Providence Health Plan

2023 Prescription Drug 6-Tier Formulary

Last Updated:

This Prescription Drug Formulary is accurate as of the last update date and is subject to change. This is not a guarantee of coverage or benefits. Please check your member handbook to verify coverage or call Providence Health Plan Customer Service at 503-574-7500 or 1-800-878-4445 (TTY: 711). Service is available five days a week, Monday through Friday, between 8 a.m. and 6 p.m.

The Providence formulary

What is a formulary?

Your prescription drug plan provides coverage for drugs listed on the Providence formulary (list of covered drugs). The formulary includes drugs that are dispensed by a pharmacy and self-administered. Developed in collaboration with Providence Health Plan, physicians, nurses, and pharmacists, the formulary includes FDA-approved prescription generic, brand-name and specialty drugs that are considered effective and safe for use for a variety of conditions.

- *Generic drugs*, which are available only after the brand-name patent expires:
  - Have the same active ingredient formula as the brand-name drug and
  - Are tested by the Food and Drug Administration (FDA) to be as safe and effective as the brand-name drug.
- *Brand-name drugs* are those that are sold under a specific name or trademark by the company that originally got FDA approval. These drugs are protected by patents and typically cost more than generic drugs
- *Specialty drugs* are those that require special delivery, handling, administration, and monitoring by a pharmacist.
  - These drugs are listed in the Providence formulary with a status of "Specialty," and are available typically through our preferred specialty pharmacy Credena Health

How do I find drugs on the formulary?

You and your healthcare provider can search the formulary to find effective, quality drugs that minimize your out-of- pocket expenses.

There are two ways to search this formulary document:

1. By medical condition category (for example: drugs used to treat heart conditions are listed under the category, *Cardiovascular Agents*).
2. By index (provides an alphabetical listing of drugs included in the formulary and the page number they are listed on).

You can also search for your drugs on the "Drug Search" online tool for your formulary found at: https://www.providencehealthplan.com/members/pharmacy-resources

What if my drug is not on the formulary?

Providence Health Plan strives to provide a comprehensive formulary of safe, effective, and affordable drugs. There may be times that you require a drug that is not on the formulary. If you currently take a prescription drug that is not on the formulary, or your provider would like to start you on a drug that is not listed on the formulary, you may contact customer service to confirm coverage for that drug. If the prescription drug is not covered, your doctor may request a formulary exception.

There are some drugs that are excluded from coverage under your prescription drug benefit. Refer to your summary plan document for a full list of benefit exclusion. Some examples include, but are not limited to:

- Drugs that are not approved by the Food & Drug Administration (FDA)
- Drugs that are available without a prescription (known as over-the-counter drugs), unless they are required to be covered by the government (see ACA Preventive Drugs below)

What does the formulary tell me about the coverage of my drugs?

This formulary provides you with information about what tier the drug is on and any restrictions or limitations that may be on the drug.

The first column of the chart lists the "Drug Name"

- Brand-name drugs are CAPITALIZED (for example, JANUVIA®)
- Generic drugs are listed in lower-case italics (for example, *simvastatin*)

The second column of the chart lists the "Drug Status"

- This lets you know the tier that the drug will be covered at. Drugs on lower tiers usually have lower costs associated with them.
- Refer to your member handbook and/or benefit summary to determine what amount you will pay at the pharmacy for drugs on that tier. This may vary depending on whether you have met your deductible, if applicable.

The third column of the chart lists the "Requirements/Limits"

- This lets you know if there are any special requirements for coverage of your drug.
- Some examples of requirements are prior authorizations, quantity limits or step therapy.

See the section below for explanations regarding tiers and restrictions/limitations

Formulary updates

The formulary is updated every two months. Providence Health Plan's Pharmacy and Therapeutics (P&T) Committee (comprised of various clinical providers and pharmacists who practice in the communities we serve) continuously reviews the latest evidence to identify opportunities to promote safe, effective, and affordable drug therapy.

Generally, the formulary status of a drug covered by your prescription drug coverage will not change during the year unless:

- The drug becomes available in generic form;
- There are safety or effectiveness concerns raised about the prescription drug; or
- The P&T Committee determines that changes to the formulary would be in the best overall interest of members.

Know more, Save more

Providence Health Plan wants to help you to make the most of your prescription drug coverage. That's why we strive to provide you with the information you need to make smart decisions about drugs and your health.

We encourage you to be knowledgeable about your prescription drug benefits. Information is available on your benefit summary, in your member handbook, on the Providence Health Plan website, and on myProvidence (a portal for specific information related to your plan and benefits).

Tips for maximizing your benefit

Get a 90-day Supply of your Maintenance Drugs

- Maintenance drugs are those typically prescribed to treat long-term or chronic conditions, such as diabetes, high blood pressure and high cholesterol.
- A 90-day supply of maintenance drug is available through participating mail-order pharmacies, as well as through preferred retail pharmacies.
- Your 90-day supply copay or coinsurance applies and will often save you money over time.

Use Preferred or Mail-Order Pharmacies

- You have access to an expansive network of participating pharmacies nationwide at discounted rates. Search the Pharmacy Directory to locate participating pharmacies near you.
- A preferred retail pharmacy can provide up to a 90-day supply of prescription drugs.
- A mail-order pharmacy can provide up to a 90-day supply of maintenance drugs and specializes in direct delivery to your home.

Search your pharmacy directory for a pharmacy near you

Try Generic Alternatives

- Making the switch from brand to generic drug can save you money.
- There are two types of generic drugs:
    - *Generic equivalent* - A generic equivalent is a generic drug that has the same active ingredient, dosage form and strength as its brand-name counterpart. Generic equivalents are an important option to brand-name prescription drugs because they cost less.
        - Example: Crestor®, a brand-name drug commonly used to treat high cholesterol, is now available in generic form under the name rosuvastatin. Crestor® and rosuvastatin are identical drugs – the only difference is that one costs more than the other.

- *Generic alternative* - A generic alternative is a generic drug used to treat the same condition as a brand-name drug. It is not, however, the exact same drug as the brand-name drug. According to clinical evidence, a generic alternative can be expected to treat the same condition as well as the brand-name option. Generic alternatives are an important option for prescription drugs for which there is no generic available.
  - Example: duloxetine, the generic form of Cymbalta®, may be prescribed instead of brand-name Fetzima® in the treatment of depression.

Remember, even if a generic equivalent is not yet available, safe and effective generic alternatives may be available to treat most common conditions. Using these options can provide cost savings. Depending on your benefit, brand name drugs may no longer be covered at its current cost sharing tier when the generic equivalent becomes available. You may be subject to a higher cost share. The formulary document may not immediately reflect this change upon the release of the generic formulation to the market.

Additional Information About Your Formulary

Drug Tiers

Tiers represent the cost you may pay for a drug. The specific cost for the tier will be outlined in your benefit summary. The tier levels for this formulary are outlined below:

Tier Name	Definition
ACA Preventive	Covered in full, zero cost share
Tier 1	Generic drugs with high value
Tier 2	Generic drugs
Tier 3	Generic drugs and high-value brand-name drugs
Tier 4	All other non-specialty brand-name drugs and high-cost generic drugs
Tier 5	Preferred specialty drugs (brand-name and generic)
Tier 6	All other high-cost specialty drugs (brand-name and generic)
Preferred Medical Supply	Preferred manufacturers/products for items covered under the durable medical equipment (DME) or diabetic supply benefit.

Refer to your benefit summary for additional details.

Restrictions/Limitations

The following abbreviations may be found within the formulary list:

Abbreviation	Description	Explanation
PA	Prior Authorization Required	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, Providence Health Plan may not cover this drug.
QL	Quantity Limit Applies	There are limits to the amount of this drug that is covered per prescription or within a specific time frame.
ST	Step Therapy Required	This means that you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
Specialty Drug	Requires use of Specialty Pharmacy	This drug may only be filled at a contracted Specialty pharmacy, such as Credena Health
LA	Limited Access Drug	This drug may only be filled at certain pharmacies per the drug manufacturer. Credena Health may not be able to provide some of these drugs since they are limited to only a few pharmacies. Contact Customer Service at 877-216-3644 (TTY: 711), Monday – Friday, 8 a.m. to 6 p.m. (Pacific Time). for more information
C	Custom Message	This will be a message specific to that drug to outline special requirements for coverage

Prior authorization is a process to review a prescription drug for coverage before it is dispensed to you.

