# Blue MedicareRx℠ (PDP) 3 Tier Select 2027 Formulary

## (List of Covered Drugs or "Drug List")

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated on 10/09/2026. For more recent information or other questions, please contact Blue MedicareRx at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.com).

**Note to existing members:** This formulary has changed since last year.
Please review this document to make sure that it still contains the drugs you take. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

When this Drug List (formulary) refers to "we," "us," or "our," it means Blue MedicareRx℠ (PDP). When it refers to "plan" or "our plan," it means Blue MedicareRx.

This document includes a Drug List (formulary) for our plan which is current as of January 1, 2027. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

## What is the Blue MedicareRx Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue MedicareRx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary.

## Can the formulary change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx may add or remove drugs on the formulary during the year, move them to different cost sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our Document Portal here: rxmedicareplans.memberdoc.com.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

**Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug on our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Blue MedicareRx formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

**Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the brand name drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find the information in the section below titled "How do I request an exception to the Blue MedicareRx formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 9, 2026. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will notify you by mail. You may also access our formulary on our Document Portal (rxmedicareplans.memberdoc.com) to get information showing changes, additions, and/or deletions of medications contained in our formulary.

## How do I use the formulary?

There are two ways to find your drug within the formulary:

### Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Blue MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

**Prior Authorization:** Blue MedicareRx requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan based on specific criteria before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**Quantity Limits:** For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for simvastatin 80 mg tablets. This may be in addition to a standard one-month or three-month supply.

**Step Therapy:** In some cases, Blue MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Blue MedicareRx to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue MedicareRx formulary?" on page V for information about how to request an exception.

## What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that Blue MedicareRx does not cover your drug, you have two options:

You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

You can ask Blue MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

Compounds may or may not be covered by your plan benefit.

Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary.

## How do I request an exception to the Blue MedicareRx formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.

You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You can ask us to cover a formulary drug at a lower cost sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Blue MedicareRx will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost sharing drug or the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need this exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you talk to your prescriber to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that are covered under Medicare Part B.

## For more information

For more detailed information about your Blue MedicareRx prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue MedicareRx, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

## Blue MedicareRx formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary. If you have trouble finding your drug on the list, turn to the Index that begins at the back of this document.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

The information in the Requirements/Limits column tells you if Blue MedicareRx has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- B/D Covered under Medicare B or D. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- QL Quantity Limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for simvastatin 80 mg tablets.
- PA Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- ST Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- NM Not Available at Mail Order. Drugs with this abbreviation are not typically available at CVS Caremark Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark Mail Service Pharmacy. Actual availability may vary.

