SummaCare®
Health Insurance

# 2026 Comprehensive Formulary

## List of Covered Drugs

**Individual Standard Plans**

Effective 03/01/2026

PHM-25-74312/CS/TM/09-25

# 2026 SummaCare
# Comprehensive Formulary — 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 | Generic |
| Tier 3 | Preferred Brand |
| Tier 4 | Non-Preferred Brand |
| Tier 5 | 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 Member ID Card

It is important to show your SummaCare member ID card when filling prescriptions. When you show your SummaCare member 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 benefits, customer service and utilization management requests on SummaCare's behalf.
To reach MedImpact, members should call the SummaCare Member Services number on the back of their member 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 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 provider 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 not being 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** (TTY **711**) or can be sent via fax to **858.790.7100** (TTY **711**).

**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 Benefits 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** (TTY **711**)
- Persons with Hearing or Speech Disabilities: Call Ohio Relay at (TTY **711**)
- Providers: Call SummaCare Provider Services at **800.996.8401** (TTY **711**)

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

01/2026

MedImpact

# SummaCare/Apex Medication Request Form
# Commercial/Marketplace/MEWA

**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, 16, 17 is AcariaHealth: 833-626-8417
Specialty Vendor for SUM14, SUM15 is SummaHealth Specialty Pharmacy: 888-874-8134