- Many factors (including the potential for side effects, what conditions the drug is approved for use in by the FDA, and the clinical value of the drug) are considered before making the decision to require prior authorization of a prescription drug.
- A limited number of drugs require prior authorization review; any drugs requiring prior authorization are indicated as such in the formulary.
- Keep in mind, the formulary may contain other suitable options:
    - You and your provider may wish to discuss the possibility of changing your prescription to an effective formulary alternative.
    - Otherwise, your doctor may submit a prior authorization request on your behalf.

Quantity Limits are a restriction to the amount of drug you can get from your pharmacy at a time. These are typically put in place to make sure that you the drug you are taking is done so in a safe and effective way.

- For example, sumatriptan tablets (used for migraine headaches) are limited to nine (9) tablets every 30 days. This is because using too much of this drug can actually cause more frequent and more severe headaches.

Step therapy is a form of prior authorization. Its purpose is to confirm if drugs generally considered "first-line" therapy based on clinical evidence have already been tried.

- If they have been tried, the drug requiring step therapy will automatically be approved.
- In the event these drugs are not tried first, cannot be tried first, or your prescription drug history is not available (for example, if you are a new patient for Providence Health Plan), prior authorization is required.

ACA Preventive Drugs

Your plan, in accordance with The Patient Protection and Affordable Care Act (PPACA), provides coverage for drugs without imposing a copayment, coinsurance, or deductible. Coverage is provided for a variety of drug categories, including routine vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP). Coverage of ACA Preventive Drugs are subject to your plan's benefit and may be excluded under certain plans (see your plan's Benefit Summary or Member Handbook for details).

If a generic equivalent becomes available for a brand-name ACA Preventive Drug, the brand-name drug may no longer be covered in full. The brand-name version may be subject to your applicable brand name cost share and, depending on your benefit, the difference in cost between brand and generic.

Safe Harbor Preventive Drugs

The safe harbor drug list is made up of drugs that are considered "first-line" to prevent the onset of a disease or condition. These drugs are important tools to maintain good health and well-being. The IRS definition of safe harbor is contained in Notice 2004-23, section 223(c)(2)(C).

These drugs are indicated with "SH" on the formulary. If your plan provides for preventive drug coverage (check your Benefit Summary), these drugs will be available to you at the cost-share indicated by the tier, and they will not be subject to your deductible. Any restrictions/limitations will still apply (such as prior authorization or quantity limits).

For More Information

Learn more about your prescription drug coverage by reviewing the pharmacy resource site at: https://www.providencehealthplan.com/members/pharmacy-resources

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[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
BUTALBITAL/ASPIRIN/CAFFEINE 50-325-40 CAPSULE	TIER-THREE	
BUTALBITAL/ASPIRIN/CAFFEINE 50-325-40 TABLET	TIER-TWO	
CELECOXIB	TIER-TWO	
DICLOFENAC POTASSIUM 50 MG POWD PACK	TIER-FOUR	PA, QL (9 PER 30 DAYS)
DICLOFENAC POTASSIUM 50 MG TABLET	TIER-TWO	
DICLOFENAC SODIUM (1 % GEL (GRAM), 1.5 % DROPS)	TIER-THREE	
DICLOFENAC SODIUM (25 MG TABLET DR, 50 MG TABLET DR, 75 MG TABLET DR)	TIER-TWO	
DICLOFENAC SODIUM/MISOPROSTOL	TIER-FOUR	
DIFLUNISAL	TIER-FOUR	
ETODOLAC (200 MG CAPSULE, 300 MG CAPSULE, 400 MG TABLET, 500 MG TABLET)	TIER-TWO	
FENOPROFEN CALCIUM 600 MG TABLET	TIER-TWO	
FLURBIPROFEN	TIER-TWO	
IBUPROFEN (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	TIER-TWO	
IBUPROFEN (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	TIER-TWO	
INDOMETHACIN (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE ER)	TIER-TWO	
KETOPROFEN 50 MG CAPSULE	TIER-THREE	
KETOROLAC TROMETHAMINE (15 MG/ML VIAL, 15 MG/ML SYRINGE, 30MG/ML(1) VIAL, 30 MG/ML SYRINGE)	TIER-TWO	PA, QL (20 ML PER 28 DAYS)

***Specialty medications are only available through the Providence specialty network. See introduction.**
PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA- Limited Access