In the drug listing, the Tier column identifies which tier each drug is on. The amount you will pay at the pharmacy, also known as copayment or coinsurance, is determined by the drug tier.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **ANALGESICS** | | |
| ***GOUT*** | | |
| *allopurinol* TABS 100mg, 300mg | Tier 1 | |
| *colchicine* TABS .6mg<br>QL (120 tabs / 30 days) | Tier 2 | QL |
| *colchicine w/ probenecid tab 0.5-500 mg* | Tier 2 | |
| *probenecid* TABS 500mg | Tier 2 | |
| ***MISCELLANEOUS*** | | |
| JOURNAVX TABS 50mg<br>QL (29 tabs / 14 days) | Tier 2 | QL PA |
| *lidocaine hcl (local anesth.)* (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5% | Tier 3 | B/D |
| *lidocaine hcl (local anesth.)* (generic of XYLOCAINE) SOLN .5%, 1%, 2% | Tier 3 | B/D |
| ***NSAIDS*** | | |
| *celecoxib* (generic of CELEBREX) CAPS 50mg, 100mg, 200mg<br>QL (60 caps / 30 days) | Tier 2 | QL |
| *celecoxib* (generic of CELEBREX) CAPS 400mg<br>QL (30 caps / 30 days) | Tier 2 | QL |
| *diclofenac potassium* TABS 50mg<br>QL (120 tabs / 30 days) | Tier 1 | QL |
| *diclofenac sodium* TB24 100mg<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| *diclofenac sodium* TBEC 25mg, 50mg, 75mg | Tier 1 | |
| *flurbiprofen* TABS 100mg | Tier 2 | |
| *ibu* TABS 400mg, 600mg, 800mg | Tier 1 | |
| *ibuprofen* SUSP 100mg/5ml | Tier 2 | |
| *ibuprofen* TABS 400mg, 600mg, 800mg | Tier 1 | |
| *meloxicam* TABS 7.5mg, 15mg | Tier 1 | |
| *nabumetone* TABS 500mg, 750mg | Tier 1 | |
| *naproxen* TABS 250mg, 375mg, 500mg | Tier 1 | |
| *sulindac* TABS 150mg, 200mg | Tier 1 | |
| ***OPIOID ANALGESICS, LONG-ACTING*** | | |
| *fentanyl* PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr<br>QL (10 patches / 30 days) | Tier 3 | QL PA |
| *hydrocodone bitartrate* T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg<br>QL (30 tabs / 30 days) | Tier 3 | QL PA |
| *methadone hcl* TABS 5mg, 10mg<br>QL (90 tabs / 30 days) | Tier 2 | QL PA |
| *morphine sulfate* (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg<br>QL (90 tabs / 30 days) | Tier 2 | QL PA |
| *morphine sulfate* TBCR 100mg, 200mg<br>QL (90 tabs / 30 days) | Tier 2 | QL PA |
| ***OPIOID ANALGESICS, SHORT-ACTING*** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml*<br>QL (2700 mL / 30 days) | Tier 2 | QL |
| *acetaminophen w/ codeine tab 300-15 mg*<br>QL (400 tabs / 30 days) | Tier 1 | QL |
| *acetaminophen w/ codeine tab 300-30 mg*<br>QL (360 tabs / 30 days) | Tier 1 | QL |
| *acetaminophen w/ codeine tab 300-60 mg*<br>QL (180 tabs / 30 days) | Tier 1 | QL |
| *endocet tab 2.5-325mg*<br>QL (360 tabs / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *endocet tab 7.5-325mg* (generic of PERCOCET)<br>QL (240 tabs / 30 days) | Tier 2 | QL |
| *endocet tab 10-325mg* (generic of PERCOCET)<br>QL (180 tabs / 30 days) | Tier 2 | QL |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml*<br>QL (2700 mL / 30 days) | Tier 3 | QL |
| *hydrocodone-acetaminophen tab 5-325 mg*<br>QL (240 tabs / 30 days) | Tier 2 | QL |
| *hydrocodone-acetaminophen tab 7.5-325 mg*<br>QL (180 tabs / 30 days) | Tier 2 | QL |
| *hydrocodone-acetaminophen tab 10-325 mg*<br>QL (180 tabs / 30 days) | Tier 2 | QL |
| *hydrocodone-ibuprofen tab 7.5-200 mg*<br>QL (150 tabs / 30 days) | Tier 2 | QL |
| *hydromorphone hcl* (generic of DILAUDID) TABS 2mg, 4mg, 8mg<br>QL (180 tabs / 30 days) | Tier 2 | QL |
| *morphine sulfate* SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml | Tier 3 | B/D |
| *morphine sulfate* SOLN 10mg/5ml, 20mg/5ml<br>QL (900 mL / 30 days) | Tier 2 | QL |
| *morphine sulfate* (generic of MORPHINE SULFATE) SOLN 100mg/5ml<br>QL (180 mL / 30 days) | Tier 2 | QL |
| *morphine sulfate* TABS 15mg, 30mg<br>QL (180 tabs / 30 days) | Tier 2 | QL |
| *oxycodone hcl* SOLN 5mg/5ml<br>QL (900 mL / 30 days) | Tier 3 | QL |
| *oxycodone hcl* TABS 5mg, 10mg, 20mg<br>QL (180 tabs / 30 days) | Tier 2 | QL |
| *oxycodone hcl* (generic of ROXICODONE) TABS 15mg, 30mg<br>QL (180 tabs / 30 days) | Tier 2 | QL |
| *oxycodone w/ acetaminophen tab 2.5-325 mg*<br>QL (360 tabs / 30 days) | Tier 2 | QL |
| *oxycodone w/ acetaminophen tab 5-325 mg* (generic of PERCOCET)<br>QL (360 tabs / 30 days) | Tier 2 | QL |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* (generic of PERCOCET)<br>QL (240 tabs / 30 days) | Tier 2 | QL |
| *oxycodone w/ acetaminophen tab 10-325 mg* (generic of PERCOCET)<br>QL (180 tabs / 30 days) | Tier 2 | QL |
| *tramadol hcl* TABS 50mg<br>QL (240 tabs / 30 days) | Tier 1 | QL |
| **ANTI-INFECTIVES** | | |
| ***ANTI-INFECTIVES - MISCELLANEOUS*** | | |
| *albendazole* TABS 200mg<br>QL (672 tabs / year) | Tier 3 | QL PA |
| *amikacin sulfate* SOLN 1gm/4ml, 500mg/2ml | Tier 3 | |
| ARIKAYCE SUSP 590mg/8.4ml | Tier 2 | NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *atovaquone* (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days) | Tier 3 | QL PA |
| *aztreonam* SOLR 1gm, 2gm | Tier 3 | |
| BLUJEPA TABS 750mg | Tier 2 | |
| CAYSTON SOLR 75mg | Tier 2 | NM PA |
| *clindamycin hcl* (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg | Tier 1 | |
| *clindamycin phosphate* (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | Tier 3 | |
| *colistimethate sodium* (generic of COLY-MYCIN M) SOLR 150mg | Tier 3 | |
| *dapsone* TABS 25mg, 100mg | Tier 2 | |
| DAPTOMYCIN SOLR 350mg | Tier 3 | |
| *daptomycin* (generic of DAPTOMYCIN) SOLR 350mg | Tier 3 | |
| *daptomycin* SOLR 500mg | Tier 3 | |
| EMVERM CHEW 100mg QL (12 tabs / year) | Tier 1 | QL |
| *ertapenem sodium* SOLR 1gm | Tier 2 | |
| *fosfomycin tromethamine* PACK 3gm | Tier 3 | |
| *gentamicin in saline inj 0.8 mg/ml* | Tier 3 | |
| *gentamicin in saline inj 2 mg/ml* | Tier 3 | |
| *gentamicin sulfate* SOLN 10mg/ml, 40mg/ml | Tier 3 | |
| *imipenem-cilastatin intravenous for soln 250 mg* | Tier 3 | |
| *imipenem-cilastatin intravenous for soln 500 mg* (generic of PRIMAXIN IV) | Tier 3 | |
| *ivermectin* (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days) | Tier 2 | QL PA |
| *ivermectin* TABS 6mg QL (10 tabs / 90 days) | Tier 2 | QL PA |
| *linezolid* (generic of ZYVOX) SOLN 600mg/300ml | Tier 3 | |
| *linezolid* SUSR 100mg/5ml QL (1800 mL / 30 days) | Tier 3 | QL |
| *linezolid* TABS 600mg QL (60 tabs / 30 days) | Tier 3 | QL |
| LINEZOLID INJ 2MG/ML | Tier 3 | |
| *meropenem* SOLR 1gm, 500mg | Tier 3 | |
| *meropenem* (generic of MEROPENEM) SOLR 2gm | Tier 3 | |
| *methenamine hippurate* TABS 1gm | Tier 2 | |
| *metronidazole* (generic of METRONIDAZOLE) SOLN 500mg/100ml | Tier 3 | |
| *metronidazole* TABS 250mg, 500mg | Tier 1 | |
| *neomycin sulfate* TABS 500mg | Tier 1 | |
| *nitazoxanide* TABS 500mg QL (6 tabs / 30 days) | Tier 3 | QL |
| *nitrofurantoin macrocrystal* CAPS 50mg, 100mg | Tier 2 | |
| *nitrofurantoin monohyd macro* (generic of MACROBID) CAPS 100mg | Tier 2 | |
| *pentamidine isethionate inh* (generic of NEBUPENT) SOLR 300mg | Tier 3 | B/D |
| *pentamidine isethionate inj* (generic of PENTAM 300) SOLR 300mg | Tier 3 | |
| *praziquantel* TABS 600mg | Tier 3 | |
| *pyrimethamine* (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days) | Tier 1 | QL PA |
| *streptomycin sulfate* SOLR 1gm | Tier 3 | |
| *sulfadiazine* TABS 500mg | Tier 3 | |
| *sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml* | Tier 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | Tier 2 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* (generic of BACTRIM) | Tier 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* (generic of BACTRIM DS) | Tier 1 | |
| *tinidazole* TABS 250mg, 500mg | Tier 2 | |
| TOBI PODHALER CAPS 28mg | Tier 2 | NM PA |
| *tobramycin* (generic of KITABIS PAK) NEBU 300mg/5ml | Tier 1 | NM PA |
| *tobramycin sulfate* SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml | Tier 3 | |
| *trimethoprim* TABS 100mg | Tier 2 | |
| *vancomycin hcl* (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days) | Tier 3 | QL |
| *vancomycin hcl* (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days) | Tier 3 | QL |
| *vancomycin hcl* (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg | Tier 3 | |
| *vancomycin hcl* SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg | Tier 3 | |
| VANCOMYCIN INJ 1 GM | Tier 3 | |
| VANCOMYCIN INJ 500MG | Tier 3 | |
| VANCOMYCIN INJ 750MG | Tier 3 | |
| XIFAXAN TABS 200mg QL (9 tabs / 30 days) | Tier 2 | QL |
| ***ANTIFUNGALS*** | | |
| *amphotericin b* SOLR 50mg | Tier 3 | B/D |
| *amphotericin b liposome* (generic of AMBISOME) SUSR 50mg | Tier 1 | B/D |
| *caspofungin acetate* (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg | Tier 3 | |
| CRESEMBA CAPS 74.5mg, 186mg | Tier 2 | PA |
| *fluconazole* SUSR 10mg/ml | Tier 2 | |
| *fluconazole* (generic of DIFLUCAN) SUSR 40mg/ml | Tier 2 | |
| *fluconazole* TABS 50mg, 100mg, 150mg, 200mg | Tier 1 | |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | Tier 3 | |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | Tier 3 | |
| *flucytosine* (generic of ANCOBON) CAPS 250mg, 500mg | Tier 1 | PA |
| *griseofulvin microsize* SUSP 125mg/5ml; TABS 500mg | Tier 3 | |
| *griseofulvin ultramicrosize* TABS 125mg, 250mg | Tier 3 | |
| *itraconazole* (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days) | Tier 3 | QL |
| *ketoconazole* TABS 200mg | Tier 2 | PA |
| *micafungin sodium* SOLR 50mg, 100mg | Tier 3 | |
| *nystatin* TABS 500000unit | Tier 2 | |
| *posaconazole* TBEC 100mg QL (93 tabs / 30 days) | Tier 3 | QL PA |
| *terbinafine hcl* TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year | Tier 1 | QL PA |
| *voriconazole* (generic of VFEND IV) SOLR 200mg | Tier 3 | PA |
| *voriconazole* (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days) | Tier 1 | QL PA |
| *voriconazole* TABS 50mg QL (480 tabs / 30 days) | Tier 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *voriconazole* TABS 200mg QL (120 tabs / 30 days) | Tier 3 | QL |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* (generic of MALARONE) | Tier 3 | |
| *atovaquone-proguanil hcl tab 250-100 mg* (generic of MALARONE) | Tier 3 | |
| *chloroquine phosphate* TABS 250mg, 500mg | Tier 3 | |
| COARTEM TAB 20-120MG | Tier 3 | |
| *mefloquine hcl* TABS 250mg | Tier 1 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | Tier 2 | |
| *primaquine phosphate* (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg | Tier 2 | |
| *quinine sulfate* CAPS 324mg | Tier 3 | PA |
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate* (generic of ZIAGEN) SOLN 20mg/ml | Tier 3 | NM |
| *abacavir sulfate* TABS 300mg | Tier 3 | NM |
| APTIVUS CAPS 250mg | Tier 2 | NM |
| *atazanavir sulfate* CAPS 150mg | Tier 3 | NM |
| *atazanavir sulfate* (generic of REYATAZ) CAPS 200mg, 300mg | Tier 3 | NM |
| *darunavir* (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days) | Tier 3 | QL NM |
| *darunavir* (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days) | Tier 3 | QL NM |
| EDURANT TABS 25mg | Tier 2 | NM |
| EDURANT PED TBSO 2.5mg | Tier 2 | NM |
| *efavirenz* TABS 600mg | Tier 3 | NM |
| *emtricitabine* (generic of EMTRIVA) CAPS 200mg | Tier 3 | NM |
| EMTRIVA SOLN 10mg/ml | Tier 3 | NM |
| *etravirine* (generic of INTELENCE) TABS 100mg, 200mg | Tier 3 | NM |
| *fosamprenavir calcium* TABS 700mg | Tier 3 | NM |
| INTELENCE TABS 25mg | Tier 3 | NM |
| ISENTRESS CHEW 25mg | Tier 3 | NM |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | Tier 2 | NM |
| ISENTRESS HD TABS 600mg | Tier 2 | NM |
| *lamivudine* (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg | Tier 2 | NM |
| *maraviroc* (generic of SELZENTRY) TABS 150mg, 300mg | Tier 2 | NM |
| *nevirapine* SUSP 50mg/5ml; TB24 400mg | Tier 3 | NM |
| *nevirapine* TABS 200mg | Tier 1 | NM |
| NORVIR PACK 100mg | Tier 3 | NM |
| PIFELTRO TABS 100mg | Tier 2 | NM |
| PREZISTA SUSP 100mg/ml QL (400 mL / 30 days) | Tier 2 | QL NM |
| PREZISTA TABS 75mg QL (480 tabs / 30 days) | Tier 3 | QL NM |
| PREZISTA TABS 150mg QL (240 tabs / 30 days) | Tier 3 | QL NM |
| REYATAZ PACK 50mg | Tier 2 | NM |
| *rilpivirine hcl* (generic of EDURANT) TABS 25mg | Tier 3 | NM |
| *ritonavir* (generic of NORVIR) TABS 100mg | Tier 2 | NM |
| RUKOBIA TB12 600mg | Tier 2 | NM |
| SELZENTRY SOLN 20mg/ml | Tier 2 | NM |
| SUNLENCA TABS 300mg; TBPK 300mg | Tier 2 | NM |
| *tenofovir disoproxil fumarate* (generic of VIREAD) TABS 300mg | Tier 3 | NM |
| TIVICAY TABS 50mg | Tier 2 | NM |
| TIVICAY PD TBSO 5mg | Tier 2 | NM |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VIRACEPT TABS 250mg, 625mg | Tier 3 | NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | Tier 2 | NM |
| *zidovudine* (generic of RETROVIR) CAPS 100mg | Tier 3 | NM |
| *zidovudine* (generic of RETROVIR) SYRP 50mg/5ml | Tier 2 | NM |
| *zidovudine* TABS 300mg | Tier 2 | NM |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | Tier 3 | NM |
| BIKTARVY TAB 30-120-15 MG | Tier 2 | NM |
| BIKTARVY TAB 50-200-25 MG | Tier 2 | NM |
| CIMDUO TAB 300-300 | Tier 2 | NM |
| DELSTRIGO TAB | Tier 2 | NM |
| DESCOVY TAB 120-15MG | Tier 2 | NM |
| DESCOVY TAB 200/25MG | Tier 2 | NM |
| DOVATO TAB 50-300MG | Tier 2 | NM |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | Tier 3 | NM |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | Tier 3 | NM |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* (generic of SYMFI) | Tier 3 | NM |
| *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* (generic of COMPLERA) | Tier 1 | NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* (generic of TRUVADA) | Tier 3 | NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* (generic of TRUVADA) | Tier 3 | NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* (generic of TRUVADA) | Tier 3 | NM |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* (generic of TRUVADA) | Tier 3 | NM |
| EVOTAZ TAB 300-150 | Tier 2 | NM |
| GENVOYA TAB | Tier 2 | NM |
| IDVYNSO TAB 100-0.25 | Tier 2 | NM |
| JULUCA TAB 50-25MG | Tier 2 | NM |
| KALETRA SOL | Tier 3 | NM |
| *lamivudine-zidovudine tab 150-300 mg* | Tier 3 | NM |
| *lopinavir-ritonavir tab 100-25 mg* (generic of KALETRA) | Tier 3 | NM |
| *lopinavir-ritonavir tab 200-50 mg* (generic of KALETRA) | Tier 3 | NM |
| ODEFSEY TAB | Tier 2 | NM |
| PREZCOBIX TAB 675/150 | Tier 2 | NM |
| PREZCOBIX TAB 800-150 | Tier 2 | NM |
| STRIBILD TAB | Tier 2 | NM |
| SYMTUZA TAB | Tier 2 | NM |
| TRIUMEQ PD TAB | Tier 3 | NM |
| TRIUMEQ TAB | Tier 2 | NM |
| ***ANTITUBERCULAR AGENTS*** | | |
| *cycloserine* CAPS 250mg | Tier 1 | |
| *ethambutol hcl* TABS 100mg, 400mg | Tier 2 | |
| *isoniazid* TABS 100mg, 300mg | Tier 1 | |
| PRETOMANID TABS 200mg | Tier 3 | |
| *pyrazinamide* TABS 500mg | Tier 3 | |
| *rifabutin* CAPS 150mg | Tier 3 | |
| *rifampin* CAPS 150mg, 300mg | Tier 2 | |
| *rifampin* SOLR 600mg | Tier 3 | |
| *rifapentine* (generic of PRIFTIN) TABS 150mg | Tier 3 | |
| SIRTURO TABS 20mg, 100mg | Tier 2 | NM PA |
| ***ANTIVIRALS*** | | |
| *acyclovir* CAPS 200mg; TABS 400mg, 800mg | Tier 1 | |
| *acyclovir sodium* SOLN 50mg/ml | Tier 3 | B/D |
| *adefovir dipivoxil* TABS 10mg | Tier 3 | NM |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BARACLUDE SOLN .05mg/ml | Tier 2 | NM ST |
| *entecavir* (generic of BARACLUDE) TABS .5mg, 1mg | Tier 3 | NM |
| *ganciclovir sodium* SOLR 500mg | Tier 3 | B/D |
| *lamivudine (hbv)* TABS 100mg | Tier 2 | NM |
| LIVTENCITY TABS 200mg QL (336 tabs / 28 days) | Tier 2 | QL NM PA |
| MAVYRET PAK 50-20MG | Tier 2 | NM PA |
| MAVYRET TAB 100-40MG | Tier 2 | NM PA |
| *oseltamivir phosphate* CAPS 30mg QL (168 caps / year) | Tier 2 | QL |
| *oseltamivir phosphate* CAPS 45mg QL (84 caps / year) | Tier 2 | QL |
| *oseltamivir phosphate* (generic of TAMIFLU) CAPS 75mg QL (84 caps / year) | Tier 2 | QL |
| *oseltamivir phosphate* (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year) | Tier 2 | QL |
| PAXLOVID PAK QL (22 tabs / 90 days) | Tier 1 | QL |
| PAXLOVID TAB 150-100 QL (40 tabs / 90 days) | Tier 1 | QL |
| PAXLOVID TAB 300-100 QL (60 tabs / 90 days) | Tier 1 | QL |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | Tier 2 | NM PA |
| PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days) | Tier 2 | QL PA |
| RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year) | Tier 2 | QL |
| *ribavirin (hepatitis c)* CAPS 200mg; TABS 200mg | Tier 2 | NM |
| *rimantadine hydrochloride* TABS 100mg | Tier 3 | |
| *valacyclovir hcl* (generic of VALTREX) TABS 1gm, 500mg | Tier 2 | |
| *valganciclovir hcl* (generic of VALCYTE) SOLR 50mg/ml | Tier 1 | |
| *valganciclovir hcl* TABS 450mg | Tier 2 | |
| VOSEVI TAB | Tier 2 | NM PA |
| ***CEPHALOSPORINS*** | | |
| *cefaclor* CAPS 250mg, 500mg | Tier 2 | |
| *cefadroxil* CAPS 500mg | Tier 1 | |
| CEFAZOLIN SOLR 2gm, 3gm | Tier 3 | |
| CEFAZOLIN INJ 1GM/50ML | Tier 3 | |
| *cefazolin sodium* SOLR 1gm, 2gm, 3gm, 10gm, 500mg | Tier 3 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | Tier 3 | |
| CEFAZOLIN/DEX SOL 1GM/50ML-4% | Tier 3 | |
| CEFAZOLIN/DEX SOL 2GM/50ML-3% | Tier 3 | |
| CEFAZOLIN/DEX SOL 3GM/50ML-2% | Tier 3 | |
| CEFAZOLIN/DEX SOL 3GM/150ML-4% | Tier 3 | |
| *cefdinir* CAPS 300mg | Tier 1 | |
| *cefdinir* SUSR 125mg/5ml, 250mg/5ml | Tier 2 | |
| *cefepime hcl* SOLR 1gm, 2gm | Tier 3 | |
| *cefixime* CAPS 400mg | Tier 3 | |
| *cefoxitin sodium* SOLR 1gm, 2gm, 10gm | Tier 3 | |
| *cefpodoxime proxetil* TABS 100mg, 200mg | Tier 2 | |
| *cefprozil* SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | Tier 2 | |
| *ceftaroline fosamil* (generic of TEFLARO) SOLR 400mg, 600mg | Tier 1 | |
| *ceftazidime* SOLR 1gm, 2gm, 6gm | Tier 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ceftriaxone sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | Tier 3 | |
| *cefuroxime axetil* TABS 250mg, 500mg | Tier 1 | |
| *cefuroxime sodium* SOLR 1.5gm, 750mg | Tier 3 | |
| *cephalexin* CAPS 250mg, 500mg | Tier 1 | |
| *cephalexin* SUSR 125mg/5ml, 250mg/5ml | Tier 2 | |
| *tazicef* SOLR 1gm, 2gm, 6gm | Tier 3 | |
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin* SOLR 500mg | Tier 3 | |
| *azithromycin* SUSR 100mg/5ml | Tier 2 | |
| *azithromycin* (generic of ZITHROMAX) SUSR 200mg/5ml | Tier 2 | |
| *azithromycin* (generic of ZITHROMAX) TABS 250mg, 500mg | Tier 1 | |
| *azithromycin* TABS 600mg | Tier 1 | |
| *clarithromycin* SUSR 125mg/5ml, 250mg/5ml | Tier 3 | |
| *clarithromycin* TABS 250mg, 500mg | Tier 2 | |
| DIFICID SUSR 40mg/ml | Tier 2 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | Tier 3 | |
| *erythromycin base* TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | Tier 3 | |
| *erythromycin ethylsuccinate* (generic of E.E.S. GRANULES) SUSR 200mg/5ml | Tier 3 | |
| *erythromycin ethylsuccinate* (generic of ERYPED 400) SUSR 400mg/5ml | Tier 3 | |
| *erythromycin lactobionate* (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg | Tier 3 | |
| *fidaxomicin* (generic of DIFICID) TABS 200mg | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***FLUOROQUINOLONES*** | | |
| *ciprofloxacin 200 mg/100ml in d5w* | Tier 3 | |
| *ciprofloxacin 400 mg/200ml in d5w* | Tier 3 | |
| *ciprofloxacin hcl* (generic of CIPRO) TABS 250mg, 500mg | Tier 1 | |
| *ciprofloxacin hcl* TABS 750mg | Tier 1 | |
| *levofloxacin* SOLN 25mg/ml | Tier 3 | |
| *levofloxacin* TABS 250mg, 500mg, 750mg | Tier 1 | |
| *levofloxacin in d5w iv soln 250 mg/50ml* | Tier 3 | |
| *levofloxacin in d5w iv soln 500 mg/100ml* | Tier 3 | |
| *levofloxacin in d5w iv soln 750 mg/150ml* | Tier 3 | |
| *moxifloxacin hcl* TABS 400mg | Tier 2 | |
| *moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj* | Tier 3 | |
| ***PENICILLINS*** | | |
| *amoxicillin* CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | Tier 1 | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | Tier 2 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | Tier 3 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | Tier 2 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* (generic of AUGMENTIN ES-600) | Tier 2 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | Tier 3 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | Tier 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* | Tier 1 | |
| *ampicillin* CAPS 500mg | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* (generic of UNASYN) | Tier 3 | |
| *ampicillin & sulbactam sodium for inj 3 (2-1) gm* (generic of UNASYN) | Tier 3 | |
| *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* (generic of UNASYN BULK PACK) | Tier 3 | |
| *ampicillin sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | Tier 3 | |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | Tier 3 | |
| *dicloxacillin sodium* CAPS 250mg, 500mg | Tier 2 | |
| *nafcillin sodium* SOLR 1gm, 2gm | Tier 3 | |
| *nafcillin sodium* SOLR 10gm | Tier 1 | |
| *penicillin g potassium* SOLR 5000000unit, 20000000unit | Tier 3 | |
| *penicillin g sodium* SOLR 5000000unit | Tier 3 | |
| *penicillin v potassium* SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | Tier 1 | |
| *pfizerpen* SOLR 5000000unit, 20000000unit | Tier 3 | |
| *piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* | Tier 3 | |
| *piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* | Tier 3 | |
| *piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)* | Tier 3 | |
| *piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)* | Tier 3 | |
| *piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* | Tier 3 | |
| ***TETRACYCLINES*** | | |
| *doxy 100* SOLR 100mg | Tier 3 | |
| *doxycycline (monohydrate)* CAPS 50mg, 100mg | Tier 1 | |
| *doxycycline (monohydrate)* SUSR 25mg/5ml | Tier 3 | |
| *doxycycline (monohydrate)* TABS 50mg, 75mg, 100mg | Tier 2 | |
| *doxycycline hyclate* CAPS 50mg, 100mg; TABS 20mg, 100mg | Tier 1 | |
| *doxycycline hyclate* SOLR 100mg | Tier 3 | |
| *minocycline hcl* CAPS 50mg, 75mg, 100mg | Tier 2 | |
| *tetracycline hcl* CAPS 250mg, 500mg | Tier 3 | |
| *tigecycline* (generic of TYGACIL) SOLR 50mg | Tier 3 | |
| **ANTINEOPLASTIC AGENTS** | | |
| ***ALKYLATING AGENTS*** | | |
| *cyclophosphamide* CAPS 25mg, 50mg | Tier 2 | B/D |
| CYCLOPHOSPHAMIDE TABS 50mg | Tier 3 | B/D |
| LEUKERAN TABS 2mg | Tier 2 | PA |
| *lomustine* (generic of GLEOSTINE) CAPS 10mg, 40mg | Tier 3 | NM |
| *lomustine* (generic of GLEOSTINE) CAPS 100mg | Tier 1 | NM |
| ***ANTIMETABOLITES*** | | |
| INQOVI TAB 35-100MG QL (5 tabs / 28 days) | Tier 2 | QL NM PA |
| LONSURF TAB 15-6.14 QL (100 tabs / 28 days) | Tier 2 | QL NM PA |
| LONSURF TAB 20-8.19 QL (80 tabs / 28 days) | Tier 2 | QL NM PA |
| *mercaptopurine* (generic of PURIXAN) SUSP 2000mg/100ml | Tier 1 | NM |
| *mercaptopurine* TABS 50mg | Tier 2 | |
| *methotrexate sodium* SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | Tier 1 | B/D |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days) | Tier 2 | QL NM PA |
| TABLOID TABS 40mg | Tier 2 | PA |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *abiraterone acetate* (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | Tier 1 | QL NM PA |
| *abiraterone acetate* (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days) | Tier 1 | QL NM PA |
| *abirtega* (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days) | Tier 3 | QL NM PA |