Effective: 11/2022

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Analgesics** | | | |
| **Analgesics, Miscellaneous** | | | |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml* | | 2 | QL (4500 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) |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG | (buprenorphine hcl) | 4 | QL (60 per 30 days) |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | (Butrans) | 2 | QL (4 per 28 days) |
| *butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg* | | 2 | QL (180 per 30 days) |
| *butalbital-acetaminophen oral tablet 50-300 mg* | | 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) | 2 | |
| *butalbital-acetaminophen-caff oral capsule 50-325-40 mg* | | 2 | |
| *butalbital-acetaminophen-caff oral tablet 50-325-40 mg* | | 2 | |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | | 2 | |
| *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) |
| *codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg* | (Ascomp with Codeine) | 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* | | 2 | 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, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg* | (Hysingla ER) | 2 | QL (30 per 30 days) |
| *hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 120 mg* | | 2 | 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* | | 2 | 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, 7.5-200 mg* | | 2 | |
| *hydromorphone oral liquid 1 mg/ml* | (Dilaudid) | 2 | |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* | (Dilaudid) | 2 | |
| *hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg* | | 2 | PA; QL (30 per 30 days) |
| *hydromorphone oral tablet extended release 24 hr 32 mg* | | 2 | PA; QL (60 per 30 days) |
| *hydromorphone rectal suppository 3 mg* | | 2 | |
| *levorphanol tartrate oral tablet 2 mg* | (Xyvona) | 2 | |
| *meperidine oral solution 50 mg/5 ml* | | 2 | QL (900 per 30 days) |
| *meperidine oral tablet 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) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | | 2 | PA |
| *morphine oral capsule, er multiphase 24 hr 120 mg* | | 2 | QL (60 per 30 days) |
| *morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | | 2 | 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, 200 mg* | | 2 | QL (90 per 30 days) |
| *morphine oral tablet extended release 15 mg, 30 mg, 60 mg* | (MS Contin) | 2 | QL (90 per 30 days) |
| *morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg* | | 2 | |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | | 4 | ST; QL (60 per 30 days) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | (tapentadol) | 4 | PA; QL (180 per 30 days) |
| *oxycodone oral capsule 5 mg* | | 2 | |
| *oxycodone oral concentrate 20 mg/ml* | | 2 | |
| *oxycodone oral solution 5 mg/5 ml* | | 2 | |
| *oxycodone oral tablet 10 mg, 20 mg, 5 mg* | | 2 | |
| *oxycodone oral tablet 15 mg, 30 mg* | (Roxicodone) | 2 | |
| *oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg* | (OxyContin) | 2 | QL (60 per 30 days) |
| *oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg* | (OxyContin) | 2 | QL (120 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) |
| *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, 5 mg, 7.5 mg* | | 2 | QL (60 per 30 days) |
| *oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg* | | 2 | QL (120 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *pentazocine-naloxone oral tablet 50-0.5 mg* | | 2 | |
| *tencon oral tablet 50-325 mg* | (butalbital-acetaminophen) | 2 | |
| *tramadol oral tablet 25 mg* | | 2 | QL (120 per 30 days) |
| *tramadol oral tablet 50 mg* | | 2 | QL (240 per 30 days) |
| *tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg* | | 2 | QL (30 per 30 days) |
| *tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg* | | 2 | QL (30 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | | 2 | QL (300 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG | | 4 | QL (60 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG | | 4 | QL (120 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG | | 4 | QL (240 per 30 days) |
| *xyvona oral tablet 2 mg* | (levorphanol tartrate) | 2 | |
| *zebutal oral capsule 50-325-40 mg* | (butalbital-acetaminophen-caff) | 2 | |
| **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) |
| *diclofenac potassium oral tablet 25 mg* | (Lofena) | 2 | QL (240 per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | | 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)) | 2 | |
| *diclofenac sodium topical gel 3 %* | | 2 | QL (100 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg* | (Arthrotec 50) | 2 | |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg* | (Arthrotec 75) | 2 | |
| *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* | | 2 | |
| *flurbiprofen oral tablet 100 mg* | (Lurbiro) | 2 | |
| *ibu oral tablet 400 mg, 600 mg, 800 mg* | (ibuprofen) | 2 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | (IBU) | 2 | |
| *indomethacin oral capsule 25 mg, 50 mg* | | 2 | |
| *indomethacin oral capsule, extended release 75 mg* | | 2 | |
| *indomethacin oral suspension 25 mg/5 ml* | (Indocin) | 2 | |
| *ketoprofen oral capsule 25 mg, 50 mg* | | 2 | |
| *ketoprofen oral capsule 75 mg* | (Orudis) | 2 | |
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | | 2 | |
| *ketorolac oral tablet 10 mg* | | 2 | QL (20 per 5 days) |
| *kiprofen oral capsule 25 mg* | (ketoprofen) | 2 | |
| *lurbipr oral tablet 100 mg* | (flurbiprofen) | 2 | |
| *lurbiro oral tablet 100 mg* | (flurbiprofen) | 2 | |
| *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* | | 2 | |
| *naproxen oral tablet 250 mg, 375 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *naproxen oral tablet 500 mg* | (Naprosyn) | 2 | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg* | (EC-Naprosyn) | 2 | |
| *naproxen sodium oral tablet 275 mg* | | 2 | |
| *naproxen sodium oral tablet 550 mg* | (Anaprox DS) | 2 | |
| *oxaprozin oral tablet 600 mg* | | 2 | |
| *piroxicam oral capsule 10 mg* | | 2 | |
| *piroxicam oral capsule 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* | | 2 | |
| *tolmetin oral tablet 200 mg* | | 2 | |
| *tolmetin oral tablet 600 mg* | (Tolectin 600) | 2 | |
| *venngel one topical kit 1 %* | | 2 | |
| **Anesthetics** | | | |
| **Local Anesthetics** | | | |
| *glydo mucous membrane jelly in applicator 2 %* | (lidocaine hcl) | 2 | |
| *lidocaine hcl mucous membrane jelly in applicator 2 %* | (Glydo) | 2 | |
| *lidocaine hcl mucous membrane solution 4 % (40 mg/ml)* | | 2 | |
| *lidocaine hcl-hydrocortison ac rectal kit 3-1 % (7 gram), 3-2.5 % (7 gram)* | | 2 | |
| *lidocaine hcl-hydrocortison ac topical cream 3-0.5 %* | (Lidocort) | 2 | |
| *lidocaine topical adhesive patch,medicated 5 %* | (Tridacaine II) | 2 | QL (90 per 30 days) |
| *lidocaine viscous mucous membrane solution 2 %* | (lidocaine hcl) | 2 | |
| LIDOTREX (WITH VITAMIN E) TOPICAL GEL 2 % | | 2 | |
| *tridacaine ii topical adhesive patch,medicated 5 %* | (lidocaine) | 2 | QL (90 per 30 days) |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | | 2 | PA; QL (90 per 30 days) |
| *buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg* | (Suboxone) | 2 | QL (60 per 30 days) |
| *buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg* | (Suboxone) | 2 | QL (30 per 30 days) |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | | 2 | QL (90 per 30 days) |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | | 2 | QL (60 per 30 days) |
| CHANTIX ORAL TABLET 0.5 MG | (varenicline tartrate) | 1 | QL (672 per 365 days) |
| *disulfiram oral tablet 250 mg, 500 mg* | | 2 | |
| *naloxone injection solution 0.4 mg/ml* | | 2 | |
| *naloxone injection syringe 0.4 mg/ml* | | 2 | |
| *naloxone nasal spray,non-aerosol 4 mg/actuation* | (Narcan) | 2 | QL (4 per 30 days) |
| *naltrexone oral tablet 50 mg* | | 2 | |
| 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) |
| OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION | | 4 | QL (4 per 30 days) |
| *varenicline tartrate oral tablet 0.5 mg* | (Chantix) | 1 | QL (672 per 365 days) |
| *varenicline tartrate oral tablet 1 mg* | (Chantix) | 1 | QL (336 per 365 days) |
| ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML | | 4 | QL (4 per 30 days) |
| **Antianxiety Agents** | | | |
| **Benzodiazepines** | | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML | | 2 | |
| *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, 3 mg* | | 2 | |
| *alprazolam oral tablet extended release 24 hr 1 mg, 2 mg* | (Xanax XR) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg* | | 2 | |
| *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* | | 2 | |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | | 2 | |
| *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* | | 2 | |
| *midazolam oral syrup 2 mg/ml* | | 2 | |
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | | 2 | |
| *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) | 5 | PA |
| *tobramycin inhalation solution for nebulization 300 mg/4 ml* | (Bethkis) | 5 | PA |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **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 | |
| *fosfomycin tromethamine oral packet 3 gram* | | 2 | |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | (Zyvox) | 2 | PA |
| *linezolid oral tablet 600 mg* | | 2 | |
| *methenamine hippurate oral tablet 1 gram* | | 2 | |
| *methenamine mandelate oral tablet 0.5 gram, 1 gram* | | 2 | |
| *metronidazole oral capsule 375 mg* | | 2 | |
| *metronidazole oral tablet 250 mg, 500 mg* | | 2 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | | 2 | |
| *nitrofurantoin macrocrystal oral capsule 25 mg* | | 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 | |
| *trimethoprim oral tablet 100 mg* | | 2 | |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG | | 4 | |
| *uro-458 oral tablet 81-10.8-40.8 mg* | | 2 | |
| *urogesic-blue oral tablet 81.6-40.8-0.12 mg* | (methen-sod phos-meth blue-hyos) | 2 | |
| *vancomycin oral capsule 125 mg* | (Vancocin) | 2 | QL (56 per 30 days) |
| *vancomycin oral capsule 250 mg* | (Vancocin) | 2 | QL (112 per 30 days) |
| *vancomycin oral recon soln 25 mg/ml* | (Firvanq) | 2 | QL (280 per 30 days) |
| *vancomycin oral recon soln 50 mg/ml* | (Firvanq) | 2 | QL (600 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | | 5 | PA; QL (60 per 30 days) |
| **Cephalosporins** | | | |
| *cefaclor oral capsule 250 mg, 500 mg* | | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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* | 2 | |
| *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 | |
| *cefixime oral capsule 400 mg* | 2 | |
| *cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 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 | |
| *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* | 2 | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml* | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *azithromycin oral suspension for reconstitution 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* | | 2 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | | 4 | PA; QL (300 per 30 days) |
| *e.e.s. 400 oral tablet 400 mg* | (erythromycin ethylsuccinate) | 2 | |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg, 500 mg* | (erythromycin) | 2 | |
| *erythrocin (as stearate) oral tablet 250 mg* | (erythromycin stearate) | 2 | |
| *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 | |
| *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, 333 mg, 500 mg* | (Ery-Tab) | 2 | |
| *fidaxomicin oral tablet 200 mg* | (Dificid) | 2 | PA; QL (20 per 10 days) |
| **Miscellaneous B-Lactam Antibiotics** | | | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | | 5 | PA; QL (84 per 56 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **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 | |
| *amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg* | | 2 | |
| *ampicillin oral capsule 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 hcl oral tablet 100 mg, 750 mg* | | 2 | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* | (Cipro) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml* | (Cipro) | 2 | |
| FACTIVE ORAL TABLET 320 MG | | 4 | |
| *levofloxacin oral solution 250 mg/10 ml* | | 2 | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | | 2 | |
| *moxifloxacin oral tablet 400 mg* | | 2 | |
| *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 | |
| *doxycycline hyclate oral capsule 100 mg* | | 2 | QL (60 per 30 days) |
| *doxycycline hyclate oral capsule 50 mg* | (Morgidox) | 2 | QL (60 per 30 days) |
| *doxycycline hyclate oral tablet 100 mg* | | 2 | QL (60 per 30 days) |
| *doxycycline hyclate oral tablet 20 mg* | | 2 | |
| *doxycycline monohydrate oral capsule 100 mg* | (Mondoxyne NL) | 2 | QL (60 per 30 days) |
| *doxycycline monohydrate oral capsule 150 mg, 50 mg* | | 2 | QL (60 per 30 days) |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | | 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* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *tetracycline oral capsule 250 mg, 500 mg* | | 2 | |
| **Anticancer Agents** | | | |
| **Anticancer Agents** | | | |
| *abiraterone oral tablet 250 mg* | (Abirtega) | 5 | PA; QL (90 per 30 days) |
| *abiraterone oral tablet 500 mg* | (Zytiga) | 5 | PA; QL (90 per 31 days) |
| *abirtega oral tablet 250 mg* | (abiraterone) | 5 | PA; QL (90 per 30 days) |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG | (everolimus (antineoplastic)) | 5 | PA |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | | 5 | PA; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | | 5 | PA; QL (240 per 30 days) |
| *anastrozole oral tablet 1 mg* | (Arimidex) | 2 | QL (30 per 30 days) |
| AUGTYRO ORAL CAPSULE 160 MG | | 5 | PA; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | | 5 | PA; QL (240 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | | 5 | PA; QL (30 per 30 days) |
| *bexarotene oral capsule 75 mg* | (Targretin) | 5 | PA; QL (420 per 30 days) |
| *bexarotene topical gel 1 %* | (Targretin) | 5 | PA; QL (60 per 30 days) |
| *bicalutamide oral tablet 50 mg* | (Casodex) | 2 | PA |
| BOSULIF ORAL CAPSULE 100 MG | | 4 | PA; QL (90 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | | 4 | PA; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | | 5 | PA; QL (90 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | | 5 | PA; QL (30 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | | 5 | PA |
| BRUKINSA ORAL TABLET 160 MG | | 5 | PA |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | | 5 | PA; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | | 5 | PA; QL (60 per 30 days) |
| *capecitabine oral tablet 150 mg* | | 5 | PA; QL (56 per 21 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *capecitabine oral tablet 500 mg* | | 5 | PA; QL (112 per 21 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) | | 5 | PA; QL (112 per 28 days) |
| *cyclophosphamide oral tablet 25 mg, 50 mg* | | 2 | PA |
| DANZITEN ORAL TABLET 71 MG, 95 MG | | 5 | PA |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg* | (Sprycel) | 5 | PA; QL (30 per 30 days) |
| *dasatinib oral tablet 20 mg* | (Sprycel) | 5 | PA; QL (90 per 30 days) |
| DAURISMO ORAL TABLET 100 MG, 25 MG | | 5 | PA |
| EMCYT ORAL CAPSULE 140 MG | | 5 | PA |
| ERIVEDGE ORAL CAPSULE 150 MG | | 5 | PA; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 240 MG | | 5 | PA; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | | 5 | PA; QL (90 per 30 days) |
| *erlotinib oral tablet 100 mg, 25 mg* | | 5 | PA; QL (60 per 30 days) |
| *erlotinib oral tablet 150 mg* | | 5 | PA; QL (90 per 30 days) |
| *etoposide oral capsule 50 mg* | | 2 | PA |
| *everolimus (antineoplastic) oral tablet 10 mg* | (Torpenz) | 5 | PA |
| *everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg* | (Torpenz) | 5 | PA; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet 7.5 mg* | (Torpenz) | 5 | PA; QL (60 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg* | (Afinitor Disperz) | 5 | PA |
| *exemestane oral tablet 25 mg* | (Aromasin) | 2 | PA; QL (30 per 30 days) |
| *flutamide oral capsule 125 mg* | (Eulexin) | 2 | PA |
| *gefitinib oral tablet 250 mg* | (Iressa) | 5 | PA; QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | | 5 | PA; QL (30 per 30 days) |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydroxyurea oral capsule 500 mg* (Hydrea) | 2 | PA |
| *imatinib oral tablet 100 mg, 400 mg* (Gleevec) | 5 | PA; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA; QL (30 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 5 | PA; QL (30 per 30 days) |
| INLYTA ORAL TABLET 1 MG | 5 | PA; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA; QL (120 per 30 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA |
| ITOVEBI ORAL TABLET 3 MG, 9 MG | 5 | PA |
| IWILFIN ORAL TABLET 192 MG | 5 | PA |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA; QL (60 per 30 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) | 5 | PA |
| *lapatinib oral tablet 250 mg* (Tykerb) | 5 | PA; QL (180 per 30 days) |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* (Revlimid) | 5 | PA; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG | 5 | 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) | 5 | 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) | 5 | PA; QL (60 per 30 days) |
| *letrozole oral tablet 2.5 mg* (Femara) | 2 | |
| LEUKERAN ORAL TABLET 2 MG | 5 | PA |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LORBRENA ORAL TABLET 100 MG | 5 | PA; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA; QL (90 per 30 days) |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 5 | PA |
| MATULANE ORAL CAPSULE 50 MG | 5 | PA |
| *megestrol oral tablet 20 mg, 40 mg* | 2 | PA |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 5 | PA; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA; QL (180 per 30 days) |
| *melphalan oral tablet 2 mg* (Alkeran) | 2 | PA |
| *mercaptopurine oral tablet 50 mg* | 2 | PA |
| *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 | 5 | PA |
| NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG | 5 | PA; QL (120 per 30 days) |
| *nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg* (Tasigna) | 5 | PA; QL (120 per 30 days) |
| *nilutamide oral tablet 150 mg* | 5 | PA; QL (60 per 30 days) |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 5 | PA |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA; QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *pazopanib oral tablet 200 mg* | (Votrient) | 5 | PA; QL (120 per 30 days) |
| *pazopanib oral tablet 400 mg* | | 5 | PA; QL (120 per 30 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | (pomalidomide) | 5 | PA; QL (21 per 28 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | | 4 | |
| *sorafenib oral tablet 200 mg* | (Nexavar) | 5 | PA; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | (dasatinib) | 5 | PA; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG | (dasatinib) | 5 | PA; QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | | 5 | PA; QL (84 per 28 days) |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* | (Sutent) | 5 | PA; QL (30 per 30 days) |
| TABLOID ORAL TABLET 40 MG | (thioguanine) | 5 | PA |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | | 5 | PA; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | | 5 | PA; QL (120 per 30 days) |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | | 5 | PA; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25 MG | | 5 | PA; QL (90 per 30 days) |
| *tamoxifen oral tablet 10 mg, 20 mg* | | 1 | |
| TAZVERIK ORAL TABLET 200 MG | | 5 | PA |
| *temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg* | | 5 | PA |
| TIBSOVO ORAL TABLET 250 MG | | 5 | PA |
| *toremifene oral tablet 60 mg* | (Fareston) | 2 | |
| *torpenz oral tablet 10 mg* | (everolimus (antineoplastic)) | 5 | PA; QL (56 per 30 days) |
| *torpenz oral tablet 2.5 mg, 5 mg* | (everolimus (antineoplastic)) | 5 | PA; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *torpenz oral tablet 7.5 mg* (everolimus (antineoplastic)) | 5 | PA; QL (60 per 30 days) |
| *tretinoin (antineoplastic) oral capsule 10 mg* | 5 | PA |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | 3 | |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 5 | PA |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 5 | PA; QL (120 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 5 | PA; QL (42 per 28 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA; QL (56 per 28 days) |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 5 | PA; QL (30 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 5 | PA |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA; QL (60 per 30 days) |
| XOSPATA ORAL TABLET 40 MG | 5 | PA |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA |
| XTANDI ORAL TABLET 40 MG, 80 MG | 5 | PA |
| ZEJULA ORAL CAPSULE 100 MG | 5 | PA; QL (30 per 30 days) |
| ZEJULA ORAL TABLET 200 MG, 300 MG | 5 | PA; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA; QL (240 per 30 days) |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | PA; QL (30 per 30 days) |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Anticholinergic Agents** | | | |
| **Antimuscarinics/Antispasmodics** | | | |
| *chlordiazepoxide-clidinium oral capsule 5-2.5 mg* | (Librax (with clidinium)) | 2 | |
| *glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)* | (Cuvposa) | 2 | |
| **Anticonvulsants** | | | |
| **Anticonvulsants** | | | |
| BRIVIACT ORAL SOLUTION 10 MG/ML | | 5 | QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | (brivaracetam) | 5 | QL (60 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | (Carbatrol) | 2 | |
| *carbamazepine oral tablet 200 mg* | (Tegretol) | 2 | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | (Tegretol XR) | 2 | |
| *carbamazepine oral tablet,chewable 100 mg, 200 mg* | | 2 | |
| *clobazam oral tablet 10 mg, 20 mg* | (Onfi) | 2 | PA; QL (60 per 30 days) |
| DILANTIN ORAL CAPSULE 30 MG | | 3 | |
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | (Depakote Sprinkles) | 2 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | (Depakote ER) | 2 | |
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | (Depakote) | 2 | |
| *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) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | (perampanel) | 4 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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) | 2 | QL (1200 per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | (Vimpat) | 2 | 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)) | 2 | |
| *lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)* | (Lamictal ODT Starter (Orange)) | 2 | |
| *lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)* | (Lamictal ODT Starter (Green)) | 2 | |
| *lamotrigine oral tablet extended release 24hr 100 mg* | (Lamictal XR) | 2 | QL (90 per 30 days) |
| *lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg* | (Lamictal XR) | 2 | QL (60 per 30 days) |
| *lamotrigine oral tablet extended release 24hr 25 mg, 50 mg* | (Lamictal XR) | 2 | QL (180 per 30 days) |
| *lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg* | (Lamictal) | 2 | |
| *lamotrigine oral tablet,disintegrating 100 mg* | (Lamictal ODT) | 2 | QL (90 per 30 days) |
| *lamotrigine oral tablet,disintegrating 200 mg* | (Lamictal ODT) | 2 | QL (60 per 30 days) |
| *lamotrigine oral tablet,disintegrating 25 mg, 50 mg* | (Lamictal ODT) | 2 | 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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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) | 2 | |
| *methsuximide oral capsule 300 mg* | (Celontin) | 2 | |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | (Trileptal) | 2 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | (Trileptal) | 2 | |
| *perampanel oral suspension 0.5 mg/ml* | (Fycompa) | 2 | |
| *perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | (Fycompa) | 2 | |
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | | 2 | |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 60 mg, 97.2 mg* | | 2 | |
| *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 125 mg* | | 2 | |
| *primidone oral tablet 250 mg, 50 mg* | (Mysoline) | 2 | |
| *rufinamide oral tablet 200 mg* | (Banzel) | 2 | PA; QL (480 per 30 days) |
| *rufinamide oral tablet 400 mg* | (Banzel) | 2 | 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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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* | | 2 | QL (120 per 30 days) |
| *tiagabine oral tablet 16 mg* | | 2 | QL (90 per 30 days) |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | (Topamax) | 2 | |
| *topiramate oral capsule, sprinkle 50 mg* | | 2 | |
| *topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg* | (Trokendi XR) | 2 | |
| *topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg* | | 2 | QL (30 per 30 days) |
| *topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg* | | 2 | QL (60 per 30 days) |
| *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 | |
| *vigabatrin oral powder in packet 500 mg* | (Sabril) | 5 | PA; QL (180 per 30 days) |
| *vigabatrin oral tablet 500 mg* | (Sabril) | 5 | PA; QL (180 per 30 days) |
| *vigpoder oral powder in packet 500 mg* | (vigabatrin) | 5 | PA; QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | | 4 | ST; QL (60 per 30 days) |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG | | 4 | ST; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 200 MG | | 4 | 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) | | 4 | ST; QL (30 per 30 days) |
| *zonisamide oral capsule 100 mg, 25 mg* | (Zonegran) | 2 | |
| *zonisamide oral capsule 50 mg* | | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **Antidementia Agents** | | |
| **Antidementia Agents** | | |
| *donepezil oral tablet 10 mg, 23 mg, 5 mg* (Aricept) | 2 | |
| *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* | 2 | QL (30 per 30 days) |
| *galantamine oral solution 4 mg/ml* | 2 | QL (200 per 30 days) |
| *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* | 2 | QL (30 per 30 days) |
| *memantine oral capsule,sprinkle,er 24hr 7 mg* (Namenda XR) | 2 | QL (30 per 30 days) |
| *memantine oral solution 2 mg/ml* | 2 | QL (300 per 30 days) |
| *memantine oral tablet 10 mg, 5 mg* | 2 | QL (60 per 30 days) |
| *memantine oral tablets,dose pack 5-10 mg* | 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) | 2 | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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) |
| *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* | 2 | QL (60 per 30 days) |
| *escitalopram oxalate oral capsule 15 mg* | 2 | |
| *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) | 4 | ST; QL (30 per 30 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 4 | ST; QL (30 per 30 days) |
| *fluoxetine oral capsule 10 mg, 20 mg* (Prozac) | 2 | |
| *fluoxetine oral capsule 40 mg* | 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 tablet 100 mg, 25 mg, 50 mg* | 2 | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg* | | 2 | |
| MARPLAN ORAL TABLET 10 MG | | 4 | |
| *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, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | | 2 | QL (30 per 30 days) |
| *paroxetine hcl oral suspension 10 mg/5 ml* | (Paxil) | 2 | |
| *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) | 2 | |
| *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 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | | 3 | ST; QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 | |
| *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 | |
| *alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-45 mg* | | 2 | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML | | 3 | PA; QL (3.4 per 28 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML | (exenatide) | 3 | PA; QL (2.4 per 30 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML | (exenatide) | 3 | PA; QL (1.2 per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG | (dapagliflozin propanediol) | 3 | ST; QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | | 3 | ST; QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | | 3 | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | | 3 | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | | 3 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | | 3 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | | 3 | ST; QL (30 per 30 days) |
| *metformin oral solution 500 mg/5 ml* | (Riomet) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metformin oral tablet 1,000 mg, 500 mg, 850 mg* | 1 | |
| *metformin oral tablet 750 mg* | 2 | |
| *metformin oral tablet extended release 24 hr 500 mg, 750 mg* | 2 | |
| *miglitol oral tablet 100 mg, 25 mg, 50 mg* | 2 | |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 3 | PA; QL (2 per 28 days) |
| *nateglinide oral tablet 120 mg, 60 mg* | 2 | |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3 | PA; QL (3 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | 3 | PA; QL (1.5 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) | 2 | |
| *pioglitazone-metformin oral tablet 15-500 mg* | 2 | |
| *pioglitazone-metformin oral tablet 15-850 mg* (Actoplus MET) | 2 | |
| *repaglinide oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG | 3 | PA; QL (30 per 30 days) |
| *saxagliptin oral tablet 2.5 mg, 5 mg* | 2 | QL (30 per 30 days) |
| *saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg* | 2 | QL (30 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | 4 | PA; QL (10.8 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | 4 | 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 | 3 | ST; QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 3 | ST; QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 3 | ST; QL (60 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 3 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | 3 | QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 3 | PA; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin) | 3 | ST; QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG | 3 | ST; QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3 | ST; QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin) | 3 | ST; QL (60 per 30 days) |
| **Insulins** | | |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 3 | QL (40 per 28 days) |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | QL (30 per 28 days) |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | QL (30 per 28 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | | 3 | QL (40 per 28 days) |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | | 3 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | | 3 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | | 3 | QL (24 per 28 days) |
| *insulin aspart u-100 subcutaneous solution 100 unit/ml* | (Novolog U-100 Insulin aspart) | 2 | QL (40 per 28 days) |
| *insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)* | (Tresiba FlexTouch U-100) | 2 | QL (30 per 28 days) |
| *insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)* | (Tresiba FlexTouch U-200) | 2 | QL (18 per 28 days) |
| *insulin degludec subcutaneous solution 100 unit/ml* | (Tresiba U-100 Insulin) | 2 | QL (40 per 28 days) |
| *insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)* | (Semglee(insulin glarg-yfgn)Pen) | 2 | QL (30 per 28 days) |
| *insulin glargine-yfgn subcutaneous solution 100 unit/ml* | (Semglee(insulin glargine-yfgn)) | 2 | QL (40 per 28 days) |
| *insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)* | (Humalog Mix 75-25 KwikPen) | 2 | QL (30 per 28 days) |
| *insulin lispro subcutaneous insulin pen 100 unit/ml* | (Admelog SoloStar U-100 Insulin) | 2 | QL (30 per 28 days) |
| *insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml* | (Humalog Junior KwikPen U-100) | 2 | QL (30 per 28 days) |
| *insulin lispro subcutaneous solution 100 unit/ml* | (Admelog U-100 Insulin lispro) | 2 | QL (40 per 28 days) |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | | 3 | QL (30 per 28 days) |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | | 3 | QL (12 per 28 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | | 3 | QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin glargine-yfgn) | 3 | QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin glargine-yfgn) | 3 | QL (30 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | | 3 | ST; QL (30 per 28 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | (insulin glargine u-300 conc) | 3 | QL (18 per 28 days) |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc) | 3 | QL (13.5 per 28 days) |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin degludec) | 3 | QL (30 per 28 days) |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | (insulin degludec) | 3 | QL (18 per 28 days) |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin degludec) | 3 | QL (40 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | | 3 | QL (15 per 28 days) |
| **Sulfonylureas** | | | |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | | 1 | |
| *glipizide oral tablet 10 mg, 2.5 mg, 5 mg* | | 1 | |
| *glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg* | | 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* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 | |
| **Antifungals** | | | |
| **Antifungals** | | | |
| *ciclopirox topical cream 0.77 %* | (Ciclodan) | 2 | QL (180 per 30 days) |
| *ciclopirox topical gel 0.77 %* | | 2 | |
| *ciclopirox topical shampoo 1 %* | | 2 | |
| *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 %* | (Athlete's Foot (clotrimazole)) | 2 | |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | | 2 | |
| *clotrimazole-betamethasone topical lotion 1-0.05 %* | | 2 | |
| *econazole nitrate topical cream 1 %* | | 2 | QL (170 per 30 days) |
| ERTACZO TOPICAL CREAM 2 % | | 4 | |
| EXELDERM TOPICAL CREAM 1 % | (sulconazole) | 4 | |
| EXELDERM TOPICAL SOLUTION 1 % | (sulconazole) | 4 | |
| *fluconazole oral suspension for reconstitution 10 mg/ml* | | 2 | |
| *fluconazole oral suspension for reconstitution 40 mg/ml* | (Diflucan) | 2 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | | 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* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | | 2 | |
| *itraconazole oral capsule 100 mg* | (Sporanox) | 2 | |
| *itraconazole oral solution 10 mg/ml* | | 2 | |
| *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) |
| *luliconazole topical cream 1 %* | (Luzu) | 2 | ST; QL (60 per 28 days) |
| *miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %* | (Vusion) | 2 | |
| *miconazole-3 vaginal suppository 200 mg* | | 2 | |
| *naftifine topical cream 1 %* | | 2 | |
| *naftifine topical cream 2 %* | | 2 | QL (180 per 30 days) |
| *naftifine topical gel 1 %* | | 2 | |
| *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-%* | | 2 | |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | | 2 | QL (180 per 30 days) |
| *nystop topical powder 100,000 unit/gram* | (nystatin) | 2 | |
| *oxiconazole topical cream 1 %* | | 2 | QL (180 per 30 days) |
| *terbinafine hcl oral tablet 250 mg* | | 2 | |
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | (Vfend) | 2 | QL (300 per 30 days) |
| *voriconazole oral tablet 200 mg, 50 mg* | | 2 | QL (120 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Antigout Agents** | | | |
| **Antigout Agents, Other** | | | |
| *allopurinol oral tablet 100 mg* | (Zyloprim) | 2 | |
| *allopurinol oral tablet 300 mg* | | 2 | |
| *colchicine oral tablet 0.6 mg* | (Colcrys) | 2 | QL (120 per 30 days) |
| *febuxostat oral tablet 40 mg, 80 mg* | (Uloric) | 2 | 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* | (Carbzah) | 2 | |
| *carbinoxamine maleate oral tablet 4 mg* | | 2 | |
| *carbzah oral liquid 4 mg/5 ml* | (carbinoxamine maleate) | 2 | |
| *cetirizine oral solution 1 mg/ml* | (Allergy Relief (cetirizine)) | 2 | |
| *clemastine oral tablet 2.68 mg* | (Clemsza) | 2 | |
| *clemasz oral tablet 2.68 mg* | (clemastine) | 2 | |
| *clemsza oral tablet 2.68 mg* | (clemastine) | 2 | |