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Drug Name	Status*	Requirements/Limits
KETOROLAC TROMETHAMINE 10 MG TABLET	TIER-TWO	
KETOROLAC TROMETHAMINE (60 MG/2 ML VIAL, 60 MG/2 ML SYRINGE)	TIER-TWO	PA, QL (10 ML PER 28 DAYS)
MECLOFENAMATE SODIUM	TIER-FOUR	
MEFENAMIC ACID	TIER-FOUR	
MELOXICAM 7.5 MG/5ML ORAL SUSP	TIER-FOUR	
MELOXICAM (7.5 MG TABLET, 15 MG TABLET)	TIER-TWO	
NABUMETONE	TIER-TWO	
NAPROXEN (250 MG TABLET, 375 MG TABLET, 500 MG TABLET)	TIER-TWO	
NAPROXEN (125 MG/5ML ORAL SUSP, 375 MG TABLET DR, 500 MG TABLET DR)	TIER-FOUR	
NAPROXEN SODIUM (275 MG TABLET, 550 MG TABLET)	TIER-THREE	
OXAPROZIN	TIER-THREE	
PIROXICAM	TIER-TWO	
SULINDAC	TIER-TWO	
TOLMETIN SODIUM 600 MG TABLET	TIER-TWO	
OPIOID ANALGESICS, LONG-ACTING		
BUPRENORPHINE	TIER-FOUR	PA, QL (4 PER 28 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
FENTANYL (12 MCG/HR PATCH TD72, 25 MCG/HR PATCH TD72, 50MCG/HR PATCH TD72, 75MCG/HR PATCH TD72, 100 MCG/HR PATCH TD72)	TIER-FOUR	PA, QL (15 PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROCODONE BITARTRATE (10 MG CAP ER 12H, 15 MG CAP ER 12H, 20 MG CAP ER 12H, 30 MG CAP ER 12H, 40 MG CAP ER 12H, 50 MG CAP ER 12H)	TIER-FOUR	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
HYDROMORPHONE HCL (8 MG TAB ER 24H, 12 MG TAB ER 24H, 16 MG TAB ER 24H, 32 MG TAB ER 24H)	TIER-FOUR	PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE HCL 10 MG/ML ORAL CONC	TIER-TWO	QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE HCL 10 MG/5 ML SOLUTION	TIER-TWO	QL (20 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE HCL 5 MG/5 ML SOLUTION	TIER-TWO	QL (40 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE HCL (5 MG TABLET, 10 MG TABLET, 40 MG TABLET SOL)	TIER-TWO	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE INTENSOL	TIER-TWO	QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADOSE 40 MG TABLET DISPR	TIER-TWO	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
MORPHINE SULFATE (15 MG TABLET ER, 30 MG TABLET ER, 60 MG TABLET ER, 100 MG TABLET ER, 200 MG TABLET ER)	TIER-TWO	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
NUCYNTA ER	TIER-FOUR	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYMORPHONE HCL (5 MG TAB ER 12H, 7.5 MG TAB ER 12H, 10 MG TAB ER 12H, 15 MG TAB ER 12H, 20 MG TAB ER 12H, 30 MG TAB ER 12H)	TIER-FOUR	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYMORPHONE HCL 40 MG TAB ER 12H	TIER-FOUR	PA, QL (2 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
TRAMADOL HCL (200 MG TAB ER 24H, 300 MG TAB ER 24H)	TIER-THREE	PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
TRAMADOL HCL 100 MG TAB ER 24H	TIER-THREE	PA, QL (2 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
TRAMADOL HCL (200 MG TBMP 24HR, 300 MG TBMP 24HR)	TIER-FOUR	PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
TRAMADOL HCL 100 MG TBMP 24HR	TIER-FOUR	PA, QL (2 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
XTAMPZA ER	TIER-FOUR	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN WITH CODEINE PHOSPHATE (120-12MG/5 SOLUTION, 300MG/12.5 SOLUTION, 300MG-30MG TABLET, 300MG-60MG TABLET, 300MG-15MG TABLET)	TIER-TWO	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
ASCOMP WITH CODEINE	TIER-THREE	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
BUTALBIT/ACETAMIN/CAFF/CODEINE 50-325-30 CAPSULE	TIER-THREE	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
BUTORPHANOL TARTRATE 10 MG/ML SPRAY	TIER-TWO	QL (5 ML PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE	TIER-THREE	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
CODEINE SULFATE	TIER-FOUR	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
ENDOCET (2.5-325 MG TABLET, 5-325 MG TABLET, 7.5-325 MG TABLET)	TIER-TWO	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
ENDOCET 10-325 MG TABLET	TIER-TWO	QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
FENTANYL CITRATE (200 MCG LOZENGE HD, 400 MCG LOZENGE HD, 600 MCG LOZENGE HD, 800 MCG LOZENGE HD, 1200 MCG LOZENGE HD, 1600 MCG LOZENGE HD)	TIER-FOUR	PA, QL (4 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROCODONE BITARTRATE/ACETAMINOPHEN (2.5-108/5 SOLUTION, 5 MG-325MG TABLET, 5-217MG/10 SOLUTION, 7.5-325/15 SOLUTION, 7.5-325 MG TABLET, 10MG-325MG TABLET)	TIER-TWO	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROCODONE/IBUPROFEN (5MG-200MG TABLET, 10MG-200MG TABLET)	TIER-FOUR	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROCODONE/IBUPROFEN 7.5-200 MG TABLET	TIER-TWO	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROMORPHONE HCL (1 MG/ML LIQUID, 3 MG SUPP.RECT)	TIER-FOUR	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROMORPHONE HCL (4 MG TABLET, 8 MG TABLET)	TIER-THREE	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROMORPHONE HCL 2 MG TABLET	TIER-THREE	QL (10 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
MORPHINE SULFATE (5 MG SUPP.RECT, 10 MG SUPP.RECT, 20 MG SUPP.RECT, 30 MG SUPP.RECT, 100 MG/5ML SOLUTION)	TIER-TWO	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
MORPHINE SULFATE 10 MG/5 ML SOLUTION	TIER-TWO	QL (60 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
MORPHINE SULFATE 20 MG/5 ML SOLUTION	TIER-TWO	QL (30 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
MORPHINE SULFATE (15 MG TABLET, 30 MG TABLET)	TIER-THREE	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL 5 MG CAPSULE	TIER-FOUR	QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL 5 MG/5 ML SOLUTION	TIER-THREE	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	TIER-TWO	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL 100 MG/5 ML CONC	TIER-FOUR	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL/ACETAMINOPHEN (2.5-325 MG TABLET, 5 MG-325MG TABLET, 7.5-325 MG TABLET)	TIER-TWO	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL/ACETAMINOPHEN 10MG-325MG TABLET	TIER-TWO	QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
TRAMADOL HCL 50 MG TABLET	TIER-TWO	PA, QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
TRAMADOL HCL/ACETAMINOPHEN	TIER-TWO	PA, QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
ANESTHETICS		
LOCAL ANESTHETICS		
DERMACINRX LIDOCAN	TIER-FOUR	PA
GLYDO	TIER-FOUR	
LIDOCAINE 5 % ADH. PATCH	TIER-FOUR	PA
LIDOCAINE 5 % OINT. (G)	TIER-FOUR	
LIDOCAINE HCL (2 % JELLY(ML), 2 % JEL/PF APP)	TIER-FOUR	
LIDOCAINE HCL (4 % SOLUTION, 40 MG/ML SOLUTION)	TIER-THREE	
LIDOCAINE HCL 2 % SOLUTION	TIER-TWO	
LIDOCAINE/PRILOCAINE 2.5 %-2.5% CREAM (G)	TIER-THREE	
MIDAZOLAM HCL (2 MG/2 ML VIAL, 5 MG/ML(1) VIAL, 5 MG/ML VIAL, 5 MG/5 ML VIAL, 10 MG/2 ML VIAL, 10 MG/10ML VIAL, 150MG/30ML SYRINGE)	TIER-TWO	
MIDAZOLAM HCL/PF (2 MG/2 ML VIAL, 2 MG/2 ML SYRINGE, 5 MG/ML SYRINGE, 5 MG/5 ML VIAL, 5 MG/ML(1) VIAL, 10 MG/2 ML VIAL, 10 MG/2 ML SYRINGE)	TIER-TWO	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
ACAMPROSATE CALCIUM	TIER-TWO	
DISULFIRAM	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
NALTREXONE HCL	TIER-TWO	
OPIOID DEPENDENCE		
BUPRENORPHINE HCL 2 MG TAB SUBL	TIER-TWO	QL (4 PER 1 DAY)
BUPRENORPHINE HCL 8 MG TAB SUBL	TIER-TWO	QL (3 PER 1 DAY)
BUPRENORPHINE HCL/NALOXONE HCL (/NALOXONE 2 MG-0.5MG FILM, /NALOXONE 4MG-1MG FILM)	TIER-THREE	QL (4 PER 1 DAY)
BUPRENORPHINE HCL/NALOXONE HCL 12 MG-3 MG FILM	TIER-THREE	QL (3 PER 1 DAY)
BUPRENORPHINE HCL/NALOXONE HCL 8 MG-2 MG FILM	TIER-THREE	QL (4 PER DAY)
BUPRENORPHINE HCL/NALOXONE HCL 2 MG-0.5MG TAB SUBL	TIER-TWO	QL (4 PER 1 DAY)
BUPRENORPHINE HCL/NALOXONE HCL 8 MG-2 MG TAB SUBL	TIER-TWO	QL (4 PER DAY)
LUCEMYRA	TIER-FOUR	ST, QL (224 PER 30 DAYS)
OPIOID REVERSAL AGENTS		
KLOXXADO	TIER-FOUR	
NALOXONE HCL (0.4 MG/ML VIAL, 0.4 MG/ML CARTRIDGE, 1 MG/ML SYRINGE, 4 MG SPRAY)	TIER-TWO	
ZIMHI	TIER-FOUR	
SMOKING CESSATION AGENTS		
BUPROPION HCL 150 MG TAB ER 12H	ACA Preventive	