| AKEEGA TAB 50/500MG QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| AKEEGA TAB 100/500 QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| *anastrozole* (generic of ARIMIDEX) TABS 1mg | Tier 1 | |
| *bicalutamide* (generic of CASODEX) TABS 50mg | Tier 1 | |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | Tier 3 | NM PA |
| ERLEADA TABS 60mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| ERLEADA TABS 240mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| EULEXIN CAPS 125mg | Tier 1 | |
| *exemestane* (generic of AROMASIN) TABS 25mg | Tier 3 | |
| FIRMAGON SOLR 80mg | Tier 3 | NM PA |
| FIRMAGON SOLR 120mg/vial | Tier 2 | NM PA |
| INLURIYO TABS 200mg QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| *letrozole* (generic of FEMARA) TABS 2.5mg | Tier 1 | |
| *leuprolide acetate* KIT 1mg/0.2ml | Tier 3 | NM PA |
| LIFYORLI CAP 125MG DS QL (18 caps / 28 days) | Tier 2 | QL NM PA |
| LIFYORLI CAP 150MG DS QL (27 caps / 28 days) | Tier 2 | QL NM PA |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg | Tier 2 | NM PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg | Tier 2 | NM PA |
| LYSODREN TABS 500mg | Tier 2 | NM |
| *megestrol acetate* TABS 20mg, 40mg | Tier 2 | |
| *nilutamide* TABS 150mg | Tier 1 | |
| NUBEQA TABS 300mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| ORGOVYX TABS 120mg | Tier 2 | NM PA |
| ORSERDU TABS 86mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| ORSERDU TABS 345mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| SOLTAMOX SOLN 10mg/5ml | Tier 2 | |
| *tamoxifen citrate* TABS 10mg, 20mg | Tier 1 | |
| *toremifene citrate* (generic of FARESTON) TABS 60mg | Tier 3 | PA |
| VEPPANU TABS 100mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| VEPPANU TABS 200mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| XTANDI CAPS 40mg QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| XTANDI TABS 40mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| XTANDI TABS 80mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| YONSA TABS 125mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| ***IMMUNOMODULATORS*** | | |
| *lenalidomide* (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days) | Tier 1 | QL NM PA |
| *lenalidomide* (generic of REVLIMID) CAPS 20mg, 25mg QL (21 caps / 28 days) | Tier 1 | QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *pomalidomide* (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg | Tier 1 | QL NM PA |
| QL (21 caps / 28 days) | | |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | Tier 2 | QL NM PA |
| QL (21 caps / 28 days) | | |
| THALOMID CAPS 50mg | Tier 2 | QL NM PA |
| QL (84 caps / 28 days) | | |
| THALOMID CAPS 100mg | Tier 2 | QL NM PA |
| QL (112 caps / 28 days) | | |
| ZENBEXUS CAPS .75mg, 1mg | Tier 2 | QL NM PA |
| QL (21 caps / 28 days) | | |
| ***MISCELLANEOUS*** | | |
| BESREMI SOSY 500mcg/ml | Tier 2 | QL NM PA |
| QL (2 syringes / 28 days) | | |
| BESREMI PEN SOPN 500mcg/0.5ml | Tier 2 | QL NM PA |
| QL (2 pens / 28 days) | | |
| *bexarotene* (generic of TARGRETIN) CAPS 75mg | Tier 1 | QL NM PA |
| QL (300 caps / 30 days) | | |
| *hydroxyurea* (generic of HYDREA) CAPS 500mg | Tier 1 | |
| IWILFIN TABS 192mg | Tier 2 | QL NM PA |
| QL (240 tabs / 30 days) | | |
| *leucovorin calcium* TABS 5mg, 10mg, 15mg, 25mg | Tier 2 | |
| MATULANE CAPS 50mg | Tier 2 | NM |
| *mesna* (generic of MESNEX) TABS 400mg | Tier 3 | |
| MODEYSO CAPS 125mg | Tier 2 | QL NM PA |
| QL (20 caps / 28 days) | | |
| *tretinoin (chemotherapy)* CAPS 10mg | Tier 1 | |
| WELIREG TABS 40mg | Tier 2 | QL NM PA |
| QL (90 tabs / 30 days) | | |
| ***MOLECULAR TARGET AGENTS*** | | |
| ALECENSA CAPS 150mg | Tier 2 | QL NM PA |
| QL (240 caps / 30 days) | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ALUNBRIG TABS 30mg | Tier 2 | QL NM PA |
| QL (120 tabs / 30 days) | | |
| ALUNBRIG TABS 90mg, 180mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| ALUNBRIG PAK | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| AUGTYRO CAPS 40mg | Tier 2 | QL NM PA |
| QL (240 caps / 30 days) | | |
| AUGTYRO CAPS 160mg | Tier 2 | QL NM PA |
| QL (60 caps / 30 days) | | |
| AVMAPKI PAK FAKZYNJA | Tier 2 | QL NM PA |
| QL (1 pack / 28 days) | | |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| BALVERSA TABS 3mg | Tier 2 | QL NM PA |
| QL (84 tabs / 28 days) | | |
| BALVERSA TABS 4mg | Tier 2 | QL NM PA |
| QL (56 tabs / 28 days) | | |
| BALVERSA TABS 5mg | Tier 2 | QL NM PA |
| QL (28 tabs / 28 days) | | |
| BOSULIF CAPS 50mg | Tier 2 | QL NM PA |
| QL (30 caps / 30 days) | | |
| BOSULIF CAPS 100mg | Tier 2 | QL NM PA |
| QL (300 caps / 30 days) | | |
| BOSULIF TABS 100mg | Tier 2 | QL NM PA |
| QL (180 tabs / 30 days) | | |
| BOSULIF TABS 500mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| *bosutinib* (generic of BOSULIF) TABS 100mg | Tier 1 | QL NM PA |
| QL (180 tabs / 30 days) | | |
| *bosutinib* (generic of BOSULIF) TABS 400mg, 500mg | Tier 1 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| BRAFTOVI CAPS 75mg | Tier 2 | QL NM PA |
| QL (180 caps / 30 days) | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BRUKINSA CAPS 80mg | Tier 2 | QL NM PA |
| QL (120 caps / 30 days) | | |
| BRUKINSA TABS 160mg | Tier 2 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| CABOMETYX TABS 20mg, 40mg, 60mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| CALQUENCE TABS 100mg | Tier 2 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| CAPRELSA TABS 100mg | Tier 2 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| CAPRELSA TABS 300mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| CAVHANZA TBDP 60mg, 80mg | Tier 2 | QL NM PA |
| QL (112 tabs / 28 days) | | |
| COMETRIQ (60MG DOSE) KIT 20mg | Tier 2 | QL NM PA |
| QL (84 caps / 28 days) | | |
| COMETRIQ KIT 100MG | Tier 2 | QL NM PA |
| QL (56 caps / 28 days) | | |
| COMETRIQ KIT 140MG | Tier 2 | QL NM PA |
| QL (112 caps / 28 days) | | |
| COPIKTRA CAPS 15mg, 25mg | Tier 2 | QL NM PA |
| QL (56 caps / 28 days) | | |
| COTELLIC TABS 20mg | Tier 2 | QL NM PA |
| QL (63 tabs / 28 days) | | |
| DANZITEN TABS 71mg, 95mg | Tier 2 | QL NM PA |
| QL (112 tabs / 28 days) | | |
| *dasatinib* (generic of SPRYCEL) TABS 20mg | Tier 1 | QL NM PA |
| QL (90 tabs / 30 days) | | |
| *dasatinib* (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg | Tier 1 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| DAURISMO TABS 25mg | Tier 2 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| DAURISMO TABS 100mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| ENSACOVE CAPS 25mg | Tier 2 | QL NM PA |
| QL (270 caps / 30 days) | | |
| ENSACOVE CAPS 100mg | Tier 2 | QL NM PA |
| QL (60 caps / 30 days) | | |
| ERIVEDGE CAPS 150mg | Tier 2 | QL NM PA |
| QL (30 caps / 30 days) | | |
| *erlotinib hcl* TABS 25mg | Tier 1 | QL NM PA |
| QL (90 tabs / 30 days) | | |
| *erlotinib hcl* TABS 100mg, 150mg | Tier 1 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| *everolimus* (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg | Tier 1 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| *everolimus* (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg | Tier 1 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| *everolimus* (generic of AFINITOR DISPERZ) TBSO 3mg | Tier 1 | QL NM PA |
| QL (90 tabs / 30 days) | | |
| FOTIVDA CAPS .89mg, 1.34mg | Tier 2 | QL NM PA |
| QL (21 caps / 28 days) | | |
| FRUZAQLA CAPS 1mg | Tier 2 | QL NM PA |
| QL (84 caps / 28 days) | | |
| FRUZAQLA CAPS 5mg | Tier 2 | QL NM PA |
| QL (21 caps / 28 days) | | |
| GAVRETO CAPS 100mg | Tier 2 | QL NM PA |
| QL (120 caps / 30 days) | | |
| *gefitinib* (generic of IRESSA) TABS 250mg | Tier 1 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| GILOTRIF TABS 20mg, 30mg, 40mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| GOMEKLI CAPS 1mg | Tier 2 | QL NM PA |
| QL (168 caps / 28 days) | | |
| GOMEKLI CAPS 2mg | Tier 2 | QL NM PA |
| QL (84 caps / 28 days) | | |
| GOMEKLI TBSO 1mg | Tier 2 | QL NM PA |
| QL (168 tabs / 28 days) | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HERNEXEOS TABS 60mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| HYRNUO TABS 10mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| IBRANCE CAPS 125mg QL (21 caps / 28 days) | Tier 2 | QL NM PA |
| IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days) | Tier 2 | QL NM PA |
| IBTROZI CAPS 200mg QL (90 caps / 30 days) | Tier 2 | QL NM PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| *imatinib mesylate* (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| *imatinib mesylate* (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days) | Tier 1 | QL NM PA |
| IMBRUVICA CAPS 70mg QL (30 caps / 30 days) | Tier 2 | QL NM PA |
| IMBRUVICA CAPS 140mg QL (90 caps / 30 days) | Tier 2 | QL NM PA |
| IMBRUVICA SUSP 70mg/ml QL (216 mL / 30 days) | Tier 2 | QL NM PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| IMKELDI SOLN 80mg/ml QL (280 mL / 28 days) | Tier 2 | QL NM PA |
| INLYTA TABS 1mg QL (180 tabs / 30 days) | Tier 2 | QL NM PA |
| INLYTA TABS 5mg QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| INREBIC CAPS 100mg QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| ITOVEBI TABS 3mg QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| ITOVEBI TABS 9mg QL (28 tabs / 28 days) | Tier 2 | QL NM PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| JAYPIRCA TABS 50mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| JAYPIRCA TABS 100mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| JIDEYTRO TABS 25mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| JIDEYTRO TABS 100mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days) | Tier 2 | QL NM PA |
| KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days) | Tier 2 | QL NM PA |
| KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days) | Tier 2 | QL NM PA |
| KOMZIFTI CAPS 200mg QL (90 caps / 30 days) | Tier 2 | QL NM PA |
| KOSELUGO CAPS 10mg QL (240 caps / 30 days) | Tier 2 | QL NM PA |
| KOSELUGO CAPS 25mg QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| KOSELUGO CPSP 5mg QL (600 caps / 30 days) | Tier 2 | QL NM PA |
| KOSELUGO CPSP 7.5mg QL (360 caps / 30 days) | Tier 2 | QL NM PA |
| KRAZATI TABS 200mg QL (180 tabs / 30 days) | Tier 2 | QL NM PA |
| *lapatinib ditosylate* (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days) | Tier 1 | QL NM PA |
| LAZCLUZE TABS 80mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| LAZCLUZE TABS 240mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | Tier 2 | QL NM PA |
| QL (30 caps / 30 days) | | |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | Tier 2 | QL NM PA |
| QL (60 caps / 30 days) | | |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | Tier 2 | QL NM PA |
| QL (30 caps / 30 days) | | |
| LENVIMA 12MG DAILY DOSE CPPK 4mg | Tier 2 | QL NM PA |
| QL (90 caps / 30 days) | | |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | Tier 2 | QL NM PA |
| QL (60 caps / 30 days) | | |
| LENVIMA CAP 14 MG | Tier 2 | QL NM PA |
| QL (60 caps / 30 days) | | |
| LENVIMA CAP 18 MG | Tier 2 | QL NM PA |
| QL (90 caps / 30 days) | | |
| LENVIMA CAP 24 MG | Tier 2 | QL NM PA |
| QL (90 caps / 30 days) | | |
| LORBRENA TABS 25mg | Tier 2 | QL NM PA |
| QL (90 tabs / 30 days) | | |
| LORBRENA TABS 100mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| LUMAKRAS TABS 120mg | Tier 2 | QL NM PA |
| QL (240 tabs / 30 days) | | |
| LUMAKRAS TABS 240mg | Tier 2 | QL NM PA |
| QL (120 tabs / 30 days) | | |
| LUMAKRAS TABS 320mg | Tier 2 | QL NM PA |
| QL (90 tabs / 30 days) | | |
| LYNPARZA TABS 100mg, 150mg | Tier 2 | QL NM PA |
| QL (120 tabs / 30 days) | | |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg | Tier 2 | QL NM PA |
| QL (84 tabs / 28 days) | | |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg | Tier 2 | QL NM PA |
| QL (112 tabs / 28 days) | | |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg | Tier 2 | QL NM PA |
| QL (140 tabs / 28 days) | | |
| MEKINIST SOLR .05mg/ml | Tier 2 | QL NM PA |
| QL (1260 mL / 30 days) | | |
| MEKINIST TABS 2mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| MEKINIST TABS .5mg | Tier 2 | QL NM PA |
| QL (90 tabs / 30 days) | | |
| MEKTOVI TABS 15mg | Tier 2 | QL NM PA |
| QL (180 tabs / 30 days) | | |
| NERLYNX TABS 40mg | Tier 2 | QL NM PA |
| QL (180 tabs / 30 days) | | |
| *nilotinib hcl* (generic of TASIGNA) CAPS 50mg | Tier 1 | QL NM PA |
| QL (120 caps / 30 days) | | |
| *nilotinib hcl* (generic of TASIGNA) CAPS 150mg, 200mg | Tier 1 | QL NM PA |
| QL (112 caps / 28 days) | | |
| NINLARO CAPS 2.3mg, 3mg, 4mg | Tier 2 | QL NM PA |
| QL (3 caps / 28 days) | | |
| ODOMZO CAPS 200mg | Tier 2 | QL NM PA |
| QL (30 caps / 30 days) | | |
| OGSIVEO TABS 100mg, 150mg | Tier 2 | QL NM PA |
| QL (56 tabs / 28 days) | | |
| OJEMDA SUSR 25mg/ml | Tier 2 | QL NM PA |
| QL (96 mL / 28 days) | | |
| OJEMDA TABS 100mg | Tier 2 | QL NM PA |
| QL (24 tabs / 28 days) | | |
| OJJAARA TABS 100mg, 150mg, 200mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| *pazopanib hcl* (generic of VOTRIENT) TABS 200mg | Tier 1 | QL NM PA |
| QL (120 tabs / 30 days) | | |
| *pazopanib hcl* TABS 400mg | Tier 1 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | Tier 2 | QL NM PA |
| QL (28 tabs / 28 days) | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PIQRAY 200MG DAILY DOSE TBPK 200mg | Tier 2 | QL NM PA |
| QL (28 tabs / 28 days) | | |
| PIQRAY 250MG TAB DOSE | Tier 2 | QL NM PA |
| QL (56 tabs / 28 days) | | |
| PIQRAY 300MG DAILY DOSE TBPK 150mg | Tier 2 | QL NM PA |
| QL (56 tabs / 28 days) | | |
| QINLOCK TABS 50mg | Tier 2 | QL NM PA |
| QL (90 tabs / 30 days) | | |
| RETEVMO TABS 40mg | Tier 2 | QL NM PA |
| QL (90 tabs / 30 days) | | |
| RETEVMO TABS 80mg | Tier 2 | QL NM PA |
| QL (120 tabs / 30 days) | | |
| RETEVMO TABS 120mg, 160mg | Tier 2 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| REVUFORJ TABS 25mg | Tier 2 | QL NM PA |
| QL (240 tabs / 30 days) | | |
| REVUFORJ TABS 110mg | Tier 2 | QL NM PA |
| QL (120 tabs / 30 days) | | |
| REVUFORJ TABS 160mg | Tier 2 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| REZLIDHIA CAPS 150mg | Tier 2 | QL NM PA |
| QL (60 caps / 30 days) | | |
| ROMVIMZA CAPS 14mg, 20mg, 30mg | Tier 2 | QL NM PA |
| QL (8 caps / 28 days) | | |
| ROZLYTREK CAPS 100mg | Tier 2 | QL NM PA |
| QL (180 caps / 30 days) | | |
| ROZLYTREK CAPS 200mg | Tier 2 | QL NM PA |
| QL (90 caps / 30 days) | | |
| ROZLYTREK PACK 50mg | Tier 2 | QL NM PA |
| QL (336 packets / 28 days) | | |
| RUBRACA TABS 200mg, 250mg, 300mg | Tier 2 | QL NM PA |
| QL (120 tabs / 30 days) | | |
| RYDAPT CAPS 25mg | Tier 2 | QL NM PA |
| QL (224 caps / 28 days) | | |
| SCEMBLIX TABS 20mg | Tier 2 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| SCEMBLIX TABS 40mg | Tier 2 | QL NM PA |
| QL (300 tabs / 30 days) | | |
| SCEMBLIX TABS 100mg | Tier 2 | QL NM PA |
| QL (120 tabs / 30 days) | | |
| *sorafenib tosylate* (generic of NEXAVAR) TABS 200mg | Tier 1 | QL NM PA |
| QL (120 tabs / 30 days) | | |
| STIVARGA TABS 40mg | Tier 2 | QL NM PA |
| QL (84 tabs / 28 days) | | |
| *sunitinib malate* (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg | Tier 1 | QL NM PA |
| QL (30 caps / 30 days) | | |
| TABRECTA TABS 150mg, 200mg | Tier 2 | QL NM PA |
| QL (112 tabs / 28 days) | | |
| TAFINLAR CAPS 50mg, 75mg | Tier 2 | QL NM PA |
| QL (120 caps / 30 days) | | |
| TAFINLAR TBSO 10mg | Tier 2 | QL NM PA |
| QL (840 tabs / 28 days) | | |
| TAGRISSO TABS 40mg, 80mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg | Tier 2 | QL NM PA |
| QL (30 caps / 30 days) | | |
| TALZENNA CAPS .25mg | Tier 2 | QL NM PA |
| QL (90 caps / 30 days) | | |
| TEPMETKO TABS 225mg | Tier 2 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| TIBSOVO TABS 250mg | Tier 2 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| *torpenz* (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg | Tier 1 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| TRUQAP TABS 200mg; TBPK 160mg, 200mg | Tier 2 | QL NM PA |
| QL (64 tabs / 28 days) | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TUKYSA TABS 50mg, 150mg<br>QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| TURALIO CAPS 125mg<br>QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| VANFLYTA TABS 17.7mg, 26.5mg<br>QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| VENCLEXTA TABS 10mg<br>QL (112 tabs / 28 days) | Tier 2 | QL NM PA |
| VENCLEXTA TABS 50mg<br>QL (112 tabs / 28 days) | Tier 2 | QL NM PA |
| VENCLEXTA TABS 100mg<br>QL (180 tabs / 30 days) | Tier 2 | QL NM PA |
| VENCLEXTA TAB START PK<br>QL (42 tabs / 28 days) | Tier 2 | QL NM PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg<br>QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| VITRAKVI CAPS 25mg<br>QL (180 caps / 30 days) | Tier 2 | QL NM PA |
| VITRAKVI CAPS 100mg<br>QL (60 caps / 30 days) | Tier 2 | QL NM PA |
| VITRAKVI SOLN 20mg/ml<br>QL (300 mL / 30 days) | Tier 2 | QL NM PA |
| VONJO CAPS 100mg<br>QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| VORANIGO TABS 10mg<br>QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| VORANIGO TABS 40mg<br>QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg<br>QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| XALKORI CPSP 150mg<br>QL (180 caps / 30 days) | Tier 2 | QL NM PA |
| XOSPATA TABS 40mg<br>QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg<br>QL (16 tabs / 28 days) | Tier 2 | QL NM PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days) | Tier 2 | QL NM PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg<br>QL (4 tabs / 28 days) | Tier 2 | QL NM PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg<br>QL (24 tabs / 28 days) | Tier 2 | QL NM PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days) | Tier 2 | QL NM PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg<br>QL (4 tabs / 28 days) | Tier 2 | QL NM PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg<br>QL (32 tabs / 28 days) | Tier 2 | QL NM PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg<br>QL (8 tabs / 28 days) | Tier 2 | QL NM PA |
| *yulithira* (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days) | Tier 3 | QL NM PA |
| ZEJULA TABS 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| ZELBORAF TABS 240mg<br>QL (240 tabs / 30 days) | Tier 2 | QL NM PA |
| ZOLINZA CAPS 100mg<br>QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| ZYKADIA TABS 150mg<br>QL (84 tabs / 28 days) | Tier 2 | QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **CARDIOVASCULAR** | | |
| ***ACE INHIBITOR COMBINATIONS*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* QL (30 caps / 30 days) | Tier 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* QL (30 caps / 30 days) | Tier 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* QL (30 caps / 30 days) | Tier 1 | QL |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* QL (30 caps / 30 days) | Tier 1 | QL |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* (generic of LOTREL) QL (30 caps / 30 days) | Tier 1 | QL |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* QL (30 caps / 30 days) | Tier 1 | QL |
| *benazepril & hydrochlorothiazide tab 5-6.25mg* | Tier 2 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* (generic of LOTENSIN HCT) | Tier 2 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* (generic of LOTENSIN HCT) | Tier 2 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* (generic of LOTENSIN HCT) | Tier 2 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | Tier 1 | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* (generic of VASERETIC) | Tier 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | Tier 2 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | Tier 2 | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* (generic of ZESTORETIC) | Tier 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* (generic of ZESTORETIC) | Tier 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* (generic of ZESTORETIC) | Tier 1 | |
| ***ACE INHIBITORS*** | | |
| *benazepril hcl* TABS 5mg | Tier 1 | |
| *benazepril hcl* (generic of LOTENSIN) TABS 10mg, 20mg, 40mg | Tier 1 | |
| *enalapril maleate* (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg | Tier 1 | |
| *fosinopril sodium* TABS 10mg, 20mg, 40mg | Tier 1 | |
| *lisinopril* (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | Tier 1 | |
| *moexipril hcl* TABS 7.5mg, 15mg | Tier 2 | |
| *perindopril erbumine* TABS 2mg, 4mg, 8mg | Tier 2 | |
| *quinapril hcl* TABS 5mg, 10mg, 20mg, 40mg | Tier 1 | |
| *ramipril* CAPS 1.25mg, 2.5mg, 5mg, 10mg | Tier 1 | |
| *trandolapril* TABS 1mg, 2mg, 4mg | Tier 1 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| *eplerenone* TABS 25mg, 50mg | Tier 2 | |
| KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *spironolactone* (generic of ALDACTONE) TABS 25mg, 50mg, 100mg | Tier 1 | |
| ***ALPHA BLOCKERS*** | | |
| *doxazosin mesylate* (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg | Tier 1 | |
| *prazosin hcl* CAPS 1mg, 2mg, 5mg | Tier 2 | |
| *terazosin hcl* CAPS 1mg, 2mg, 5mg, 10mg | Tier 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| *amlodipine besylate-valsartan tab 5-160 mg* (generic of EXFORGE) QL (30 tabs / 30 days) | Tier 2 | QL |
| *amlodipine besylate-valsartan tab 5-320 mg* (generic of EXFORGE) QL (30 tabs / 30 days) | Tier 2 | QL |
| *amlodipine besylate-valsartan tab 10-160 mg* (generic of EXFORGE) QL (30 tabs / 30 days) | Tier 2 | QL |
| *amlodipine besylate-valsartan tab 10-320 mg* (generic of EXFORGE) QL (30 tabs / 30 days) | Tier 2 | QL |
| ENTRESTO CAP 6-6MG QL (240 caps / 30 days) | Tier 2 | QL |
| ENTRESTO CAP 15-16MG QL (240 caps / 30 days) | Tier 2 | QL |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* (generic of AVALIDE) QL (60 tabs / 30 days) | Tier 1 | QL |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* (generic of AVALIDE) QL (30 tabs / 30 days) | Tier 1 | QL |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* (generic of HYZAAR) QL (30 tabs / 30 days) | Tier 1 | QL |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* (generic of HYZAAR) QL (30 tabs / 30 days) | Tier 1 | QL |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* (generic of HYZAAR) QL (30 tabs / 30 days) | Tier 1 | QL |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* (generic of BENICAR HCT) QL (30 tabs / 30 days) | Tier 2 | QL |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* (generic of BENICAR HCT) QL (30 tabs / 30 days) | Tier 2 | QL |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* (generic of BENICAR HCT) QL (30 tabs / 30 days) | Tier 2 | QL |
| *sacubitril-valsartan tab 24-26 mg* (generic of ENTRESTO) QL (180 tabs / 30 days) | Tier 2 | QL |
| *sacubitril-valsartan tab 49-51 mg* (generic of ENTRESTO) QL (60 tabs / 30 days) | Tier 2 | QL |
| *sacubitril-valsartan tab 97-103 mg* (generic of ENTRESTO) QL (60 tabs / 30 days) | Tier 2 | QL |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* (generic of DIOVAN HCT) QL (30 tabs / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* (generic of DIOVAN HCT) QL (30 tabs / 30 days) | Tier 2 | QL |
