg, 5 mg* | | 2 | |
| *nature-throid oral tablet 113.75 mg, 130 mg, 146.25 mg, 16.25 mg, 162.5 mg, 195 mg, 260 mg, 32.5 mg, 325 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg* | | 3 | |
| *np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | (thyroid (pork)) | 3 | |
| *propylthiouracil oral tablet 50 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sski oral solution 1 gram/ml* | (potassium iodide) | 2 | |
| *strong iodine oral solution 5 %* | | 2 | |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | (levothyroxine) | 5 | |
| *thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | (NP Thyroid) | 3 | |
| THYROLAR-1 ORAL TABLET 12.5-50 MCG | | 5 | |
| THYROLAR-1/2 ORAL TABLET 6.25-25 MCG | | 5 | |
| THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG | | 5 | |
| THYROLAR-2 ORAL TABLET 25-100 MCG | | 5 | |
| THYROLAR-3 ORAL TABLET 37.5-150 MCG | | 5 | |
| 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 | (levothyroxine) | 5 | |
| *westhroid oral tablet 32.5 mg, 65 mg* | | 2 | |
| *wp thyroid oral tablet 113.75 mg, 130 mg, 16.25 mg, 32.5 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg* | | 3 | |
| **Immunological Agents** | | | |
| **Immunological Agents** | | | |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML | | 6 | PA |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | | 6 | PA |
| *azathioprine oral tablet 100 mg, 75 mg* | (Azasan) | 3 | |
| *azathioprine oral tablet 50 mg* | (Imuran) | 3 | |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | | 6 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 6 | PA |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 6 | PA |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 6 | PA |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) | 6 | PA |
| *cyclosporine modified oral capsule 100 mg, 25 mg* (Gengraf) | 3 | |
| *cyclosporine modified oral capsule 50 mg* | 3 | |
| *cyclosporine modified oral solution 100 mg/ml* (Gengraf) | 3 | |
| *cyclosporine oral capsule 25 mg* (Sandimmune) | 3 | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | 6 | PA; QL (4 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 6 | PA; QL (1.34 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 6 | PA; QL (2.28 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML | 6 | PA; QL (4 per 28 days) |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 6 | PA |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 6 | PA; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 6 | PA; QL (4 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 6 | PA; QL (4 per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 6 | PA |
| *everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg* (Zortress) | 6 | |
| *gengraf oral capsule 100 mg, 25 mg* (cyclosporine modified) | 3 | |
| *gengraf oral solution 100 mg/ml* (cyclosporine modified) | 3 | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 6 | PA; QL (2 per 28 days) |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 6 | PA; QL (6 per 28 days) |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 6 | PA; QL (4 per 28 days) |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 6 | PA; QL (4 per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML | 6 | PA; QL (2 per 28 days) |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 6 | PA; QL (2 per 28 days) |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 6 | PA; QL (3 per 28 days) |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 6 | PA; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 6 | PA; QL (3 per 28 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 6 | PA; QL (4 per 28 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 6 | PA; QL (3 per 28 days) |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 6 | PA; QL (2 per 28 days) |
| HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %) | 6 | PA |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | 6 | PA |
| *leflunomide oral tablet 10 mg, 20 mg* (Arava) | 2 | |
| *mycophenolate mofetil oral capsule 250 mg* (CellCept) | 3 | |
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* (CellCept) | 3 | |
| *mycophenolate mofetil oral tablet 500 mg* (CellCept) | 3 | |
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg* (Myfortic) | 3 | |
| OTEZLA ORAL TABLET 30 MG | 6 | PA; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 6 | PA; QL (55 per 28 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19) | 6 | PA; QL (27 per 14 days) |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 6 | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 6 | PA; QL (30 per 30 days) |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine) | 5 | |