NICOTINE (GUM, LOZENGE, PATCH)	ACA Preventive	
NICOTROL	ACA Preventive	
NICOTROL NS	ACA Preventive	
VARENICLINE TARTRATE (0.5 (11)-1 TAB DS PK, 0.5 MG TABLET, 1 MG TABLET)	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
ANTIBACTERIALS		
AMINOGLYCOSIDES		
GENTAMICIN SULFATE 0.1 % CREAM (G)	TIER-THREE	
GENTAMICIN SULFATE 0.1 % OINT. (G)	TIER-FOUR	
NEOMYCIN SULFATE	TIER-THREE	
PAROMOMYCIN SULFATE	TIER-FOUR	
ANTIBACTERIALS, OTHER		
CLINDACIN ETZ 1% PLEDGET	TIER-THREE	
CLINDACIN P	TIER-THREE	
CLINDAMYCIN HCL	TIER-TWO	
CLINDAMYCIN PALMITATE HCL	TIER-THREE	
CLINDAMYCIN PHOSPHATE 2 % CREAM/APPL	TIER-FOUR	
CLINDAMYCIN PHOSPHATE 1 % MED. SWAB	TIER-THREE	
FOSFOMYCIN TROMETHAMINE	TIER-THREE	
LINEZOLID 100 MG/5ML SUSP RECON	TIER-FOUR	
LINEZOLID 600 MG TABLET	TIER-THREE	
METHENAMINE HIPPURATE	TIER-FOUR	
METRONIDAZOLE (0.75 % GEL W/APPL, 0.75 % LOTION, 1 % GEL W/PUMP, 1 % GEL (GRAM))	TIER-FOUR	
METRONIDAZOLE (0.75 % GEL (GRAM), 0.75 % CREAM (G), 250 MG TABLET, 500 MG TABLET)	TIER-TWO	
NITROFURANTOIN MACROCRYSTAL (50 MG CAPSULE, 100 MG CAPSULE)	TIER-TWO	
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
PRIMSOL	TIER-FOUR	
SIVEXTRO 200 MG TABLET	TIER-SIX	QL (6 PER 30 DAYS), S (Specialty Drug)
TINIDAZOLE	TIER-FOUR	
TRIMETHOPRIM	TIER-TWO	
VANCOMYCIN HCL (25 MG/ML SOLN RECON, 125 MG CAPSULE, 250 MG CAPSULE)	TIER-FOUR	
VANCOMYCIN HCL 50 MG/ML SOLN RECON	TIER-THREE	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (250 MG CAPSULE, 500 MG CAPSULE)	TIER-TWO	
CEFACLOR (125 MG/5ML SUSP RECON, 250 MG/5ML SUSP RECON, 375 MG/5ML SUSP RECON)	TIER-FOUR	
CEFADROXIL (1 G TABLET, 250 MG/5ML SUSP RECON, 500 MG CAPSULE, 500 MG/5ML SUSP RECON)	TIER-THREE	
CEFDINIR (125 MG/5ML SUSP RECON, 250 MG/5ML SUSP RECON, 300 MG CAPSULE)	TIER-TWO	
CEFIXIME (100 MG/5ML SUSP RECON, 200 MG/5ML SUSP RECON, 400 MG CAPSULE)	TIER-FOUR	
CEFPODOXIME PROXETIL (50 MG/5 ML SUSP RECON, 100 MG TABLET, 100 MG/5ML SUSP RECON, 200 MG TABLET)	TIER-FOUR	
CEFPROZIL (125 MG/5ML SUSP RECON, 250 MG TABLET, 250 MG/5ML SUSP RECON, 500 MG TABLET)	TIER-THREE	
CEFUROXIME AXETIL	TIER-TWO	
CEPHALEXIN 750 MG CAPSULE	TIER-FOUR	
CEPHALEXIN (125 MG/5ML SUSP RECON, 250 MG CAPSULE, 250 MG/5ML SUSP RECON, 500 MG CAPSULE)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
BETA-LACTAM, PENICILLINS		
AMOXICILLIN (125 MG/5ML SUSP RECON, 200 MG/5ML SUSP RECON, 250 MG CAPSULE, 250 MG/5ML SUSP RECON, 400 MG/5ML SUSP RECON, 500 MG TABLET, 500 MG CAPSULE, 875 MG TABLET)	TIER-TWO	
AMOXICILLIN (125 MG TAB CHEW, 250 MG TAB CHEW)	TIER-THREE	
AMOXICILLIN/POTASSIUM CLAVULANATE (200-28.5/5 SUSP RECON, 250-62.5/5 SUSP RECON, 400-57MG/5 SUSP RECON, 600-42.9/5 SUSP RECON)	TIER-THREE	
AMOXICILLIN/POTASSIUM CLAV 250-125 MG TABLET	TIER-FOUR	
AMOXICILLIN/POTASSIUM CLAVULANATE (500-125 MG TABLET, 875-125 MG TABLET)	TIER-TWO	
AMPICILLIN TRIHYDRATE	TIER-TWO	
DICLOXACILLIN SODIUM	TIER-THREE	
MOXATAG	TIER-FOUR	
PENICILLIN V POTASSIUM (125 MG/5ML SOLN RECON, 250 MG/5ML SOLN RECON)	TIER-THREE	
PENICILLIN V POTASSIUM (250 MG TABLET, 500 MG TABLET)	TIER-TWO	
MACROLIDES		
AZITHROMYCIN (1 G PACKET, 100 MG/5ML SUSP RECON, 200 MG/5ML SUSP RECON)	TIER-THREE	
AZITHROMYCIN (250 MG TABLET, 500 MG TABLET, 600 MG TABLET)	TIER-TWO	
CLARITHROMYCIN (125 MG/5ML SUSP RECON, 250 MG/5ML SUSP RECON, 500 MG TAB ER 24H)	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
CLARITHROMYCIN (250 MG TABLET, 500 MG TABLET)	TIER-TWO	
DIFICID 40 MG/ML SUSPENSION	TIER-FOUR	QL (136 ML PER 30 DAYS)
DIFICID 200 MG TABLET	TIER-FOUR	QL (20 PER 30 DAYS)
QUINOLONES		
CIPROFLOXACIN HCL (0.3 % DROPS, 100 MG TABLET, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)	TIER-TWO	
FACTIVE	TIER-FOUR	
LEVOFLOXACIN 250MG/10ML SOLUTION	TIER-FOUR	
LEVOFLOXACIN (250 MG TABLET, 500 MG TABLET, 750 MG TABLET)	TIER-TWO	
MOXIFLOXACIN HCL 400 MG TABLET	TIER-THREE	
OFLOXACIN (300 MG TABLET, 400 MG TABLET)	TIER-THREE	
SULFONAMIDES		
SULFACETAMIDE SODIUM 10 % SUSPENSION	TIER-FOUR	
SULFADIAZINE	TIER-FOUR	
SULFAMETHOXAZOLE/TRIMETHOPRIM (200-40MG/5 ORAL SUSP, 800-160/20 ORAL SUSP)	TIER-FOUR	
SULFAMETHOXAZOLE/TRIMETHOPRIM (400MG-80MG TABLET, 800-160 MG TABLET)	TIER-TWO	
TETRACYCLINES		
AVIDOXY	TIER-THREE	
DEMECLOCYCLINE HCL	TIER-FOUR	
DOXYCYCLINE HYCLATE (20 MG TABLET, 50 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
DOXYCYCLINE MONOHYDRATE (50 MG CAPSULE, 100 MG CAPSULE)	TIER-TWO	
DOXYCYCLINE MONOHYDRATE 25 MG/5 ML SUSP RECON	TIER-FOUR	
DOXYCYCLINE MONOHYDRATE (50 MG TABLET, 75 MG TABLET, 100 MG TABLET, 150 MG TABLET)	TIER-THREE	
MINOCYCLINE HCL (50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE)	TIER-TWO	
MONDOXYNE NL 100 MG CAPSULE	TIER-TWO	
TETRACYCLINE HCL	TIER-FOUR	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT 10 MG/ML ORAL SOLN	TIER-FOUR	ST, QL (10 ML PER DAY)
BRIVIACT (25 MG TABLET, 50 MG TABLET)	TIER-FOUR	ST
BRIVIACT (75 MG TABLET, 100 MG TABLET)	TIER-FOUR	ST, QL (2 PER DAY)
BRIVIACT 10 MG TABLET	TIER-FOUR	ST, QL (4 PER DAY)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET)	TIER-SIX	PA, LA, QL (12 PER 1 DAY), S (Specialty Drug)
DIACOMIT (500 MG POWDER PACKET, 500 MG CAPSULE)	TIER-SIX	PA, LA, QL (6 PER 1 DAY), S (Specialty Drug)
DIVALPROEX SODIUM (125 MG TABLET DR, 125 MG CAP DR SPR, 250 MG TAB ER 24H, 250 MG TABLET DR, 500 MG TABLET DR, 500 MG TAB ER 24H)	TIER-TWO	
EPIDIOLEX	TIER-FIVE	PA, LA, S (Specialty Drug)
FELBAMATE (400 MG TABLET, 600 MG TABLET, 600 MG/5ML ORAL SUSP)	TIER-FOUR	
FINTEPLA	TIER-SIX	PA, LA, QL (12 ML PER DAY), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
FYCOMPA 0.5 MG/ML ORAL SUSP	TIER-FOUR	ST, QL (24 ML PER DAY)
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET)	TIER-FOUR	ST
FYCOMPA (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	TIER-FOUR	ST, QL (1 PER DAY)
LAMICTAL XR (BLUE)	TIER-FOUR	
LAMICTAL XR (GREEN)	TIER-FOUR	
LAMICTAL XR (ORANGE)	TIER-FOUR	
LAMOTRIGINE (25 MG TAB ER 24, 50 MG TAB ER 24, 100 MG TAB ER 24, 200 MG TAB ER 24, 250 MG TAB ER 24, 300 MG TAB ER 24)	TIER-FOUR	
LAMOTRIGINE (5 MG TB CHW DSP, 25 MG TABLET, 25MG (35) TAB DS PK, 25 MG TB CHW DSP, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	TIER-TWO	
LEVETIRACETAM (100 MG/ML SOLUTION, 250 MG TABLET, 500 MG TAB ER 24H, 500 MG/5ML SOLUTION, 500 MG TABLET, 750 MG TAB ER 24H, 750 MG TABLET, 1000 MG TABLET)	TIER-TWO	
ROWEEPRA	TIER-TWO	
SUBVENITE	TIER-TWO	
SUBVENITE (BLUE)	TIER-TWO	
TOPIRAMATE (25 MG CAP SPR 24, 50 MG CAP SPR 24, 100 MG CAP SPR 24, 150 MG CAP SPR 24, 200 MG CAP SPR 24)	TIER-FOUR	PA
TOPIRAMATE (15 MG CAP SPRINK, 25 MG CAP SPRINK)	TIER-THREE	
TOPIRAMATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	TIER-TWO	
VALPROIC ACID	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) (SALT) 250 MG/5ML SOLUTION, SALT) 500MG/10ML SOLUTION)	TIER-TWO	
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	TIER-FOUR	ST, QL (1 PER 365 DAYS)
XCOPRI (150 MG TABLET, 350 MG DAILY DOSE PACK)	TIER-FOUR	ST, QL (1 PER DAY)
XCOPRI (50 MG TABLET, 100 MG TABLET, 250 MG DAILY DOSE PACK)	TIER-FOUR	ST
XCOPRI 200 MG TABLET	TIER-FOUR	ST, QL (2 PER DAY)
ZTALMY	TIER-SIX	PA, LA, QL (36 ML PER DAY), S (Specialty Drug)
CALCIUM CHANNEL MODIFYING AGENTS		
ETHOSUXIMIDE (250 MG/5ML SOLUTION, 250 MG CAPSULE)	TIER-FOUR	
METHSUXIMIDE	TIER-FOUR	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
CLOBAZAM 2.5 MG/ML ORAL SUSP	TIER-FOUR	
CLOBAZAM (10 MG TABLET, 20 MG TABLET)	TIER-THREE	
DIAZEPAM (2.5 MG KIT, 5-7.5-10MG KIT, 12.5-15-20 KIT)	TIER-FOUR	
GABAPENTIN (100 MG CAPSULE, 250 MG/5ML SOLUTION, 300 MG CAPSULE, 400 MG CAPSULE, 600 MG TABLET, 800 MG TABLET)	TIER-TWO	
PHENOBARBITAL (15 MG TABLET, 16.2 MG TABLET, 20 MG/5 ML ELIXIR, 30 MG TABLET, 32.4 MG TABLET, 60 MG TABLET, 64.8 MG TABLET, 97.2MG TABLET, 100 MG TABLET)	TIER-THREE	
PRIMIDONE	TIER-TWO	
SYMPAZAN	TIER-FOUR	PA