| *valsartan-hydrochlorothiazide tab 160-25 mg* (generic of DIOVAN HCT) QL (30 tabs / 30 days) | Tier 2 | QL |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* (generic of DIOVAN HCT) QL (30 tabs / 30 days) | Tier 2 | QL |
| *valsartan-hydrochlorothiazide tab 320-25 mg* (generic of DIOVAN HCT) QL (30 tabs / 30 days) | Tier 2 | QL |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| *candesartan cilexetil* (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days) | Tier 2 | QL |
| *candesartan cilexetil* (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days) | Tier 2 | QL |
| *irbesartan* TABS 75mg QL (30 tabs / 30 days) | Tier 1 | QL |
| *irbesartan* (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days) | Tier 1 | QL |
| *losartan potassium* (generic of COZAAR) TABS 25mg, 50mg QL (60 tabs / 30 days) | Tier 1 | QL |
| *losartan potassium* (generic of COZAAR) TABS 100mg QL (30 tabs / 30 days) | Tier 1 | QL |
| *olmesartan medoxomil* (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days) | Tier 2 | QL |
| *olmesartan medoxomil* (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days) | Tier 2 | QL |
| *telmisartan* TABS 20mg, 80mg QL (30 tabs / 30 days) | Tier 2 | QL |
| *telmisartan* (generic of MICARDIS) TABS 40mg QL (30 tabs / 30 days) | Tier 2 | QL |
| *valsartan* (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days) | Tier 1 | QL |
| *valsartan* (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days) | Tier 1 | QL |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl* SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg | Tier 3 | |
| *amiodarone hcl* TABS 200mg | Tier 1 | |
| *disopyramide phosphate* (generic of NORPACE) CAPS 100mg, 150mg | Tier 3 | |
| *dofetilide* (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg | Tier 3 | NM |
| *flecainide acetate* TABS 50mg, 100mg, 150mg | Tier 2 | |
| MULTAQ TABS 400mg QL (60 tabs / 30 days) | Tier 3 | QL |
| *pacerone* TABS 100mg | Tier 3 | |
| *pacerone* TABS 200mg | Tier 1 | |
| *propafenone hcl* CP12 225mg, 325mg, 425mg | Tier 3 | |
| *propafenone hcl* TABS 150mg, 225mg, 300mg | Tier 2 | |
| *quinidine sulfate* TABS 200mg, 300mg | Tier 3 | |
| *sotalol hcl* (generic of BETAPACE) TABS 80mg, 120mg, 160mg | Tier 1 | |
| *sotalol hcl* TABS 240mg | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sotalol hcl (afib/afl)* (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg | Tier 2 | |
| ***ANTILIPEMICS, FIBRATES*** | | |
| *fenofibrate* TABS 48mg, 54mg, 160mg | Tier 2 | |
| *fenofibrate* (generic of TRICOR) TABS 145mg | Tier 2 | |
| *fenofibrate micronized* CAPS 67mg, 134mg, 200mg | Tier 2 | |
| *gemfibrozil* (generic of LOPID) TABS 600mg | Tier 1 | |
| ***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS*** | | |
| *atorvastatin calcium* (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days) | Tier 1 | QL |
| *lovastatin* TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days) | Tier 1 | QL |
| *pravastatin sodium* TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days) | Tier 1 | QL |
| *rosuvastatin calcium* (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days) | Tier 2 | QL |
| *simvastatin* TABS 5mg, 80mg QL (30 tabs / 30 days) | Tier 1 | QL |
| *simvastatin* (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days) | Tier 1 | QL |
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| *cholestyramine* (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose | Tier 3 | |
| *cholestyramine light* PACK 4gm | Tier 3 | |
| *cholestyramine light* (generic of QUESTRAN LIGHT) POWD 4gm/dose | Tier 3 | |
| *colestipol hcl* GRAN 5gm; PACK 5gm | Tier 3 | |
| *colestipol hcl* (generic of COLESTID) TABS 1gm | Tier 3 | |
| *ezetimibe* (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days) | Tier 1 | QL |
| NEXLETOL TABS 180mg QL (30 tabs / 30 days) | Tier 2 | QL |
| NEXLIZET TAB 180/10MG QL (30 tabs / 30 days) | Tier 2 | QL |
| *niacin (antihyperlipidemic)* TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days) | Tier 2 | QL |
| *omega-3-acid ethyl esters cap 1 gm* (generic of LOVAZA) | Tier 2 | |
| REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days) | Tier 2 | QL NM PA |
| REPATHA SOSY 140mg/ml QL (6 syringes / 28 days) | Tier 2 | QL NM PA |
| REPATHA SURECLICK SOAJ 140mg/ml QL (6 pens / 28 days) | Tier 2 | QL NM PA |
| VASCEPA CAPS .5gm, 1gm | Tier 2 | |
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone tab 50-25 mg* | Tier 1 | |
| *atenolol & chlorthalidone tab 100-25 mg* | Tier 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | Tier 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | Tier 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | Tier 1 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl* CAPS 200mg, 400mg | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *atenolol* (generic of TENORMIN) TABS 25mg, 50mg, 100mg | Tier 1 | |
| *bisoprolol fumarate* TABS 5mg, 10mg | Tier 1 | |
| *carvedilol* (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg | Tier 1 | |
| *labetalol hcl* TABS 100mg, 200mg, 300mg | Tier 2 | |
| *metoprolol succinate* (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg | Tier 1 | |
| *metoprolol tartrate* SOLN 5mg/5ml | Tier 3 | |
| *metoprolol tartrate* TABS 25mg | Tier 1 | |
| *metoprolol tartrate* (generic of LOPRESSOR) TABS 50mg, 100mg | Tier 1 | |
| *nebivolol hcl* (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days) | Tier 2 | QL |
| *nebivolol hcl* (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days) | Tier 2 | QL |
| *pindolol* TABS 5mg, 10mg | Tier 2 | |
| *propranolol hcl* (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg | Tier 2 | |
| *propranolol hcl* SOLN 20mg/5ml, 40mg/5ml | Tier 2 | |
| *propranolol hcl* TABS 10mg, 20mg, 40mg, 60mg, 80mg | Tier 1 | |
| *timolol maleate* TABS 5mg, 10mg, 20mg | Tier 2 | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate* (generic of NORVASC) TABS 2.5mg, 5mg, 10mg | Tier 1 | |
| *cartia xt* (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg | Tier 1 | |
| *dilt-xr* CP24 120mg, 180mg, 240mg | Tier 1 | |
| *diltiazem hcl* CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml | Tier 3 | |
| *diltiazem hcl* CP24 120mg, 180mg, 240mg; TABS 90mg | Tier 1 | |
| *diltiazem hcl* (generic of CARDIZEM) TABS 30mg, 60mg, 120mg | Tier 1 | |
| *diltiazem hcl coated beads* (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg | Tier 1 | |
| *diltiazem hcl extended release beads* (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | Tier 1 | |
| *felodipine* TB24 2.5mg, 5mg, 10mg | Tier 1 | |
| *nifedipine* (generic of PROCARDIA XL) TB24 30mg, 60mg | Tier 2 | |
| *nifedipine* TB24 30mg, 60mg, 90mg | Tier 2 | |
| *nimodipine* CAPS 30mg | Tier 3 | |
| *tiadylt er* (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | Tier 1 | |
| *verapamil hcl* SOLN 2.5mg/ml | Tier 3 | |
| *verapamil hcl* TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | Tier 1 | |
| ***DIURETICS*** | | |
| *acetazolamide* CP12 500mg; TABS 125mg, 250mg | Tier 2 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | Tier 1 | |
| *amiloride hcl* TABS 5mg | Tier 1 | |
| *bumetanide* SOLN .25mg/ml | Tier 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *bumetanide* TABS .5mg, 1mg, 2mg | Tier 2 | |
| *chlorthalidone* TABS 25mg, 50mg | Tier 1 | |
| *furosemide* SOLN 10mg/ml, 40mg/5ml | Tier 1 | |
| *furosemide* (generic of LASIX) TABS 20mg, 40mg, 80mg | Tier 1 | |
| *furosemide inj* SOLN 10mg/ml | Tier 3 | |
| *hydrochlorothiazide* CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | Tier 1 | |
| *indapamide* TABS 1.25mg, 2.5mg | Tier 1 | |
| *methazolamide* TABS 25mg, 50mg | Tier 3 | |
| *metolazone* TABS 2.5mg, 5mg, 10mg | Tier 1 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | Tier 1 | |
| *torsemide* TABS 5mg, 10mg, 20mg, 100mg | Tier 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | Tier 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | Tier 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | Tier 1 | |
| ***MISCELLANEOUS*** | | |
| *aliskiren fumarate* (generic of TEKTURNA) TABS 150mg, 300mg<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| *clonidine* (generic of CATAPRES-TTS-1) PTWK .1mg/24hr | Tier 2 | |
| *clonidine* (generic of CATAPRES-TTS-2) PTWK .2mg/24hr | Tier 2 | |
| *clonidine* (generic of CATAPRES-TTS-3) PTWK .3mg/24hr | Tier 2 | |
| *clonidine hcl* TABS .1mg, .2mg, .3mg | Tier 1 | |
| *digoxin* SOLN .05mg/ml | Tier 3 | |
| *digoxin* (generic of LANOXIN) SOLN .25mg/ml | Tier 3 | |
| *digoxin* (generic of LANOXIN) TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days) | Tier 1 | QL |
| *droxidopa* (generic of NORTHERA) CAPS 100mg<br>QL (90 caps / 30 days) | Tier 3 | QL NM PA |
| *droxidopa* (generic of NORTHERA) CAPS 200mg, 300mg<br>QL (180 caps / 30 days) | Tier 1 | QL NM PA |
| *epinephrine* (generic of ADRENALIN) SOLN 1mg/ml | Tier 3 | |
| *guanfacine hcl* TABS 1mg, 2mg<br>PA applies if 65 years and older | Tier 2 | PA |
| *hydralazine hcl* SOLN 20mg/ml | Tier 3 | |
| *hydralazine hcl* TABS 10mg, 25mg, 50mg, 100mg | Tier 1 | |
| *ivabradine hcl* (generic of CORLANOR) TABS 5mg, 7.5mg<br>QL (60 tabs / 30 days) | Tier 3 | QL |
| *metyrosine* CAPS 250mg | Tier 1 | NM PA |
| *midodrine hcl* TABS 2.5mg, 5mg, 10mg | Tier 2 | |
| *minoxidil* TABS 2.5mg, 10mg | Tier 1 | |
| *ranolazine* TB12 500mg, 1000mg | Tier 2 | |
| VERQUVO TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days) | Tier 2 | QL PA |
| VYNDAMAX CAPS 61mg<br>QL (30 caps / 30 days) | Tier 2 | QL NM PA |
| ***NITRATES*** | | |
| *isosorbide dinitrate* TABS 5mg, 10mg, 20mg, 30mg | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *isosorbide mononitrate* TB24 30mg, 60mg, 120mg | Tier 1 | |
| *nitro-bid* OINT 2% | Tier 2 | |
| *nitroglycerin* OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | Tier 2 | |
| *nitroglycerin* (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg | Tier 1 | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| *alyq* (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | Tier 3 | QL NM PA |
| *ambrisentan* (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days) | Tier 1 | QL NM PA |
| *bosentan* (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days) | Tier 1 | QL NM PA |
| *bosentan* (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days) | Tier 1 | QL NM PA |
| *macitentan* (generic of OPSUMIT) TABS 10mg QL (30 tabs / 30 days) | Tier 1 | QL NM PA |
| *sildenafil citrate (pulmonary hypertension)* (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days) | Tier 2 | QL NM PA |
| *tadalafil (pulmonary hypertension)* (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days) | Tier 3 | QL NM PA |
| UPTRAVI TABS 100mcg, 150mcg QL (280 tabs / 28 days) | Tier 2 | QL NM PA |
| UPTRAVI TABS 200mcg QL (140 tabs / 28 days) | Tier 2 | QL NM PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| UPTRAVI PACK TAB 200/800 QL (200 tabs / 28 days) | Tier 2 | QL NM PA |
| WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days) | Tier 2 | QL NM PA |
| WINREVAIR INJ 45MG QL (2 vials / 21 days) | Tier 2 | QL NM PA |
| WINREVAIR INJ 60MG QL (2 vials / 21 days) | Tier 2 | QL NM PA |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days) | Tier 2 | QL NM PA |
| YUTREPIA CAPS 106mcg QL (224 caps / 28 days) | Tier 2 | QL NM PA |
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ANTIANXIETY*** | | |
| *alprazolam* (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days) | Tier 1 | QL |
| *buspirone hcl* TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | Tier 1 | |
| *fluvoxamine maleate* TABS 25mg, 50mg, 100mg | Tier 2 | |
| *lorazepam* CONC 2mg/ml QL (150 mL / 30 days) | Tier 2 | QL |
| *lorazepam* (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml | Tier 1 | |
| *lorazepam* (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days) | Tier 1 | QL |
| *lorazepam intensol* CONC 2mg/ml QL (150 mL / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***ANTIDEMENTIA*** | | |
| *donepezil hydrochloride* (generic of ARICEPT) TABS 5mg | Tier 1 | QL (30 tabs / 30 days) |
| *donepezil hydrochloride* (generic of ARICEPT) TABS 10mg | Tier 1 | |
| *donepezil hydrochloride* TBDP 5mg | Tier 1 | QL (30 tabs / 30 days) |
| *donepezil hydrochloride* TBDP 10mg | Tier 1 | |
| *galantamine hydrobromide* CP24 8mg, 16mg, 24mg | Tier 2 | QL (30 caps / 30 days) |
| *galantamine hydrobromide* SOLN 4mg/ml | Tier 3 | QL (200 mL / 30 days) |
| *galantamine hydrobromide* TABS 4mg, 8mg, 12mg | Tier 2 | QL (60 tabs / 30 days) |
| LEQEMBI IQLIK SOAJ 250mg/1.25ml | Tier 2 | QL NM PA (8 pens / 28 days) |
| LEQEMBI IQLIK SOAJ 360mg/1.8ml | Tier 2 | QL NM PA (4 pens / 28 days) |
| *memantine hcl* CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml | Tier 3 | PA<br>PA applies if 29 years and younger |
| *memantine hcl* TABS 5mg, 10mg | Tier 2 | PA<br>PA applies if 29 years and younger |
| *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* (generic of NAMZARIC) | Tier 3 | |
| *memantine hcl-donepezil hcl cap er 24hr 21-10 mg* (generic of NAMZARIC) | Tier 3 | |
| *memantine hcl-donepezil hcl cap er 24hr 28-10 mg* (generic of NAMZARIC) | Tier 3 | |
| NAMZARIC CAP 7-10MG | Tier 3 | |
| *rivastigmine* (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | Tier 3 | QL (30 patches / 30 days) |
| *rivastigmine tartrate* CAPS 1.5mg, 3mg, 4.5mg, 6mg | Tier 2 | QL (60 caps / 30 days) |
| ***ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl* TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | Tier 2 | PA<br>PA applies if 65 years and older |
| *amoxapine* TABS 25mg, 50mg, 100mg, 150mg | Tier 2 | PA<br>PA applies if 65 years and older |
| AUVELITY TAB 45-105MG | Tier 3 | QL (60 tabs / 30 days) |
| AUVELITY TAB TITRATIO | Tier 2 | QL (2 packs / year) |
| *bupropion hcl* TABS 75mg, 100mg | Tier 1 | |
| *bupropion hcl* (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg | Tier 1 | QL (60 tabs / 30 days) |
| *bupropion hcl* (generic of WELLBUTRIN XL) TB24 150mg | Tier 1 | QL (60 tabs / 30 days) |
| *bupropion hcl* (generic of WELLBUTRIN XL) TB24 300mg | Tier 1 | QL (30 tabs / 30 days) |
| *citalopram hydrobromide* SOLN 10mg/5ml | Tier 2 | |
| *citalopram hydrobromide* (generic of CELEXA) TABS 10mg, 20mg, 40mg | Tier 1 | |
| *clomipramine hcl* (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg | Tier 3 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *desipramine hcl* TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older | Tier 3 | PA |
| *desvenlafaxine succinate* (generic of PRISTIQ) TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *doxepin hcl* CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml<br>PA applies if 65 years and older | Tier 2 | PA |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days) | Tier 3 | QL PA |
| *duloxetine hcl* CPEP 20mg<br>QL (120 caps / 30 days) | Tier 2 | QL |
| *duloxetine hcl* CPEP 30mg<br>QL (90 caps / 30 days) | Tier 2 | QL |
| *duloxetine hcl* CPEP 60mg<br>QL (60 caps / 30 days) | Tier 2 | QL |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr<br>QL (30 patches / 30 days) | Tier 2 | QL PA |
| *escitalopram oxalate* SOLN 5mg/5ml | Tier 3 | |
| *escitalopram oxalate* (generic of LEXAPRO) TABS 5mg, 10mg, 20mg | Tier 1 | |
| EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg<br>QL (30 tabs / 30 days) | Tier 2 | QL PA |
| EXXUA TITRATION PACK TB24 18.2mg<br>QL (2 packs / year) | Tier 2 | QL PA |
| FETZIMA CP24 20mg, 40mg<br>QL (60 caps / 30 days) | Tier 3 | QL PA |
| FETZIMA CP24 80mg, 120mg<br>QL (30 caps / 30 days) | Tier 3 | QL PA |
| FETZIMA CAP TITRATIO<br>QL (2 packs / year) | Tier 3 | QL PA |
| *fluoxetine hcl* CAPS 10mg, 20mg, 40mg | Tier 1 | |
| *fluoxetine hcl* SOLN 20mg/5ml | Tier 2 | |
| *imipramine hcl* TABS 10mg, 25mg, 50mg<br>PA applies if 65 years and older | Tier 1 | PA |
| MARPLAN TABS 10mg<br>QL (180 tabs / 30 days) | Tier 3 | QL |
| *mirtazapine* TABS 7.5mg, 45mg | Tier 1 | |
| *mirtazapine* (generic of REMERON) TABS 15mg, 30mg | Tier 1 | |
| *mirtazapine* (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg | Tier 2 | |
| *nefazodone hcl* TABS 50mg, 100mg, 150mg, 200mg, 250mg | Tier 3 | |
| *nortriptyline hcl* (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg | Tier 1 | |
| *nortriptyline hcl* SOLN 10mg/5ml | Tier 3 | |
| *paroxetine hcl* SUSP 10mg/5ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older | Tier 3 | QL PA |
| *paroxetine hcl* (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg<br>PA applies if 65 years and older | Tier 1 | PA |
| *phenelzine sulfate* (generic of NARDIL) TABS 15mg | Tier 2 | |
| *protriptyline hcl* TABS 5mg, 10mg | Tier 3 | |
| RALDESY SOLN 10mg/ml<br>QL (1800 mL / 30 days) | Tier 3 | QL PA |
| *sertraline hcl* (generic of ZOLOFT) CONC 20mg/ml | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sertraline hcl* (generic of ZOLOFT) TABS 25mg, 50mg, 100mg | Tier 1 | |
| *tranylcypromine sulfate* (generic of PARNATE) TABS 10mg | Tier 3 | |
| *trazodone hcl* TABS 50mg, 100mg, 150mg | Tier 1 | |
| *trimipramine maleate* CAPS 25mg, 50mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and older | Tier 3 | QL PA |
| *trimipramine maleate* CAPS 100mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older | Tier 3 | QL PA |
| TRINTELLIX TABS 5mg, 10mg, 20mg<br>QL (30 tabs / 30 days) | Tier 3 | QL PA |
| *venlafaxine hcl* (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg | Tier 1 | |
| *venlafaxine hcl* TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | Tier 2 | |
| *vilazodone hcl* (generic of VIIBRYD) TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| ZURZUVAE CAPS 20mg, 25mg<br>QL (28 caps / 14 days) | Tier 2 | QL NM PA |
| ZURZUVAE CAPS 30mg<br>QL (14 caps / 14 days) | Tier 2 | QL NM PA |
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl* CAPS 100mg<br>QL (120 caps / 30 days) | Tier 2 | QL |
| *amantadine hcl* SOLN 50mg/5ml | Tier 2 | |
| *benztropine mesylate* SOLN 1mg/ml | Tier 3 | |
| *benztropine mesylate* TABS .5mg, 1mg, 2mg<br>PA applies if 65 years and older | Tier 1 | PA |
| *bromocriptine mesylate* TABS 2.5mg | Tier 3 | |
| *carb/levo orally disintegrating tab 10-100mg* | Tier 2 | |
| *carb/levo orally disintegrating tab 25-100mg* | Tier 2 | |
| *carb/levo orally disintegrating tab 25-250mg* | Tier 2 | |
| *carbidopa & levodopa tab 10-100 mg* (generic of SINEMET) | Tier 1 | |
| *carbidopa & levodopa tab 25-100 mg* (generic of SINEMET) | Tier 1 | |
| *carbidopa & levodopa tab 25-250 mg* | Tier 1 | |
| *carbidopa & levodopa tab er 25-100 mg* | Tier 2 | |
| *carbidopa & levodopa tab er 50-200 mg* | Tier 2 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | Tier 3 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | Tier 3 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | Tier 3 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | Tier 3 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | Tier 3 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | Tier 3 | |
| *entacapone* TABS 200mg | Tier 3 | |
| INBRIJA CAPS 42mg<br>QL (300 caps / 30 days) | Tier 2 | QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *pramipexole dihydrochloride* TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | Tier 1 | |
| *rasagiline mesylate* (generic of AZILECT) TABS .5mg, 1mg<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| *ropinirole hydrochloride* TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg | Tier 1 | |
| *selegiline hcl* CAPS 5mg; TABS 5mg | Tier 2 | |
| *trihexyphenidyl hcl* SOLN .4mg/ml | Tier 2 | |
| *trihexyphenidyl hcl* TABS 2mg, 5mg | Tier 1 | |
| ***ANTIPSYCHOTICS*** | | |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml<br>QL (1 syringe / 56 days) | Tier 3 | QL |
| ABILIFY MAINTENA PRSY 300mg, 400mg<br>QL (1 syringe / 28 days) | Tier 3 | QL |
| ABILIFY MAINTENA SRER 300mg, 400mg<br>QL (1 vial / 28 days) | Tier 3 | QL |
| *aripiprazole* SOLN 1mg/ml<br>QL (900 mL / 30 days) | Tier 3 | QL |
| *aripiprazole* (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *aripiprazole* TBDP 10mg, 15mg<br>QL (60 tabs / 30 days) | Tier 3 | QL ST |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml<br>QL (1 syringe / 28 days) | Tier 3 | QL |
| ARISTADA PRSY 1064mg/3.9ml<br>QL (1 syringe / 56 days) | Tier 3 | QL |
| ARISTADA INITIO PRSY 675mg/2.4ml | Tier 3 | |
| *asenapine maleate* (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | Tier 3 | QL |
| BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days) | Tier 3 | QL PA |
| BYSANTI TAB PACK A<br>QL (2 packs / year) | Tier 3 | QL PA |
| BYSANTI TAB PACK B<br>QL (2 packs / year) | Tier 3 | QL PA |
| BYSANTI TAB PACK C<br>QL (2 packs / year) | Tier 3 | QL PA |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg<br>QL (30 caps / 30 days) | Tier 3 | QL |
| *chlorpromazine hcl* CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | Tier 3 | |
| *clozapine* (generic of CLOZARIL) TABS 25mg | Tier 2 | |
| *clozapine* TABS 50mg | Tier 2 | |
| *clozapine* (generic of CLOZARIL) TABS 100mg<br>QL (270 tabs / 30 days) | Tier 2 | QL |
| *clozapine* TABS 200mg<br>QL (120 tabs / 30 days) | Tier 2 | QL |
| *clozapine* TBDP 12.5mg, 25mg | Tier 3 | PA |
| *clozapine* TBDP 100mg<br>QL (270 tabs / 30 days) | Tier 3 | QL PA |
| *clozapine* TBDP 150mg<br>QL (180 tabs / 30 days) | Tier 3 | QL PA |
| *clozapine* TBDP 200mg<br>QL (120 tabs / 30 days) | Tier 3 | QL PA |
| COBENFY CAP 50-20MG<br>QL (60 caps / 30 days) | Tier 3 | QL |
| COBENFY CAP 100-20MG<br>QL (60 caps / 30 days) | Tier 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| COBENFY CAP 125-30MG<br>QL (60 caps / 30 days) | Tier 3 | QL |
| COBENFY STRT CAP PACK<br>QL (2 packs / year) | Tier 3 | QL |
| ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days) | Tier 3 | QL |
| ERZOFRI SUSY 351mg/2.25ml<br>QL (2 syringes / year) | Tier 3 | QL |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days) | Tier 3 | QL PA |
| FANAPT PAK PACK A<br>QL (2 packs / year) | Tier 3 | QL PA |
| FANAPT PAK PACK B<br>QL (2 packs / year) | Tier 3 | QL PA |
| FANAPT PAK PACK C<br>QL (2 packs / year) | Tier 3 | QL PA |
| *fluphenazine decanoate* SOLN 25mg/ml | Tier 3 | |
| *fluphenazine hcl* CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | Tier 3 | |
| *haloperidol* TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | Tier 2 | |
| *haloperidol decanoate* SOLN 50mg/ml, 100mg/ml | Tier 3 | |
| *haloperidol lactate* CONC 2mg/ml | Tier 2 | |
| *haloperidol lactate* SOLN 5mg/ml | Tier 3 | |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml<br>QL (1 syringe / 180 days) | Tier 3 | QL |
| INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days) | Tier 3 | QL |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml<br>QL (1 syringe / 90 days) | Tier 3 | QL |
| *loxapine succinate* CAPS 5mg, 10mg, 25mg, 50mg | Tier 2 | |
| *lurasidone hcl* (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| *lurasidone hcl* (generic of LATUDA) TABS 80mg<br>QL (60 tabs / 30 days) | Tier 3 | QL |
| LYBALVI TAB 5-10MG<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| LYBALVI TAB 10-10MG<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| LYBALVI TAB 15-10MG<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| LYBALVI TAB 20-10MG<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| *molindone hcl* TABS 5mg, 10mg, 25mg | Tier 3 | |