| *cyproheptadine oral syrup 2 mg/5 ml* | | 2 | |
| *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 | 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 | |
| *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* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Anti-Infectives (Skin And Mucous Membrane)** | | | |
| **Anti-Infectives (Skin And Mucous Membrane)** | | | |
| *clindamycin phosphate vaginal cream 2 %* | (Cleocin) | 2 | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | | 3 | |
| *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 SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | | 3 | PA |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | | 3 | PA |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | | 3 | PA |
| *almotriptan malate oral tablet 12.5 mg, 6.25 mg* | | 2 | ST; QL (12 per 30 days) |
| *dihydroergotamine injection solution 1 mg/ml* | | 2 | QL (15 per 14 days) |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* | (Migranal) | 2 | ST; QL (8 per 28 days) |
| *eletriptan oral tablet 20 mg* | (Relpax) | 2 | QL (12 per 30 days) |
| *eletriptan oral tablet 40 mg* | (Relpax) | 2 | QL (6 per 30 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | | 3 | PA; QL (1 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | | 3 | PA; QL (1 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 3 | PA; QL (3 per 30 days) |
| ERGOMAR SUBLINGUAL TABLET 2 MG | 2 | 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) | 2 | ST; QL (18 per 30 days) |
| *naratriptan oral tablet 1 mg, 2.5 mg* | 2 | QL (12 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | 3 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA |
| REYVOW ORAL TABLET 100 MG | 3 | PA; QL (8 per 25 days) |
| REYVOW ORAL TABLET 50 MG | 3 | PA; QL (4 per 25 days) |
| *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* | 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) | 2 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | 2 | QL (5 per 28 days) |
| *sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml* | 2 | QL (4 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | 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 (12 per 30 days) |
| *zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg* | 2 | QL (12 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Antimycobacterials** | | | |
| **Antimycobacterials** | | | |
| *cycloserine oral capsule 250 mg* | | 2 | |
| *dapsone oral tablet 100 mg, 25 mg* | | 2 | |
| *ethambutol oral tablet 100 mg, 400 mg* | | 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 | | 4 | |
| PRETOMANID ORAL TABLET 200 MG | | 4 | QL (30 per 30 days) |
| *pyrazinamide oral tablet 500 mg* | | 2 | |
| *rifabutin oral capsule 150 mg* | | 2 | |
| *rifampin oral capsule 150 mg, 300 mg* | | 2 | |
| SIRTURO ORAL TABLET 100 MG | | 5 | PA; QL (188 per 168 days) |
| SIRTURO ORAL TABLET 20 MG | | 5 | PA; QL (940 per 168 days) |
| TRECATOR ORAL TABLET 250 MG | | 4 | |
| **Antinausea Agents** | | | |
| **Antinausea Agents** | | | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | | 4 | PA; QL (1 per 21 days) |
| *aprepitant oral capsule 125 mg* | | 2 | PA; QL (1 per 21 days) |
| *aprepitant oral capsule 40 mg* | | 2 | PA; QL (1 per 28 days) |
| *aprepitant oral capsule 80 mg* | (Emend) | 2 | PA; QL (2 per 21 days) |
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | (Emend) | 2 | PA; QL (3 per 21 days) |
| *compro rectal suppository 25 mg* | (prochlorperazine) | 2 | |
| *doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg* | (Diclegis) | 2 | 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* | | 2 | QL (8 per 30 days) |
| *meclizine oral tablet 12.5 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 16 mg, 4 mg, 8 mg* | | 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* | | 2 | |
| **Antiparasite Agents** | | | |
| **Antiparasite Agents** | | | |
| *albendazole oral tablet 200 mg* | | 2 | |
| *atovaquone oral suspension 750 mg/5 ml* | (Mepron) | 2 | |
| *atovaquone-proguanil oral tablet 250-100 mg* | (Malarone) | 2 | |
| *atovaquone-proguanil oral tablet 62.5-25 mg* | (Malarone Pediatric) | 2 | |
| *benznidazole oral tablet 100 mg, 12.5 mg* | | 2 | |
| *chloroquine phosphate oral tablet 250 mg* | | 2 | QL (36 per 16 days) |
| EMVERM ORAL TABLET,CHEWABLE 100 MG | (mebendazole) | 4 | PA; QL (6 per 30 days) |
| *hydroxychloroquine oral tablet 100 mg* | | 2 | QL (90 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *hydroxychloroquine oral tablet 200 mg* | (Plaquenil) | 2 | QL (90 per 30 days) |
| *hydroxychloroquine oral tablet 300 mg* | (Sovuna) | 2 | QL (60 per 30 days) |
| *hydroxychloroquine oral tablet 400 mg* | | 2 | QL (60 per 30 days) |
| *ivermectin oral tablet 3 mg* | (Stromectol) | 2 | |
| KRINTAFEL ORAL TABLET 150 MG | | 4 | QL (2 per 30 days) |
| *mefloquine oral tablet 250 mg* | | 2 | |
| *nitazoxanide oral tablet 500 mg* | (Alinia) | 2 | QL (60 per 30 days) |
| *pentamidine inhalation recon soln 300 mg* | (Nebupent) | 2 | |
| *praziquantel oral tablet 600 mg* | (Biltricide) | 2 | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | | 4 | QL (42 per 30 days) |
| *pyrimethamine oral tablet 25 mg* | (Daraprim) | 5 | PA; QL (30 per 30 days) |
| *quinine sulfate oral capsule 324 mg* | (Qualaquin) | 2 | |
| *tinidazole oral tablet 250 mg, 500 mg* | | 2 | |
| **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) | 5 | PA; QL (60 per 30 days) |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | | 2 | |
| *bromocriptine oral capsule 5 mg* | | 2 | |
| *bromocriptine oral tablet 2.5 mg* | | 2 | |
| *cabergoline oral tablet 0.5 mg* | | 2 | |
| *carbidopa oral tablet 25 mg* | (Lodosyn) | 2 | |
| *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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg* | | 2 | |
| *entacapone oral tablet 200 mg* | | 2 | |
| 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 | | 4 | 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* | | 2 | QL (30 per 30 days) |
| *pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg* | | 2 | QL (30 per 30 days) |
| *pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg* | (Mirapex ER) | 2 | 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* | | 2 | 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) | 2 | 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** | | | |
| *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* | | 2 | QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *aripiprazole oral tablet,disintegrating 15 mg* | 2 | QL (60 per 30 days) |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* (Saphris) | 2 | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 4 | QL (30 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* | 2 | 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 | |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 2 | |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg* (Latuda) | 2 | PA NSO; QL (30 per 30 days) |
| *lurasidone oral tablet 80 mg* (Latuda) | 2 | PA NSO; QL (60 per 30 days) |
| *molindone oral tablet 10 mg* | 2 | QL (240 per 30 days) |
| *molindone oral tablet 25 mg* | 2 | QL (270 per 30 days) |
| *molindone oral tablet 5 mg* | 2 | QL (120 per 30 days) |
| *olanzapine oral tablet 10 mg, 15 mg, 7.5 mg* | 2 | QL (30 per 30 days) |
| *olanzapine oral tablet 2.5 mg, 20 mg, 5 mg* (Zyprexa) | 2 | QL (30 per 30 days) |
| *olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg* | 2 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 1.5 mg* | 2 | QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *paliperidone oral tablet extended release 24hr 3 mg, 9 mg* | (Invega) | 2 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | (Invega) | 2 | QL (60 per 30 days) |
| *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 | | 4 | 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 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | | 4 | QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | | 4 | 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) | 5 | QL (960 per 30 days) |
| *abacavir oral tablet 300 mg* | | 5 | QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *abacavir-lamivudine oral tablet 600-300 mg* | | 5 | QL (30 per 30 days) |
| APTIVUS ORAL CAPSULE 250 MG | | 5 | QL (120 per 30 days) |
| *atazanavir oral capsule 150 mg* | | 5 | QL (60 per 30 days) |
| *atazanavir oral capsule 200 mg* | (Reyataz) | 5 | QL (60 per 30 days) |
| *atazanavir oral capsule 300 mg* | (Reyataz) | 5 | QL (30 per 30 days) |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | | 5 | QL (30 per 30 days) |
| *darunavir oral tablet 600 mg, 800 mg* | (Prezista) | 5 | QL (60 per 30 days) |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | | 5 | QL (30 per 30 days) |
| *didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg* | | 2 | QL (30 per 30 days) |
| DOVATO ORAL TABLET 50-300 MG | | 5 | QL (30 per 30 days) |
| *efavirenz oral capsule 200 mg, 50 mg* | | 5 | |
| *efavirenz oral tablet 600 mg* | | 5 | |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | | 3 | QL (30 per 30 days) |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg* | | 5 | QL (30 per 30 days) |
| *efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg* | (Symfi) | 5 | QL (30 per 30 days) |
| *emtricitabine oral capsule 200 mg* | (Emtriva) | 2 | QL (30 per 30 days) |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg* | (Truvada) | 5 | QL (30 per 30 days) |
| *etravirine oral tablet 100 mg* | (Intelence) | 5 | QL (120 per 30 days) |
| *etravirine oral tablet 200 mg* | (Intelence) | 5 | QL (60 per 30 days) |
| *fosamprenavir oral tablet 700 mg* | | 5 | QL (120 per 30 days) |
| GENVOYA ORAL TABLET 150-150-200-10 MG | | 5 | QL (30 per 30 days) |
| INTELENCE ORAL TABLET 25 MG | | 5 | QL (120 per 30 days) |
| ISENTRESS HD ORAL TABLET 600 MG | | 5 | QL (60 per 30 days) |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | | 5 | QL (60 per 30 days) |
| ISENTRESS ORAL TABLET 400 MG | | 5 | QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | | 5 | QL (180 per 30 days) |
| JULUCA ORAL TABLET 50-25 MG | | 5 | QL (30 per 30 days) |
| *lamivudine oral solution 10 mg/ml* | (Epivir) | 5 | QL (960 per 30 days) |
| *lamivudine oral tablet 100 mg* | | 5 | QL (30 per 30 days) |
| *lamivudine oral tablet 150 mg* | (Epivir) | 5 | QL (60 per 30 days) |
| *lamivudine oral tablet 300 mg* | (Epivir) | 5 | QL (30 per 30 days) |
| *lamivudine-zidovudine oral tablet 150-300 mg* | | 5 | QL (60 per 30 days) |
| LEXIVA ORAL SUSPENSION 50 MG/ML | | 5 | QL (1800 per 30 days) |
| *lopinavir-ritonavir oral solution 400-100 mg/5 ml* | (Kaletra) | 5 | QL (480 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | (Kaletra) | 5 | QL (240 per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | (Kaletra) | 5 | QL (120 per 30 days) |
| *maraviroc oral tablet 150 mg* | (Selzentry) | 5 | QL (60 per 30 days) |
| *maraviroc oral tablet 300 mg* | (Selzentry) | 5 | QL (120 per 30 days) |
| *nevirapine oral suspension 50 mg/5 ml* | | 5 | QL (1200 per 30 days) |
| *nevirapine oral tablet 200 mg* | | 5 | QL (60 per 30 days) |
| *nevirapine oral tablet extended release 24 hr 100 mg* | | 5 | QL (90 per 30 days) |
| *nevirapine oral tablet extended release 24 hr 400 mg* | | 5 | QL (30 per 30 days) |
| ODEFSEY ORAL TABLET 200-25-25 MG | | 5 | QL (30 per 30 days) |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | | 5 | QL (30 per 30 days) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | | 5 | QL (400 per 30 days) |
| PREZISTA ORAL TABLET 150 MG | | 5 | QL (240 per 30 days) |
| PREZISTA ORAL TABLET 75 MG | | 5 | QL (480 per 30 days) |
| *ritonavir oral tablet 100 mg* | (Norvir) | 5 | QL (360 per 30 days) |
| SELZENTRY ORAL SOLUTION 20 MG/ML | | 5 | QL (930 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SELZENTRY ORAL TABLET 25 MG | 5 | QL (120 per 30 days) |
| SELZENTRY ORAL TABLET 75 MG | 5 | QL (60 per 30 days) |
| SUNLENCA ORAL TABLET 300 MG | 5 | PA |
| *tenofovir disoproxil fumarate oral tablet 300 mg* (Viread) | 5 | QL (30 per 30 days) |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | 5 | QL (60 per 30 days) |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 5 | QL (180 per 30 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 5 | QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 5 | |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 5 | QL (240 per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | QL (30 per 30 days) |
| *zidovudine oral capsule 100 mg* (Retrovir) | 2 | QL (180 per 30 days) |
| *zidovudine oral syrup 10 mg/ml* (Retrovir) | 2 | QL (1920 per 30 days) |
| *zidovudine oral tablet 300 mg* | 2 | QL (60 per 30 days) |
| **Antivirals, Miscellaneous** | | |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML | 1 | |
| *oseltamivir oral capsule 30 mg* | 2 | QL (20 per 5 days) |
| *oseltamivir oral capsule 45 mg, 75 mg* (Tamiflu) | 2 | QL (10 per 5 days) |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* (Tamiflu) | 2 | QL (180 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10) | 3 | QL (20 per 5 days); AGE (Min 12 Years) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5) | 3 | QL (30 per 5 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | 3 | QL (30 per 5 days); AGE (Min 12 Years) |
| *rimantadine oral tablet 100 mg* (Flumadine) | 2 | |
| XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG | 4 | QL (2 per 180 days) |
| **Hcv Antivirals** | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG | 5 | PA; QL (30 per 30 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 5 | PA; QL (30 per 30 days) |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir) | 5 | PA; QL (30 per 30 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG | 5 | PA; QL (30 per 30 days) |
| HARVONI ORAL TABLET 45-200 MG | 5 | PA; QL (30 per 30 days) |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir) | 5 | PA; QL (30 per 30 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 4 | PA; QL (30 per 30 days) |
| **Interferons** | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; QL (4 per 28 days) |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 5 | PA; QL (2 per 28 days) |
| **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) | 5 | QL (30 per 30 days) |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 5 | QL (630 per 30 days) |
| *entecavir oral tablet 0.5 mg, 1 mg* (Baraclude) | 5 | QL (30 per 30 days) |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 2 | |
| *lagevrio (eua) oral capsule 200 mg* | 2 | QL (40 per 5 days); AGE (Min 18 Years) |
| *ribavirin oral capsule 200 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ribavirin oral tablet 200 mg* | 2 | |
| *valacyclovir oral tablet 1 gram, 500 mg* (Valtrex) | 2 | |
| *valganciclovir oral tablet 450 mg* | 2 | |
| **Blood Products/Modifiers/Volume Expanders** | | |
| **Anticoagulants** | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 3 | PA NSO; QL (74 per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG | 3 | PA NSO; QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 3 | PA NSO; QL (74 per 30 days) |
| ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) | 3 | PA; QL (960 per 30 days) |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG | 3 | PA; QL (120 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) | 5 | |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml* (Arixtra) | 5 | QL (24 per 30 days) |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* (Arixtra) | 5 | QL (15 per 30 days) |
| *fondaparinux subcutaneous syringe 5 mg/0.4 ml* (Arixtra) | 5 | QL (12 per 30 days) |
| *fondaparinux subcutaneous syringe 7.5 mg/0.6 ml* (Arixtra) | 5 | 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 | |
| *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 | |
| *rivaroxaban oral suspension for reconstitution 1 mg/ml* (Xarelto) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *rivaroxaban oral tablet 10 mg, 20 mg* | (Xarelto) | 2 | PA; QL (30 per 30 days) |
| *rivaroxaban oral tablet 15 mg* | (Xarelto) | 2 | PA; QL (60 per 30 days) |
| *rivaroxaban oral tablet 2.5 mg* | (Xarelto) | 2 | PA NSO; QL (60 per 30 days) |
| *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) | | 3 | PA NSO; QL (51 per 30 days) |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | (rivaroxaban) | 3 | PA; QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | (rivaroxaban) | 3 | PA; QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | (rivaroxaban) | 3 | PA; QL (60 per 30 days) |
| **Blood Formation Modifiers** | | | |
| 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 | | 5 | PA |
| **Hematologic Agents, Miscellaneous** | | | |
| *aminocaproic acid oral solution 250 mg/ml (25 %)* | (Amicar) | 2 | |
| *aminocaproic acid oral tablet 1,000 mg, 500 mg* | (Amicar) | 2 | |
| *anagrelide oral capsule 0.5 mg* | (Agrylin) | 2 | |
| *anagrelide oral capsule 1 mg* | | 2 | |
| *tranexamic acid oral tablet 650 mg* | | 2 | QL (30 per 30 days) |
| **Platelet-Aggregation Inhibitors** | | | |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | | 2 | |
| *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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *prasugrel hcl oral tablet 10 mg, 5 mg* | (Effient) | 2 | QL (30 per 30 days) |
| *ticagrelor oral tablet 60 mg, 90 mg* | (Brilinta) | 2 | QL (60 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 | |
| *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* | | 5 | PA |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | | 2 | |
| **Angiotensin Ii Receptor Antagonists** | | | |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | (Atacand) | 2 | |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | (Atacand HCT) | 2 | |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG | | 3 | PA; QL (60 per 30 days) |
| *eprosartan oral tablet 600 mg* | | 2 | |
| *irbesartan oral tablet 150 mg, 300 mg* | (Avapro) | 2 | |
| *irbesartan oral tablet 75 mg* | | 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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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) | 2 | |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | (Benicar HCT) | 2 | |