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Drug Name	Status*	Requirements/Limits
TIAGABINE HCL	TIER-FOUR	
VALTOCO	TIER-FOUR	PA, QL (10 PER 30 DAYS)
VIGABATRIN (500 MG TABLET, 500 MG POWD PACK)	TIER-SIX	PA, LA, S (Specialty Drug)
VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)	TIER-SIX	PA, LA, S (Specialty Drug)
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TABLET, 400 MG TABLET)	TIER-FOUR	ST
APTIOM (600 MG TABLET, 800 MG TABLET)	TIER-FOUR	ST, QL (2 PER DAY)
CARBAMAZEPINE (100 MG TAB ER 12H, 100 MG CPMP 12HR, 100 MG TAB CHEW, 100 MG/5ML ORAL SUSP, 200 MG TABLET, 200 MG TAB ER 12H, 200 MG CPMP 12HR, 300 MG CPMP 12HR, 400 MG TAB ER 12H)	TIER-THREE	
DILANTIN 30 MG CAPSULE	TIER-FOUR	
EPITOL	TIER-THREE	
LACOSAMIDE 10 MG/ML SOLUTION	TIER-FOUR	
LACOSAMIDE (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	TIER-THREE	
OXCARBAZEPINE (150 MG TABLET, 300 MG TABLET, 300 MG/5ML ORAL SUSP, 600 MG TABLET)	TIER-TWO	
OXTELLAR XR	TIER-FOUR	
PHENYTOIN (50 MG TAB CHEW, 100 MG/4ML ORAL SUSP, 125 MG/5ML ORAL SUSP)	TIER-TWO	
PHENYTOIN SODIUM EXTENDED	TIER-TWO	
RUFINAMIDE (40 MG/ML ORAL SUSP, 200 MG TABLET, 400 MG TABLET)	TIER-FOUR	ST
ZONISAMIDE	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
ANTICONVULSANTS, OTHER		
ANTICONVULSANTS		
NAYZILAM	TIER-FOUR	PA, QL (10 PER 30 DAYS)
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES	TIER-FOUR	
CHOLINESTERASE INHIBITORS		
DONEPEZIL HCL (5 MG TAB RAPDIS, 5 MG TABLET, 10 MG TABLET, 10 MG TAB RAPDIS, 23 MG TABLET)	TIER-TWO	
GALANTAMINE HBR (4 MG TABLET, 4 MG/ML SOLUTION, 8 MG CAP24H PEL, 8 MG TABLET, 12 MG TABLET, 16 MG CAP24H PEL, 24 MG CAP24H PEL)	TIER-THREE	
RIVASTIGMINE	TIER-FOUR	
RIVASTIGMINE TARTRATE	TIER-TWO	QL (2 PER 1 DAY)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
MEMANTINE HCL (7 MG CAP SPR 24, 14 MG CAP SPR 24, 21 MG CAP SPR 24, 28 MG CAP SPR 24)	TIER-THREE	QL (1 PER 1 DAY)
MEMANTINE HCL 2 MG/ML SOLUTION	TIER-TWO	QL (10 ML PER 1 DAY)
MEMANTINE HCL (5 MG-10 MG TAB DS PK, 5 MG TABLET, 10 MG TABLET)	TIER-TWO	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
BUPROPION HCL (75 MG TABLET, 100 MG TAB SR 12H, 100 MG TABLET, 150 MG TAB ER 24H, 150 MG TAB SR 12H, 200 MG TAB SR 12H, 300 MG TAB ER 24H)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
LYBALVI (15-10 MG TABLET, 20-10 MG TABLET)	TIER-FOUR	PA, QL (1 PER DAY)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET)	TIER-FOUR	PA
MIRTAZAPINE (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	TIER-TWO	
MIRTAZAPINE (7.5 MG TABLET, 15 MG TAB RAPDIS, 30 MG TAB RAPDIS, 45 MG TAB RAPDIS)	TIER-THREE	
OLANZAPINE/FLUOXETINE HCL	TIER-FOUR	
PERPHENAZINE/AMITRIPTYLINE HCL	TIER-FOUR	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	TIER-FOUR	
MARPLAN	TIER-FOUR	
PHENELZINE SULFATE	TIER-FOUR	
TRANYLCYPROMINE SULFATE	TIER-FOUR	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
CITALOPRAM HYDROBROMIDE (10 MG TABLET, 10 MG/5 ML SOLUTION, 20 MG/10ML SOLUTION, 20 MG TABLET, 40 MG TABLET)	TIER-TWO	
DESVENLAFAXINE SUCCINATE 100 MG TAB ER 24H	TIER-TWO	QL (4 PER DAY)
DESVENLAFAXINE SUCCINATE 25 MG TAB ER 24H	TIER-TWO	QL (1 PER 1 DAY)
DESVENLAFAXINE SUCCINATE 50 MG TAB ER 24H	TIER-TWO	QL (1 PER DAY)
ESCITALOPRAM OXALATE (5 MG TABLET, 5 MG/5 ML SOLUTION, 10 MG TABLET, 20 MG TABLET)	TIER-TWO	
FETZIMA 20-40 MG TITRATION PAK	TIER-FOUR	ST, QL (1 PER 365 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE)	TIER-FOUR	ST