| NUPLAZID CAPS 34mg<br>QL (30 caps / 30 days) | Tier 3 | QL NM PA |
| NUPLAZID TABS 10mg<br>QL (30 tabs / 30 days) | Tier 3 | QL NM PA |
| *olanzapine* (generic of ZYPREXA) SOLR 10mg<br>QL (3 vials / 1 day) | Tier 3 | QL |
| *olanzapine* (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| *olanzapine* (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *olanzapine* (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg<br>QL (30 tabs / 30 days) | Tier 3 | QL ST |
| *olanzapine* (generic of ZYPREXA ZYDIS) TBDP 10mg<br>QL (60 tabs / 30 days) | Tier 3 | QL ST |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| OPIPZA FILM 2mg, 5mg QL (30 films / 30 days) | Tier 3 | QL PA |
| OPIPZA FILM 10mg QL (90 films / 30 days) | Tier 3 | QL PA |
| *paliperidone* TB24 1.5mg QL (30 tabs / 30 days) | Tier 3 | QL |
| *paliperidone* (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days) | Tier 3 | QL |
| *paliperidone* (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days) | Tier 3 | QL |
| *perphenazine* TABS 2mg, 4mg, 8mg, 16mg | Tier 2 | |
| *pimozide* TABS 1mg, 2mg | Tier 3 | |
| *quetiapine fumarate* (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days) | Tier 2 | QL |
| *quetiapine fumarate* (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days) | Tier 2 | QL |
| *quetiapine fumarate* TABS 150mg QL (90 tabs / 30 days) | Tier 2 | QL |
| *quetiapine fumarate* (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days) | Tier 2 | QL |
| *quetiapine fumarate* (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days) | Tier 3 | QL PA |
| *quetiapine fumarate* (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days) | Tier 3 | QL PA |
| REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days) | Tier 3 | QL |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days) | Tier 3 | QL |
| *risperidone* (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days) | Tier 2 | QL |
| *risperidone* (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg | Tier 1 | |
| *risperidone* TABS .25mg | Tier 1 | |
| *risperidone* TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days) | Tier 3 | QL ST |
| *risperidone* TBDP 4mg QL (120 tabs / 30 days) | Tier 3 | QL ST |
| *risperidone* TBDP .25mg, .5mg QL (90 tabs / 30 days) | Tier 3 | QL ST |
| *risperidone microspheres* (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 vials / 28 days) | Tier 3 | QL |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days) | Tier 3 | QL |
| *thioridazine hcl* TABS 10mg, 25mg, 50mg, 100mg | Tier 2 | |
| *thiothixene* CAPS 1mg, 2mg, 5mg, 10mg | Tier 3 | |
| *trifluoperazine hcl* TABS 1mg, 2mg, 5mg, 10mg | Tier 2 | |
| VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days) | Tier 3 | QL PA |
| VRAYLAR CAPS 1.5mg QL (60 caps / 30 days) | Tier 2 | QL |
| VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days) | Tier 2 | QL |
| *ziprasidone hcl* (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days) | Tier 3 | QL |
| *ziprasidone mesylate* (generic of GEODON) SOLR 20mg QL (6 vials / 3 days) | Tier 3 | QL |
| ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days) | Tier 3 | QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZYPREXA RELPREVV SUSR 405mg<br>QL (1 vial / 28 days) | Tier 3 | QL NM PA |
| ***ANTISEIZURE AGENTS*** | | |
| *brivaracetam* (generic of BRIVIACT) SOLN 10mg/ml<br>QL (600 mL / 30 days) | Tier 3 | QL PA |
| *brivaracetam* (generic of BRIVIACT) TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days) | Tier 3 | QL PA |
| *carbamazepine* CHEW 100mg | Tier 2 | |
| *carbamazepine* CHEW 200mg | Tier 3 | |
| *carbamazepine* (generic of CARBATROL) CP12 100mg, 200mg, 300mg | Tier 3 | |
| *carbamazepine* (generic of TEGRETOL) SUSP 100mg/5ml | Tier 3 | |
| *carbamazepine* (generic of TEGRETOL) TABS 200mg | Tier 2 | |
| *carbamazepine* (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg | Tier 3 | |
| *clobazam* (generic of ONFI) SUSP 2.5mg/ml<br>QL (480 mL / 30 days) | Tier 3 | QL PA |
| *clobazam* (generic of ONFI) TABS 10mg, 20mg<br>QL (60 tabs / 30 days) | Tier 3 | QL PA |
| *clonazepam* (generic of KLONOPIN) TABS 2mg<br>QL (300 tabs / 30 days) | Tier 1 | QL |
| *clonazepam* (generic of KLONOPIN) TABS .5mg, 1mg<br>QL (90 tabs / 30 days) | Tier 1 | QL |
| *clonazepam* TBDP 2mg<br>QL (300 tabs / 30 days) | Tier 2 | QL |
| *clonazepam* TBDP .125mg, .25mg, .5mg, 1mg<br>QL (90 tabs / 30 days) | Tier 2 | QL |
| *clorazepate dipotassium* TABS 3.75mg, 7.5mg, 15mg<br>QL (180 tabs / 30 days)<br>PA applies if 65 years and older | Tier 3 | QL PA |
| DIACOMIT CAPS 250mg<br>QL (360 caps / 30 days) | Tier 3 | QL NM PA |
| DIACOMIT CAPS 500mg<br>QL (180 caps / 30 days) | Tier 3 | QL NM PA |
| DIACOMIT PACK 250mg<br>QL (360 packets / 30 days) | Tier 3 | QL NM PA |
| DIACOMIT PACK 500mg<br>QL (180 packets / 30 days) | Tier 3 | QL NM PA |
| *diazepam* SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | Tier 3 | QL PA |
| *diazepam* (generic of VALIUM) TABS 2mg, 5mg, 10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | Tier 1 | QL PA |
| *diazepam (anticonvulsant)* GEL 2.5mg, 10mg, 20mg | Tier 3 | |
| *diazepam inj* SOLN 5mg/ml | Tier 3 | |
| *diazepam intensol* CONC 5mg/ml<br>QL (240 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | Tier 3 | QL PA |
| DILANTIN CAPS 30mg | Tier 3 | |
| *divalproex sodium* (generic of DEPAKOTE SPRINKLES) CSDR 125mg | Tier 3 | |
| *divalproex sodium* (generic of DEPAKOTE ER) TB24 250mg, 500mg | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *divalproex sodium* (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg | Tier 1 | |
| EPIDIOLEX SOLN 100mg/ml<br>QL (600 mL / 30 days) | Tier 3 | QL NM PA |
| *eslicarbazepine acetate* (generic of APTIOM) TABS 200mg, 400mg<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| *eslicarbazepine acetate* (generic of APTIOM) TABS 600mg, 800mg<br>QL (60 tabs / 30 days) | Tier 3 | QL |
| *ethosuximide* (generic of ZARONTIN) CAPS 250mg | Tier 2 | |
| *ethosuximide* (generic of ZARONTIN) SOLN 250mg/5ml | Tier 3 | |
| *felbamate* SUSP 600mg/5ml | Tier 3 | |
| *felbamate* (generic of FELBATOL) TABS 400mg, 600mg | Tier 3 | |
| FINTEPLA SOLN 2.2mg/ml<br>QL (360 mL / 30 days) | Tier 3 | QL NM PA |
| *gabapentin* (generic of NEURONTIN) CAPS 100mg, 300mg<br>QL (360 caps / 30 days) | Tier 1 | QL |
| *gabapentin* (generic of NEURONTIN) CAPS 400mg<br>QL (270 caps / 30 days) | Tier 1 | QL |
| *gabapentin* (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml<br>QL (2160 mL / 30 days) | Tier 2 | QL |
| *gabapentin* (generic of NEURONTIN) TABS 600mg<br>QL (180 tabs / 30 days) | Tier 1 | QL |
| *gabapentin* (generic of NEURONTIN) TABS 800mg<br>QL (120 tabs / 30 days) | Tier 1 | QL |
| *lacosamide* (generic of VIMPAT) SOLN 200mg/20ml | Tier 3 | |
| *lacosamide* (generic of VIMPAT) TABS 50mg<br>QL (120 tabs / 30 days) | Tier 3 | QL |
| *lacosamide* (generic of VIMPAT) TABS 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days) | Tier 3 | QL |
| *lacosamide oral* (generic of VIMPAT) SOLN 10mg/ml<br>QL (1200 mL / 30 days) | Tier 3 | QL |
| *lamotrigine* (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg | Tier 2 | |
| *lamotrigine* (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | Tier 1 | |
| *levetiracetam* (generic of KEPPRA) SOLN 100mg/ml | Tier 2 | |
| *levetiracetam* (generic of KEPPRA) SOLN 500mg/5ml | Tier 3 | |
| *levetiracetam* (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg | Tier 1 | |
| *levetiracetam* TB3D 250mg<br>QL (360 tabs / 30 days) | Tier 3 | QL |
| *levetiracetam* TB3D 500mg<br>QL (180 tabs / 30 days) | Tier 3 | QL |
| *levetiracetam in sodium chloride iv soln 500 mg/100ml* (generic of LEVETIRACETAM/SODIUM CHLO) | Tier 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *levetiracetam in sodium chloride iv soln 1000 mg/100ml* (generic of LEVETIRACETAM/SODIUM CHLO) | Tier 3 | |
| *levetiracetam in sodium chloride iv soln 1500 mg/100ml* (generic of LEVETIRACETAM/SODIUM CHLO) | Tier 3 | |
| *methsuximide* (generic of CELONTIN) CAPS 300mg | Tier 3 | |
| NAYZILAM SOLN 5mg/0.1ml<br>QL (10 nasal units / 30 days) | Tier 3 | QL |
| *oxcarbazepine* (generic of TRILEPTAL) SUSP 300mg/5ml | Tier 3 | |
| *oxcarbazepine* (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg | Tier 2 | |
| *perampanel* (generic of FYCOMPA) SUSP .5mg/ml<br>QL (680 mL / 28 days) | Tier 3 | QL PA |
| *perampanel* (generic of FYCOMPA) TABS 2mg<br>QL (60 tabs / 30 days) | Tier 3 | QL PA |
| *perampanel* (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days) | Tier 3 | QL PA |
| *phenobarbital* ELIX 20mg/5ml<br>QL (1500 mL / 30 days)<br>PA applies if 65 years and older | Tier 3 | QL PA |
| *phenobarbital* TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older | Tier 2 | QL PA |
| *phenobarbital sodium* SOLN 65mg/ml, 130mg/ml<br>PA applies if 65 years and older | Tier 3 | PA |
| *phenytek* CAPS 200mg, 300mg | Tier 2 | |
| *phenytoin* (generic of DILANTIN INFATABS) CHEW 50mg | Tier 2 | |
| *phenytoin* (generic of DILANTIN-125) SUSP 125mg/5ml | Tier 2 | |
| *phenytoin sodium* SOLN 50mg/ml | Tier 3 | |
| *phenytoin sodium extended* (generic of DILANTIN) CAPS 100mg | Tier 2 | |
| *phenytoin sodium extended* CAPS 200mg, 300mg | Tier 2 | |
| *pregabalin* (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg<br>QL (120 caps / 30 days) | Tier 2 | QL |
| *pregabalin* (generic of LYRICA) CAPS 200mg<br>QL (90 caps / 30 days) | Tier 2 | QL |
| *pregabalin* (generic of LYRICA) CAPS 225mg, 300mg<br>QL (60 caps / 30 days) | Tier 2 | QL |
| *pregabalin* (generic of LYRICA) SOLN 20mg/ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older | Tier 3 | QL PA |
| *primidone* (generic of MYSOLINE) TABS 50mg, 250mg | Tier 1 | |
| *primidone* TABS 125mg | Tier 1 | |
| *relgaabi* (generic of NEURONTIN) CAPS 300mg<br>QL (360 caps / 30 days) | Tier 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *relgaabi* (generic of NEURONTIN) CAPS 400mg<br>QL (270 caps / 30 days) | Tier 1 | QL |
| *roweepra* (generic of KEPPRA) TABS 500mg | Tier 1 | |
| *rufinamide* (generic of BANZEL) SUSP 40mg/ml<br>QL (2400 mL / 30 days) | Tier 3 | QL PA |
| *rufinamide* (generic of BANZEL) TABS 200mg<br>QL (480 tabs / 30 days) | Tier 3 | QL PA |
| *rufinamide* (generic of BANZEL) TABS 400mg<br>QL (240 tabs / 30 days) | Tier 3 | QL PA |
| SUBVENITE SUSP 10mg/ml | Tier 2 | ST |
| *subvenite* (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | Tier 1 | |
| SYMPAZAN FILM 5mg, 10mg, 20mg<br>QL (60 films / 30 days) | Tier 3 | QL PA |
| *tiagabine hcl* TABS 2mg, 4mg, 12mg, 16mg | Tier 3 | |
| *topiramate* (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg | Tier 2 | |
| *topiramate* CPSP 50mg | Tier 3 | |
| *topiramate* (generic of EPRONTIA) SOLN 25mg/ml<br>QL (480 mL / 30 days) | Tier 3 | QL PA |
| *topiramate* (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg | Tier 1 | |
| *valproate sodium* SOLN 100mg/ml | Tier 3 | |
| *valproate sodium* SOLN 250mg/5ml | Tier 2 | |
| *valproic acid* CAPS 250mg | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml<br>QL (10 blister packs / 30 days) | Tier 3 | QL |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml<br>QL (10 blister packs / 30 days) | Tier 3 | QL |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml<br>QL (10 blister packs / 30 days) | Tier 3 | QL |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml<br>QL (10 blister packs / 30 days) | Tier 3 | QL |
| *vigabatrin* (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days) | Tier 1 | QL NM PA |
| *vigabatrin* (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days) | Tier 1 | QL NM PA |
| *vigadrone* (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days) | Tier 1 | QL NM PA |
| *vigadrone* (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days) | Tier 1 | QL NM PA |
| VIGAFYDE SOLN 100mg/ml<br>QL (900 mL / 30 days) | Tier 2 | QL NM PA |
| XCOPRI TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| XCOPRI TABS 150mg, 200mg<br>QL (60 tabs / 30 days) | Tier 3 | QL |
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days) | Tier 3 | QL |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days) | Tier 3 | QL |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days) | Tier 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| XCOPRI PAK 150-200MG (MAINTENANCE)<br>QL (56 tabs / 28 days) | Tier 3 | QL |
| XCOPRI PAK 150-200MG (TITRATION)<br>QL (28 tabs / 28 days) | Tier 3 | QL |
| ZONISADE SUSP 100mg/5ml<br>QL (900 mL / 30 days) | Tier 3 | QL PA |
| *zonisamide* (generic of ZONEGRAN) CAPS 25mg, 100mg | Tier 2 | |
| *zonisamide* CAPS 50mg | Tier 2 | |
| ZTALMY SUSP 50mg/ml<br>QL (1100 mL / 30 days) | Tier 3 | QL NM PA |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | Tier 3 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | Tier 3 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | Tier 3 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | Tier 3 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | Tier 3 | QL PA |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | Tier 3 | QL PA |
| *amphetamine-dextroamphetamine tab 5 mg* (generic of ADDERALL)<br>QL (60 tabs / 30 days) | Tier 2 | QL PA |
| *amphetamine-dextroamphetamine tab 7.5 mg* (generic of ADDERALL)<br>QL (60 tabs / 30 days) | Tier 2 | QL PA |
| *amphetamine-dextroamphetamine tab 10 mg* (generic of ADDERALL)<br>QL (60 tabs / 30 days) | Tier 2 | QL PA |
| *amphetamine-dextroamphetamine tab 12.5 mg* (generic of ADDERALL)<br>QL (60 tabs / 30 days) | Tier 2 | QL PA |
| *amphetamine-dextroamphetamine tab 15 mg* (generic of ADDERALL)<br>QL (60 tabs / 30 days) | Tier 2 | QL PA |
| *amphetamine-dextroamphetamine tab 20 mg* (generic of ADDERALL)<br>QL (90 tabs / 30 days) | Tier 2 | QL PA |
| *amphetamine-dextroamphetamine tab 30 mg* (generic of ADDERALL)<br>QL (60 tabs / 30 days) | Tier 2 | QL PA |
| *atomoxetine hcl* CAPS 10mg, 18mg, 25mg<br>QL (120 caps / 30 days) | Tier 3 | QL |
| *atomoxetine hcl* CAPS 40mg<br>QL (60 caps / 30 days) | Tier 3 | QL |
| *atomoxetine hcl* CAPS 60mg, 80mg, 100mg<br>QL (30 caps / 30 days) | Tier 3 | QL |
| *dexmethylphenidate hcl* (generic of FOCALIN) TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days) | Tier 2 | QL PA |
| *dexmethylphenidate hcl* (generic of FOCALIN) TABS 10mg<br>QL (60 tabs / 30 days) | Tier 2 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *guanfacine hcl (adhd)* (generic of INTUNIV) TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older | Tier 2 | QL PA |
| *guanfacine hcl (adhd)* (generic of INTUNIV) TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older | Tier 2 | QL PA |
| *methylphenidate hcl* (generic of METHYLIN) SOLN 5mg/5ml<br>QL (1800 mL / 30 days) | Tier 3 | QL PA |
| *methylphenidate hcl* (generic of METHYLIN) SOLN 10mg/5ml<br>QL (900 mL / 30 days) | Tier 3 | QL PA |
| *methylphenidate hcl* (generic of RITALIN) TABS 5mg, 10mg<br>QL (180 tabs / 30 days) | Tier 2 | QL PA |
| *methylphenidate hcl* (generic of RITALIN) TABS 20mg<br>QL (90 tabs / 30 days) | Tier 2 | QL PA |
| *methylphenidate hcl* TBCR 10mg, 20mg<br>QL (90 tabs / 30 days) | Tier 3 | QL PA |
| ***HYPNOTICS*** | | |
| DAYVIGO TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *doxepin hcl (sleep)* (generic of SILENOR) TABS 3mg, 6mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *ramelteon* (generic of ROZEREM) TABS 8mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *tasimelteon* (generic of HETLIOZ) CAPS 20mg<br>QL (30 caps / 30 days) | Tier 1 | QL NM PA |
| *temazepam* (generic of RESTORIL) CAPS 7.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older | Tier 3 | QL PA |
| *temazepam* (generic of RESTORIL) CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older | Tier 3 | QL PA |
| *zolpidem tartrate* (generic of AMBIEN) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | Tier 1 | QL PA |
| ***MIGRAINE*** | | |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml<br>QL (1 pen / 30 days) | Tier 2 | QL NM PA |
| *dihydroergotamine mesylate* SOLN 4mg/ml<br>QL (8 mL / 30 days) | Tier 3 | QL PA |
| EMGALITY SOAJ 120mg/ml<br>QL (2 pens / 30 days) | Tier 2 | QL NM PA |
| EMGALITY SOSY 100mg/ml<br>QL (3 syringes / 30 days) | Tier 2 | QL NM PA |
| EMGALITY SOSY 120mg/ml<br>QL (2 syringes / 30 days) | Tier 2 | QL NM PA |
| *ergotamine w/ caffeine tab 1-100 mg*<br>QL (40 tabs / 28 days) | Tier 2 | QL PA |
| NURTEC TBDP 75mg<br>QL (16 tabs / 30 days) | Tier 2 | QL PA |
| QULIPTA TABS 10mg, 30mg, 60mg<br>QL (30 tabs / 30 days) | Tier 2 | QL PA |
| *rizatriptan benzoate* TABS 5mg<br>QL (18 tabs / 30 days) | Tier 1 | QL |
| *rizatriptan benzoate* (generic of MAXALT) TABS 10mg<br>QL (18 tabs / 30 days) | Tier 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *rizatriptan benzoate* TBDP 5mg<br>QL (18 tabs / 30 days) | Tier 2 | QL |
| *rizatriptan benzoate* (generic of MAXALT-MLT) TBDP 10mg<br>QL (18 tabs / 30 days) | Tier 2 | QL |
| *sumatriptan* SOLN 5mg/act<br>QL (24 units / 30 days) | Tier 3 | QL |
| *sumatriptan* SOLN 20mg/act<br>QL (12 units / 30 days) | Tier 3 | QL |
| *sumatriptan succinate* (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml<br>QL (12 syringes / 30 days) | Tier 3 | QL |
| *sumatriptan succinate* SOLN 6mg/0.5ml<br>QL (12 vials / 30 days) | Tier 3 | QL |
| *sumatriptan succinate* (generic of IMITREX) TABS 25mg, 50mg, 100mg<br>QL (12 tabs / 30 days) | Tier 1 | QL |
| UBRELVY TABS 50mg, 100mg<br>QL (16 tabs / 30 days) | Tier 2 | QL PA |
| ***MISCELLANEOUS*** | | |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| AUSTEDO XR TB24 6mg<br>QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| AUSTEDO XR TB24 12mg<br>QL (120 tabs / 30 days) | Tier 2 | QL NM PA |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg<br>QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| AUSTEDO XR TB24 24mg<br>QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| AUSTEDO XR TAB TITR KIT<br>QL (2 packs / year) | Tier 2 | QL NM PA |
| *dextromethorphan hbr-quinidine sulfate cap 20-10 mg* (generic of NUEDEXTA)<br>QL (60 caps / 30 days) | Tier 3 | QL PA |
| *lithium* SOLN 8meq/5ml | Tier 3 | |
| *lithium carbonate* CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg | Tier 1 | |
| *lithium carbonate* (generic of LITHOBID) TBCR 300mg | Tier 1 | |
| NUEDEXTA CAP 20-10MG<br>QL (60 caps / 30 days) | Tier 3 | QL PA |
| *pyridostigmine bromide* (generic of MESTINON) TABS 60mg | Tier 2 | |
| *riluzole* TABS 50mg | Tier 3 | |
| *tetrabenazine* (generic of XENAZINE) TABS 12.5mg<br>QL (90 tabs / 30 days) | Tier 3 | QL NM PA |
| *tetrabenazine* (generic of XENAZINE) TABS 25mg<br>QL (120 tabs / 30 days) | Tier 1 | QL NM PA |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| BAFIERTAM CPDR 95mg<br>QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| BETASERON KIT .3mg<br>QL (14 kits / 28 days) | Tier 2 | QL NM PA |
| COPAXONE SOSY 20mg/ml<br>QL (30 syringes / 30 days) | Tier 2 | QL NM PA |
| COPAXONE SOSY 40mg/ml<br>QL (12 syringes / 28 days) | Tier 2 | QL NM PA |
| *dalfampridine* (generic of AMPYRA) TB12 10mg<br>QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| *fingolimod hcl* (generic of GILENYA) CAPS .5mg<br>QL (30 caps / 30 days) | Tier 1 | QL NM PA |
| *glatiramer acetate* (generic of COPAXONE) SOSY 20mg/ml<br>QL (30 syringes / 30 days) | Tier 1 | QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *glatiramer acetate* (generic of COPAXONE) SOSY 40mg/ml<br>QL (12 syringes / 28 days) | Tier 1 | QL NM PA |
| *glatopa* (generic of COPAXONE) SOSY 20mg/ml<br>QL (30 syringes / 30 days) | Tier 1 | QL NM PA |
| *glatopa* (generic of COPAXONE) SOSY 40mg/ml<br>QL (12 syringes / 28 days) | Tier 1 | QL NM PA |
| OCREVUS SOLN 300mg/10ml | Tier 2 | NM PA |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| *baclofen* TABS 5mg<br>QL (90 tabs / 30 days) | Tier 2 | QL |
| *baclofen* TABS 10mg, 20mg | Tier 2 | |
| *cyclobenzaprine hcl* TABS 5mg, 10mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 2 | QL PA |
| *tizanidine hcl* TABS 2mg | Tier 1 | |
| *tizanidine hcl* (generic of ZANAFLEX) TABS 4mg | Tier 1 | |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil* (generic of NUVIGIL) TABS 50mg<br>QL (60 tabs / 30 days) | Tier 3 | QL PA |
| *armodafinil* (generic of NUVIGIL) TABS 150mg, 200mg, 250mg<br>QL (30 tabs / 30 days) | Tier 3 | QL PA |
| *modafinil* (generic of PROVIGIL) TABS 100mg<br>QL (30 tabs / 30 days) | Tier 2 | QL PA |
| *modafinil* (generic of PROVIGIL) TABS 200mg<br>QL (60 tabs / 30 days) | Tier 2 | QL PA |
| *sodium oxybate* (generic of XYREM) SOLN 500mg/ml<br>QL (540 mL / 30 days) | Tier 1 | QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *acamprosate calcium* TBEC 333mg | Tier 3 | |
| *buprenorphine hcl* SUBL 2mg<br>QL (180 tabs / 30 days) | Tier 2 | QL |
| *buprenorphine hcl* SUBL 8mg<br>QL (120 tabs / 30 days) | Tier 2 | QL |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* (generic of SUBOXONE)<br>QL (180 films / 30 days) | Tier 3 | QL |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* (generic of SUBOXONE)<br>QL (90 films / 30 days) | Tier 3 | QL |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* (generic of SUBOXONE)<br>QL (120 films / 30 days) | Tier 3 | QL |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* (generic of SUBOXONE)<br>QL (90 films / 30 days) | Tier 3 | QL |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)*<br>QL (180 tabs / 30 days) | Tier 1 | QL |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)*<br>QL (120 tabs / 30 days) | Tier 1 | QL |
| *bupropion hcl (smoking deterrent)* TB12 150mg<br>QL (60 tabs / 30 days) | Tier 1 | QL |
| *disulfiram* TABS 250mg, 500mg | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KLOXXADO LIQD 8mg/0.1ml | Tier 2 | |
| *naloxone hcl* SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | Tier 1 | |
| *naltrexone hcl* TABS 50mg | Tier 2 | |
| NICOTROL NS SOLN 10mg/ml | Tier 3 | |
| *varenicline tartrate* (generic of CHANTIX) TABS .5mg, 1mg<br>QL (56 tabs / 28 days) | Tier 3 | QL |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack*<br>QL (2 packs / year) | Tier 3 | QL |
| VIVITROL SUSR 380mg | Tier 2 | NM |
| **ENDOCRINE AND METABOLIC** | | |
| ***ANDROGENS*** | | |
| *danazol* CAPS 50mg, 100mg, 200mg | Tier 3 | |
| *depo-testosterone* SOLN 100mg/ml, 200mg/ml | Tier 2 | PA |
| *testosterone* GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm<br>QL (300 gm / 30 days) | Tier 3 | QL PA |
| *testosterone cypionate* SOLN 100mg/ml, 200mg/ml | Tier 2 | PA |
| *testosterone enanthate* SOLN 200mg/ml | Tier 2 | PA |
| *testosterone pump* (generic of ANDROGEL PUMP) GEL 20.25mg/act<br>QL (150 gm / 30 days) | Tier 3 | QL PA |
| ***ANTIDIABETICS*** | | |
| *acarbose* TABS 25mg, 50mg, 100mg | Tier 2 | |
| *dapagliflozin* (generic of FARXIGA) TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | Tier 1 | QL |
| *dapagliflozin-metformin hcl tab er 24hr 5-500 mg* (generic of XIGDUO XR)<br>QL (60 tabs / 30 days) | Tier 1 | QL |
| *dapagliflozin-metformin hcl tab er 24hr 5-1000 mg* (generic of XIGDUO XR)<br>QL (60 tabs / 30 days) | Tier 1 | QL |