| *sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg* | (Entresto) | 2 | PA; QL (60 per 30 days) |
| *telmisartan oral tablet 20 mg* | | 2 | |
| *telmisartan oral tablet 40 mg, 80 mg* | (Micardis) | 2 | |
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | | 2 | |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | (Micardis HCT) | 2 | |
| *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* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 | |
| *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* | | 2 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | | 2 | |
| *ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg* | (Altace) | 2 | |
| *ramipril oral capsule 10 mg* | | 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* | | 2 | |
| **Antiarrhythmic Agents** | | | |
| *amiodarone oral tablet 100 mg, 200 mg* | (Pacerone) | 2 | |
| *amiodarone oral tablet 400 mg* | | 2 | |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | (Norpace) | 2 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | (Tikosyn) | 2 | |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *mexiletine oral capsule 150 mg, 200 mg, 250 mg* | | 2 | |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | (amiodarone) | 2 | |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | | 2 | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | | 2 | |
| *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, 2.5 mg, 5 mg* | | 2 | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | | 1 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | (Coreg) | 1 | |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg* | | 2 | |
| *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* | | 2 | |
| *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, 80 mg* | (Sotalol AF) | 2 | |
| *sotalol oral tablet 240 mg* | (Betapace) | 2 | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | | 2 | |
| **Calcium-Channel Blocking Agents** | | | |
| *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 180 mg, 360 mg, 420 mg* | (Tiadylt ER) | 2 | |
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | (Cartia XT) | 2 | |
| *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 120 mg* | (Cardizem LA) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | (Matzim LA) | 2 | |
| *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, 360 mg, 420 mg* | (diltiazem hcl) | 2 | |
| *verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg* | | 2 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg* | | 2 | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | | 2 | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | | 2 | |
| **Cardiovascular Agents, Miscellaneous** | | | |
| *digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (digoxin) | 2 | |
| *digox oral tablet 125 mcg (0.125 mg)* | (digoxin) | 2 | |
| *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 | PA |
| *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) | 5 | PA; QL (9 per 30 days) |
| *nitroglycerin transdermal ointment 2 %* | (Nitro-Bid) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ranolazine oral tablet extended release 12 hr 1,000 mg* | | 2 | QL (60 per 30 days) |
| *ranolazine oral tablet extended release 12 hr 500 mg* | | 2 | QL (120 per 30 days) |
| **Dihydropyridines** | | | |
| *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) | 2 | |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | (Exforge) | 2 | |
| *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) | 2 | |
| *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* | (Procardia XL) | 2 | |
| *nifedipine oral tablet extended release 24hr 90 mg* | | 2 | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | | 2 | |
| *nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg* | (Sular) | 2 | |
| *nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg* | | 2 | |
| **Diuretics** | | | |
| *amiloride oral tablet 5 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | | 2 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | | 2 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | | 2 | |
| *ethacrynic acid oral tablet 25 mg* | (Edecrin) | 2 | PA |
| *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 | |
| *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 | |
| *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* | | 2 | |
| *tolvaptan (polycys kidney dis) oral tablet 15 mg* | (Jynarque) | 5 | PA; QL (30 per 365 days) |
| *tolvaptan (polycys kidney dis) oral tablet 30 mg* | (Jynarque) | 5 | PA; QL (60 per 365 days) |
| *tolvaptan oral tablet 15 mg* | (Samsca) | 5 | PA; QL (30 per 365 days) |
| *tolvaptan oral tablet 30 mg* | (Samsca) | 5 | PA; QL (60 per 365 days) |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | | 2 | |
| *triamterene oral capsule 100 mg, 50 mg* | (Dyrenium) | 2 | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | | 2 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg* | | 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) | 2 | QL (30 per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg* | | 2 | QL (30 per 30 days) |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | (Lipitor) | 1 | QL (30 per 30 days) |
| *cholestyramine light oral powder in packet 4 gram* | (cholestyramine) | 2 | |
| *cholestyramine oral powder in packet 4 gram* | (Cholestyramine Light) | 2 | |
| *colesevelam oral powder in packet 3.75 gram* | (WelChol) | 2 | |
| *colesevelam oral tablet 625 mg* | (WelChol) | 2 | |
| *colestipol oral packet 5 gram* | | 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) | 2 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-20 mg* | (Vytorin 10-20) | 2 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-40 mg* | (Vytorin 10-40) | 2 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-80 mg* | (Vytorin 10-80) | 2 | PA NSO; QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | | 2 | |
| *fenofibrate nanocrystallized oral tablet 145 mg* | (Tricor) | 2 | |
| *fenofibrate nanocrystallized oral tablet 48 mg* | | 2 | |
| *fenofibrate oral capsule 150 mg, 50 mg* | (Lipofen) | 2 | |
| *fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg* | | 2 | |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fenofibric acid oral tablet 105 mg, 35 mg* | (Fibricor) | 2 | |
| *fluvastatin oral capsule 20 mg* | | 2 | QL (30 per 30 days) |
| *fluvastatin oral capsule 40 mg* | | 2 | QL (60 per 30 days) |
| *gemfibrozil oral tablet 600 mg* | (Lopid) | 2 | |
| *icosapent ethyl oral capsule 0.5 gram, 1 gram* | (Vascepa) | 2 | QL (120 per 30 days) |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | | 1 | QL (60 per 30 days) |
| NEXLETOL ORAL TABLET 180 MG | | 4 | PA |
| NEXLIZET ORAL TABLET 180-10 MG | | 4 | PA |
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | | 2 | |
| *omega-3 acid ethyl esters oral capsule 1 gram* | (Lovaza) | 2 | QL (120 per 30 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) | 2 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | | 3 | PA; QL (3.5 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | | 3 | PA; QL (2 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | | 3 | PA; QL (2 per 28 days) |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | (Crestor) | 2 | QL (30 per 30 days) |
| *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* | | 1 | PA NSO; QL (30 per 30 days) |
| VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM | (icosapent ethyl) | 3 | PA; QL (120 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Renin-Angiotensin-Aldosterone System Inhibitors** | | | |
| *aliskiren oral tablet 150 mg, 300 mg* | (Tekturna) | 2 | QL (30 per 30 days) |
| *eplerenone oral tablet 25 mg* | (Inspra) | 2 | |
| *eplerenone oral tablet 50 mg* | | 2 | |
| **Vasodilators** | | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg* | | 2 | |
| *isosorbide dinitrate oral tablet 40 mg* | (Isordil) | 2 | |
| *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 | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | | 2 | |
| *nitroglycerin oral capsule, extended release 2.5 mg* | (Nitro-Time) | 2 | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* | (Nitrostat) | 2 | |
| *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) | 2 | |
| *nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg* | (nitroglycerin) | 2 | |
| **Central Nervous System Agents** | | | |
| **Central Nervous System Agents** | | | |
| *amphetamine sulfate oral tablet 10 mg, 5 mg* | (Evekeo) | 2 | PA; QL (120 per 30 days) |
| *atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg* | | 2 | QL (60 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | | 5 | PA; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | | 5 | PA; QL (60 per 30 days) |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | | 5 | PA; QL (1 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | | 5 | PA; QL (1 per 30 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | | 5 | PA; QL (14 per 28 days) |
| *clonidine hcl oral tablet extended release 12 hr 0.1 mg* | | 2 | QL (120 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | (glatiramer) | 5 | PA |
| *dalfampridine oral tablet extended release 12 hr 10 mg* | (Ampyra) | 5 | 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) | 2 | 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) | 2 | QL (60 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 15 mg* | (Dexedrine Spansule) | 2 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 5 mg* | | 2 | QL (60 per 30 days) |
| *dextroamphetamine sulfate oral solution 5 mg/5 ml* | (ProCentra) | 2 | QL (1800 per 30 days) |
| *dextroamphetamine sulfate oral tablet 10 mg* | (Zenzedi) | 2 | QL (180 per 30 days) |
| *dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg* | (Zenzedi) | 2 | QL (90 per 30 days) |
| *dextroamphetamine sulfate oral tablet 20 mg, 30 mg* | (Zenzedi) | 2 | QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg* | (Adderall XR) | 2 | QL (30 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg* | (Adderall XR) | 2 | QL (60 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) | 4 | PA; QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fingolimod oral capsule 0.5 mg* | (Gilenya) | 5 | PA; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 20 mg/ml* | (Glatopa) | 5 | PA; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | (Copaxone) | 5 | PA; QL (12 per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | (glatiramer) | 5 | PA; QL (30 per 30 days) |
| *glatopa subcutaneous syringe 40 mg/ml* | (glatiramer) | 5 | PA; QL (12 per 28 days) |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* | (Intuniv ER) | 2 | QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | | 5 | PA |
| *lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg* | (Vyvanse) | 2 | PA NSO; QL (30 per 30 days) |
| *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 | (cladribine(multiple sclerosis)) | 5 | PA; QL (20 per 336 days) |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | (cladribine(multiple sclerosis)) | 5 | PA; QL (20 per 336 days) |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | (cladribine(multiple sclerosis)) | 5 | PA; QL (20 per 336 days) |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | (cladribine(multiple sclerosis)) | 5 | PA; QL (20 per 336 days) |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | (cladribine(multiple sclerosis)) | 5 | PA; QL (20 per 336 days) |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | (cladribine(multiple sclerosis)) | 5 | PA; QL (20 per 336 days) |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | (cladribine(multiple sclerosis)) | 5 | PA; QL (20 per 336 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MAYZENT ORAL TABLET 0.25 MG | | 5 | PA; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | | 5 | PA; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | | 5 | PA; QL (7 per 4 days) |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | | 5 | PA; QL (12 per 5 days) |
| *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* | (Metadate CD) | 2 | QL (30 per 30 days) |
| *methylphenidate hcl oral capsule, er biphasic 30-70 30 mg* | (Metadate CD) | 2 | QL (60 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 40 mg, 60 mg* | | 2 | QL (30 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 20 mg* | (Ritalin LA) | 2 | QL (30 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 30 mg* | | 2 | QL (60 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, 20 mg* | | 2 | QL (90 per 30 days) |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg* | (Concerta) | 2 | QL (30 per 30 days) |
| *methylphenidate hcl oral tablet extended release 24hr 36 mg* | (Concerta) | 2 | QL (60 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) | 2 | PA; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; QL (1 per 28 days) |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML | 5 | PA; QL (4 per 30 days) |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML | 5 | PA; QL (6 per 30 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML | 5 | PA; QL (4 per 30 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 44 MCG/0.5 ML | 5 | PA; QL (6 per 30 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 5 | PA; QL (4.2 per 28 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 5 | PA; QL (4.2 per 28 days) |
| *riluzole oral tablet 50 mg* | 4 | PA |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 4 | ST; QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 4 | ST; QL (55 per 28 days) |
| *teriflunomide oral tablet 14 mg, 7 mg* (Aubagio) | 5 | PA; QL (30 per 30 days) |
| *tetrabenazine oral tablet 12.5 mg* (Xenazine) | 5 | PA; QL (90 per 30 days) |
| *tetrabenazine oral tablet 25 mg* (Xenazine) | 5 | PA; QL (120 per 30 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | 5 | PA; QL (120 per 30 days) |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine) | 4 | PA NSO; QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **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 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) |
| *amethyst (28) oral tablet 90-20 mcg (28)* | (levonorgestrel-ethinyl estrad) | 1 | |
| 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 eq 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 | |
| *averi oral tablet 0.15 mg-0.03 mg (21)/36.5 mg(7)* | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 | |
| *balziva (28) oral tablet 0.4-35 mg-mcg* | | 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 | |
| *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 0.1 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 eq (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 eq 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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 | |
| *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 one-step 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) |
| *emzahh oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *enilloring vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| *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 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg* | (Kelnor 1/35 (28)) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg* | (Valtya) | 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 | |
| FC2 FEMALE CONDOM | | 1 | QL (30 per 30 days) |
| *feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM | | 1 | |
| FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG | | 1 | |
| *femynor oral tablet 0.25-35 mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | |
| *finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | (noreth-ethinyl estradiol-iron) | 1 | |
| *gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *haloette vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| *heather oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *her style oral tablet 1.5 mg* | (levonorgestrel) | 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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | |
| *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)/10 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) |
| *joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | (levonorgest-eth.estradiol-iron) | 1 | QL (28 per 28 days) |
| *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 HR (5 YRS) 19.5 MG | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 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 | |
| *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 | |
| *levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | (Joyeaux) | 1 | QL (28 per 28 days) |
| *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)* | (Amethyst (28)) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Iclevia) | 1 | QL (91 per 84 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 20.4 MCG/24 HR (8 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 | |
| *lojaimiess oral tablets,dose pack,3 month 0.1 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 | |
| *luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | (norethindrone ac-eth 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 | |
| *meleya oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | (levonorgest-eth.estradiol-iron) | 1 | QL (28 per 28 days) |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | | 1 | |
| *mono-linyah oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *my choice oral tablet 1.5 mg* | (levonorgestrel) | 1 | |
| *my way oral tablet 1.5 mg* | (levonorgestrel) | 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 | |
| *norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr* | (Xulane) | 1 | QL (3 per 28 days) |
| *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)* | (Galbriela) | 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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 1.5 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-0.025 mg* | (Tri-Lo-Estarylla) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (Tri-Estarylla) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg* | (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 | |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM | | 1 | |