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Drug Name	Status*	Requirements/Limits
FETZIMA ER 120 MG CAPSULE	TIER-FOUR	ST, QL (1 PER DAY)
FLUOXETINE HCL (10 MG CAPSULE, 20 MG/5 ML SOLUTION, 20 MG CAPSULE, 40 MG CAPSULE)	TIER-TWO	
FLUOXETINE HCL (10 MG TABLET, 20 MG TABLET, 60 MG TABLET)	TIER-FOUR	
FLUVOXAMINE MALEATE (100 MG CAP ER 24H, 150 MG CAP ER 24H)	TIER-FOUR	
FLUVOXAMINE MALEATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	TIER-TWO	
NEFAZODONE HCL	TIER-FOUR	
PAROXETINE HCL 10 MG/5 ML ORAL SUSP	TIER-FOUR	
PAROXETINE HCL (12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H)	TIER-THREE	
PAROXETINE HCL (10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	TIER-TWO	
SERTRALINE HCL 20 MG/ML ORAL CONC	TIER-TWO	
SERTRALINE HCL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	TIER-ONE	
TRAZODONE HCL (50 MG TABLET, 100 MG TABLET, 150 MG TABLET)	TIER-TWO	
TRINTELLIX (5 MG TABLET, 10 MG TABLET)	TIER-FOUR	ST
TRINTELLIX 20 MG TABLET	TIER-FOUR	ST, QL (1 PER DAY)
VENLAFAXINE HCL (25 MG TABLET, 37.5 MG CAP ER 24H, 37.5 MG TABLET, 50 MG TABLET, 75 MG CAP ER 24H, 75 MG TABLET, 100 MG TABLET, 150 MG CAP ER 24H)	TIER-TWO	
VIIBRYD 10-20 MG STARTER PACK	TIER-FOUR	QL (1 PER 365 DAYS)