| *dapagliflozin-metformin hcl tab er 24hr 10-500 mg* (generic of XIGDUO XR)<br>QL (30 tabs / 30 days) | Tier 1 | QL |
| *dapagliflozin-metformin hcl tab er 24hr 10-1000 mg* (generic of XIGDUO XR)<br>QL (30 tabs / 30 days) | Tier 1 | QL |
| FARXIGA TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *glimepiride* TABS 1mg, 2mg<br>QL (90 tabs / 30 days) | Tier 1 | QL |
| *glimepiride* TABS 4mg<br>QL (60 tabs / 30 days) | Tier 1 | QL |
| *glipizide* TABS 5mg<br>QL (240 tabs / 30 days) | Tier 1 | QL |
| *glipizide* TABS 10mg<br>QL (120 tabs / 30 days) | Tier 1 | QL |
| *glipizide* TB24 2.5mg<br>QL (90 tabs / 30 days) | Tier 1 | QL |
| *glipizide* (generic of GLUCOTROL XL) TB24 5mg<br>QL (90 tabs / 30 days) | Tier 1 | QL |
| *glipizide* TB24 10mg<br>QL (60 tabs / 30 days) | Tier 1 | QL |
| *glipizide-metformin hcl tab 2.5-250 mg*<br>QL (240 tabs / 30 days) | Tier 2 | QL |
| *glipizide-metformin hcl tab 2.5-500 mg*<br>QL (120 tabs / 30 days) | Tier 2 | QL |
| *glipizide-metformin hcl tab 5-500 mg*<br>QL (120 tabs / 30 days) | Tier 2 | QL |
| GLYXAMBI TAB 10-5 MG<br>QL (30 tabs / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GLYXAMBI TAB 25-5 MG<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| JARDIANCE TABS 10mg, 25mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| JENTADUETO TAB 2.5-500<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| JENTADUETO TAB 2.5-850<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| JENTADUETO TAB 2.5-1000<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| JENTADUETO TAB XR 2.5-1000MG<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| JENTADUETO TAB XR 5-1000MG<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *metformin hcl* TABS 500mg<br>QL (150 tabs / 30 days) | Tier 1 | QL |
| *metformin hcl* TABS 850mg<br>QL (90 tabs / 30 days) | Tier 1 | QL |
| *metformin hcl* TABS 1000mg<br>QL (75 tabs / 30 days) | Tier 1 | QL |
| *metformin hcl* TB24 500mg<br>QL (120 tabs / 30 days)<br>(generic of GLUCOPHAGE XR) | Tier 1 | QL |
| *metformin hcl* TB24 750mg<br>QL (60 tabs / 30 days)<br>(generic of GLUCOPHAGE XR) | Tier 1 | QL |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml<br>QL (4 pens / 28 days) | Tier 2 | QL PA |
| *nateglinide* TABS 60mg, 120mg<br>QL (90 tabs / 30 days) | Tier 2 | QL |
| OZEMPIC TABS 1.5mg, 4mg, 9mg<br>QL (30 tabs / 30 days) | Tier 2 | QL PA |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml<br>QL (1 pen / 28 days) | Tier 2 | QL PA |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml<br>QL (1 pen / 28 days) | Tier 2 | QL PA |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml<br>QL (1 pen / 28 days) | Tier 2 | QL PA |
| *pioglitazone hcl* (generic of ACTOS) TABS 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days) | Tier 1 | QL |
| *repaglinide* TABS 2mg<br>QL (240 tabs / 30 days) | Tier 1 | QL |
| *repaglinide* TABS .5mg, 1mg<br>QL (120 tabs / 30 days) | Tier 1 | QL |
| *sitagliptin phosphate* (generic of JANUVIA) TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *sitagliptin phosphate-metformin hcl tab 50-500 mg* (generic of JANUMET)<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| *sitagliptin phosphate-metformin hcl tab 50-1000 mg* (generic of JANUMET)<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| *sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg* (generic of JANUMET XR)<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| *sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg* (generic of JANUMET XR)<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| *sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg* (generic of JANUMET XR)<br>QL (30 tabs / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRADJENTA TABS 5mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml<br>QL (4 pens / 28 days) | Tier 2 | QL PA |
| ***ANTIDIABETICS, INSULINS*** | | |
| ADMELOG SOLN 100unit/ml | Tier 2 | B/D |
| ADMELOG SOLOSTAR SOPN 100unit/ml | Tier 2 | |
| ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY | Tier 2 | PA |
| CEQUR EXT WR MIS INSERTER<br>QL (2 inserters / year) | Tier 3 | QL PA |
| CEQUR SIMPL KIT 1U EXTND<br>QL (8 patches / 24 days) | Tier 3 | QL PA |
| CEQUR SIMPL KIT 2U EXTND<br>QL (10 patches / 30 days) | Tier 3 | QL PA |
| CEQUR SIMPL KIT PATCH 2U (4-DAY)<br>QL (8 patches / 24 days) | Tier 3 | QL PA |
| CEQUR SIMPL MIS INSERTER<br>QL (2 inserters / year) | Tier 3 | QL PA |
| FIASP SOLN 100unit/ml | Tier 2 | B/D |
| FIASP FLEXTOUCH SOPN 100unit/ml | Tier 2 | |
| FIASP PENFILL SOCT 100unit/ml | Tier 2 | |
| FIASP PUMPCART SOCT 100unit/ml | Tier 2 | B/D |
| GAUZE PADS 2" X 2" | Tier 2 | PA |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | Tier 2 | |
| INSULIN PEN NEEDLES: EMBECTA-BD | Tier 2 | PA |
| INSULIN SAFETY NEEDLES: EMBECTA-BD | Tier 2 | PA |
| INSULIN SYRINGES: EMBECTA-BD | Tier 2 | PA |
| LANTUS SOLN 100unit/ml | Tier 2 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | Tier 2 | |
| NOVOLIN INJ 70/30<br>(brand RELION not covered) | Tier 2 | |
| NOVOLIN INJ 70/30 FP<br>(brand RELION not covered) | Tier 2 | |
| NOVOLIN N SUSP 100unit/ml<br>(brand RELION not covered) | Tier 2 | |
| NOVOLIN N FLEXPEN SUPN 100unit/ml<br>(brand RELION not covered) | Tier 2 | |
| NOVOLIN R SOLN 100unit/ml<br>(brand RELION not covered) | Tier 2 | B/D |
| NOVOLIN R FLEXPEN SOPN 100unit/ml<br>(brand RELION not covered) | Tier 2 | |
| NOVOLOG SOLN 100unit/ml<br>(brand RELION not covered) | Tier 2 | B/D |
| NOVOLOG FLEXPEN SOPN 100unit/ml<br>(brand RELION not covered) | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NOVOLOG MIX INJ 70/30 (brand RELION not covered) | Tier 2 | |
| NOVOLOG MIX INJ FLEXPEN (brand RELION not covered) | Tier 2 | |
| NOVOLOG PENFILL SOCT 100unit/ml | Tier 2 | |
| OMNIPOD5 LIB KIT INTRO QL (1 kit / year) | Tier 3 | QL PA |
| OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days) | Tier 3 | QL PA |
| OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year) | Tier 3 | QL PA |
| OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days) | Tier 3 | QL PA |
| OMNIPOD DASH KIT INTRO QL (1 kit / year) | Tier 3 | QL PA |
| OMNIPOD DASH MIS PODS QL (15 pods / 30 days) | Tier 3 | QL PA |
| SOLIQUA INJ 100/33 QL (5 pens / 25 days) | Tier 2 | QL |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | Tier 2 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | Tier 2 | |
| XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) | Tier 2 | QL |
| ***CALCIUM REGULATORS*** | | |
| *alendronate sodium* TABS 10mg, 35mg | Tier 1 | |
| *alendronate sodium* (generic of FOSAMAX) TABS 70mg | Tier 1 | |
| BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days) | Tier 3 | QL NM |
| *calcitonin (salmon) spray* SOLN 200unit/act | Tier 2 | B/D |
| *ibandronate sodium* TABS 150mg | Tier 2 | B/D |
| OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days) | Tier 3 | QL NM |
| PAMIDRONATE DISODIUM SOLN 6mg/ml | Tier 3 | B/D |
| *pamidronate disodium* SOLN 30mg/10ml, 90mg/10ml | Tier 3 | B/D |
| TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days) | Tier 2 | QL NM PA |
| WYOST SOLN 120mg/1.7ml | Tier 2 | NM PA |
| XTRENBO SOLN 120mg/1.7ml | Tier 3 | NM PA |
| *zoledronic acid* CONC 4mg/5ml | Tier 3 | B/D NM |
| *zoledronic acid* (generic of RECLAST) SOLN 5mg/100ml | Tier 3 | B/D NM |
| ***CHELATING AGENTS*** | | |
| CHEMET CAPS 100mg | Tier 2 | |
| *deferasirox* (generic of JADENU) TABS 90mg | Tier 2 | NM PA |
| *deferasirox* (generic of JADENU) TABS 180mg, 360mg | Tier 3 | NM PA |
| *deferasirox* (generic of EXJADE) TBSO 125mg | Tier 3 | NM PA |
| *deferasirox* (generic of EXJADE) TBSO 250mg, 500mg | Tier 1 | NM PA |
| *kionex* SUSP 15gm/60ml | Tier 3 | |
| LOKELMA PACK 5gm, 10gm | Tier 2 | |
| *penicillamine* (generic of DEPEN TITRATABS) TABS 250mg | Tier 1 | NM |
| *sodium polystyrene sulfonate* SUSP 15gm/60ml | Tier 3 | |
| *sodium polystyrene sulfonate powder* | Tier 2 | |
| *sps* SUSP 15gm/60ml | Tier 3 | |
| *sps rectal* SUSP 15gm/60ml | Tier 3 | |
| *trientine hcl* (generic of SYPRINE) CAPS 250mg | Tier 1 | NM PA |
| ***CONTRACEPTIVES*** | | |
| *afirmelle* | Tier 1 | |
| *altavera* | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *alyacen 1/35* | Tier 1 | |
| *alyacen 7/7/7* | Tier 1 | |
| *apri* | Tier 1 | |
| *aranelle* | Tier 1 | |
| *aubra eq* | Tier 1 | |
| *aurovela 1/20* | Tier 1 | |
| *aurovela fe 1.5/30* | Tier 1 | |
| *aurovela fe 1/20* | Tier 1 | |
| *aviane* | Tier 1 | |
| *ayuna* | Tier 1 | |
| *azurette* | Tier 1 | |
| *balziva* | Tier 1 | |
| *blisovi fe 1.5/30* | Tier 1 | |
| *blisovi fe 1/20* | Tier 1 | |
| *briellyn* | Tier 1 | |
| *camila* TABS .35mg | Tier 1 | |
| *chateal eq* | Tier 1 | |
| *cryselle* | Tier 1 | |
| *cyred eq* | Tier 1 | |
| *dasetta 1/35* | Tier 1 | |
| *dasetta 7/7/7* | Tier 1 | |
| *deblitane* TABS .35mg | Tier 1 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | Tier 2 | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | Tier 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* (generic of YAZ) | Tier 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* (generic of YASMIN 28) | Tier 1 | |
| *elinest* | Tier 1 | |
| *eluryng* (generic of NUVARING) | Tier 2 | |
| *emzahh* TABS .35mg | Tier 1 | |
| *enilloring* (generic of NUVARING) | Tier 2 | |
| *enskyce* | Tier 1 | |
| *errin* TABS .35mg | Tier 1 | |
| *estarylla* | Tier 1 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | Tier 1 | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* (generic of NUVARING) | Tier 2 | |
| *falmina* | Tier 1 | |
| *feirza 1.5/30* | Tier 1 | |
| *feirza 1/20* | Tier 1 | |
| *hailey 1.5/30* | Tier 1 | |
| *hailey fe 1/20* | Tier 1 | |
| *heather* TABS .35mg | Tier 1 | |
| *iclevia* | Tier 1 | |
| *incassia* TABS .35mg | Tier 1 | |
| *introvale* | Tier 1 | |
| *isibloom* | Tier 1 | |
| *jasmiel* (generic of YAZ) | Tier 1 | |
| *jencycla* TABS .35mg | Tier 1 | |
| *jolessa* | Tier 1 | |
| *juleber* | Tier 1 | |
| *junel 1.5/30* | Tier 1 | |
| *junel 1/20* | Tier 1 | |
| *junel fe 1.5/30* | Tier 1 | |
| *junel fe 1/20* | Tier 1 | |
| *kariva* | Tier 1 | |
| *kelnor 1/35* | Tier 1 | |
| *kurvelo* | Tier 1 | |
| *larin 1.5/30* | Tier 1 | |
| *larin 1/20* | Tier 1 | |
| *larin fe 1.5/30* | Tier 1 | |
| *larin fe 1/20* | Tier 1 | |
| *lessina* | Tier 1 | |
| *levonest* | Tier 1 | |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | Tier 1 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | Tier 1 | |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | Tier 1 | |
| LILETTA IUD 20.1mcg/day | Tier 2 | NM |
| *loestrin 1.5/30-21* | Tier 1 | |
| *loestrin 1/20-21* | Tier 1 | |
| *loestrin fe 1.5/30* | Tier 1 | |
| *loestrin fe 1/20* | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *loryna* (generic of YAZ) | Tier 1 | |
| *luizza 1.5/30* | Tier 1 | |
| *luizza 1/20* | Tier 1 | |
| *lutera* | Tier 1 | |
| *lyleq* TABS .35mg | Tier 1 | |
| *lyza* TABS .35mg | Tier 1 | |
| *marlissa* | Tier 1 | |
| *medroxyprogesterone acetate (contraceptive)* (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml | Tier 2 | |
| *meleya* TABS .35mg | Tier 1 | |
| *microgestin 1.5/30* | Tier 1 | |
| *microgestin 1/20* | Tier 1 | |
| *microgestin fe 1.5/30* | Tier 1 | |
| *microgestin fe 1/20* | Tier 1 | |
| *mili* | Tier 1 | |
| *mono-linyah* | Tier 1 | |
| *necon 0.5/35-28* | Tier 1 | |
| NEXPLANON IMPL 68mg | Tier 2 | NM |
| *nikki* (generic of YAZ) | Tier 1 | |
| *nora-be* TABS .35mg | Tier 1 | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | Tier 2 | |
| *norethindrone (contraceptive)* TABS .35mg | Tier 1 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | Tier 1 | |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | Tier 1 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | Tier 1 | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | Tier 1 | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | Tier 1 | |
| *norlyroc* TABS .35mg | Tier 1 | |
| *nortrel 0.5/35 (28)* | Tier 1 | |
| *nortrel 1/35 (21)* | Tier 1 | |
| *nortrel 1/35 (28)* | Tier 1 | |
| *nortrel 7/7/7* | Tier 1 | |
| *nylia 1/35* | Tier 1 | |
| *nylia 7/7/7* | Tier 1 | |
| *orquidea* TABS .35mg | Tier 1 | |
| *philith* | Tier 1 | |
| *pimtrea* | Tier 1 | |
| *portia-28* | Tier 1 | |
| *reclipsen* | Tier 1 | |
| *setlakin* | Tier 1 | |
| *sharobel* TABS .35mg | Tier 1 | |
| *simliya* | Tier 1 | |
| *sprintec 28* | Tier 1 | |
| *syeda* (generic of YASMIN 28) | Tier 1 | |
| *tarina fe 1/20 eq* | Tier 1 | |
| *tilia fe* | Tier 1 | |
| *tri-estarylla* | Tier 1 | |
| *tri-legest fe* | Tier 1 | |
| *tri-linyah* | Tier 1 | |
| *tri-lo-estarylla* | Tier 1 | |
| *tri-lo-marzia* | Tier 1 | |
| *tri-lo-mili* | Tier 1 | |
| *tri-lo-sprintec* | Tier 1 | |
| *tri-mili* | Tier 1 | |
| *tri-sprintec* | Tier 1 | |
| *tri-vylibra* | Tier 1 | |
| *tri-vylibra lo* | Tier 1 | |
| *turqoz* | Tier 1 | |
| *valtya 1/35* | Tier 1 | |
| *valtya 1/50* | Tier 1 | |
| *velivet* | Tier 1 | |
| *vestura* (generic of YAZ) | Tier 1 | |
| *vienva* | Tier 1 | |
| *viorele* | Tier 1 | |
| *vyfemla* | Tier 1 | |
| *vylibra* | Tier 1 | |
| *wera* | Tier 1 | |
| *xarah fe* | Tier 1 | |
| *xulane* | Tier 2 | |
| *zafemy* | Tier 2 | |
| *zovia 1/35* | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *zumandimine* (generic of YASMIN 28) | Tier 1 | |
| ***ESTROGENS*** | | |
| *abigale* (generic of ACTIVELLA) | Tier 1 | |
| *abigale lo* | Tier 1 | |
| *dotti* (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | Tier 1 | |
| *estradiol* (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | Tier 1 | |
| *estradiol* (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | Tier 1 | |
| *estradiol* TABS .5mg, 1mg, 2mg | Tier 1 | |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | Tier 1 | |
| *estradiol & norethindrone acetate tab 1-0.5 mg* (generic of ACTIVELLA) | Tier 1 | |
| *estradiol vaginal* (generic of ESTRACE) CREA .1mg/gm | Tier 2 | |
| *estradiol vaginal* (generic of VAGIFEM) TABS 10mcg | Tier 3 | |
| *estradiol valerate* (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml | Tier 3 | |
| *estradiol valerate* OIL 40mg/ml | Tier 3 | |
| *fyavolv tab 0.5mg-2.5mcg* | Tier 1 | |
| *fyavolv tab 1mg-5mcg* | Tier 1 | |
| *jinteli* | Tier 1 | |
| *lyllana* (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | Tier 1 | |
| *mimvey* (generic of ACTIVELLA) | Tier 1 | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | Tier 1 | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | Tier 1 | |
| *yuvafem* (generic of VAGIFEM) TABS 10mcg | Tier 3 | |
| ***GLUCOCORTICOIDS*** | | |
| *dexamethasone* ELIX .5mg/5ml; SOLN .5mg/5ml | Tier 2 | |
| *dexamethasone* TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | Tier 1 | |
| *dexamethasone sodium phosphate* SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | Tier 3 | |
| *fludrocortisone acetate* TABS .1mg | Tier 1 | |
| *hydrocortisone* (generic of CORTEF) TABS 5mg, 10mg, 20mg | Tier 2 | |
| *hydrocortisone sod succinate* (generic of SOLU-CORTEF) SOLR 100mg | Tier 3 | |
| *methylprednisolone* (generic of MEDROL) TABS 4mg, 8mg, 16mg | Tier 1 | B/D |
| *methylprednisolone* TABS 32mg | Tier 1 | B/D |
| *methylprednisolone* (generic of MEDROL DOSEPAK) TBPK 4mg | Tier 1 | |
| *methylprednisolone acetate* (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml | Tier 3 | B/D |
| *methylprednisolone sod succ* SOLR 40mg, 125mg | Tier 3 | B/D |
| *methylprednisolone sod succ* (generic of SOLU-MEDROL) SOLR 500mg, 1000mg | Tier 3 | B/D |
| *prednisolone* SOLN 15mg/5ml | Tier 1 | B/D |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *prednisolone sodium phosphate* SOLN 5mg/5ml, 25mg/5ml | Tier 3 | B/D |
| *prednisolone sodium phosphate* SOLN 15mg/5ml | Tier 1 | B/D |
| *prednisone* SOLN 5mg/5ml | Tier 3 | B/D |
| *prednisone* TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | Tier 1 | B/D |
| *prednisone* TBPK 5mg, 10mg | Tier 1 | |
| SOLU-CORTEF SOLR 250mg, 500mg, 1000mg | Tier 3 | |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| *diazoxide* (generic of PROGLYCEM) SUSP 50mg/ml | Tier 3 | |
| GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | Tier 2 | |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | Tier 2 | |
| GVOKE KIT SOLN 1mg/0.2ml | Tier 2 | |
| GVOKE PFS SOSY 1mg/0.2ml | Tier 2 | |
| ***MISCELLANEOUS*** | | |
| *betaine powder for oral solution* (generic of CYSTADANE) | Tier 1 | NM |
| *cabergoline* TABS .5mg | Tier 2 | |
| *carglumic acid* (generic of CARBAGLU) TBSO 200mg | Tier 1 | NM PA |
| CERDELGA CAPS 84mg | Tier 2 | NM PA |
| *cinacalcet hcl* (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days) | Tier 3 | B/D QL NM |
| *cinacalcet hcl* (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days) | Tier 3 | B/D QL NM |
| CYSTAGON CAPS 50mg, 150mg | Tier 3 | NM PA |
| *desmopressin acetate* (generic of DDAVP) SOLN 4mcg/ml | Tier 3 | |
| *desmopressin acetate* (generic of DDAVP) TABS .1mg, .2mg | Tier 2 | |
| *desmopressin acetate spray* SOLN .01% | Tier 3 | |
| *desmopressin acetate spray refrigerated* SOLN .01% | Tier 3 | |
| GENOTROPIN CART 5mg, 12mg | Tier 2 | NM PA |
| GENOTROPIN MINIQUICK PRSY .2mg | Tier 2 | NM PA |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | Tier 2 | NM PA |
| INCRELEX SOLN 40mg/4ml | Tier 2 | NM PA |
| ISTURISA TABS 1mg QL (240 tabs / 30 days) | Tier 2 | QL NM PA |
| ISTURISA TABS 5mg QL (360 tabs / 30 days) | Tier 2 | QL NM PA |
| *javygtor* (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | Tier 1 | NM PA |
| *lanreotide acetate* SOLN 120mg/0.5ml | Tier 1 | NM PA |
| *levocarnitine (metabolic modifiers)* (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg | Tier 3 | B/D |
| *mifepristone (hyperglycemia)* (generic of KORLYM) TABS 300mg | Tier 1 | NM PA |
| *nitisinone* (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg | Tier 1 | NM PA |
| *octreotide acetate* (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml | Tier 3 | NM PA |
| *octreotide acetate* SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | Tier 3 | NM PA |
| *octreotide acetate* (generic of SANDOSTATIN) SOLN 500mcg/ml | Tier 1 | NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *octreotide acetate* SOLN 1000mcg/ml; SOSY 500mcg/ml | Tier 1 | NM PA |
| *raloxifene hcl* (generic of EVISTA) TABS 60mg | Tier 2 | |
| REVCOVI SOLN 2.4mg/1.5ml | Tier 2 | NM PA |
| REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| *sapropterin dihydrochloride* (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | Tier 1 | NM PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | Tier 2 | NM PA |
| *sodium phenylbutyrate* POWD 3gm/tsp | Tier 1 | NM PA |
| *sodium phenylbutyrate* (generic of BUPHENYL) TABS 500mg | Tier 1 | NM PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml | Tier 2 | NM PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | Tier 2 | NM PA |
| SYNAREL SOLN 2mg/ml | Tier 2 | PA |
| *tolvaptan* (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE) | Tier 1 | NM PA |
| *tolvaptan* (generic of JYNARQUE) TBPK 15mg | Tier 1 | NM PA |
| *tolvaptan tab therapy pack 30 & 15 mg* (generic of JYNARQUE) | Tier 1 | NM PA |
| *tolvaptan tab therapy pack 45 & 15 mg* (generic of JYNARQUE) | Tier 1 | NM PA |
| *tolvaptan tab therapy pack 60 & 30 mg* (generic of JYNARQUE) | Tier 1 | NM PA |
| *tolvaptan tab therapy pack 90 & 30 mg* (generic of JYNARQUE) | Tier 1 | NM PA |
| WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml QL (4 pens / 28 days) | Tier 2 | QL PA |
| WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg QL (30 tabs / 30 days) | Tier 2 | QL PA |
| *zelvysia* (generic of KUVAN) PACK 100mg, 500mg | Tier 1 | NM PA |
| ***PHOSPHATE BINDER AGENTS*** | | |
| *calcium acetate (phosphate binder)* CAPS 667mg QL (360 caps / 30 days) | Tier 1 | B/D QL |
| *sevelamer carbonate* (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days) | Tier 3 | B/D QL |
| ***PROGESTINS*** | | |
| *gallifrey* TABS 5mg | Tier 2 | |
| *medroxyprogesterone acetate* (generic of PROVERA) TABS 2.5mg, 5mg, 10mg | Tier 1 | |
| *megestrol acetate* SUSP 40mg/ml | Tier 2 | |
| *norethindrone acetate* TABS 5mg | Tier 2 | |
| *progesterone* (generic of PROMETRIUM) CAPS 100mg, 200mg | Tier 2 | |
| ***THYROID AGENTS*** | | |
| *levothyroxine sodium* (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| *levoxyl* (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *liomny* (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg | Tier 2 | |
| *liothyronine sodium* (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg | Tier 2 | |
| *methimazole* TABS 5mg, 10mg | Tier 1 | |
| *propylthiouracil* TABS 50mg | Tier 2 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 3 | |
| *unithroid* (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 | |
| ***VITAMIN D ANALOGS*** | | |
| *calcitriol* CAPS .25mcg, .5mcg | Tier 1 | B/D |
| *calcitriol (oral)* SOLN 1mcg/ml | Tier 3 | B/D |
| *paricalcitol* (generic of ZEMPLAR) CAPS 1mcg, 2mcg | Tier 3 | B/D |
| *paricalcitol* CAPS 4mcg | Tier 3 | B/D |
| **GASTROINTESTINAL *ANTIEMETICS*** | | |
| *aprepitant* CAPS 40mg | Tier 3 | B/D |
| *aprepitant* (generic of EMEND BIPACK) CAPS 80mg | Tier 3 | B/D |
| *aprepitant* CAPS 125mg | Tier 1 | B/D |
| *aprepitant capsule therapy pack 80 & 125 mg* | Tier 3 | B/D |
| *compro* SUPP 25mg | Tier 3 | |
| *dronabinol* (generic of MARINOL) CAPS 2.5mg<br>QL (60 caps / 30 days) | Tier 3 | B/D QL |
| *dronabinol* CAPS 5mg, 10mg<br>QL (60 caps / 30 days) | Tier 3 | B/D QL |
| *meclizine hcl* TABS 12.5mg, 25mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 1 | PA |
| *metoclopramide hcl* SOLN 5mg/5ml | Tier 2 | |
| *metoclopramide hcl* SOLN 5mg/ml | Tier 3 | |
| *metoclopramide hcl* (generic of REGLAN) TABS 5mg, 10mg | Tier 1 | |
| *ondansetron* TBDP 4mg, 8mg | Tier 1 | B/D |
| *ondansetron hcl* SOLN 4mg/2ml, 40mg/20ml | Tier 2 | |
| *ondansetron hcl* SOSY 4mg/2ml | Tier 3 | |
| *ondansetron hcl* TABS 4mg, 8mg | Tier 1 | B/D |
| *prochlorperazine* SUPP 25mg | Tier 3 | |
| *prochlorperazine edisylate* SOLN 10mg/2ml | Tier 3 | |
| *prochlorperazine maleate* TABS 5mg, 10mg | Tier 1 | |
| *promethazine hcl* SOLN 6.25mg/5ml<br>PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 3 | PA |
| *promethazine hcl* (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml<br>PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 3 | PA |
| *promethazine hcl* TABS 12.5mg, 25mg, 50mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 2 | PA |
| *scopolamine* (generic of TRANSDERM SCOP) PT72 1mg/3days<br>QL (10 patches / 30 days) | Tier 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***ANTISPASMODICS*** | | |
| *dicyclomine hcl* CAPS 10mg; TABS 20mg<br>PA applies if 65 years and older | Tier 2 | PA |
| *dicyclomine hcl* SOLN 10mg/5ml<br>PA applies if 65 years and older | Tier 3 | PA |
| *glycopyrrolate* TABS 1mg<br>QL (90 tabs / 30 days) | Tier 2 | QL |
| *glycopyrrolate* TABS 2mg<br>QL (120 tabs / 30 days) | Tier 2 | QL |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *famotidine* SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml | Tier 3 | |
| *famotidine* (generic of PEPCID) TABS 20mg, 40mg | Tier 1 | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | Tier 3 | |