| *sirolimus oral solution 1 mg/ml* (Rapamune) | 6 | |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* (Rapamune) | 6 | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 6 | PA |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML | 6 | PA |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 6 | PA |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) | 6 | PA |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 6 | PA; QL (1 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 6 | PA; QL (1 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | 6 | PA; QL (1 per 84 days) |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* (Prograf) | 6 | |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 6 | PA; QL (1 per 56 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 6 | PA; QL (1 per 56 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XELJANZ ORAL SOLUTION 1 MG/ML | 6 | PA; QL (300 per 30 days) |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 6 | PA; QL (60 per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 6 | PA; QL (30 per 30 days) |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus (immunosuppressive)) | 6 | |
| **Vaccines** | | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 1 | QL (0.5 per 365 days); AGE (Min 7 Years) |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 1 | QL (0.5 per 365 days); AGE (Min 7 Years) |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 1 | QL (1 per 365 days); AGE (Min 10 Years and Max 25 Years) |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 1 | QL (0.5 per 365 days); AGE (Min 7 Years) |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 1 | QL (0.5 per 365 days); AGE (Min 7 Years) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 1 | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 1 | QL (3 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 1 | QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 1 | QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years) |
| HAVRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT/0.5 ML | 1 | QL (2 per 365 days) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 1 | QL (2 per 365 days) |
| HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML | 1 | QL (1 per 365 days) |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 1 | QL (1 per 365 days) |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 1 | QL (0.5 per 365 days); AGE (Min 11 Years and Max 23 Years) |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 1 | QL (1 per 365 days); AGE (Min 2 Years) |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 1 | QL (1 per 365 days); AGE (Min 11 Years and Max 23 Years) |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 1 | QL (2 per 365 days) |
| PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML | 1 | QL (0.5 per 365 days) |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML | 1 | QL (0.5 per 365 days) |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML | 1 | QL (3 per 365 days) |
| PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 1 | QL (0.5 per 365 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 1 | QL (0.5 per 365 days) |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 1 | QL (2 per 365 days) |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 1 | QL (2 per 365 days) |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 1 | QL (3 per 365 days) |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 1 | QL (3 per 365 days) |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 1 | QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td) | 1 | QL (0.5 per 365 days); AGE (Min 7 Years) |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 1 | QL (0.5 per 365 days); AGE (Min 7 Years) |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 1 | QL (0.5 per 365 days); AGE (Min 7 Years) |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 1 | QL (1.5 per 365 days); AGE (Min 10 Years and Max 25 Years) |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 1 | QL (4 per 365 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML | | 1 | QL (2 per 365 days) |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | | 1 | QL (2 per 365 days) |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | | 1 | QL (2 per 365 days) |
| VAXNEUVANCE INTRAMUSCULAR SYRINGE 0.5 ML | | 1 | QL (0.5 per 365 days) |
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML | | 1 | QL (1 per 365 days); AGE (Min 60 Years) |
| **Inflammatory Bowel Disease Agents** | | | |
| **Inflammatory Bowel Disease Agents** | | | |
| *alosetron oral tablet 0.5 mg, 1 mg* | (Lotronex) | 3 | |
| *balsalazide oral capsule 750 mg* | (Colazal) | 2 | |
| *budesonide oral capsule,delayed,extend.release 3 mg* | | 3 | |
| *colocort rectal enema 100 mg/60 ml* | (hydrocortisone) | 2 | |
| DIPENTUM ORAL CAPSULE 250 MG | | 6 | ST |
| *hydrocortisone rectal enema 100 mg/60 ml* | (Cortenema) | 2 | |
| LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM | (mesalamine) | 3 | |
| *mesalamine oral capsule, extended release 500 mg* | (Pentasa) | 3 | |
| *mesalamine oral capsule,extended release 24hr 0.375 gram* | (Apriso) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *mesalamine oral tablet,delayed release (dr/ec) 800 mg* | (Asacol HD) | 3 | |
| *mesalamine rectal enema 4 gram/60 ml* | (Rowasa) | 2 | |
| *mesalamine rectal suppository 1,000 mg* | (Canasa) | 3 | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG | | 4 | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG | (mesalamine) | 4 | |
| *sulfasalazine oral tablet 500 mg* | (Azulfidine) | 2 | |
| *sulfasalazine oral tablet,delayed release (dr/ec) 500 mg* | (Azulfidine EN-tabs) | 2 | |
| **Metabolic Bone Disease Agents** | | | |
| **Metabolic Bone Disease Agents** | | | |
| *alendronate oral solution 70 mg/75 ml* | | 2 | QL (300 per 30 days) |
| *alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg* | | 2 | |
| *alendronate oral tablet 70 mg* | (Fosamax) | 2 | |
| *calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation* | | 2 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | (Rocaltrol) | 2 | |
| *calcitriol oral solution 1 mcg/ml* | (Rocaltrol) | 2 | |
| *cinacalcet oral tablet 30 mg, 60 mg* | (Sensipar) | 6 | QL (60 per 30 days) |
| *cinacalcet oral tablet 90 mg* | (Sensipar) | 6 | QL (120 per 30 days) |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | | 3 | |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) | | 6 | PA; QL (2.4 per 28 days) |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT | | 5 | QL (4 per 28 days) |
| *ibandronate oral tablet 150 mg* | (Boniva) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | | 6 | PA; QL (2 per 28 days) |
| *paricalcitol oral capsule 1 mcg, 2 mcg* | (Zemplar) | 3 | |
| *paricalcitol oral capsule 4 mcg* | | 3 | |
| *risedronate oral tablet 150 mg* | (Actonel) | 2 | QL (1 per 30 days) |
| *risedronate oral tablet 30 mg, 5 mg* | | 2 | QL (30 per 30 days) |
| *risedronate oral tablet 35 mg* | (Actonel) | 2 | QL (4 per 28 days) |
| *risedronate oral tablet,delayed release (dr/ec) 35 mg* | (Atelvia) | 3 | QL (4 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | | 6 | PA; QL (1.56 per 28 days) |
| **Miscellaneous Therapeutic Agents** | | | |
| **Miscellaneous Therapeutic Agents** | | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | | 6 | PA; QL (12 per 30 days) |
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION | | 4 | QL (4 per 1 day) |
| *betaine oral powder 1 gram/scoop* | (Cystadane) | 6 | PA |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | | 2 | |
| CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG | | 5 | |
| *diazoxide oral suspension 50 mg/ml* | (Proglycem) | 3 | |
| ELMIRON ORAL CAPSULE 100 MG | | 5 | PA |
| FIRDAPSE ORAL TABLET 10 MG | | 6 | PA; QL (240 per 30 days) |
| *guanidine oral tablet 125 mg* | | 2 | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML | | 4 | QL (0.4 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML | | 4 | QL (0.8 per 30 days) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML | | 4 | QL (0.4 per 30 days) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | | 4 | QL (0.8 per 30 days) |
| *hydroxyzine pamoate oral capsule 100 mg* | | 2 | |
| *hydroxyzine pamoate oral capsule 25 mg, 50 mg* | (Vistaril) | 2 | |
| KEVEYIS ORAL TABLET 50 MG | | 6 | PA; QL (120 per 30 days) |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | | 2 | PA |
| *levocarnitine (with sugar) oral solution 100 mg/ml* | (Carnitor) | 2 | |
| *levocarnitine oral tablet 330 mg* | (Carnitor) | 2 | |
| MESNEX ORAL TABLET 400 MG | | 5 | |
| *methylergonovine oral tablet 0.2 mg* | (Methergine) | 2 | QL (28 per 30 days) |
| *pyridostigmine bromide oral syrup 60 mg/5 ml* | (Mestinon) | 3 | |
| *pyridostigmine bromide oral tablet 30 mg* | | 2 | |
| *pyridostigmine bromide oral tablet 60 mg* | (Mestinon) | 2 | |
| *pyridostigmine bromide oral tablet extended release 180 mg* | (Mestinon Timespan) | 2 | |
| RECORLEV ORAL TABLET 150 MG | | 6 | PA |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) | | 5 | |
| SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) | | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | 6 | PA |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | 6 | PA; QL (4 per 30 days) |
| TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML | 6 | PA |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 6 | PA; QL (60 per 30 days) |
| TYBOST ORAL TABLET 150 MG | 5 | QL (30 per 30 days) |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM | 6 | QL (24 per 14 days) |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML | 5 | PA |