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Drug Name	Status*	Requirements/Limits
VILAZODONE HCL	TIER-TWO	
TRICYCLICS		
AMITRIPTYLINE HCL	TIER-TWO	
AMOXAPINE	TIER-FOUR	
CLOMIPRAMINE HCL	TIER-FOUR	
DESIPRAMINE HCL	TIER-THREE	
DOXEPIN HCL (10 MG/ML ORAL CONC, 10 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	TIER-TWO	
IMIPRAMINE HCL	TIER-TWO	
NORTRIPTYLINE HCL (10 MG/5 ML SOLUTION, 10 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE)	TIER-TWO	
PROTRIPTYLINE HCL	TIER-FOUR	
TRIMIPRAMINE MALEATE	TIER-FOUR	
ANTIEMETICS		
ANTIEMETICS, OTHER		
COMPRO	TIER-FOUR	
METOCLOPRAMIDE HCL (5 MG TABLET, 5 MG/5 ML SOLUTION, 10 MG TABLET, 10 MG/10ML SOLUTION)	TIER-TWO	
PERPHENAZINE	TIER-THREE	
PROCHLORPERAZINE	TIER-FOUR	
PROCHLORPERAZINE MALEATE	TIER-TWO	
PROMETHAZINE HCL (12.5 MG SUPP.RECT, 25 MG SUPP.RECT, 50 MG SUPP.RECT)	TIER-FOUR	
PROMETHAZINE HCL 50 MG TABLET	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
PROMETHEGAN	TIER-FOUR	
SCOPOLAMINE	TIER-FOUR	
TRIMETHOBENZAMIDE HCL	TIER-FOUR	
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO 300-0.5 MG CAPSULE	TIER-FOUR	QL (4 PER 28 DAYS)
ANZEMET	TIER-FOUR	
APREPITANT 125MG-80MG CAP DS PK	TIER-FOUR	QL (6 PER 30 DAYS)
APREPITANT 125 MG CAPSULE	TIER-FOUR	QL (2 PER 30 DAYS)
APREPITANT 40 MG CAPSULE	TIER-FOUR	QL (8 PER 30 DAYS)
APREPITANT 80 MG CAPSULE	TIER-FOUR	QL (4 PER 30 DAYS)
DRONABINOL	TIER-FOUR	PA
EMEND 125 MG POWDER PACKET	TIER-FOUR	QL (2 PER 30 DAYS)
GRANISETRON HCL 1 MG TABLET	TIER-TWO	QL (8 PER 30 DAYS)
ONDANSETRON HCL (4 MG/5 ML SOLUTION, 4 MG TABLET, 8 MG TABLET, 24 MG TABLET)	TIER-TWO	
ONDANSETRON ODT (4 MG TABLET, 8 MG TABLET)	TIER-THREE	
SANCUSO	TIER-FOUR	ST, QL (2 PER 30 DAYS)
VARUBI	TIER-FOUR	LA, QL (8 PER 28 DAYS)
ANTIFUNGALS		
CLOTRIMAZOLE 10 MG TROCHE	TIER-TWO	
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	TIER-SIX	PA, S (Specialty Drug)
ECONAZOLE NITRATE	TIER-THREE	
ERTACZO	TIER-FOUR	
FLUCONAZOLE (10 MG/ML SUSP RECON, 40 MG/ML SUSP RECON, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
FLUCYTOSINE	TIER-FOUR	
GRISEOFULVIN ULTRAMICROSIZE	TIER-FOUR	
GRISEOFULVIN, MICROSIZE (125 MG/5ML ORAL SUSP, 500 MG TABLET)	TIER-FOUR	
ITRACONAZOLE (10 MG/ML SOLUTION, 100 MG CAPSULE)	TIER-FOUR	PA
KETOCONAZOLE 2 % CREAM (G)	TIER-THREE	
KETOCONAZOLE 2 % SHAMPOO	TIER-TWO	
KETOCONAZOLE 200 MG TABLET	TIER-FOUR	
MICONAZOLE NITRATE 200 MG SUPP.VAG	TIER-THREE	
NAFTIFINE HCL (1 % GEL (GRAM), 1 % CREAM (G))	TIER-FOUR	
NYAMYC	TIER-TWO	
NYSTATIN (100000/ML ORAL SUSP, 100000/G POWDER, 100000/G CREAM (G), 100000/G OINT. (G))	TIER-TWO	
NYSTATIN 500K UNIT TABLET	TIER-THREE	
NYSTOP	TIER-TWO	
ORAVIG	TIER-FOUR	
OXICONAZOLE NITRATE	TIER-FOUR	
POSACONAZOLE (100 MG TABLET DR, 200 MG/5ML ORAL SUSP)	TIER-FOUR	PA
SULCONAZOLE NITRATE (1 % CREAM (G), 1 % SOLUTION)	TIER-FOUR	
TERBINAFINE HCL 250 MG TABLET	TIER-TWO	
TERCONAZOLE (0.4 % CREAM/APPL, 0.8 % CREAM/APPL, 80 MG SUPP.VAG)	TIER-THREE	
VORICONAZOLE (50 MG TABLET, 200 MG TABLET, 200 MG/5ML SUSP RECON)	TIER-FOUR	PA

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Drug Name	Status*	Requirements/Limits
ANTIGOUT AGENTS		
ALLOPURINOL (100 MG TABLET, 300 MG TABLET)	TIER-TWO	
COLCHICINE (0.6 MG CAPSULE, 0.6 MG TABLET)	TIER-THREE	
FEBUXOSTAT	TIER-FOUR	
PROBENECID	TIER-TWO	
PROBENECID/COLCHICINE	TIER-TWO	
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
AJOVY AUTOINJECTOR	TIER-THREE	PA, QL (1.5 ML PER 28 DAYS)
NURTEC ODT	TIER-THREE	PA, QL (8 PER 30 DAYS)
ERGOT ALKALOIDS		
DIHYDROERGOTAMINE MESYLATE 1 MG/ML AMPUL	TIER-FOUR	QL (24 ML PER 28 DAYS)
DIHYDROERGOTAMINE MESYLATE 0.5MG/SPRY SPRAY/PUMP	TIER-FOUR	QL (8 ML PER 30 DAYS)
ERGOMAR	TIER-SIX	LA, QL (20 PER 30 DAYS), S (Specialty Drug)
ERGOTAMINE TARTRATE/CAFFEINE	TIER-FOUR	QL (40 PER 28 DAYS)
PROPHYLACTIC		
AIMOVIG AUTOINJECTOR	TIER-THREE	PA, QL (1 ML PER 28 DAYS)
AJOVY SYRINGE	TIER-THREE	PA, QL (1.5 ML PER 28 DAYS)
EMGALITY PEN	TIER-THREE	PA, QL (1 ML PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	TIER-THREE	PA, QL (1 ML PER 28 DAYS)
EMGALITY 300 MG (100 MG X3SYR)	TIER-THREE	PA, QL (3 ML PER 28 DAYS)
QULIPTA	TIER-THREE	PA, QL (1 PER DAY)