| *opcicon one-step oral tablet 1.5 mg* | (levonorgestrel) | 1 | |
| *option-2 oral tablet 1.5 mg* | (levonorgestrel) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *orquidea oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *orsythia oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM | | 1 | |
| PHEXX VAGINAL GEL 1.8-1-0.4 % | | 1 | |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % | | 1 | |
| *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 | |
| *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 | |
| *rosyrah 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 | |
| SHEWISE ORAL TABLET 1.5 MG | (levonorgestrel) | 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) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | | 1 | |
| SLYND ORAL TABLET 4 MG (28) | | 1 | QL (28 per 28 days) |
| *sprintec (28) oral tablet 0.25-0.035 mg* | (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) | 1 | |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *tarina fe 1-20 eq (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 | |
| *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-0.035mg (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-0.035mg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (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-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tulana oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *turqoz (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 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 | |
| *valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | (ethynodiol diac-eth estradiol) | 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 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | 1 | |
| *xelria 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* | (norelgestromin-ethin.estradiol) | 1 | QL (3 per 28 days) |
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | (norelgestromin-ethin.estradiol) | 1 | QL (3 per 28 days) |
| *zarah oral tablet 3-0.03 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *zovia 1/35e (28) oral tablet 1-35 mg-mcg* | (ethynodiol diac-eth 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, 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 | |
| *hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml* | | 2 | QL (300 per 30 days); AGE (Min 18 Years) |
| *hydrocodone-homatropine oral solution 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 solution 5-1.5 mg/5 ml* | (hydrocodone-homatropine) | 2 | QL (900 per 30 days); AGE (Min 18 Years) |
| *promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml* | | 2 | QL (900 per 30 days); 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 solution 6.25-15 mg/5 ml* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Dental And Oral Agents** | | | |
| **Dental And Oral Agents** | | | |
| *cevimeline oral capsule 30 mg* | (Evoxac) | 2 | |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | (Paroex Oral Rinse) | 2 | |
| *denta 5000 plus dental cream 1.1 %* | (fluoride (sodium)) | 2 | |
| KOURZEQ DENTAL PASTE 0.1 % | (triamcinolone acetonide) | 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 | |
| *sodium fluoride-pot nitrate dental paste 1.1-5 %* | (Denta 5000 Plus Sensitive) | 2 | |
| *triamcinolone acetonide dental paste 0.1 %* | (Kourzeq) | 2 | |
| **Dermatological Agents** | | | |
| **Dermatological Agents, Other** | | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 22.5 mg, 25 mg* | | 2 | |
| *acyclovir topical ointment 5 %* | (Zovirax) | 2 | QL (30 per 10 days) |
| *ammonium lactate topical cream 12 %* | | 2 | |
| *ammonium lactate topical lotion 12 %* | (AmLactin) | 2 | |
| *amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (isotretinoin) | 2 | PA |
| *azelaic acid topical gel 15 %* | | 2 | |
| *bp 10-1 topical cleanser 10-1 %* | (sulfacetamide sodium-sulfur) | 2 | |
| *bpo topical gel 8 %* | (benzoyl peroxide) | 2 | |
| *brimonidine topical gel with pump 0.33 %* | (Mirvaso) | 2 | QL (30 per 30 days) |
| *calcipotriene scalp solution 0.005 %* | | 2 | |
| *calcipotriene topical cream 0.005 %* | | 2 | |
| *calcipotriene topical foam 0.005 %* | (Sorilux) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *calcipotriene topical ointment 0.005 %* | | 2 | |
| *calcipotriene-betamethasone topical ointment 0.005-0.064 %* | | 2 | ST |
| *calcipotriene-betamethasone topical suspension 0.005-0.064 %* | (Taclonex) | 5 | ST |
| *calcitriol topical ointment 3 mcg/gram* | (Vectical) | 2 | |
| *claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (isotretinoin) | 2 | PA |
| *cleansing wash topical cleanser 10-4-10 %* | (sulfacetamide sod-sulfur-urea) | 2 | |
| EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML | | 5 | PA; QL (4 per 28 days) |
| *exoderm topical lotion 25-1 %* | | 2 | |
| *fluorouracil topical cream 0.5 %* | (Carac) | 2 | |
| *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) |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (Amnesteem) | 2 | PA |
| *mafenide acetate topical packet 50 gram* | (Sulfamylon) | 2 | |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | | 2 | |
| *myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (isotretinoin) | 2 | PA |
| OPZELURA TOPICAL CREAM 1.5 % | | 5 | PA; QL (60 per 30 days) |
| *penciclovir topical cream 1 %* | (Denavir) | 2 | |
| *podocon topical liquid 25 %* | | 2 | |
| *podofilox topical solution 0.5 %* | | 2 | |
| *pr cream topical cream* | | 2 | |
| REGRANEX TOPICAL GEL 0.01 % | | 5 | |
| *salicylic acid topical film forming liquid w/appl 27.5 %* | (Virasal) | 2 | |
| *salicylic acid topical foam 6 %* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 | | 4 | PA; QL (180 per 25 days) |
| *sulfacetamide sodium topical cleanser 10 %* | (Ovace) | 2 | |
| *sulfacetamide sodium-sulfur topical cleanser 10-1 %* | (BP 10-1) | 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 %* | | 2 | |
| *sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)* | (Avar-E) | 2 | |
| *sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)* | | 2 | |
| *sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %* | (Plexion) | 2 | |
| *sulfacetamide sodium-sulfur topical pads, medicated 10-4 %* | (Sumaxin) | 2 | |
| *urea topical cream 39 %* | (Uredeb) | 2 | |
| *urea topical cream 40 %* | | 2 | |
| *urea topical cream 45 %* | (Uramaxin) | 2 | |
| VTAMA TOPICAL CREAM 1 % | | 5 | PA; QL (60 per 30 days) |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (isotretinoin) | 2 | PA |
| ZORYVE TOPICAL CREAM 0.15 %, 0.3 % | | 5 | PA; QL (60 per 30 days) |
| **Dermatological Antibacterials** | | | |
| ALTABAX TOPICAL OINTMENT 1 % | | 4 | |
| *clindamycin phosphate topical foam 1 %* | (Clindacin) | 2 | |
| *clindamycin phosphate topical gel 1 %* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *clindamycin phosphate topical gel, once daily 1 %* | (Clindagel) | 2 | |
| *clindamycin phosphate topical lotion 1 %* | (Cleocin T) | 2 | |
| *clindamycin phosphate topical solution 1 %* | | 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) | 2 | |
| *clindamycin-benzoyl peroxide topical gel 1-5 %* | | 2 | |
| *ery pads topical swab 2 %* | (erythromycin with ethanol) | 2 | |
| *erythromycin with ethanol topical gel 2 %* | | 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 %* | (MetroCream) | 2 | |
| *metronidazole topical gel 0.75 %* | (Rosadan) | 2 | |
| *metronidazole topical gel 1 %* | (Metrogel) | 2 | |
| *metronidazole topical lotion 0.75 %* | (MetroLotion) | 2 | |
| *mupirocin calcium topical cream 2 %* | | 2 | 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 % | | 4 | ST |
| *selenium sulfide topical lotion 2.5 %* | | 2 | |
| *silver sulfadiazine topical cream 1 %* | (SSD) | 2 | |
| *ssd topical cream 1 %* | (silver sulfadiazine) | 2 | |
| *sulfacetamide sodium (acne) topical suspension 10 %* | (Klaron) | 2 | |
| XEPI TOPICAL CREAM 1 % | | 4 | |
| **Dermatological Anti-Inflammatory Agents** | | | |
| *ala-cort topical cream 1 %* | (hydrocortisone) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *alclometasone topical cream 0.05 %* | 2 | |
| *alclometasone topical ointment 0.05 %* | 2 | |
| *amcinonide topical cream 0.1 %* | 2 | |
| *amcinonide topical ointment 0.1 %* | 2 | |
| *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 | |
| *clobetasol scalp solution 0.05 %* | 2 | |
| *clobetasol topical cream 0.05 %* | 2 | |
| *clobetasol topical foam 0.05 %* (Olux) | 2 | |
| *clobetasol topical gel 0.05 %* | 2 | |
| *clobetasol topical lotion 0.05 %* (Clobex) | 2 | |
| *clobetasol topical ointment 0.05 %* | 2 | |
| *clobetasol topical shampoo 0.05 %* (Clobex) | 2 | |
| *clobetasol topical spray,non-aerosol 0.05 %* (Clobex) | 2 | |
| *clobetasol-emollient topical cream 0.05 %* | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *clobetasol-emollient topical foam 0.05 %* | (Olux-E) | 2 | |
| *clocortolone pivalate topical cream 0.1 %* | | 2 | |
| *desonide topical cream 0.05 %* | | 2 | |
| *desonide topical gel 0.05 %* | | 2 | |
| *desonide topical lotion 0.05 %* | | 2 | |
| *desonide topical ointment 0.05 %* | | 2 | |
| *desoximetasone topical cream 0.05 %, 0.25 %* | (Topicort) | 2 | |
| *desoximetasone topical gel 0.05 %* | (Topicort) | 2 | |
| *desoximetasone topical ointment 0.05 %, 0.25 %* | (Topicort) | 2 | |
| *desoximetasone topical spray,non-aerosol 0.25 %* | (Topicort) | 2 | |
| EUCRISA TOPICAL OINTMENT 2 % | | 5 | PA; QL (100 per 30 days) |
| *fluocinolone topical cream 0.01 %* | | 2 | |
| *fluocinolone topical cream 0.025 %* | (Synalar) | 2 | |
| *fluocinolone topical oil 0.01 %* | (Derma-Smoothe/FS Body Oil) | 2 | |
| *fluocinolone topical ointment 0.025 %* | (Synalar) | 2 | |
| *fluocinolone topical solution 0.01 %* | (Synalar) | 2 | |
| *fluocinonide topical cream 0.05 %* | | 2 | |
| *fluocinonide topical cream 0.1 %* | (Vanos) | 2 | |
| *fluocinonide topical gel 0.05 %* | | 2 | |
| *fluocinonide topical ointment 0.05 %* | | 2 | |
| *fluocinonide topical solution 0.05 %* | | 2 | |
| *fluocinonide-e topical cream 0.05 %* | (fluocinonide-emollient) | 2 | |
| *flurandrenolide topical cream 0.05 %* | | 2 | QL (120 per 30 days) |
| *flurandrenolide topical lotion 0.05 %* | | 2 | QL (120 per 30 days) |
| *flurandrenolide topical ointment 0.05 %* | | 2 | QL (120 per 30 days) |
| *fluticasone propionate topical cream 0.05 %* | | 2 | |
| *fluticasone propionate topical lotion 0.05 %* | (Beser) | 2 | |
| *fluticasone propionate topical ointment 0.005 %* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *halcinonide topical cream 0.1 %* | (Halog) | 2 | |
| *halobetasol propionate topical cream 0.05 %* | | 2 | |
| *halobetasol propionate topical ointment 0.05 %* | | 2 | |
| *hydrocortisone acetate rectal suppository 25 mg* | (Anucort-HC) | 2 | |
| *hydrocortisone acetate rectal suppository 30 mg* | (Hemmorex-HC) | 2 | |
| *hydrocortisone butyrate topical lotion 0.1 %* | | 2 | QL (236 per 30 days) |
| *hydrocortisone butyrate topical ointment 0.1 %* | | 2 | |
| *hydrocortisone butyrate topical solution 0.1 %* | | 2 | |
| *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 %* | | 2 | |
| *hydrocortisone valerate topical ointment 0.2 %* | | 2 | |
| *hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %* | (Analpram-HC) | 2 | |
| *hydrocortisone-pramoxine topical cream 2.5-1 %* | | 2 | |
| *mometasone topical cream 0.1 %* | | 2 | |
| *mometasone topical ointment 0.1 %* | | 2 | |
| *mometasone topical solution 0.1 %* | | 2 | |
| *pimecrolimus topical cream 1 %* | | 2 | ST |
| *prednicarbate topical cream 0.1 %* | | 2 | |
| *prednicarbate topical ointment 0.1 %* | | 2 | |
| *procto-med hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 2 | |
| *proctosol hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *proctozone-hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 2 | |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | | 2 | |
| *triamcinolone acetonide topical aerosol 0.147 mg/gram* | (Kenalog) | 2 | |
| *triamcinolone acetonide topical cream 0.025 %, 0.1 %* | | 2 | |
| *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 0.3 %* | | 2 | AGE (Max 25 Years) |
| *adapalene topical lotion 0.1 %* | (Differin) | 2 | AGE (Max 25 Years) |
| *adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %* | (Epiduo) | 2 | QL (45 per 30 days); AGE (Max 25 Years) |
| *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 0.05 %, 0.1 %* | (Tazorac) | 2 | |
| *tazarotene topical gel 0.05 %, 0.1 %* | (Tazorac) | 2 | |
| *tretinoin microspheres topical gel 0.04 %, 0.1 %* | | 2 | AGE (Max 25 Years) |
| *tretinoin microspheres topical gel with pump 0.08 %* | (Retin-A Micro Pump) | 2 | AGE (Max 25 Years) |
| *tretinoin topical cream 0.025 %* | (Avita) | 2 | AGE (Max 25 Years) |
| *tretinoin topical cream 0.05 %, 0.1 %* | (Retin-A) | 2 | AGE (Max 25 Years) |
| *tretinoin topical gel 0.01 %, 0.025 %* | (Retin-A) | 2 | AGE (Max 25 Years) |
| *tretinoin topical gel 0.05 %* | (Atralin) | 2 | AGE (Max 25 Years) |
| **Scabicides And Pediculicides** | | | |
| EURAX TOPICAL LOTION 10 % | | 4 | |
| *ivermectin topical cream 1 %* | (Soolantra) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lindane topical shampoo 1 %* | 2 | |
| *malathion topical lotion 0.5 %* (Ovide) | 2 | |
| *permethrin topical cream 5 %* | 2 | |
| *spinosad topical suspension 0.9 %* (Natroba) | 2 | |
| **Devices** | | |
| **Devices** | | |
| INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64" | 3 | |
| MONOJECT INSULIN SAFETY SYRING SYRINGE 1 ML 29 GAUGE X 1/2" | 3 | |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL (15 per 30 days) |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | 3 | QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | 3 | QL (15 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (15 per 30 days) |
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (15 per 30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (15 per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (15 per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (15 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (15 per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL (15 per 30 days) |
| OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE | 3 | QL (15 per 30 days) |
| V-GO 20 DEVICE | 3 | |
| V-GO 30 DEVICE | 3 | |
| V-GO 40 DEVICE | 3 | |
| **Enzyme Cofactors/Chaperones** | | |
| **Enzyme Cofactors/Chaperones** | | |
| *zelvysia oral powder in packet 100 mg, 500 mg* (sapropterin) | 5 | PA |
| **Enzyme Replacement/Modifiers** | | |
| **Enzyme Replacement/Modifiers** | | |
| 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 | 3 | |
| *miglustat oral capsule 100 mg* (Yargesa) | 5 | PA; QL (90 per 30 days) |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* (Orfadin) | 5 | PA |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 5 | PA; QL (60 per 30 days) |
| *sapropterin oral powder in packet 100 mg, 500 mg* (Zelvysia) | 5 | PA |
| *sapropterin oral tablet,soluble 100 mg* (Javygtor) | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 3 | |
| **Eye, Ear, Nose, Throat Agents** | | |
| **Eye, Ear, Nose, Throat Agents, Miscellaneous** | | |
| ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % | 4 | QL (40 per 30 days) |
| *apraclonidine ophthalmic (eye) drops 0.5 %* | 2 | |
| *atropine ophthalmic (eye) drops 1 %* | 2 | |
| *atropine ophthalmic (eye) ointment 1 %* | 2 | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | 2 | QL (60 per 30 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* (Astepro Allergy) | 2 | 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) | 2 | ST; QL (23 per 30 days) |
| *bepotastine besilate ophthalmic (eye) drops 1.5 %* (Bepreve) | 2 | QL (10 per 30 days) |
| *ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)* (Otovel) | 2 | |
| *cromolyn ophthalmic (eye) drops 4 %* | 2 | QL (50 per 28 days) |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 5 | PA; QL (60 per 28 days) |
| *epinastine ophthalmic (eye) drops 0.05 %* | 2 | QL (10 per 30 days) |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)* | 2 | |
| *levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %* | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | | 3 | PA |
| *olopatadine nasal spray,non-aerosol 0.6 %* | | 2 | QL (30.5 per 30 days) |
| *olopatadine ophthalmic (eye) drops 0.1 %* | (Eye Allergy Itch-Redness Rlf) | 2 | |
| *olopatadine ophthalmic (eye) drops 0.2 %* | (Advanced Eye Relief (olopatad)) | 2 | QL (3 per 30 days) |
| *phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %* | | 2 | |
| *proparacaine ophthalmic (eye) drops 0.5 %* | (Alcaine) | 2 | |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY | | 3 | PA |
| ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % | | 4 | QL (60 per 30 days) |
| **Eye, Ear, Nose, Throat Anti-Infectives Agents** | | | |
| *acetic acid otic (ear) solution 2 %* | | 2 | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | | 4 | |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | | 2 | |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | (Polycin) | 2 | |
| *besifloxacin ophthalmic (eye) drops,suspension 0.6 %* | (Besivance) | 3 | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % | (besifloxacin) | 3 | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | | 2 | |
| *ciprofloxacin hcl otic (ear) dropperette 0.2 %* | (Cetraxal) | 2 | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | | 2 | |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML | | 4 | |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *gatifloxacin ophthalmic (eye) drops 0.5 %* | | 2 | |
| *gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)* | | 2 | |
| *gentamicin ophthalmic (eye) drops 0.3 %* | | 2 | |
| *gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)* | | 2 | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | | 2 | |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* | (Vigamox) | 2 | |
| *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 | |