| *nizatidine* CAPS 150mg, 300mg | Tier 3 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| *balsalazide disodium* CAPS 750mg | Tier 3 | |
| *budesonide* CPEP 3mg<br>QL (90 caps / 30 days) | Tier 3 | QL |
| *budesonide* (generic of UCERIS) TB24 9mg<br>QL (30 tabs / 30 days) | Tier 3 | QL PA |
| *hydrocortisone (intrarectal)* (generic of CORTENEMA) ENEM 100mg/60ml | Tier 3 | |
| *mesalamine* (generic of APRISO) CP24 .375gm<br>QL (120 caps / 30 days) | Tier 3 | QL |
| *mesalamine* CPDR 400mg<br>QL (180 caps / 30 days) | Tier 3 | QL |
| *mesalamine* ENEM 4gm<br>QL (1680 mL / 28 days) | Tier 3 | QL |
| *mesalamine* (generic of CANASA) SUPP 1000mg<br>QL (30 suppositories / 30 days) | Tier 3 | QL |
| *mesalamine* (generic of LIALDA) TBEC 1.2gm<br>QL (120 tabs / 30 days) | Tier 3 | QL |
| *mesalamine w/ cleanser* (generic of ROWASA) KIT 4gm<br>QL (28 bottles / 28 days) | Tier 3 | QL |
| *sulfasalazine* (generic of AZULFIDINE) TABS 500mg | Tier 1 | |
| *sulfasalazine* (generic of AZULFIDINE EN-TABS) TBEC 500mg | Tier 2 | |
| ***LAXATIVES*** | | |
| *constulose* SOLN 10gm/15ml | Tier 2 | |
| *enulose* SOLN 10gm/15ml | Tier 2 | |
| *gavilyte-c* | Tier 1 | |
| *gavilyte-g* (generic of GOLYTELY) | Tier 1 | |
| *gavilyte-n/flavor pack* | Tier 1 | |
| *generlac* SOLN 10gm/15ml | Tier 2 | |
| *lactulose* SOLN 10gm/15ml | Tier 2 | |
| *lactulose (encephalopathy)* SOLN 10gm/15ml | Tier 2 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* (generic of GOLYTELY) | Tier 1 | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | Tier 1 | |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* (generic of SUPREP BOWEL PREP KIT) | Tier 2 | |
| ***MISCELLANEOUS*** | | |
| *alosetron hcl* (generic of LOTRONEX) TABS .5mg, 1mg<br>QL (60 tabs / 30 days) | Tier 3 | QL PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg* (generic of PYLERA) | Tier 3 | |
| CREON CAP 3000UNIT | Tier 2 | |
| CREON CAP 6000UNIT | Tier 2 | |
| CREON CAP 12000UNT | Tier 2 | |
| CREON CAP 24000UNT | Tier 2 | |
| CREON CAP 36000UNT | Tier 2 | |
| *cromolyn sodium (mastocytosis)* (generic of GASTROCROM) CONC 100mg/5ml | Tier 3 | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* (generic of LOMOTIL) | Tier 3 | |
| GATTEX KIT 5mg | Tier 2 | NM PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg<br>QL (30 caps / 30 days) | Tier 2 | QL |
| *loperamide hcl* CAPS 2mg | Tier 1 | |
| *lubiprostone* (generic of AMITIZA) CAPS 8mcg, 24mcg<br>QL (60 caps / 30 days) | Tier 2 | QL |
| *misoprostol* (generic of CYTOTEC) TABS 100mcg, 200mcg | Tier 2 | |
| MOVANTIK TABS 12.5mg, 25mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *sucralfate* (generic of CARAFATE) TABS 1gm | Tier 1 | |
| TALICIA CAP | Tier 2 | |
| *ursodiol* CAPS 300mg | Tier 3 | |
| *ursodiol* TABS 250mg | Tier 2 | |
| *ursodiol* (generic of URSO FORTE) TABS 500mg | Tier 2 | |
| VOQUEZNA PAK DUAL PAK<br>QL (2 kits / year) | Tier 2 | QL PA |
| VOQUEZNA PAK TRIP PK<br>QL (2 kits / year) | Tier 2 | QL PA |
| VOWST CAP<br>QL (12 caps / 30 days) | Tier 2 | QL NM PA |
| XERMELO TABS 250mg<br>QL (84 tabs / 28 days) | Tier 2 | QL NM PA |
| XIFAXAN TABS 550mg | Tier 2 | PA |
| ZENPEP CAP 3000UNIT | Tier 3 | |
| ZENPEP CAP 5000UNIT | Tier 3 | |
| ZENPEP CAP 10000UNT | Tier 3 | |
| ZENPEP CAP 15000UNT | Tier 3 | |
| ZENPEP CAP 20000UNT | Tier 3 | |
| ZENPEP CAP 25000UNT | Tier 3 | |
| ZENPEP CAP 40000UNT | Tier 3 | |
| ZENPEP CAP 60000UNT | Tier 3 | |
| ***PROTON PUMP INHIBITORS*** | | |
| *omeprazole* CPDR 10mg, 20mg, 40mg | Tier 1 | |
| *pantoprazole sodium* (generic of PANTOPRAZOLE SODIUM) SOLR 40mg | Tier 3 | |
| *pantoprazole sodium* (generic of PROTONIX) TBEC 20mg, 40mg | Tier 1 | |
| **GENITOURINARY** | | |
| ***BENIGN PROSTATIC HYPERPLASIA*** | | |
| *alfuzosin hcl* (generic of UROXATRAL) TB24 10mg<br>QL (30 tabs / 30 days) | Tier 1 | QL |
| *dutasteride* (generic of AVODART) CAPS .5mg<br>QL (30 caps / 30 days) | Tier 2 | QL |
| *finasteride* (generic of PROSCAR) TABS 5mg<br>QL (30 tabs / 30 days) | Tier 1 | QL |
| *tadalafil* (generic of CIALIS) TABS 5mg<br>QL (30 tabs / 30 days) | Tier 2 | QL PA |
| *tamsulosin hcl* CAPS .4mg<br>QL (60 caps / 30 days) | Tier 1 | QL |
| ***MISCELLANEOUS*** | | |
| *acetic acid* SOLN .25% | Tier 3 | |
| *bethanechol chloride* TABS 5mg, 10mg, 25mg, 50mg | Tier 2 | |
| FILSPARI TABS 200mg<br>QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| FILSPARI TABS 400mg<br>QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| *potassium citrate (alkalinizer)* (generic of UROCIT-K 15) TBCR 15meq | Tier 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *potassium citrate (alkalinizer)* TBCR 540mg | Tier 2 | |
| *potassium citrate (alkalinizer)* (generic of UROCIT-K 10) TBCR 1080mg | Tier 2 | |
| TARPEYO CPDR 4mg<br>QL (120 caps / 30 days) | Tier 2 | QL NM PA |
| ***URINARY ANTISPASMODICS*** | | |
| GEMTESA TABS 75mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *mirabegron* (generic of MYRBETRIQ) SRER 8mg/ml<br>QL (300 mL / 28 days) | Tier 2 | QL |
| *mirabegron* (generic of MYRBETRIQ) TB24 25mg, 50mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *oxybutynin chloride* SOLN 5mg/5ml<br>QL (600 mL / 30 days) | Tier 2 | QL |
| *oxybutynin chloride* TABS 5mg<br>QL (120 tabs / 30 days) | Tier 2 | QL |
| *oxybutynin chloride* TB24 5mg<br>QL (30 tabs / 30 days) | Tier 2 | QL |
| *oxybutynin chloride* TB24 10mg, 15mg<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| *solifenacin succinate* TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | Tier 3 | QL |
| *tolterodine tartrate* CP24 2mg, 4mg<br>QL (30 caps / 30 days) | Tier 3 | QL |
| *tolterodine tartrate* TABS 1mg, 2mg<br>QL (60 tabs / 30 days) | Tier 3 | QL |
| *trospium chloride* TABS 20mg<br>QL (60 tabs / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***VAGINAL ANTI-INFECTIVES*** | | |
| *clindamycin phosphate vaginal* (generic of CLEOCIN) CREA 2% | Tier 2 | |
| *metronidazole vaginal* GEL .75% | Tier 2 | |
| *terconazole vaginal* CREA .4%, .8% | Tier 2 | |
| **HEMATOLOGIC** ***ANTICOAGULANTS*** | | |
| *dabigatran etexilate mesylate* (generic of PRADAXA) CAPS 75mg, 150mg<br>QL (60 caps / 30 days) | Tier 3 | QL |
| *dabigatran etexilate mesylate* (generic of PRADAXA) CAPS 110mg<br>QL (120 caps / 30 days) | Tier 3 | QL |
| ELIQUIS CPSP .15mg<br>QL (56 caps / 21 days) | Tier 2 | QL |
| ELIQUIS TABS 2.5mg<br>QL (60 tabs / 30 days) | Tier 2 | QL |
| ELIQUIS TABS 5mg<br>QL (74 tabs / 30 days) | Tier 2 | QL |
| ELIQUIS TBSO .5mg<br>QL (588 tabs / 29 days) | Tier 2 | QL |
| ELIQUIS (1.5MG PACK) 3 X TBSO .5mg<br>QL (591 tabs / 29 days) | Tier 2 | QL |
| ELIQUIS (2MG PACK) 4 X TBSO .5mg<br>QL (592 tabs / 30 days) | Tier 2 | QL |
| ELIQUIS STARTER PACK TBPK 5mg<br>QL (74 tabs / 30 days) | Tier 2 | QL |
| *enoxaparin sodium* (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | Tier 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fondaparinux sodium* (generic of ARIXTRA) SOLN 2.5mg/0.5ml | Tier 3 | |
| *fondaparinux sodium* (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | Tier 1 | |
| HEP SOD/NACL INJ 25000UNT | Tier 3 | |
| *heparin sodium (porcine)* SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | Tier 2 | B/D |
| *jantoven* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | Tier 1 | |
| *rivaroxaban* (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days) | Tier 3 | QL |
| *rivaroxaban* (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days) | Tier 2 | QL |
| *warfarin sodium* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | Tier 1 | |
| XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days) | Tier 2 | QL |
| XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days) | Tier 2 | QL |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days) | Tier 2 | QL NM PA |
| LEUKINE SOLR 250mcg | Tier 2 | NM PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | Tier 2 | NM PA |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml | Tier 2 | NM PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | Tier 2 | NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***MISCELLANEOUS*** | | |
| ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days) | Tier 2 | QL NM PA |
| ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days) | Tier 2 | QL NM PA |
| *anagrelide hcl* CAPS 1mg | Tier 3 | |
| *anagrelide hcl* (generic of AGRYLIN) CAPS .5mg | Tier 3 | |
| BERINERT KIT 500unit QL (24 kits / 30 days) | Tier 2 | QL NM PA |
| *cilostazol* TABS 50mg, 100mg | Tier 1 | |
| DOPTELET TABS 20mg | Tier 2 | NM PA |
| DOPTELET SPRINKLE CPSP 10mg | Tier 2 | NM PA |
| DROXIA CAPS 200mg, 300mg, 400mg | Tier 3 | |
| HAEGARDA SOLR 2000unit QL (30 vials / 30 days) | Tier 2 | QL NM PA |
| HAEGARDA SOLR 3000unit QL (20 vials / 30 days) | Tier 2 | QL NM PA |
| *icatibant acetate* (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | Tier 1 | QL NM PA |
| *l-glutamine (sickle cell)* (generic of ENDARI) PACK 5gm | Tier 1 | NM PA |
| *pentoxifylline* TBCR 400mg | Tier 1 | |
| *sajazir* (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days) | Tier 1 | QL NM PA |
| SIKLOS TABS 100mg | Tier 3 | |
| SIKLOS TABS 1000mg | Tier 2 | |
| TAVNEOS CAPS 10mg QL (180 caps / 30 days) | Tier 2 | QL NM PA |
| *tranexamic acid* (generic of CYKLOKAPRON) SOLN 1000mg/10ml | Tier 3 | |
| *tranexamic acid* TABS 650mg | Tier 2 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | Tier 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *clopidogrel bisulfate* (generic of PLAVIX) TABS 75mg | Tier 1 | |
| *dipyridamole* TABS 25mg, 50mg, 75mg<br>PA applies if 65 years and older | Tier 3 | PA |
| *prasugrel hcl* (generic of EFFIENT) TABS 5mg, 10mg | Tier 2 | |
| *ticagrelor* (generic of BRILINTA) TABS 60mg, 90mg | Tier 3 | |
| **IMMUNOLOGIC AGENTS** | | |
| ***AUTOIMMUNE AGENTS*** | | |
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml<br>QL (6 pens / 28 days) | Tier 2 | QL NM PA |
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml<br>QL (6 syringes / 28 days) | Tier 2 | QL NM PA |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml<br>QL (2 pens / 28 days) | Tier 2 | QL NM PA |
| BIMZELX SOSY 160mg/ml, 320mg/2ml<br>QL (2 syringes / 28 days) | Tier 2 | QL NM PA |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml<br>QL (4 pens / 28 days) | Tier 2 | QL NM PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml<br>QL (4 syringes / 28 days) | Tier 2 | QL NM PA |
| EBGLYSS SOAJ 250mg/2ml<br>QL (20 pens / 365 days) | Tier 2 | QL NM PA |
| EBGLYSS SOSY 250mg/2ml<br>QL (20 syringes / 365 days) | Tier 2 | QL NM PA |
| ENBREL SOLN 25mg/0.5ml<br>QL (16 vials / 28 days) | Tier 2 | QL NM PA |
| ENBREL SOSY 25mg/0.5ml<br>QL (16 syringes / 28 days) | Tier 2 | QL NM PA |
| ENBREL SOSY 50mg/ml<br>QL (8 syringes / 28 days) | Tier 2 | QL NM PA |
| ENBREL MINI SOCT 50mg/ml<br>QL (8 cartridges / 28 days) | Tier 2 | QL NM PA |
| ENBREL SURECLICK SOAJ 50mg/ml<br>QL (8 pens / 28 days) | Tier 2 | QL NM PA |
| ENTYVIO PEN SOAJ 108mg/0.68ml<br>QL (2 pens / 28 days) | Tier 2 | QL NM PA |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml<br>QL (6 syringes / 28 days) | Tier 2 | QL NM PA |
| HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml<br>QL (6 pens / 28 days) | Tier 2 | QL NM PA |
| HUMIRA PSKT 10mg/0.1ml<br>QL (2 syringes / 28 days) | Tier 2 | QL NM PA |
| HUMIRA PSKT 20mg/0.2ml<br>QL (4 syringes / 28 days) | Tier 2 | QL NM PA |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml<br>QL (6 syringes / 28 days) | Tier 2 | QL NM PA |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml<br>QL (6 pens / 28 days) | Tier 2 | QL NM PA |
| HUMIRA PEN AJKT 80mg/0.8ml<br>QL (4 pens / 28 days) | Tier 2 | QL NM PA |
| HUMIRA PEN KIT PS/UV<br>QL (3 pens / 28 days) | Tier 2 | QL NM PA |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml<br>QL (3 pens / 28 days) | Tier 2 | QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KINERET SOSY 100mg/0.67ml | Tier 2 | QL NM PA |
| QL (28 syringes / 28 days) | | |
| OTEZLA TABS 20mg, 30mg | Tier 2 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| OTEZLA TAB 10/20 | Tier 2 | QL NM PA |
| QL (2 packs / year) | | |
| OTEZLA TAB 10/20/30 | Tier 2 | QL NM PA |
| QL (2 packs / year) | | |
| OTEZLA XR TB24 75mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| OTEZLA/XR TAB 28 DAY | Tier 2 | QL NM PA |
| QL (2 packs / year) | | |
| PYZCHIVA SOAJ 45mg/0.5ml | Tier 2 | QL NM PA |
| QL (1 pen / 28 days) | | |
| PYZCHIVA SOAJ 90mg/ml | Tier 2 | QL NM PA |
| QL (1 pen / 28 days) | | |
| PYZCHIVA SOLN 45mg/0.5ml | Tier 2 | QL NM PA |
| QL (1 vial / 28 days) | | |
| PYZCHIVA SOLN 130mg/26ml | Tier 2 | NM PA |
| PYZCHIVA SOSY 45mg/0.5ml | Tier 2 | QL NM PA |
| QL (1 syringe / 28 days) | | |
| PYZCHIVA SOSY 90mg/ml | Tier 2 | QL NM PA |
| QL (1 syringe / 28 days) | | |
| RINVOQ TB24 15mg, 30mg | Tier 2 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| RINVOQ TB24 45mg | Tier 2 | QL NM PA |
| QL (168 tabs / year) | | |
| RINVOQ LQ SOLN 1mg/ml | Tier 2 | QL NM PA |
| QL (360 mL / 30 days) | | |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml | Tier 2 | QL NM PA |
| QL (1 cartridge / 56 days) | | |
| SKYRIZI SOLN 600mg/10ml | Tier 2 | NM PA |
| SKYRIZI SOSY 55mg/0.37ml, 150mg/ml | Tier 2 | QL NM PA |
| QL (6 syringes / 365 days) | | |
| SKYRIZI PEN SOAJ 150mg/ml | Tier 2 | QL NM PA |
| QL (6 pens / 365 days) | | |
| STELARA SOLN 45mg/0.5ml | Tier 2 | QL NM PA |
| QL (1 vial / 28 days) | | |
| STELARA SOLN 130mg/26ml | Tier 2 | NM PA |
| STELARA SOSY 45mg/0.5ml, 90mg/ml | Tier 2 | QL NM PA |
| QL (1 syringe / 28 days) | | |
| *tofacitinib citrate* (generic of XELJANZ) SOLN 1mg/ml | Tier 1 | QL NM PA |
| QL (480 mL / 24 days) | | |
| *tofacitinib citrate* (generic of XELJANZ) TABS 5mg, 10mg | Tier 1 | QL NM PA |
| QL (60 tabs / 30 days) | | |
| *tofacitinib citrate* (generic of XELJANZ XR) TB24 11mg, 22mg | Tier 1 | QL NM PA |
| QL (30 tabs / 30 days) | | |
| TREMFYA SOAJ 200mg/2ml | Tier 2 | QL NM PA |
| QL (2 pens / 28 days) | | |
| TREMFYA SOLN 200mg/20ml | Tier 2 | NM PA |
| TREMFYA SOPN 100mg/ml | Tier 2 | QL NM PA |
| QL (1 pen / 28 days) | | |
| TREMFYA SOSY 100mg/ml | Tier 2 | QL NM PA |
| QL (1 syringe / 28 days) | | |
| TREMFYA SOSY 200mg/2ml | Tier 2 | QL NM PA |
| QL (2 syringes / 28 days) | | |
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml | Tier 2 | QL NM PA |
| QL (2 pens / 28 days) | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days) | Tier 2 | QL NM PA |
| TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days) | Tier 2 | QL NM PA |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | Tier 2 | NM PA |
| TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days) | Tier 2 | QL NM PA |
| USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days) | Tier 2 | QL NM PA |
| USTEKINUMAB SOLN 130mg/26ml | Tier 2 | NM PA |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA |
| VELSIPITY TABS 2mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days) | Tier 2 | QL NM PA |
| YESINTEK SOLN 130mg/26ml | Tier 2 | NM PA |
| YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA |
| YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days) | Tier 2 | QL NM PA |
| ZYMFENTRA 2-PEN AJKT 120mg/ml QL (2 pens / 28 days) | Tier 2 | QL NM PA |
| ZYMFENTRA 2-SYRINGE PSKT 120mg/ml QL (2 syringes / 28 days) | Tier 2 | QL NM PA |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | | |
| *hydroxychloroquine sulfate* (generic of PLAQUENIL) TABS 200mg | Tier 1 | |
| JYLAMVO SOLN 2mg/ml | Tier 3 | B/D |
| *leflunomide* (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days) | Tier 1 | QL |
| *methotrexate sodium* TABS 2.5mg | Tier 1 | |
| XATMEP SOLN 2.5mg/ml | Tier 3 | B/D |
| ***IMMUNOGLOBULINS*** | | |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | Tier 2 | NM PA |
| BIVIGAM SOLN 5gm/50ml, 10% | Tier 2 | NM PA |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | Tier 2 | NM PA |
| GAMASTAN INJ | Tier 3 | B/D NM |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | Tier 2 | NM PA |
| GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml | Tier 2 | NM PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | Tier 2 | NM PA |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | Tier 2 | NM PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | Tier 2 | NM PA |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | Tier 2 | NM PA |
| OCTAGAM SOLN 1gm/20ml | Tier 3 | NM PA |
| OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | Tier 2 | NM PA |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | Tier 2 | NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***IMMUNOMODULATORS*** | | |
| ACTIMMUNE SOLN 100mcg/0.5ml | Tier 2 | NM PA |
| ARCALYST SOLR 220mg | Tier 2 | NM PA |
| VYVGART SOLN 400mg/20ml | Tier 2 | NM PA |
| ***IMMUNOSUPPRESSANTS*** | | |
| ASTAGRAF XL CP24 5mg | Tier 2 | B/D NM |
| ASTAGRAF XL CP24 .5mg, 1mg | Tier 3 | B/D NM |
| *azathioprine* (generic of IMURAN) TABS 50mg | Tier 2 | B/D |
| BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days) | Tier 2 | QL NM PA |
| BENLYSTA SOLR 120mg, 400mg | Tier 2 | NM PA |
| BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days) | Tier 2 | QL NM PA |
| *cyclosporine* (generic of SANDIMMUNE) CAPS 25mg, 100mg | Tier 3 | B/D NM |
| *cyclosporine modified (for microemulsion)* (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | Tier 3 | B/D NM |
| *cyclosporine modified (for microemulsion)* CAPS 50mg | Tier 3 | B/D NM |
| ENVARSUS XR TB24 .75mg, 1mg, 4mg | Tier 3 | B/D NM |
| *everolimus (immunosuppressant)* (generic of ZORTRESS) TABS 1mg | Tier 1 | B/D NM |
| *everolimus (immunosuppressant)* (generic of ZORTRESS) TABS .25mg, .5mg, .75mg | Tier 3 | B/D NM |
| *gengraf* (generic of NEORAL) CAPS 25mg, 100mg | Tier 3 | B/D NM |
| *mycophenolate mofetil* (generic of CELLCEPT) CAPS 250mg; TABS 500mg | Tier 2 | B/D NM |
| *mycophenolate mofetil* (generic of CELLCEPT) SUSR 200mg/ml | Tier 3 | B/D NM |
| *mycophenolate sodium* (generic of MYFORTIC) TBEC 180mg, 360mg | Tier 3 | B/D NM |
| PROGRAF PACK .2mg, 1mg | Tier 3 | B/D NM |
| REZUROCK TABS 200mg QL (30 tabs / 30 days) | Tier 2 | QL NM PA |
| *sirolimus* SOLN 1mg/ml; TABS .5mg, 1mg, 2mg | Tier 3 | B/D NM |
| *tacrolimus* (generic of PROGRAF) CAPS .5mg, 1mg, 5mg | Tier 3 | B/D NM |
| *tacrolimus* (generic of ASTAGRAF XL) CP24 .5mg, 1mg, 5mg | Tier 3 | B/D NM |
| ***VACCINES*** | | |
| ABRYSVO SOLR 120mcg/0.5ml | Tier 1 | PA |
| ACTHIB INJ | Tier 1 | |
| ADACEL INJ | Tier 1 | |
| AREXVY SUSR 120mcg/0.5ml | Tier 1 | PA |
| BCG VACCINE SOLR 50mg | Tier 1 | |
| BEXSERO SUSY .5ml | Tier 1 | |
| BOOSTRIX INJ | Tier 1 | |
| DAPTACEL INJ | Tier 1 | |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | Tier 1 | B/D |
| GARDASIL 9 SUSP .5ml; SUSY .5ml | Tier 1 | |
| HAVRIX SUSY 720elu/0.5ml, 1440unit/ml | Tier 1 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | Tier 1 | B/D |
| HIBERIX SOLR 10mcg | Tier 1 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | Tier 1 | B/D |
| INFANRIX INJ | Tier 1 | |
| IPOL INJ INACTIVE | Tier 1 | |
| IXIARO INJ | Tier 1 | |
| JYNNEOS SUSP .5ml | Tier 1 | B/D |
| KINRIX INJ | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| M-M-R II INJ | Tier 1 | |
| MENQUADFI SOLN .5ml | Tier 1 | |
| MENVEO INJ | Tier 1 | |
| MENVEO SOL | Tier 1 | |
| MRESVIA SUSY 50mcg/0.5ml | Tier 1 | PA |
| PEDIARIX INJ 0.5ML | Tier 1 | |
| PEDVAXHIB SUSP 7.5mcg/0.5ml | Tier 1 | |
| PENBRAYA INJ | Tier 1 | |
| PENMENVY INJ | Tier 1 | |
| PENTACEL INJ | Tier 1 | |
| PRIORIX INJ | Tier 1 | |
| PROQUAD INJ | Tier 1 | |
| QUADRACEL INJ 0.5ML | Tier 1 | |
| RABAVERT INJ | Tier 1 | B/D |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | Tier 1 | B/D |
| ROTARIX SUS | Tier 1 | |
| ROTATEQ SOL | Tier 1 | |
| SHINGRIX SUSR 50mcg/0.5ml<br>QL (2 vials per lifetime) | Tier 1 | QL |
| SHINGRIX SUSY 50mcg/0.5ml<br>QL (2 syringes per lifetime) | Tier 1 | QL |
| TENIVAC INJ 5-2LF | Tier 1 | B/D |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | Tier 1 | |
| TRUMENBA SUSY .5ml | Tier 1 | |
| TWINRIX INJ | Tier 1 | |
| TYPHIM VI SOSY 25mcg/0.5ml | Tier 1 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml | Tier 1 | |
| VARIVAX SUSR 1350pfu/0.5ml | Tier 1 | |
| VAXCHORA SUS | Tier 1 | |
| VIMKUNYA SUSY 40mcg/0.8ml | Tier 1 | |
| VIVOTIF CAP EC | Tier 1 | |
| YF-VAX INJ | Tier 1 | |
| **NUTRITIONAL/SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*** | | |
| D2.5W/NACL INJ 0.45% | Tier 3 | |
| D5W/NACL INJ 0.2% | Tier 3 | |
| D5W/NACL INJ 0.45% | Tier 3 | |
| D10W/NACL INJ 0.2% | Tier 3 | |
| D10W/NACL INJ 0.45% | Tier 3 | |
| *dextrose 2.5% w/ sodium chloride 0.45%* (generic of DEXTROSE 2.5%/SODIUM CHLO) | Tier 3 | |
| *dextrose 5% in lactated ringers* | Tier 3 | |
| *dextrose 5% w/ sodium chloride 0.3%* (generic of DEXTROSE 5%/SODIUM CHLORI) | Tier 3 | |
| *dextrose 5% w/ sodium chloride 0.9%* (generic of DEXTROSE 5%/SODIUM CHLORI) | Tier 3 | |
| *dextrose 5% w/ sodium chloride 0.45%* (generic of DEXTROSE 5%/SODIUM CHLORI) | Tier 3 | |
| *dextrose 5% w/ sodium chloride 0.225%* (generic of DEXTROSE/SODIUM CHLORIDE) | Tier 3 | |
| ISOLYTE-P INJ /D5W | Tier 3 | |
| ISOLYTE-S INJ PH 7.4 | Tier 3 | |
| *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj* (generic of KCL 0.075%/D5W/NACL 0.45%) | Tier 3 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj* (generic of KCL 0.15%/D5W/NACL 0.9%) | Tier 3 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj* (generic of KCL 0.15%/D5W/NACL 0.45%) | Tier 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *kcl 20 meq/l (0.15%) in nacl 0.9% inj* (generic of POTASSIUM CHLORIDE/SODIUM) | Tier 3 | |
| *kcl 20 meq/l (0.15%) in nacl 0.45% inj* (generic of POTASSIUM CHLORIDE/SODIUM) | Tier 3 | |
| *kcl 20 meq/l (0.149%) in nacl 0.9% inj* | Tier 3 | |
| *kcl 20 meq/l (0.149%) in nacl 0.45% inj* | Tier 3 | |
| *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj* (generic of POTASSIUM CHLORIDE/DEXTRO) | Tier 3 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj* (generic of KCL 0.3%/D5W/NACL 0.9%) | Tier 3 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* (generic of KCL 0.3%/D5W/NACL 0.45%) | Tier 3 | |
| *kcl 40 meq/l (0.3%) in nacl 0.9% inj* (generic of POTASSIUM CHLORIDE/SODIUM) | Tier 3 | |
| *kcl 40 meq/l (0.298%) in nacl 0.9% inj* | Tier 3 | |
| KCL/D5W/NACL INJ 0.3/0.9% | Tier 3 | |
| KCL/D5W/NACL INJ 0.15/0.2 | Tier 3 | |
| *lactated ringer's solution* (generic of LACTATED RINGERS) | Tier 3 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml | Tier 3 | |
| *magnesium sulfate* (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50% | Tier 3 | |
| *magnesium sulfate* SOLN 3gm/100ml, 4gm/50ml | Tier 3 | |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* (generic of MAGNESIUM SULFATE IN D5W) | Tier 3 | |
| *multiple electrolytes ph 5.5* (generic of PLASMA-LYTE A) | Tier 3 | |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | Tier 3 | |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | Tier 3 | |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | Tier 3 | |
| *potassium chloride* SOLN 2meq/ml | Tier 3 | |
| *potassium chloride* (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | Tier 3 | |
| *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj* (generic of POTASSIUM CHLORIDE/DEXTRO) | Tier 3 | |