| XCLAIR TOPICAL CREAM | 5 | |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML | 4 | QL (2.4 per 30 days) |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | 4 | QL (2.4 per 30 days) |
| **Ophthalmic Agents** | | |
| **Antiglaucoma Agents** | | |
| *acetazolamide oral capsule, extended release 500 mg* | 3 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | 2 | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % | 4 | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 % (brimonidine) | 4 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | (brinzolamide) | 3 | |
| *betaxolol ophthalmic (eye) drops 0.5 %* | | 2 | |
| *bimatoprost ophthalmic (eye) drops 0.03 %* | | 3 | QL (2.5 per 25 days) |
| *brimonidine ophthalmic (eye) drops 0.15 %* | (Alphagan P) | 2 | |
| *brimonidine ophthalmic (eye) drops 0.2 %* | | 2 | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* | (Combigan) | 3 | |
| *carteolol ophthalmic (eye) drops 1 %* | | 2 | |
| *dorzolamide ophthalmic (eye) drops 2 %* | (Trusopt) | 2 | |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %* | (Cosopt (PF)) | 3 | QL (60 per 30 days) |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | (Cosopt) | 2 | |
| *latanoprost ophthalmic (eye) drops 0.005 %* | (Xalatan) | 2 | |
| *levobunolol ophthalmic (eye) drops 0.5 %* | | 2 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | | 4 | ST; QL (2.5 per 25 days) |
| *methazolamide oral tablet 25 mg, 50 mg* | | 3 | |
| *metipranolol ophthalmic (eye) drops 0.3 %* | | 2 | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 4 %* | | 2 | |
| *pilocarpine hcl ophthalmic (eye) drops 2 %* | (Isopto Carpine) | 2 | |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | | 4 | |
| *timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %* | (Timoptic Ocudose (PF)) | 3 | QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %* | (Timoptic) | 2 | |
| *timolol maleate ophthalmic (eye) drops, once daily 0.5 %* | (Istalol) | 2 | |
| *timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %* | (Timoptic-XE) | 3 | |
| *travoprost ophthalmic (eye) drops 0.004 %* | (Travatan Z) | 3 | QL (2.5 per 25 days) |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % | | 5 | ST; QL (30 per 30 days) |
| **Replacement Preparations** | | | |
| **Replacement Preparations** | | | |
| *cytra k crystals oral packet 3,300-1,002 mg* | | 2 | |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ | | 5 | |
| *effer-k oral tablet, effervescent 25 meq* | (potassium bicarb-citric acid) | 2 | |
| *k-effervescent oral tablet, effervescent 25 meq* | (potassium bicarb-citric acid) | 2 | |
| *klor-con m10 oral tablet,er particles/crystals 10 meq* | (potassium chloride) | 2 | |
| *klor-con m15 oral tablet,er particles/crystals 15 meq* | (potassium chloride) | 2 | |
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | (potassium chloride) | 2 | |
| *klor-con sprinkle oral capsule, extended release 8 meq* | (potassium chloride) | 2 | |
| K-PHOS NO 2 ORAL TABLET 305-700 MG | | 5 | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG | | 5 | |
| *potassium bicarb and chloride oral tablet, effervescent 25 meq* | | 2 | |
| *potassium bicarb-citric acid oral tablet, effervescent 25 meq* | (Effer-K) | 2 | |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *potassium chloride oral liquid 40 meq/15 ml* | | 2 | |
| *potassium chloride oral packet 20 meq* | (Klor-Con) | 3 | |
| *potassium chloride oral tablet extended release 10 meq, 20 meq* | (K-Tab) | 2 | |
| *potassium chloride oral tablet extended release 8 meq* | (Klor-Con 8) | 2 | |
| *potassium chloride oral tablet,er particles/crystals 10 meq* | (Klor-Con M10) | 2 | |
| *potassium chloride oral tablet,er particles/crystals 15 meq* | (Klor-Con M15) | 2 | |
| *potassium chloride oral tablet,er particles/crystals 20 meq* | (Klor-Con M20) | 2 | |
| *potassium citrate oral tablet extended release 10 meq (1,080 mg)* | (Urocit-K 10) | 2 | |
| *potassium citrate oral tablet extended release 15 meq* | (Urocit-K 15) | 3 | |
| *potassium citrate oral tablet extended release 5 meq (540 mg)* | (Urocit-K 5) | 2 | |
| *sodium citrate-citric acid oral solution 500-334 mg/5 ml* | (Cytra-2) | 3 | |
| **Respiratory Tract Agents** | | | |
| **Anti-Inflammatories, Inhaled Corticosteroids** | | | |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE | (fluticasone propion-salmeterol) | 3 | QL (60 per 30 days) |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | | 4 | QL (12 per 28 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | | 4 | QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (60) | | 5 | |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | (fluticasone furoate-vilanterol) | 4 | QL (60 per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml* | (Pulmicort) | 3 | QL (120 per 30 days) |