| *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 %* | | 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) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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* | | 2 | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | | 2 | |
| *sulfacetamide sodium ophthalmic (eye) ointment 10 %* | | 2 | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | | 2 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | | 4 | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* | | 2 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | | 4 | |
| *trifluridine ophthalmic (eye) drops 1 %* | | 2 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | | 3 | |
| **Eye, Ear, Nose, Throat Anti-Inflammatory Agents** | | | |
| *bromfenac ophthalmic (eye) drops 0.09 %* | | 2 | QL (6.8 per 30 days) |
| *cyclosporine ophthalmic (eye) dropperette 0.05 %* | (Restasis) | 3 | PA; QL (60 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) | 2 | QL (10 per 14 days) |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | | 2 | QL (25 per 30 days) |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | (DermOtic Oil) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | | 4 | QL (6.8 per 30 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 % | | 3 | QL (14 per 28 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | | 3 | QL (20 per 28 days) |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | (Lotemax) | 2 | QL (20 per 28 days) |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | | 2 | QL (40 per 28 days) |
| *mometasone nasal spray,non-aerosol 50 mcg/actuation* | (Allergy Nasal (mometasone)) | 2 | QL (17 per 30 days) |
| *nasal allergy nasal aerosol,spray 55 mcg* | (triamcinolone acetonide) | 2 | QL (16.9 per 30 days) |
| *prednisolone sodium phosphate ophthalmic (eye) drops 1 %* | | 2 | QL (40 per 28 days) |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | | 3 | PA; QL (5.5 per 30 days) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | (cyclosporine) | 3 | PA; QL (60 per 30 days) |
| *triamcinolone acetonide nasal aerosol,spray 55 mcg* | (Nasal Allergy) | 2 | QL (16.9 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | | 3 | PA; QL (60 per 30 days) |
| **Gastrointestinal Agents** | | | |
| **Antiulcer Agents And Acid Suppressants** | | | |
| *amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg* | | 2 | QL (112 per 10 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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) | 2 | ST; QL (30 per 30 days) |
| *famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)* | | 2 | |
| *famotidine oral tablet 20 mg* | (Acid Controller) | 1 | |
| *famotidine oral tablet 40 mg* | (Pepcid) | 2 | |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg* | (Acid Reducer (lansoprazole)) | 2 | QL (30 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | (Prevacid) | 2 | QL (30 per 30 days) |
| *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* | | 2 | |
| *nizatidine oral solution 150 mg/10 ml* | | 2 | |
| *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) | 2 | 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 | QL (30 per 30 days) |
| *sucralfate oral tablet 1 gram* | (Carafate) | 2 | |
| **Gastrointestinal Agents, Other** | | | |
| *carglumic acid oral tablet, dispersible 200 mg* | (Carbaglu) | 5 | 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 tablet 20 mg, 40 mg* | | 2 | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | (Lomotil) | 2 | |
| *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 tablet 1 mg* | (Robinul) | 2 | |
| *glycopyrrolate oral tablet 2 mg* | (Robinul Forte) | 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 | |
| *hyosyne oral elixir 0.125 mg/5 ml* | (hyoscyamine sulfate) | 2 | |
| *kionex (with sorbitol) oral suspension 15-20 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) |
| *loperamide oral capsule 2 mg* | (Anti-Diarrheal (loperamide)) | 2 | |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | (Amitiza) | 2 | 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 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | | 4 | PA; QL (30 per 30 days) |
| MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG | | 4 | QL (60 per 30 days) |
| *oscimin oral tablet 0.125 mg* | (hyoscyamine sulfate) | 2 | |
| *oscimin sl sublingual tablet 0.125 mg* | (hyoscyamine sulfate) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sodium phenylbutyrate oral powder 0.94 gram/gram* | (Buphenyl) | 5 | PA |
| *sodium phenylbutyrate oral tablet 500 mg* | (Buphenyl) | 5 | PA |
| *sodium polystyrene sulfonate oral powder 15 gram* | | 2 | |
| *sodium polystyrene sulfonate oral suspension 15 gram/60 ml* | | 2 | |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | | 2 | |
| SYMPROIC ORAL TABLET 0.2 MG | | 4 | PA |
| TRULANCE ORAL TABLET 3 MG | | 4 | QL (30 per 30 days) |
| *ursodiol oral capsule 300 mg* | | 2 | |
| *ursodiol oral tablet 250 mg* | | 2 | |
| *ursodiol oral tablet 500 mg* | (URSO Forte) | 2 | |
| **Laxatives** | | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML | | 3 | |
| *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 | |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | (GaviLyte-G) | 2 | |
| *peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram* | (MoviPrep) | 2 | |
| *peg-electrolyte soln oral recon soln 420 gram* | (GaviLyte-N) | 2 | |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram* | (Suprep Bowel Prep Kit) | 2 | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | | 3 | |
| **Phosphate Binders** | | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | | 2 | |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg* | (Fosrenol) | 2 | |
| *sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram* | (Renvela) | 2 | |
| *sevelamer carbonate oral tablet 800 mg* | (Renvela) | 2 | |
| *sevelamer hcl oral tablet 400 mg, 800 mg* | | 2 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | | 4 | PA; QL (180 per 30 days) |
| **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* | | 2 | 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 SUSPENSION,EXTENDED REL RECON 8 MG/ML | | 3 | PA; QL (300 per 30 days) |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | (mirabegron) | 3 | PA; QL (30 per 30 days) |
| *oxybutynin chloride oral syrup 5 mg/5 ml* | | 2 | |
| *oxybutynin chloride oral tablet 2.5 mg, 5 mg* | | 2 | |
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg* | | 2 | |
| *solifenacin oral tablet 10 mg, 5 mg* | (Vesicare) | 2 | |
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | | 2 | ST; QL (30 per 30 days) |
| *tolterodine oral tablet 1 mg, 2 mg* | | 2 | QL (60 per 30 days) |
| *trospium oral capsule,extended release 24hr 60 mg* | | 2 | |
| *trospium oral tablet 20 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Genitourinary Agents, Miscellaneous** | | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | (Uroxatral) | 2 | |
| *dutasteride oral capsule 0.5 mg* | (Avodart) | 2 | |
| *dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg* | (Jalyn) | 2 | |
| *finasteride oral tablet 5 mg* | (Proscar) | 2 | |
| *phenazopyridine oral tablet 100 mg, 200 mg* | (Pyridium) | 2 | |
| *silodosin oral capsule 4 mg, 8 mg* | (Rapaflo) | 2 | QL (30 per 30 days) |
| *tamsulosin oral capsule 0.4 mg* | | 2 | |
| *terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | | 2 | |
| *uro-mp oral capsule 118-10-40.8-36 mg* | | 2 | |
| **Heavy Metal Antagonists** | | | |
| **Heavy Metal Antagonists** | | | |
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | (Jadenu Sprinkle) | 5 | PA |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | (Jadenu) | 5 | PA |
| *deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg* | (Exjade) | 5 | PA |
| *penicillamine oral capsule 250 mg* | (Cuprimine) | 5 | PA; QL (240 per 30 days) |
| *penicillamine oral tablet 250 mg* | (Depen Titratabs) | 5 | PA; QL (240 per 30 days) |
| **Hormonal Agents, Stimulant/Replacement/Modifying** | | | |
| **Androgens** | | | |
| *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 | |
| *estratest f.s. oral tablet 1.25-2.5 mg* | (estrogens-methyltestosterone) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *estrogens-methyltestosterone oral tablet 0.625-1.25 mg* | (Covaryx H.S.) | 2 | |
| *estrogens-methyltestosterone oral tablet 1.25-2.5 mg* | (Covaryx) | 2 | |
| *methyltestosterone oral capsule 10 mg* | | 2 | PA NSO; QL (150 per 30 days) |
| *oxandrolone oral tablet 10 mg, 2.5 mg* | | 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)* | | 2 | PA NSO; QL (150 per 30 days) |
| *testosterone transdermal gel in packet 1 % (50 mg/5 gram)* | (Vogelxo) | 2 | PA NSO; QL (300 per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)* | | 2 | PA NSO; QL (37.5 per 30 days) |
| *testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)* | | 2 | PA NSO; QL (180 per 30 days) |
| **Estrogens And Antiestrogens** | | | |
| *abigale lo oral tablet 0.5-0.1 mg* | (estradiol-norethindrone acet) | 1 | |
| *abigale oral tablet 1-0.5 mg* | (estradiol-norethindrone acet) | 1 | |
| BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG | | 3 | |
| *clomiphene citrate oral tablet 50 mg* | (Clomid) | 2 | |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR | | 3 | QL (8 per 28 days) |
| *conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg* | (Premarin) | 2 | |
| *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) | 2 | QL (8 per 28 days) |
| DUAVEE ORAL TABLET 0.45-20 MG | | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | | 2 | |
| *estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)* | (Divigel) | 2 | QL (30 per 30 days) |
| *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) | 2 | 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* | (Abigale Lo) | 2 | |
| *estradiol-norethindrone acet oral tablet 1-0.5 mg* | (Abigale) | 2 | |
| *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 | |
| *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) | 2 | QL (8 per 28 days) |
| *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 | | 4 | PA; QL (30 per 30 days) |
| PREMARIN ORAL TABLET 0.45 MG, 1.25 MG | (conjugated estrogens) | 3 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | | 3 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | | 3 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | | 3 | |
| *raloxifene oral tablet 60 mg* | (Evista) | 2 | PA; QL (30 per 30 days) |
| *yuvafem vaginal tablet 10 mcg* | (estradiol) | 2 | |
| **Glucocorticoids/Mineralocorticoids** | | | |
| *cortisone oral tablet 25 mg* | | 2 | |
| *dexamethasone oral solution 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 | |
| *fludrocortisone oral tablet 0.1 mg* | | 2 | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | (Cortef) | 2 | |
| *methylprednisolone oral tablet 16 mg, 4 mg, 8 mg* | (Medrol) | 2 | |
| *methylprednisolone oral tablet 32 mg* | | 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) | | 4 | |
| *prednisolone oral tablet 5 mg* | (Millipred) | 2 | |
| *prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)* | | 2 | |
| *prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)* | (Veripred 20) | 2 | |
| *prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg* | (Orapred ODT) | 2 | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | | 4 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **Pituitary** | | |
| *desmopressin injection solution 4 mcg/ml* (DDAVP) | 2 | |
| *desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)* | 2 | |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* (DDAVP) | 2 | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | 5 | PA |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) | 5 | PA |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | 4 | 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) | 5 | PA |
| ORGOVYX ORAL TABLET 120 MG | 5 | PA |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) | 4 | PA |
| ORILISSA ORAL TABLET 150 MG | 4 | PA; QL (30 per 30 days) |
| ORILISSA ORAL TABLET 200 MG | 4 | PA; QL (60 per 30 days) |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | 5 | PA |
| SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 5 | PA |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | | 5 | PA; QL (30 per 30 days) |
| **Progestins** | | | |
| *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) |
| *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* | (Gallifrey) | 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)) | 3 | |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG | | 3 | |
| *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) | 4 | |
| *liomny oral tablet 25 mcg, 5 mcg, 50 mcg* | (liothyronine) | 2 | |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | (Liomny) | 2 | |
| *methimazole oral tablet 10 mg, 5 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | (thyroid (pork)) | 2 | |
| *propylthiouracil oral tablet 50 mg* | | 2 | |
| *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) | 4 | |
| *thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | (NP Thyroid) | 2 | |
| **Immunological Agents** | | | |
| **Immunological Agents** | | | |
| *adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml* | (Hyrimoz(CF) Pen) | 5 | PA; QL (0.8 per 28 days) |
| *adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml* | (Hyrimoz Pen Crohn's-UC Starter) | 5 | PA; QL (0.8 per 28 days) |
| *adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml* | (Hyrimoz(CF)) | 5 | PA; QL (0.8 per 28 days) |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML | | 5 | PA |
| *azathioprine oral tablet 100 mg, 75 mg* | (Azasan) | 2 | |
| *azathioprine oral tablet 50 mg* | (Imuran) | 2 | |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML | | 5 | PA; QL (1 per 28 days) |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML | | 5 | PA; QL (1 per 28 days) |
| *cyclosporine modified oral capsule 100 mg, 25 mg* | (Gengraf) | 2 | |
| *cyclosporine modified oral capsule 50 mg* | | 2 | |
| *cyclosporine modified oral solution 100 mg/ml* | (Gengraf) | 2 | |
| *cyclosporine oral capsule 25 mg* | (Sandimmune) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | 5 | PA; QL (2.28 per 28 days) |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 5 | PA; QL (4 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 5 | PA; QL (1.34 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 5 | PA; QL (2.28 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML | 5 | PA; QL (4 per 28 days) |
| EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML | 5 | PA; QL (4 per 28 days) |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 5 | PA |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 5 | PA; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 5 | PA; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 5 | PA; QL (4 per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 5 | PA |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML | 5 | PA |
| *everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg* (Zortress) | 5 | |
| *gengraf oral capsule 100 mg, 25 mg* (cyclosporine modified) | 2 | |
| *gengraf oral solution 100 mg/ml* (cyclosporine modified) | 2 | |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; QL (6 per 28 days) |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; QL (4 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; QL (4 per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 5 | 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 | 5 | PA; QL (2 per 28 days) |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; QL (3 per 28 days) |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; QL (2 per 28 days) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 5 | PA; QL (3 per 28 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 5 | PA; QL (4 per 28 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | 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 | 5 | PA; QL (2 per 28 days) |
| *leflunomide oral tablet 10 mg, 20 mg* (Arava) | 2 | |
| *mycophenolate mofetil oral capsule 250 mg* (CellCept) | 2 | |
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* (CellCept) | 2 | |
| *mycophenolate mofetil oral tablet 500 mg* (CellCept) | 2 | |
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg* (Myfortic) | 2 | |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 5 | PA; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML) | 5 | PA; QL (1 per 28 days) |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; QL (2 per 28 days) |
| OMVOH SUBCUTANEOUS SYRINGE 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML) | 5 | PA; QL (1 per 28 days) |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 5 | PA; QL (60 per 30 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 5 | PA; QL (55 per 28 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19) | 5 | PA; QL (27 per 14 days) |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG | 5 | PA; QL (55 per 28 days) |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG | 5 | PA; QL (41 per 28 days) |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 5 | |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 5 | PA; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 5 | PA; QL (30 per 30 days) |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | 4 | |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 5 | PA; QL (1 per 28 days) |
| SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 45 MG/0.5 ML, 90 MG/ML | 5 | PA; QL (1 per 28 days) |
| SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 5 | PA; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML | 5 | PA; QL (2 per 28 days) |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (adalimumab-ryvk) | 5 | PA; QL (2 per 28 days) |
| *sirolimus oral solution 1 mg/ml* | 5 | |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | 5 | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML | 5 | PA; QL (2 per 28 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 5 | PA |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 5 | PA |