| *sodium chloride* SOLN .45%, .9%, 2.5meq/ml, 3% | Tier 3 | |
| TPN ELECTROL INJ | Tier 3 | B/D |
| ***ELECTROLYTES/MINERALS/VITAMINS, ORAL*** | | |
| *klor-con* PACK 20meq | Tier 3 | |
| *klor-con 8* (generic of KLOR-CON 8) TBCR 8meq | Tier 1 | |
| *klor-con 10* TBCR 10meq | Tier 1 | |
| *klor-con m10* TBCR 10meq | Tier 1 | |
| *klor-con m15* TBCR 15meq | Tier 1 | |
| *klor-con m20* TBCR 20meq | Tier 1 | |
| M-NATAL PLUS TAB | Tier 2 | |
| *potassium chloride* CPCR 8meq, 10meq; TBCR 10meq, 20meq | Tier 1 | |
| *potassium chloride* PACK 20meq; SOLN 10%, 20% | Tier 3 | |
| *potassium chloride* (generic of KLOR-CON 8) TBCR 8meq | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *potassium chloride microencapsulated crystals er* TBCR 10meq, 15meq, 20meq | Tier 1 | |
| PRENATAL TAB 27-1MG | Tier 2 | |
| PRENATAL TAB PLUS | Tier 2 | |
| *sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln* | Tier 1 | |
| WESTAB PLUS TAB 27-1MG | Tier 2 | |
| ***IV NUTRITION*** | | |
| *aminosyn ii soln 15%* | Tier 3 | B/D |
| AMINOSYN INJ 10% | Tier 3 | B/D |
| AMINOSYN-PF INJ 10% | Tier 3 | B/D |
| CLINIMIX INJ 4.25/D5W | Tier 3 | B/D |
| CLINIMIX INJ 4.25/D10 | Tier 3 | B/D |
| CLINIMIX INJ 5%/D15W | Tier 3 | B/D |
| CLINIMIX INJ 5%/D20W | Tier 3 | B/D |
| CLINIMIX INJ 6/5 | Tier 3 | B/D |
| CLINIMIX INJ 8/10 | Tier 3 | B/D |
| CLINIMIX INJ 8/14 | Tier 3 | B/D |
| *clinisol sf 15%* | Tier 3 | B/D |
| CLINOLIPID EMU 20% | Tier 3 | B/D |
| *dextrose* SOLN 5% | Tier 3 | |
| *dextrose* (generic of DEXTROSE 10%) SOLN 10% | Tier 3 | |
| *dextrose* (generic of DEXTROSE 50%) SOLN 50% | Tier 3 | B/D |
| DEXTROSE 10% SOLN 10% | Tier 3 | |
| DEXTROSE 70% SOLN 70% | Tier 3 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | Tier 3 | B/D |
| NUTRILIPID EMUL 20gm/100ml | Tier 3 | B/D |
| *plenamine* | Tier 3 | B/D |
| PREMASOL SOL 10% | Tier 1 | B/D |
| PROSOL INJ 20% | Tier 3 | B/D |
| TRAVASOL INJ 10% | Tier 3 | B/D |
| TROPHAMINE INJ 10% | Tier 3 | B/D |
| **OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*** | | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | Tier 2 | |
| *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* (generic of ZYLET) | Tier 3 | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* (generic of MAXITROL) | Tier 1 | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* (generic of MAXITROL) | Tier 1 | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | Tier 1 | |
| TOBRADEX OIN 0.3-0.1% | Tier 2 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | Tier 2 | |
| ***ANTI-INFECTIVES*** | | |
| *bacitracin-polymyxin b ophth oint* | Tier 1 | |
| *besifloxacin hcl* SUSP .6% | Tier 3 | |
| CILOXAN OINT .3% | Tier 2 | |
| *ciprofloxacin hcl (ophth)* SOLN .3% | Tier 1 | |
| *erythromycin (ophth)* OINT 5mg/gm | Tier 1 | |
| *gentamicin sulfate (ophth)* SOLN .3% | Tier 1 | |
| *moxifloxacin hcl (ophth)* (generic of VIGAMOX) SOLN .5% QL (12 mL / 30 days) | Tier 2 | QL |
| NATACYN SUSP 5% | Tier 3 | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | Tier 2 | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | Tier 2 | |
| *ofloxacin (ophth)* (generic of OCUFLOX) SOLN .3% | Tier 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | Tier 1 | |
| *sulfacetamide sodium (ophth)* SOLN 10% | Tier 2 | |
| *tobramycin (ophth)* SOLN .3% | Tier 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *trifluridine* SOLN 1% | Tier 3 | |
| XDEMVY SOLN .25% | Tier 2 | NM PA |
| ZIRGAN GEL .15% | Tier 3 | |
| ***ANTI-INFLAMMATORIES*** | | |
| *dexamethasone sodium phosphate (ophth)* SOLN .1% | Tier 2 | |
| *diclofenac sodium (ophth)* SOLN .1% | Tier 1 | |
| *fluorometholone (ophth)* (generic of FML LIQUIFILM) SUSP .1% | Tier 2 | |
| *flurbiprofen sodium* SOLN .03% | Tier 2 | |
| *ketorolac tromethamine (ophth)* SOLN .4% | Tier 2 | |
| *ketorolac tromethamine (ophth)* (generic of ACULAR) SOLN .5% | Tier 1 | |
| LOTEMAX OINT .5% | Tier 2 | |
| *prednisolone acetate (ophth)* (generic of PRED FORTE) SUSP 1% | Tier 2 | |
| ***ANTIALLERGICS*** | | |
| *azelastine hcl (ophth)* SOLN .05% | Tier 1 | |
| *cromolyn sodium (ophth)* SOLN 4% | Tier 1 | |
| ZERVIATE SOLN .24% | Tier 3 | |
| ***ANTIGLAUCOMA*** | | |
| *betaxolol hcl (ophth)* SOLN .5% | Tier 2 | |
| *brimonidine tartrate* SOLN .2% | Tier 1 | |
| *brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%* (generic of COMBIGAN) | Tier 2 | |
| *carteolol hcl (ophth)* SOLN 1% | Tier 1 | |
| COMBIGAN SOL 0.2/0.5% | Tier 2 | |
| *dorzolamide hcl* SOLN 2% | Tier 1 | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* (generic of COSOPT) | Tier 1 | |
| *latanoprost* (generic of XALATAN) SOLN .005% | Tier 1 | |
| *levobunolol hcl* SOLN .5% | Tier 1 | |
| *pilocarpine hcl* SOLN 1%, 2%, 4% | Tier 2 | |
| RHOPRESSA SOLN .02% | Tier 3 | |
| ROCKLATAN DRO | Tier 3 | |
| SIMBRINZA SUS 1-0.2% | Tier 3 | |
| *timolol maleate (ophth)* SOLG .25%, .5% | Tier 2 | |
| *timolol maleate (ophth)* SOLN .25%, .5% | Tier 1 | |
| VYZULTA SOLN .024% | Tier 3 | |
| ***MISCELLANEOUS*** | | |
| ATROPINE SULFATE SOLN 1% | Tier 2 | |
| *atropine sulfate (ophthalmic)* SOLN 1% | Tier 2 | |
| CYSTADROPS SOLN .37% | Tier 2 | NM PA |
| CYSTARAN SOLN .44% | Tier 2 | NM PA |
| EYSUVIS SUSP .25% | Tier 3 | |
| MIEBO SOLN 1.338gm/ml | Tier 2 | |
| *proparacaine hcl* (generic of ALCAINE) SOLN .5% | Tier 2 | |
| RESTASIS EMUL .05% | Tier 2 | |
| RESTASIS MULTIDOSE EMUL .05% | Tier 2 | |
| XIIDRA SOLN 5% | Tier 2 | |
| **OTIC** | | |
| ***OTIC AGENTS*** | | |
| *acetic acid (otic)* SOLN 2% | Tier 1 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | Tier 3 | |
| *fluocinolone acetonide (otic)* (generic of DERMOTIC) OIL .01% | Tier 2 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* | Tier 3 | |
| *neomycin-polymyxin-hc otic soln 1%* | Tier 2 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | Tier 2 | |
| *ofloxacin (otic)* SOLN .3% | Tier 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **RESPIRATORY** | | |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*** | | |
| ANORO ELLIPT AER 62.5-25<br>QL (60 blisters / 30 days) | Tier 2 | QL |
| BEVESPI AER 9-4.8MCG<br>QL (1 inhaler / 30 days) | Tier 2 | QL |
| BREZTRI AERO AER 9MCG<br>QL (1 inhaler / 30 days) | Tier 2 | QL |
| BREZTRI AERO AER 18MCG<br>QL (1 inhaler / 30 days) | Tier 2 | QL |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)<br>QL (4 inhalers / 28 days) | Tier 2 | QL |
| COMBIVENT AER 20-100<br>QL (2 inhalers / 30 days) | Tier 3 | QL |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | Tier 2 | B/D |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG<br>QL (60 blisters / 30 days) | Tier 2 | QL |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG<br>QL (60 blisters / 30 days) | Tier 2 | QL |
| ***ANTICHOLINERGICS*** | | |
| ATROVENT HFA AERS 17mcg/act<br>QL (2 inhalers / 30 days) | Tier 3 | QL |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh<br>QL (30 blisters / 30 days) | Tier 2 | QL |
| *ipratropium bromide* SOLN .02% | Tier 1 | B/D |
| *ipratropium bromide (nasal)* SOLN .03%, .06% | Tier 2 | |
| *ipratropium bromide hfa* (generic of ATROVENT HFA) AERS 17mcg/act<br>QL (2 inhalers / 30 days) | Tier 3 | QL |
| SPIRIVA RESPIMAT AERS 1.25mcg/act<br>QL (1 inhaler / 30 days) | Tier 3 | QL |
| ***ANTIHISTAMINES*** | | |
| *azelastine hcl* SOLN .1% | Tier 2 | |
| *cetirizine hcl* SOLN 5mg/5ml<br>QL (300 mL / 30 days) | Tier 1 | QL |
| *cyproheptadine hcl* SYRP 2mg/5ml; TABS 4mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 2 | PA |
| *diphenhydramine hcl* SOLN 50mg/ml | Tier 3 | |
| *hydroxyzine hcl* SOLN 25mg/ml, 50mg/ml<br>PA applies if 65 years and older | Tier 3 | PA |
| *hydroxyzine hcl* SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 2 | PA |
| *hydroxyzine pamoate* CAPS 25mg, 50mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | Tier 2 | PA |
| *levocetirizine dihydrochloride* TABS 5mg<br>QL (30 tabs / 30 days) | Tier 1 | QL |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate* AERS 108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proair HFA) | Tier 1 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *albuterol sulfate* AERS 108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proventil HFA) | Tier 1 | QL |
| *albuterol sulfate* (generic of VENTOLIN HFA) AERS 108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Ventolin HFA) | Tier 1 | QL |
| *albuterol sulfate* NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | Tier 3 | B/D |
| *albuterol sulfate* NEBU .083% | Tier 1 | B/D |
| *albuterol sulfate* SYRP 2mg/5ml; TABS 2mg, 4mg | Tier 3 | |
| *levalbuterol tartrate* AERO 45mcg/act<br>QL (2 inhalers / 30 days) | Tier 2 | QL ST |
| SEREVENT DISKUS AEPB 50mcg/dose<br>QL (60 inhalations / 30 days) | Tier 2 | QL |
| *terbutaline sulfate* TABS 2.5mg, 5mg | Tier 3 | |
| ***LEUKOTRIENE MODULATORS*** | | |
| *montelukast sodium* (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg | Tier 1 | |
| *montelukast sodium* (generic of SINGULAIR) PACK 4mg | Tier 3 | |
| *zafirlukast* TABS 10mg, 20mg | Tier 2 | |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine* SOLN 10%, 20% | Tier 3 | B/D |
| *cromolyn sodium* NEBU 20mg/2ml | Tier 2 | B/D |
| *epinephrine (anaphylaxis)* (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml<br>(generic of EpiPen) | Tier 2 | |
| *epinephrine (anaphylaxis)* (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml<br>(generic of EpiPen) | Tier 2 | |
| *epinephrine (anaphylaxis)* SOAJ .15mg/0.15ml, .3mg/0.3ml<br>(generic of Adrenaclick) | Tier 2 | |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml<br>QL (1 syringe / 28 days) | Tier 2 | QL NM PA |
| FASENRA PEN SOAJ 30mg/ml<br>QL (1 pen / 28 days) | Tier 2 | QL NM PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg<br>QL (56 packets / 28 days) | Tier 2 | QL NM PA |
| KALYDECO TABS 150mg<br>QL (56 tabs / 28 days) | Tier 2 | QL NM PA |
| *nintedanib esylate* (generic of OFEV) CAPS 100mg, 150mg<br>QL (60 caps / 30 days) | Tier 1 | QL NM PA |
| NUCALA SOAJ 100mg/ml<br>QL (3 pens / 28 days) | Tier 2 | QL NM PA |
| NUCALA SOLR 100mg<br>QL (3 vials / 28 days) | Tier 2 | QL NM PA |
| NUCALA SOSY 40mg/0.4ml<br>QL (1 syringe / 28 days) | Tier 2 | QL NM PA |
| NUCALA SOSY 100mg/ml<br>QL (3 syringes / 28 days) | Tier 2 | QL NM PA |
| OFEV CAPS 100mg, 150mg<br>QL (60 caps / 30 days) | Tier 2 | QL NM PA |
| ORKAMBI GRA 75-94MG<br>QL (56 packets / 28 days) | Tier 2 | QL NM PA |
| ORKAMBI GRA 100-125<br>QL (56 packets / 28 days) | Tier 2 | QL NM PA |
| ORKAMBI GRA 150-188<br>QL (56 packets / 28 days) | Tier 2 | QL NM PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ORKAMBI TAB 100-125 QL (112 tabs / 28 days) | Tier 2 | QL NM PA |
| ORKAMBI TAB 200-125 QL (112 tabs / 28 days) | Tier 2 | QL NM PA |
| *pirfenidone* CAPS 267mg QL (270 caps / 30 days) | Tier 1 | QL NM PA |
| *pirfenidone* (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days) | Tier 1 | QL NM PA |
| *pirfenidone* TABS 534mg QL (90 tabs / 30 days) | Tier 1 | QL NM PA |
| *pirfenidone* (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days) | Tier 1 | QL NM PA |
| PROLASTIN-C SOLN 1000mg/20ml | Tier 2 | NM PA |
| PULMOZYME SOLN 2.5mg/2.5ml | Tier 2 | NM PA |
| *roflumilast* (generic of DALIRESP) TABS 250mcg QL (56 tabs / year) | Tier 3 | QL |
| *roflumilast* (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days) | Tier 3 | QL |
| *theophylline* TB12 100mg, 200mg, 300mg, 450mg | Tier 3 | |
| *theophylline* TB24 400mg, 600mg | Tier 2 | |
| TRIKAFTA PAK 59.5MG QL (56 packs / 28 days) | Tier 2 | QL NM PA |
| TRIKAFTA PAK 75MG QL (56 packs / 28 days) | Tier 2 | QL NM PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days) | Tier 2 | QL NM PA |
| TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days) | Tier 2 | QL NM PA |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days) | Tier 2 | QL NM PA |
| XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days) | Tier 2 | QL NM PA |
| XOLAIR SOLR 150mg QL (8 vials / 28 days) | Tier 2 | QL NM PA |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days) | Tier 2 | QL NM PA |
| XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days) | Tier 2 | QL NM PA |
| ***NASAL STEROIDS*** | | |
| *flunisolide (nasal)* SOLN .025% QL (3 bottles / 30 days) | Tier 2 | QL |
| *fluticasone propionate (nasal)* SUSP 50mcg/act QL (1 bottle / 30 days) | Tier 1 | QL |
| XHANCE EXHU 93mcg/act QL (32 mL / 30 days) | Tier 3 | QL PA |
| ***STEROID INHALANTS*** | | |
| ALVESCO AERS 80mcg/act, 160mcg/act QL (2 inhalers / 30 days) | Tier 3 | QL |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days) | Tier 2 | QL |
| *budesonide (inhalation)* (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml | Tier 3 | B/D |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | | |
| ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days) | Tier 2 | QL |
| ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days) | Tier 2 | QL |
| ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days) | Tier 2 | QL |
| AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days) | Tier 2 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BREO ELLIPTA INH 50-25MCG<br>QL (60 blisters / 30 days) | Tier 2 | QL |
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30 days) | Tier 2 | QL |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30 days) | Tier 2 | QL |
| *breyna* (generic of SYMBICORT)<br>QL (3 inhalers / 30 days) | Tier 2 | QL |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* (generic of SYMBICORT)<br>QL (3 inhalers / 30 days) | Tier 2 | QL |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* (generic of SYMBICORT)<br>QL (3 inhalers / 30 days) | Tier 2 | QL |
| *fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act*<br>QL (60 blisters / 30 days) | Tier 1 | QL |
| *fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act*<br>QL (60 blisters / 30 days) | Tier 1 | QL |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days) | Tier 2 | QL |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days) | Tier 2 | QL |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days) | Tier 2 | QL |
| *wixela inhub* (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days) | Tier 2 | QL |
| **TOPICAL *DERMATOLOGY, ACNE*** | | |
| *accutane* CAPS 10mg, 20mg, 30mg, 40mg | Tier 3 | PA |
| *amnesteem* CAPS 10mg, 20mg, 30mg, 40mg | Tier 3 | PA |
| *claravis* CAPS 10mg, 20mg, 30mg, 40mg | Tier 3 | PA |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%*<br>QL (45 gm / 30 days) | Tier 2 | QL |
| *clindamycin phosphate (topical)* (generic of CLEOCIN-T) LOTN 1%<br>QL (60 mL / 30 days) | Tier 2 | QL |
| *clindamycin phosphate (topical)* SOLN 1%<br>QL (60 mL / 30 days) | Tier 2 | QL |
| *erythromycin (acne aid)* SOLN 2%<br>QL (60 mL / 30 days) | Tier 2 | QL |
| *isotretinoin* CAPS 10mg, 20mg, 30mg, 40mg | Tier 3 | PA |
| *neuac*<br>QL (45 gm / 30 days) | Tier 2 | QL |
| *sulfacetamide sodium (acne)* (generic of KLARON) LOTN 10%<br>QL (118 mL / 30 days) | Tier 3 | QL |
| *tretinoin* (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%<br>QL (45 gm / 30 days) | Tier 3 | QL PA |
| *zenatane* CAPS 10mg, 20mg, 30mg, 40mg | Tier 3 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *gentamicin sulfate (topical)* CREA .1%; OINT .1%<br>QL (30 gm / 30 days) | Tier 2 | QL |
| *mupirocin* OINT 2%<br>QL (30 gm / 30 days) | Tier 1 | QL |
| *silver sulfadiazine* (generic of SILVADENE) CREA 1% | Tier 1 | |
| *ssd* (generic of SILVADENE) CREA 1% | Tier 1 | |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclopirox olamine* CREA .77%<br>QL (90 gm / 30 days) | Tier 2 | QL |
| *ciclopirox olamine* SUSP .77%<br>QL (60 mL / 30 days) | Tier 2 | QL |
| *clotrimazole (topical)* CREA 1%<br>QL (45 gm / 30 days) | Tier 1 | QL |
| *clotrimazole (topical)* SOLN 1%<br>QL (60 mL / 30 days) | Tier 2 | QL |
| *clotrimazole w/ betamethasone cream 1-0.05%*<br>QL (45 gm / 30 days) | Tier 2 | QL |
| *ketoconazole (topical)* CREA 2%<br>QL (60 gm / 30 days) | Tier 2 | QL |
| *ketoconazole (topical)* SHAM 2%<br>QL (120 mL / 30 days) | Tier 1 | QL |
| *klayesta* POWD 100000unit/gm<br>QL (60 gm / 30 days) | Tier 2 | QL |
| *nyamyc* POWD 100000unit/gm<br>QL (60 gm / 30 days) | Tier 2 | QL |
| *nystatin (topical)* CREA 100000unit/gm; OINT 100000unit/gm<br>QL (30 gm / 30 days) | Tier 1 | QL |
| *nystatin (topical)* POWD 100000unit/gm<br>QL (60 gm / 30 days) | Tier 2 | QL |
| *nystop* POWD 100000unit/gm<br>QL (60 gm / 30 days) | Tier 2 | QL |
| *selenium sulfide* LOTN 2.5% | Tier 1 | |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin* CAPS 10mg, 17.5mg, 25mg | Tier 3 | |
| *calcipotriene* CREA .005%<br>QL (120 gm / 30 days) | Tier 3 | QL PA |
| *calcipotriene* (generic of PELLIX) SOLN .005%<br>QL (120 mL / 30 days) | Tier 2 | QL PA |
| ENSTILAR AER<br>QL (120 gm / 30 days) | Tier 3 | QL PA |
| PELLIX SOLN .005%<br>QL (120 mL / 30 days) | Tier 2 | QL PA |
| *tazarotene* (generic of TAZORAC) CREA .05%, .1%<br>QL (60 gm / 30 days) | Tier 2 | QL PA |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort* CREA 1% | Tier 1 | |
| *alclometasone dipropionate* CREA .05%; OINT .05%<br>QL (60 gm / 30 days) | Tier 3 | QL |
| *betamethasone dipropionate (topical)* CREA .05%<br>QL (120 gm / 30 days) | Tier 2 | QL |
| *betamethasone dipropionate (topical)* LOTN .05%<br>QL (120 mL / 30 days) | Tier 1 | QL |
| *betamethasone dipropionate (topical)* OINT .05%<br>QL (120 gm / 30 days) | Tier 3 | QL |
| *betamethasone dipropionate augmented* CREA .05%<br>QL (120 gm / 30 days) | Tier 1 | QL |
| *betamethasone dipropionate augmented* GEL .05%<br>QL (120 gm / 30 days) | Tier 3 | QL |
| *betamethasone dipropionate augmented* LOTN .05%<br>QL (120 mL / 30 days) | Tier 3 | QL |
| *betamethasone dipropionate augmented* (generic of DIPROLENE) OINT .05%<br>QL (120 gm / 30 days) | Tier 3 | QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *betamethasone valerate* CREA .1%; OINT .1% QL (120 gm / 30 days) | Tier 1 | QL |
| *betamethasone valerate* LOTN .1% QL (120 mL / 30 days) | Tier 2 | QL |
| *clobetasol propionate* CREA .05%; OINT .05% QL (120 gm / 30 days) | Tier 3 | QL |
| *clobetasol propionate* SHAM .05% QL (236 mL / 30 days) | Tier 3 | QL |
| *clobetasol propionate* SOLN .05% QL (100 mL / 30 days) | Tier 3 | QL |
| *clobetasol propionate e* CREA .05% QL (120 gm / 30 days) | Tier 3 | QL |
| *clodan* SHAM .05% QL (236 mL / 30 days) | Tier 3 | QL |
| *fluocinolone acetonide* CREA .01% QL (60 gm / 30 days) | Tier 3 | QL |
| *fluocinolone acetonide* (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days) | Tier 3 | QL |
| *fluocinolone acetonide* (generic of DERMA-SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days) | Tier 3 | QL |
| *fluocinolone acetonide* (generic of DERMA-SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days) | Tier 3 | QL |
| *fluocinolone acetonide* SOLN .01% QL (60 mL / 30 days) | Tier 3 | QL |
| *fluocinonide* CREA .05%, .1% QL (120 gm / 30 days) | Tier 3 | QL |
| *fluocinonide* GEL .05%; OINT .05% QL (60 gm / 30 days) | Tier 3 | QL |
| *fluocinonide* SOLN .05% QL (60 mL / 30 days) | Tier 3 | QL |
| *fluocinonide emulsified base* CREA .05% QL (120 gm / 30 days) | Tier 3 | QL |
| *fluticasone propionate* CREA .05%; OINT .005% | Tier 2 | |
| *halobetasol propionate* CREA .05%; OINT .05% QL (50 gm / 30 days) | Tier 3 | QL |
| *hydrocortisone (topical)* CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5% | Tier 1 | |
| *hydrocortisone (topical)* OINT 1% QL (30 gm / 30 days) | Tier 1 | QL |
| *hydrocortisone valerate* CREA .2% QL (60 gm / 30 days) | Tier 2 | QL |
| *mometasone furoate* CREA .1%; OINT .1%; SOLN .1% | Tier 1 | |
| *triamcinolone acetonide (topical)* CREA .025%, .1%, .5% QL (454 gm / 30 days) | Tier 1 | QL |
| *triamcinolone acetonide (topical)* LOTN .025%, .1% | Tier 2 | |
| *triamcinolone acetonide (topical)* OINT .025%, .1%, .5% | Tier 1 | |
| *triderm* CREA .5% QL (454 gm / 30 days) | Tier 1 | QL |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| *glydo* PRSY 2% QL (60 mL / 30 days) | Tier 3 | QL PA |
| *lidocaine* OINT 5% QL (50 gm / 30 days) | Tier 3 | QL PA |
| *lidocaine* (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | Tier 3 | QL PA |
| *lidocaine hcl* PRSY 2% QL (60 mL / 30 days) | Tier 3 | QL PA |
| *lidocaine hcl* SOLN 4% QL (50 mL / 30 days) | Tier 3 | QL PA |
| *lidocaine-prilocaine cream 2.5-2.5%* QL (30 gm / 30 days) | Tier 1 | B/D QL |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lidocan* (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | Tier 3 | QL PA |
| *tridacaine iii* (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day) | Tier 3 | QL PA |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *bexarotene (topical)* (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days) | Tier 1 | QL NM PA |
| *diclofenac sodium (topical)* SOLN 1.5% QL (300 mL / 28 days) | Tier 2 | QL |
| EUCRISA OINT 2% QL (120 gm / 30 days) | Tier 3 | QL PA |
| *fluorouracil (topical)* CREA 5% QL (40 gm / 30 days) | Tier 3 | QL |
| *fluorouracil (topical)* SOLN 2%, 5% QL (10 mL / 30 days) | Tier 2 | QL |
| *hydrocortisone (rectal)* CREA 1% | Tier 2 | |
| *hydrocortisone (rectal)* (generic of ANUSOL-HC) CREA 2.5% | Tier 2 | |
| *imiquimod* CREA 5% QL (24 packets / 30 days) | Tier 2 | QL |
| *lactic acid (ammonium lactate)* CREA 12%; LOTN 12% | Tier 1 | |
| *metronidazole (topical)* CREA .75%; GEL .75% QL (45 gm / 30 days) | Tier 2 | QL |
| *nitroglycerin (intra-anal)* (generic of RECTIV) OINT .4% QL (30 gm / 30 days) | Tier 3 | QL |
| PANRETIN GEL .1% QL (60 gm / 30 days) | Tier 2 | QL PA |
| *pimecrolimus* CREA 1% QL (100 gm / 30 days) | Tier 3 | QL PA |
| *podofilox* SOLN .5% QL (7 mL / 28 days) | Tier 2 | QL |
| *procto-med hc* (generic of ANUSOL-HC) CREA 2.5% | Tier 2 | |
| *proctocort* CREA 1% | Tier 2 | |
| *proctosol hc* (generic of ANUSOL-HC) CREA 2.5% | Tier 2 | |
| *proctozone-hc* (generic of ANUSOL-HC) CREA 2.5% | Tier 2 | |
| *tacrolimus (topical)* OINT .03%, .1% QL (100 gm / 30 days) | Tier 3 | QL |
| VALCHLOR GEL .016% QL (60 gm / 30 days) | Tier 2 | QL NM PA |
| ***DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | | |
| *malathion* LOTN .5% QL (59 mL / 30 days) | Tier 3 | QL |
| *permethrin* (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days) | Tier 2 | QL |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| SANTYL OINT 250unit/gm QL (180 gm / 30 days) | Tier 3 | QL PA |
| *sodium chloride (gu irrigant)* SOLN .9% | Tier 1 | |
| *water for irrigation, sterile irrigation soln* | Tier 1 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *chlorhexidine gluconate (mouth-throat)* (generic of PERIDEX) SOLN .12% | Tier 1 | |
| *clotrimazole* TROC 10mg QL (150 lozenges / 30 days) | Tier 2 | QL |
| *kourzeq* PSTE .1% | Tier 2 | |
| *lidocaine hcl (mouth-throat)* SOLN 2% | Tier 1 | |
| *nystatin (mouth-throat)* (generic of NYSTATIN) SUSP 100000unit/ml | Tier 2 | |
| *periogard* (generic of PERIDEX) SOLN .12% | Tier 1 | |
| *pilocarpine hcl (oral)* (generic of SALAGEN) TABS 5mg, 7.5mg | Tier 2 | |
| *triamcinolone acetonide (mouth)* PSTE .1% | Tier 2 | |

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