| *budesonide inhalation suspension for nebulization 1 mg/2 ml* | (Pulmicort) | 3 | QL (60 per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | | 4 | QL (60 per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION | | 4 | QL (120 per 30 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION | (fluticasone propionate) | 4 | QL (12 per 28 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | (fluticasone propionate) | 4 | QL (24 per 28 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION | (fluticasone propionate) | 4 | QL (21.2 per 28 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | | 5 | QL (21.2 per 30 days) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION | (budesonide-formoterol) | 4 | QL (30.6 per 30 days) |
| **Antileukotrienes** | | | |
| *montelukast oral granules in packet 4 mg* | (Singulair) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *montelukast oral tablet 10 mg* | (Singulair) | 2 | |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | (Singulair) | 2 | |
| *zafirlukast oral tablet 10 mg, 20 mg* | (Accolate) | 2 | |
| *zileuton oral tablet, er multiphase 12 hr 600 mg* | | 3 | QL (120 per 30 days) |
| **Bronchodilators** | | | |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | (ProAir HFA) | 2 | |
| *albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 5 mg/ml* | | 2 | |
| *albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)* | | 1 | |
| *albuterol sulfate oral syrup 2 mg/5 ml* | | 2 | |
| *albuterol sulfate oral tablet 2 mg* | | 2 | |
| *albuterol sulfate oral tablet 4 mg* | | 1 | |
| *albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg* | | 3 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | | 4 | QL (60 per 30 days) |
| ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG | | 5 | ST; QL (30 per 30 days) |
| *arformoterol inhalation solution for nebulization 15 mcg/2 ml* | (Brovana) | 3 | QL (120 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | | 5 | QL (25.8 per 30 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | | 5 | QL (10.7 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | | 4 | QL (8 per 30 days) |
| *formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml* | (Perforomist) | 2 | QL (120 per 30 days) |
| *ipratropium bromide inhalation solution 0.02 %* | | 2 | |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | | 1 | |
| *levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml* | (Xopenex) | 3 | |
| *levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml* | (Xopenex Concentrate) | 3 | |
| *levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation* | (Xopenex HFA) | 3 | QL (30 per 30 days) |
| LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML | | 5 | QL (60 per 30 days) |
| *metaproterenol oral syrup 10 mg/5 ml* | | 2 | |
| *metaproterenol oral tablet 10 mg, 20 mg* | | 2 | |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | | 4 | QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | | 4 | QL (30 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | | 4 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | | 4 | QL (4 per 30 days) |
| *terbutaline oral tablet 2.5 mg, 5 mg* | | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG | 4 | |
| *theochron oral tablet extended release 12 hr 100 mg, 200 mg* | 2 | |
| *theochron oral tablet extended release 12 hr 300 mg* (theophylline) | 2 | |
| *theophylline oral solution 80 mg/15 ml* | 2 | |
| *theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg* | 2 | |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | 2 | |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 4 | QL (60 per 30 days) |
| **Respiratory Tract Agents, Other** | | |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | 2 | |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | 5 | ST; QL (30 per 30 days) |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 6 | PA; QL (1 per 28 days) |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % | 5 | |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG | 6 | PA; QL (60 per 30 days) |
| KALYDECO ORAL TABLET 150 MG | 6 | PA; QL (60 per 30 days) |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | 5 | |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 6 | PA; QL (3 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 6 | PA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 6 | PA; QL (1 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 6 | PA; QL (60 per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 6 | PA; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 6 | PA; QL (120 per 30 days) |
| *pirfenidone oral tablet 267 mg, 801 mg* (Esbriet) | 6 | PA |
| *pirfenidone oral tablet 534 mg* | 6 | PA; QL (21 per 30 days) |
| *sodium chloride inhalation solution for nebulization 0.9 %* | 3 | |
| *sodium chloride inhalation solution for nebulization 7 %* (Hyper-Sal) | 2 | |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 6 | PA; QL (56 per 28 days) |