| SOTYKTU ORAL TABLET 6 MG | 5 | PA |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab) | 5 | PA; QL (1 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab) | 5 | PA; QL (1 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab) | 5 | PA; QL (1 per 84 days) |
| STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 5 | PA; QL (1 per 28 days) |
| STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML | 5 | PA; QL (1 per 84 days) |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* (Prograf) | 5 | |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 5 | PA; QL (1 per 28 days) |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML | 5 | PA; QL (1 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; QL (1 per 56 days) |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 5 | PA; QL (1 per 56 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 5 | PA; QL (1 per 56 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | 5 | PA; QL (1 per 56 days) |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 5 | PA |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 5 | PA |
| USTEKINUMAB-AEKN (Selarsdi) SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 5 | PA; QL (1 per 28 days) |
| USTEKINUMAB-AEKN (Selarsdi) SUBCUTANEOUS SYRINGE 90 MG/ML | 5 | PA; QL (1 per 84 days) |
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | PA; QL (300 per 30 days) |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; QL (60 per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 5 | PA; QL (30 per 30 days) |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 5 | PA; QL (1 per 28 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 5 | PA; QL (1 per 28 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | 5 | PA; QL (1 per 84 days) |
| **Vaccines** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 1 | QL (1 per 365 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG | 1 | AGE (Min 50 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) |
| CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML | 1 | |
| 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) |
| 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 SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 1 | QL (2 per 365 days) |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 1 | QL (1 per 365 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 1 | PA |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 1 | |
| 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) |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 1 | AGE (Min 60 Years) |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 1 | QL (1 per 365 days) |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | 1 | QL (1 per 365 days) |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 1 | QL (1 per 365 days) |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML | 1 | |
| PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG | 1 | |
| PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| 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) |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 1 | PA |
| 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) |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 1 | QL (2 per 365 days); AGE (Min 50 Years) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 1 | QL (0.5 per 365 days); AGE (Min 7 Years) |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML | 1 | PA |
| 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) |
| 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) |
| **Inflammatory Bowel Disease Agents** | | |
| **Inflammatory Bowel Disease Agents** | | |
| *alosetron oral tablet 0.5 mg, 1 mg* (Lotronex) | 2 | |
| *balsalazide oral capsule 750 mg* (Colazal) | 2 | |
| *budesonide oral capsule,delayed,extend.release 3 mg* | 2 | |
| DIPENTUM ORAL CAPSULE 250 MG | 5 | ST |
| *hydrocortisone rectal enema 100 mg/60 ml* (Cortenema) | 2 | |
| *mesalamine oral capsule, extended release 500 mg* (Pentasa) | 2 | |
| *mesalamine oral capsule,extended release 24hr 0.375 gram* (Apriso) | 2 | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram* (Lialda) | 2 | |
| *mesalamine oral tablet,delayed release (dr/ec) 800 mg* | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *mesalamine rectal enema 4 gram/60 ml* | (Rowasa) | 2 | |
| *mesalamine rectal suppository 1,000 mg* | (Canasa) | 2 | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG | | 3 | |
| *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, 5 mg* | | 2 | |
| *alendronate oral tablet 70 mg* | (Fosamax) | 2 | |
| BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) | (teriparatide) | 5 | PA; QL (2.4 per 28 days) |
| *calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation* | | 2 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | | 2 | |
| *calcitriol oral solution 1 mcg/ml* | (Rocaltrol) | 2 | |
| *cinacalcet oral tablet 30 mg, 60 mg* | (Sensipar) | 5 | QL (60 per 30 days) |
| *cinacalcet oral tablet 90 mg* | (Sensipar) | 5 | QL (120 per 30 days) |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | | 2 | |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT | | 4 | QL (4 per 28 days) |
| *ibandronate oral tablet 150 mg* | | 2 | |
| *paricalcitol oral capsule 1 mcg, 2 mcg* | (Zemplar) | 2 | |
| *paricalcitol oral capsule 4 mcg* | | 2 | |
| *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) | 2 | QL (4 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* (Bonsity) | 5 | PA |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 5 | PA; QL (1.56 per 28 days) |
| **Miscellaneous Therapeutic Agents** | | |
| **Miscellaneous Therapeutic Agents** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 5 | PA |
| *betaine oral powder 1 gram/scoop* (Cystadane) | 5 | PA |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 2 | |
| *diazoxide oral suspension 50 mg/ml* (Proglycem) | 2 | |
| ELMIRON ORAL CAPSULE 100 MG | 4 | PA |
| *glucagon emergency kit (human) injection recon soln 1 mg* | 3 | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML | 3 | QL (0.4 per 30 days) |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML | 3 | QL (0.8 per 30 days) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 3 | QL (0.8 per 30 days) |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML | 3 | QL (0.4 per 30 days) |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 3 | |
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | 2 | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | 2 | PA |
| *methylergonovine oral tablet 0.2 mg* | 2 | QL (28 per 30 days) |
| *nitroglycerin rectal ointment 0.4 % (w/w)* (Rectiv) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *pyridostigmine bromide oral syrup 60 mg/5 ml* | (Mestinon) | 2 | |
| *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 | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | | 5 | PA; QL (60 per 30 days) |
| TYBOST ORAL TABLET 150 MG | | 4 | QL (30 per 30 days) |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM | | 5 | QL (24 per 14 days) |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL | | 5 | PA; QL (12 per 30 days) |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML | | 3 | QL (2.4 per 30 days) |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | | 3 | QL (2.4 per 30 days) |
| **Ophthalmic Agents** | | | |
| **Antiglaucoma Agents** | | | |
| *acetazolamide oral capsule, extended release 500 mg* | | 2 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | | 2 | |
| *betaxolol ophthalmic (eye) drops 0.5 %* | | 2 | |
| *bimatoprost ophthalmic (eye) drops 0.03 %* | | 2 | QL (2.5 per 25 days) |
| *brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %* | (Alphagan P) | 2 | |
| *brimonidine ophthalmic (eye) drops 0.2 %* | | 2 | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* | (Combigan) | 2 | |
| *brinzolamide ophthalmic (eye) drops,suspension 1 %* | (Azopt) | 2 | |
| *carteolol ophthalmic (eye) drops 1 %* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *dorzolamide ophthalmic (eye) drops 2 %* | | 2 | |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %* | (Cosopt (PF)) | 2 | 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 % | | 3 | QL (2.5 per 25 days) |
| *methazolamide oral tablet 25 mg, 50 mg* | | 2 | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | | 2 | |
| *pilocarpine hcl ophthalmic (eye) drops 1.25 %* | (Vuity) | 2 | |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | | 3 | |
| *tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %* | (Zioptan (PF)) | 2 | QL (30 per 30 days) |
| *timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %* | (Timoptic Ocudose (PF)) | 2 | QL (60 per 30 days) |
| *timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %* | | 2 | |
| *timolol maleate ophthalmic (eye) drops, once daily 0.5 %* | (Istalol) | 2 | |
| *timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %* | | 2 | |
| *timolol ophthalmic (eye) drops 0.5 %* | (Betimol) | 2 | |
| *travoprost ophthalmic (eye) drops 0.004 %* | (Travatan Z) | 2 | QL (2.5 per 25 days) |
| **Replacement Preparations** | | | |
| **Replacement Preparations** | | | |
| *effer-k 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 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | (potassium chloride) | 2 | |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | | 2 | |
| *potassium chloride oral liquid 40 meq/15 ml* | | 2 | |
| *potassium chloride oral packet 20 meq* | (Klor-Con) | 2 | |
| *potassium chloride oral tablet extended release 10 meq* | (Klor-Con 10) | 2 | |
| *potassium chloride oral tablet extended release 15 meq, 20 meq* | | 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) | 2 | |
| *potassium citrate oral tablet extended release 5 meq (540 mg)* | | 2 | |
| **Respiratory Tract Agents** | | | |
| **Anti-Inflammatories, Inhaled Corticosteroids** | | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | (fluticasone propion-salmeterol) | 3 | QL (12 per 28 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | (fluticasone furoate) | 3 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | (fluticasone furoate-vilanterol) | 3 | QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | | 3 | QL (60 per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml* | (Pulmicort) | 2 | QL (120 per 30 days) |
| *budesonide inhalation suspension for nebulization 1 mg/2 ml* | (Pulmicort) | 2 | QL (60 per 30 days) |
| *budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | (Breyna) | 2 | QL (30.6 per 30 days) |
| *fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation* | | 2 | QL (60 per 30 days) |
| *fluticasone propionate inhalation blister with device 250 mcg/actuation* | | 2 | QL (120 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation* | | 2 | QL (12 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation, 44 mcg/actuation* | | 2 | |
| *fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | (Wixela Inhub) | 2 | QL (60 per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | | 4 | |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | | 4 | QL (21.2 per 30 days) |
| *wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | (fluticasone propion-salmeterol) | 2 | QL (60 per 30 days) |
| **Antileukotrienes** | | | |
| *montelukast oral granules in packet 4 mg* | (Singulair) | 2 | |
| *montelukast oral tablet 10 mg* | (Singulair) | 2 | |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | (Singulair) | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *zafirlukast oral tablet 10 mg, 20 mg* | (Accolate) | 2 | |
| *zileuton oral tablet, er multiphase 12 hr 600 mg* | | 2 | QL (120 per 30 days) |
| **Bronchodilators** | | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | | 4 | QL (10.7 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | (Ventolin HFA) | 2 | |
| *albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 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* | | 2 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | (umeclidinium-vilanterol) | 3 | QL (60 per 30 days) |
| *arformoterol inhalation solution for nebulization 15 mcg/2 ml* | (Brovana) | 2 | QL (120 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | | 4 | QL (25.8 per 30 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | | 3 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | | 3 | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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/0.5 ml, 1.25 mg/3 ml* | 2 | |
| *levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation* (Xopenex HFA) | 2 | QL (30 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide) | 3 | QL (30 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| *terbutaline oral tablet 2.5 mg, 5 mg* | 2 | |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG | 3 | |
| *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 | 3 | QL (60 per 30 days) |
| **Respiratory Tract Agents, Other** | | |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | 2 | |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 5 | PA; QL (1 per 28 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | | 5 | PA |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | | 5 | PA; QL (60 per 30 days) |
| KALYDECO ORAL TABLET 150 MG | | 5 | PA; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | | 5 | PA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | | 5 | PA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | | 5 | PA; QL (1 per 28 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | | 5 | PA; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | | 5 | PA; QL (120 per 30 days) |
| *pirfenidone oral tablet 267 mg* | (Esbriet) | 5 | PA; QL (270 per 30 days) |
| *pirfenidone oral tablet 534 mg* | | 5 | PA; QL (21 per 30 days) |
| *pirfenidone oral tablet 801 mg* | (Esbriet) | 5 | PA; QL (90 per 30 days) |
| *roflumilast oral tablet 250 mcg, 500 mcg* | (Daliresp) | 2 | QL (30 per 30 days) |
| *sodium chloride inhalation solution for nebulization 0.9 %* | | 2 | |
| *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) | | 5 | PA; QL (56 per 28 days) |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) | | 5 | PA; QL (1 per 28 days) |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) | | 5 | PA; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | | 5 | PA; QL (5 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; QL (5 per 28 days) |
| ZORYVE TOPICAL FOAM 0.3 % | 5 | PA; QL (60 per 30 days) |
| **Skeletal Muscle Relaxants** | | |
| **Skeletal Muscle Relaxants** | | |
| *baclofen oral tablet 10 mg* | 2 | QL (240 per 30 days) |
| *baclofen oral tablet 15 mg* | 2 | QL (160 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) | 2 | QL (120 per 30 days) |
| *carisoprodol-aspirin oral tablet 200-325 mg* | 2 | |
| *carisoprodol-aspirin-codeine oral tablet 200-325-16 mg* | 2 | 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* | 2 | QL (120 per 30 days) |
| *dantrolene oral capsule 25 mg* (Dantrium) | 2 | QL (90 per 30 days) |
| *dantrolene oral capsule 50 mg* | 2 | QL (90 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) | 2 | QL (120 per 30 days) |
| *orphenadrine-asa-caffeine oral tablet 50-770-60 mg* (Norgesic Forte) | 2 | 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) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Sleep Disorder Agents** | | | |
| **Sleep Disorder Agents** | | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg* | (Nuvigil) | 2 | PA; QL (30 per 30 days) |
| *armodafinil oral tablet 50 mg* | (Nuvigil) | 2 | PA; QL (90 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | | 4 | ST; QL (30 per 30 days) |
| DAYVIGO ORAL TABLET 10 MG, 5 MG | | 4 | 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) | 2 | PA; QL (60 per 30 days) |
| *ramelteon oral tablet 8 mg* | (Rozerem) | 2 | QL (30 per 30 days) |
| *sodium oxybate oral solution 500 mg/ml* | (Xyrem) | 5 | PA; QL (540 per 30 days) |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML | | 5 | PA |
| *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) |
| *zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg* | (Ambien CR) | 2 | 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 | | 5 | PA; QL (90 per 30 days) |
| *alyq oral tablet 20 mg* | (tadalafil (pulm. hypertension)) | 5 | PA; QL (60 per 30 days) |
| *ambrisentan oral tablet 10 mg, 5 mg* | (Letairis) | 5 | PA; QL (30 per 30 days) |
| *bosentan oral tablet 125 mg, 62.5 mg* | (Tracleer) | 5 | PA; QL (60 per 30 days) |
| *bosentan oral tablet for suspension 32 mg* | (Tracleer) | 5 | PA; QL (120 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | | 5 | PA; QL (30 per 30 days) |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) | | 5 | PA |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) | | 5 | PA |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG | | 5 | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | | 5 | PA |
| *sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml* | | 5 | PA; QL (224 per 30 days) |
| *sildenafil (pulm.hypertension) oral tablet 20 mg* | (Revatio) | 5 | PA; QL (90 per 30 days) |
| *sildenafil oral tablet 100 mg, 25 mg, 50 mg* | (Viagra) | 2 | PA; QL (8 per 30 days) |
| *tadalafil (pulm. hypertension) oral tablet 20 mg* | (Alyq) | 5 | PA; QL (60 per 30 days) |
| *tadalafil oral tablet 10 mg, 20 mg* | (Cialis) | 2 | PA; QL (8 per 30 days) |
| *tadalafil oral tablet 2.5 mg* | | 2 | PA; QL (30 per 30 days) |
| *tadalafil oral tablet 5 mg* | (Cialis) | 2 | PA; QL (30 per 30 days) |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | | 5 | PA; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | | 5 | PA; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | | 5 | PA; QL (200 per 365 days) |
| **Vitamins And Minerals** | | | |
| **Vitamins And Minerals** | | | |
| *cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)* | (Decara) | 1 | |
| *cholecalciferol (vitamin d3) oral tablet 1,250 mcg (50,000 unit)* | (Dialyvite Vitamin D3 Max) | 1 | |
| *decara oral capsule 1,250 mcg (50,000 unit)* | (cholecalciferol (vitamin d3)) | 1 | |
| *folic acid oral tablet 1 mg* | | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml)* | (multivit-min-ferrous gluconate) | 2 | |

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