| **Skeletal Muscle Relaxants** | | |
| **Skeletal Muscle Relaxants** | | |
| *baclofen oral tablet 10 mg* | 2 | QL (240 per 30 days) |
| *baclofen oral tablet 20 mg* | 2 | QL (120 per 30 days) |
| *baclofen oral tablet 5 mg* | 2 | QL (480 per 30 days) |
| *carisoprodol oral tablet 250 mg, 350 mg* (Soma) | 3 | QL (120 per 30 days) |
| *carisoprodol-aspirin oral tablet 200-325 mg* | 3 | |
| *carisoprodol-aspirin-codeine oral tablet 200-325-16 mg* | 3 | QL (240 per 30 days) |
| *chlorzoxazone oral tablet 500 mg* | 2 | QL (120 per 30 days) |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | 2 | QL (90 per 30 days) |
| *dantrolene oral capsule 100 mg, 50 mg* | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *dantrolene oral capsule 25 mg* | (Dantrium) | 2 | |
| *metaxall oral tablet 800 mg* | (metaxalone) | 3 | QL (120 per 30 days) |
| *metaxalone oral tablet 400 mg, 800 mg* | | 2 | QL (120 per 30 days) |
| *methocarbamol oral tablet 500 mg* | | 2 | QL (240 per 30 days) |
| *methocarbamol oral tablet 750 mg* | | 2 | QL (180 per 30 days) |
| *orphenadrine citrate oral tablet extended release 100 mg* | | 2 | QL (60 per 30 days) |
| *orphenadrine-asa-caffeine oral tablet 25-385-30 mg* | (Norgesic) | 3 | QL (120 per 30 days) |
| *orphenadrine-asa-caffeine oral tablet 50-770-60 mg* | (Norgesic Forte) | 3 | QL (120 per 30 days) |
| *tizanidine oral capsule 2 mg* | (Zanaflex) | 2 | QL (540 per 30 days) |
| *tizanidine oral capsule 4 mg* | (Zanaflex) | 2 | QL (270 per 30 days) |
| *tizanidine oral capsule 6 mg* | (Zanaflex) | 2 | QL (180 per 30 days) |
| *tizanidine oral tablet 2 mg* | | 2 | QL (540 per 30 days) |
| *tizanidine oral tablet 4 mg* | (Zanaflex) | 2 | QL (270 per 30 days) |
| **Sleep Disorder Agents** | | | |
| **Sleep Disorder Agents** | | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg* | (Nuvigil) | 3 | PA; QL (30 per 30 days) |
| *armodafinil oral tablet 50 mg* | (Nuvigil) | 3 | PA; QL (90 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | | 5 | ST; QL (30 per 30 days) |
| *doxepin oral tablet 3 mg, 6 mg* | (Silenor) | 2 | ST; QL (30 per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | (Lunesta) | 2 | ST; QL (30 per 30 days) |
| *modafinil oral tablet 100 mg, 200 mg* | (Provigil) | 3 | PA; QL (60 per 30 days) |
| *ramelteon oral tablet 8 mg* | (Rozerem) | 3 | QL (30 per 30 days) |
| SECONAL SODIUM ORAL CAPSULE 100 MG | | 5 | |
| XYREM ORAL SOLUTION 500 MG/ML | | 6 | PA; QL (540 per 30 days) |
| *zaleplon oral capsule 10 mg, 5 mg* | | 2 | QL (30 per 30 days) |
| *zolpidem oral tablet 10 mg, 5 mg* | (Ambien) | 2 | QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg* | (Ambien CR) | 3 | ST; QL (30 per 30 days) |
| **Vasodilating Agents** | | | |
| **Vasodilating Agents** | | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | | 6 | PA; QL (90 per 30 days) |
| *alyq oral tablet 20 mg* | (tadalafil (pulm. hypertension)) | 6 | PA; QL (60 per 30 days) |
| *ambrisentan oral tablet 10 mg, 5 mg* | (Letairis) | 6 | PA; QL (30 per 30 days) |
| *bosentan oral tablet 125 mg, 62.5 mg* | (Tracleer) | 6 | PA; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | | 6 | PA; QL (30 per 30 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | | 6 | PA |
| *sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml* | (Revatio) | 6 | PA; QL (224 per 30 days) |
| *sildenafil (pulm.hypertension) oral tablet 20 mg* | (Revatio) | 6 | PA; QL (90 per 30 days) |
| *sildenafil oral tablet 100 mg, 25 mg, 50 mg* | (Viagra) | 3 | PA; QL (8 per 30 days) |
| *tadalafil (pulm. hypertension) oral tablet 20 mg* | (Alyq) | 6 | PA; QL (60 per 30 days) |
| *tadalafil oral tablet 10 mg, 20 mg* | (Cialis) | 3 | PA; QL (8 per 30 days) |
| *tadalafil oral tablet 2.5 mg, 5 mg* | (Cialis) | 3 | PA; QL (30 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | | 6 | PA; QL (120 per 30 days) |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | | 6 | PA |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | | 6 | PA |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML | | 6 | PA |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | | 6 | PA; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | | 6 | PA; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | | 6 | PA; QL (200 per 365 days) |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML | | 6 | PA |
| **Vitamins And Minerals** | | | |
| **Vitamins And Minerals** | | | |
| *cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)* | (Decara) | 1 | |
| *decara oral capsule 1,250 mcg (50,000 unit)* | (cholecalciferol (vitamin d3)) | 1 | |
| *folic acid oral tablet 1 mg* | | 2 | |
| *weekly-d oral capsule 1,250 mcg (50,000 unit)* | (cholecalciferol (vitamin d3)) | 1 | |

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