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Drug Name	Status*	Requirements/Limits
SEROTONIN (5-HT) RECEPTOR AGONIST		
ELETRIPTAN HYDROBROMIDE	TIER-FOUR	QL (12 PER 30 DAYS)
FROVATRIPTAN SUCCINATE	TIER-FOUR	PA, QL (9 PER 30 DAYS)
NARATRIPTAN HCL	TIER-TWO	QL (9 PER 30 DAYS)
REYVOW 100 MG TABLET	TIER-FOUR	PA, QL (8 PER 30 DAYS)
REYVOW 50 MG TABLET	TIER-FOUR	PA, QL (4 PER 30 DAYS)
RIZATRIPTAN BENZOATE (5 MG TABLET, 5 MG TAB RAPDIS, 10 MG TABLET, 10 MG TAB RAPDIS)	TIER-TWO	QL (12 PER 30 DAYS)
SUMATRIPTAN	TIER-FOUR	QL (6 PER 30 DAYS)
SUMATRIPTAN SUCCINATE (4 MG/0.5ML PEN INJCTR, 4 MG/0.5ML CARTRIDGE, 6 MG/0.5ML PEN INJCTR, 6 MG/0.5ML CARTRIDGE, 6 MG/0.5ML VIAL)	TIER-FOUR	PA, QL (4 ML PER 30 DAYS)
SUMATRIPTAN SUCCINATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	TIER-TWO	QL (9 PER 30 DAYS)
ZOLMITRIPTAN 2.5 MG SPRAY	TIER-FOUR	QL (12 PER 30 DAYS)
ZOLMITRIPTAN 5 MG SPRAY	TIER-FOUR	QL (6 PER 30 DAYS)
ZOLMITRIPTAN (2.5 MG TAB RAPDIS, 2.5 MG TABLET)	TIER-THREE	QL (12 PER 30 DAYS)
ZOLMITRIPTAN (5 MG TAB RAPDIS, 5 MG TABLET)	TIER-THREE	QL (9 PER 30 DAYS)
ZOMIG 2.5 MG TABLET	TIER-THREE	QL (12 PER 30 DAYS)
ZOMIG 5 MG TABLET	TIER-THREE	QL (9 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
PYRIDOSTIGMINE BROMIDE (60 MG/5 ML SOLUTION, 60 MG TABLET, 180 MG TABLET ER)	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
DAPSONE (25 MG TABLET, 100 MG TABLET)	TIER-FOUR	
RIFABUTIN	TIER-FOUR	
ANTITUBERCULARS		
CYCLOSERINE	TIER-TWO	
ETHAMBUTOL HCL	TIER-TWO	
ISONIAZID (50 MG/5 ML SOLUTION, 100 MG TABLET, 300 MG TABLET)	TIER-TWO	
PASER	TIER-FOUR	
PRIFTIN	TIER-FOUR	
PYRAZINAMIDE	TIER-FOUR	
RIFAMPIN (150 MG CAPSULE, 300 MG CAPSULE)	TIER-TWO	
SIRTURO	TIER-SIX	LA, S (Specialty Drug)
TRECATOR	TIER-THREE	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (25 MG TABLET, 25 MG CAPSULE, 50 MG TABLET, 50 MG CAPSULE)	TIER-FOUR	
GLEOSTINE	TIER-FOUR	S (Specialty Drug)
LEUKERAN	TIER-THREE	
MATULANE	TIER-SIX	LA, S (Specialty Drug)
MELPHALAN	TIER-THREE	PA
TEMOZOLOMIDE	TIER-SIX	PA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
VALCHLOR	TIER-SIX	LA, S (Specialty Drug)
ANTIANDROGENS		
ABIRATERONE ACETATE 250 MG TABLET	TIER-FIVE	PA, S (Specialty Drug)
BICALUTAMIDE	TIER-TWO	
ERLEADA	TIER-SIX	PA, LA, S (Specialty Drug)
FLUTAMIDE	TIER-TWO	
NILUTAMIDE	TIER-SIX	S (Specialty Drug)
NUBEQA	TIER-FIVE	PA, LA, S (Specialty Drug)
TOREMIFENE CITRATE	TIER-SIX	S (Specialty Drug)
XTANDI (40 MG TABLET, 40 MG CAPSULE, 80 MG TABLET)	TIER-FIVE	PA, LA, S (Specialty Drug)
YONSA	TIER-SIX	PA, S (Specialty Drug)
ANTIANGIOGENIC AGENTS		
LENALIDOMIDE	TIER-FIVE	PA, LA, S (Specialty Drug)
POMALYST	TIER-SIX	PA, LA, S (Specialty Drug)
THALOMID	TIER-SIX	LA, S (Specialty Drug)
ANTIESTROGENS/MODIFIERS		
EMCYT	TIER-SIX	S (Specialty Drug)
ORSERDU	TIER-SIX	PA, LA, S (Specialty Drug)
SOLTAMOX	TIER-FOUR	
TAMOXIFEN CITRATE	TIER-TWO	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)
ANTIMETABOLITES		
CAPECITABINE	TIER-SIX	S (Specialty Drug)
DROXIA	TIER-THREE	
HYDROXYUREA	TIER-TWO	
INQOVI	TIER-SIX	PA, LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
MERCAPTOPURINE	TIER-THREE	
PURIXAN	TIER-FOUR	LA
SIKLOS 100 MG TABLET	TIER-FOUR	QL (1 PER 1 DAY)
TABLOID	TIER-FOUR	
ANTINEOPLASTICS, OTHER		
AYVAKIT	TIER-SIX	PA, LA, S (Specialty Drug)
BRUKINSA	TIER-SIX	PA, LA, S (Specialty Drug)
EXKIVITY	TIER-SIX	PA, LA, S (Specialty Drug)
HEMANGEOL	TIER-FOUR	LA, S (Specialty Drug)
IDHIFA	TIER-SIX	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
INREBIC	TIER-SIX	PA, LA, S (Specialty Drug)
KISQALI FEMARA 200 MG CO-PACK	TIER-SIX	PA, QL (49 PER 28 DAYS), S (Specialty Drug)
KISQALI FEMARA 400 MG CO-PACK	TIER-SIX	PA, QL (70 PER 28 DAYS), S (Specialty Drug)
KISQALI FEMARA 600 MG CO-PACK	TIER-SIX	PA, QL (91 PER 28 DAYS), S (Specialty Drug)
KOSELUGO	TIER-FIVE	PA, LA, S (Specialty Drug)
LEUCOVORIN CALCIUM (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 25 MG TABLET)	TIER-TWO	
LONSURF	TIER-SIX	PA, LA, S (Specialty Drug)
NINLARO	TIER-SIX	PA, LA, S (Specialty Drug)
ONUREG	TIER-SIX	PA, S (Specialty Drug)
QINLOCK	TIER-SIX	PA, LA, S (Specialty Drug)
SYNRIBO	TIER-SIX	PA, LA, S (Specialty Drug)
TAZVERIK	TIER-SIX	PA, LA, S (Specialty Drug)
UKONIQ	TIER-SIX	PA, S (Specialty Drug)
WELIREG	TIER-SIX	PA, LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
XPOVIO	TIER-SIX	PA, LA, S (Specialty Drug)
ZOLINZA	TIER-SIX	PA, LA, S (Specialty Drug)
AROMATASE INHIBITORS, 3RD GENERATION		
ANASTROZOLE	TIER-TWO	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)
EXEMESTANE	TIER-FOUR	
LETROZOLE	TIER-TWO	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAPSULE	TIER-SIX	S (Specialty Drug)
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	TIER-SIX	LA, S (Specialty Drug)
MOLECULAR TARGET INHIBITORS		
ALECENSA	TIER-SIX	PA, LA, S (Specialty Drug)
ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	TIER-SIX	PA, LA, S (Specialty Drug)
BALVERSA	TIER-SIX	PA, LA, S (Specialty Drug)
BOSULIF	TIER-SIX	PA, LA, S (Specialty Drug)
BRAFTOVI	TIER-SIX	PA, LA, S (Specialty Drug)
CABOMETYX	TIER-SIX	PA, LA, QL (1 PER DAY), S (Specialty Drug)
CALQUENCE (100 MG TABLET, 100 MG CAPSULE)	TIER-SIX	PA, LA, S (Specialty Drug)
CAPRELSA	TIER-SIX	PA, LA, S (Specialty Drug)
COMETRIQ	TIER-SIX	PA, LA, S (Specialty Drug)
COPIKTRA	TIER-SIX	PA, LA, S (Specialty Drug)
COTELLIC	TIER-SIX	PA, LA, QL (63 PER 28 DAYS), S (Specialty Drug)
DAURISMO	TIER-SIX	PA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
ERIVEDGE	TIER-SIX	PA, LA, S (Specialty Drug)
ERLOTINIB HCL	TIER-SIX	PA, S (Specialty Drug)
EVEROLIMUS (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	TIER-FIVE	PA, S (Specialty Drug)
FARYDAK	TIER-SIX	PA, QL (6 PER 21 DAYS), S (Specialty Drug)
FOTIVDA	TIER-SIX	PA, LA, S (Specialty Drug)
GAVRETO	TIER-SIX	PA, LA, S (Specialty Drug)
GEFITINIB	TIER-FIVE	PA, LA, QL (1 PER DAY), S (Specialty Drug)
GILOTRIF	TIER-SIX	PA, LA, S (Specialty Drug)
IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG TABLET, 125 MG CAPSULE)	TIER-FIVE	PA, LA, QL (21 PER 28 DAYS), S (Specialty Drug)
ICLUSIG (10 MG TABLET, 15 MG TABLET)	TIER-SIX	PA, LA, QL (1 PER DAY), S (Specialty Drug)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	TIER-SIX	PA, LA, S (Specialty Drug)
IMATINIB MESYLATE	TIER-FIVE	PA, S (Specialty Drug)
IMBRUVICA (70 MG/ML SUSPENSION, 70 MG CAPSULE, 140 MG CAPSULE, 420 MG TABLET, 560 MG TABLET)	TIER-SIX	PA, LA, S (Specialty Drug)
INLYTA	TIER-SIX	PA, LA, S (Specialty Drug)
JAKAFI (20 MG TABLET, 25 MG TABLET)	TIER-SIX	PA, LA, S (Specialty Drug)
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET)	TIER-SIX	PA, LA, QL (2 PER DAY), S (Specialty Drug)
JAYPIRCA	TIER-SIX	PA, LA, S (Specialty Drug)
KISQALI 200 MG DAILY DOSE	TIER-SIX	PA, QL (21 PER 28 DAYS), S (Specialty Drug)
KISQALI 400 MG DAILY DOSE	TIER-SIX	PA, QL (42 PER 28 DAYS), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
KISQALI 600 MG DAILY DOSE	TIER-SIX	PA, QL (63 PER 28 DAYS), S (Specialty Drug)
KRAZATI	TIER-SIX	PA, LA, S (Specialty Drug)
LAPATINIB DITOSYLATE	TIER-SIX	PA, S (Specialty Drug)
LENVIMA	TIER-SIX	PA, LA, S (Specialty Drug)
LORBRENA 100 MG TABLET	TIER-SIX	PA, LA, S (Specialty Drug)
LORBRENA 25 MG TABLET	TIER-SIX	PA, LA, QL (3 PER DAY), S (Specialty Drug)
LUMAKRAS	TIER-SIX	PA, LA, S (Specialty Drug)
LYNPARZA	TIER-FIVE	PA, LA, S (Specialty Drug)
LYTGOBI	TIER-SIX	PA, LA, QL (5 PER DAY), S (Specialty Drug)
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	TIER-SIX	PA, LA, S (Specialty Drug)
MEKTOVI	TIER-SIX	PA, LA, S (Specialty Drug)
NERLYNX	TIER-SIX	PA, LA, QL (6 PER 1 DAY), S (Specialty Drug)
ODOMZO	TIER-SIX	PA, S (Specialty Drug)
PAZOPANIB HCL	TIER-FIVE	PA, LA, S (Specialty Drug)
PEMAZYRE	TIER-SIX	PA, LA, S (Specialty Drug)
PIQRAY	TIER-SIX	PA, S (Specialty Drug)
RETEVMO 40 MG CAPSULE	TIER-SIX	PA, LA, QL (2 PER DAY), S (Specialty Drug)
RETEVMO 80 MG CAPSULE	TIER-SIX	PA, LA, S (Specialty Drug)
REZLIDHIA	TIER-SIX	PA, LA, S (Specialty Drug)
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	TIER-SIX	PA, LA, S (Specialty Drug)
RUBRACA	TIER-FIVE	PA, LA, S (Specialty Drug)
RYDAPT	TIER-SIX	PA, S (Specialty Drug)
SCEMBLIX	TIER-SIX	PA, QL (2 PER DAY), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
SORAFENIB TOSYLATE	TIER-FIVE	PA, S (Specialty Drug)
SPRYCEL	TIER-FIVE	PA, S (Specialty Drug)
STIVARGA	TIER-SIX	PA, LA, S (Specialty Drug)
SUNITINIB MALATE (37.5 MG CAPSULE, 50 MG CAPSULE)	TIER-FIVE	PA, S (Specialty Drug)
SUNITINIB MALATE 12.5 MG CAPSULE	TIER-FIVE	PA, QL (3 PER DAY), S (Specialty Drug)
SUNITINIB MALATE 25 MG CAPSULE	TIER-FIVE	PA, QL (2 PER DAY), S (Specialty Drug)
TABRECTA	TIER-FIVE	PA, S (Specialty Drug)
TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)	TIER-SIX	PA, LA, S (Specialty Drug)
TAGRISSO	TIER-SIX	PA, LA, S (Specialty Drug)
TALZENNA	TIER-SIX	PA, LA, S (Specialty Drug)
TASIGNA	TIER-SIX	PA, S (Specialty Drug)
TEPMETKO	TIER-SIX	PA, LA, S (Specialty Drug)
TIBSOVO	TIER-SIX	PA, LA, S (Specialty Drug)
TRUSELTIQ	TIER-SIX	PA, LA, S (Specialty Drug)
TUKYSA	TIER-SIX	PA, LA, S (Specialty Drug)
TURALIO	TIER-SIX	PA, LA, S (Specialty Drug)
VENCLEXTA	TIER-SIX	PA, LA, S (Specialty Drug)
VENCLEXTA STARTING PACK	TIER-SIX	PA, LA, S (Specialty Drug)
VERZENIO	TIER-FIVE	PA, LA, QL (2 PER DAY), S (Specialty Drug)
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	TIER-SIX	PA, S (Specialty Drug)
VIZIMPRO	TIER-SIX	PA, LA, S (Specialty Drug)
XALKORI	TIER-SIX	PA, LA, S (Specialty Drug)
XOSPATA	TIER-SIX	PA, LA, S (Specialty Drug)
ZEJULA 100 MG CAPSULE	TIER-FIVE	PA, LA, QL (2 PER DAY), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	TIER-FIVE	PA, LA, QL (1 PER DAY), S (Specialty Drug)
ZELBORAF	TIER-SIX	PA, LA, S (Specialty Drug)
ZYDELIG	TIER-SIX	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
ZYKADIA	TIER-SIX	PA, LA, S (Specialty Drug)
RETINOIDS		
BEXAROTENE (1 % GEL (GRAM), 75 MG CAPSULE)	TIER-FIVE	PA, S (Specialty Drug)
PANRETIN	TIER-SIX	S (Specialty Drug)
TRETINOIN 10 MG CAPSULE	TIER-SIX	PA, S (Specialty Drug)
TREATMENT ADJUNCTS		
MESNEX 400 MG TABLET	TIER-THREE	
VONJO	TIER-SIX	PA, LA, QL (4 PER DAY), S (Specialty Drug)
ANTIPARASITICS		
ANTHELMINTHICS		
ALBENDAZOLE	TIER-FOUR	PA
EMVERM	TIER-FOUR	PA
IVERMECTIN 3 MG TABLET	TIER-FOUR	PA
PRAZIQUANTEL	TIER-FOUR	QL (12 PER 30 DAYS)
ANTIPROTOZOALS		
ALINIA 100 MG/5 ML SUSPENSION	TIER-FOUR	PA, QL (50 ML PER DAY)
ATOVAQUONE	TIER-FOUR	PA
ATOVAQUONE/PROGUANIL HCL	TIER-THREE	C (1 CLAIM PER 365 DAYS)
BENZNIDAZOLE	TIER-SIX	LA, S (Specialty Drug), QL (2 TO 12 YRS OLD; 60 PER 365 DAYS)
CHLOROQUINE PHOSPHATE	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
COARTEM	TIER-FOUR	PA
HYDROXYCHLOROQUINE SULFATE	TIER-TWO	
MEFLOQUINE HCL	TIER-TWO	
NITAZOXANIDE	TIER-THREE	PA, QL (6 PER 30 DAYS)
PENTAMIDINE ISETHIONATE 300 MG VIAL-NEB	TIER-FIVE	S (Specialty Drug)
PRIMAQUINE PHOSPHATE	TIER-TWO	
PYRIMETHAMINE	TIER-FOUR	PA
QUININE SULFATE	TIER-FOUR	C (1 CLAIM PER 365 DAYS)
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
BENZTROPINE MESYLATE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	TIER-TWO	
TRIHEXYPHENIDYL HCL (2 MG TABLET, 2 MG/5 ML SOLUTION, 5 MG TABLET)	TIER-TWO	
ANTIPARKINSON AGENTS, OTHER		
AMANTADINE HCL (50 MG/5 ML SOLUTION, 100 MG TABLET, 100 MG CAPSULE)	TIER-THREE	
CARBIDOPA/LEVODOPA/ENTACAPONE	TIER-FOUR	
ENTACAPONE	TIER-FOUR	
NOURIANZ	TIER-FOUR	PA, LA, QL (1 PER 1 DAY)
TOLCAPONE	TIER-FOUR	
DOPAMINE AGONISTS		
BROMOCRIPTINE MESYLATE (2.5 MG TABLET, 5 MG CAPSULE)	TIER-THREE	
KYNMOBI	TIER-FIVE	QL (5 PER DAY), S (Specialty Drug)
NEUPRO	TIER-FOUR	ST

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Drug Name	Status*	Requirements/Limits
PRAMIPEXOLE DI-HCL (0.125 MG TABLET, 0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET, 1.5 MG TABLET)	TIER-TWO	
ROPINIROLE HCL (2 MG TAB ER 24H, 4 MG TAB ER 24H, 6 MG TAB ER 24H)	TIER-THREE	QL (1 PER DAY)
ROPINIROLE HCL (8 MG TAB ER 24H, 12 MG TAB ER 24H)	TIER-THREE	QL (2 PER DAY)
ROPINIROLE HCL (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	TIER-TWO	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
CARBIDOPA	TIER-FOUR	
CARBIDOPA/LEVODOPA (10MG-100MG TABLET, 25MG-250MG TABLET, 25MG-100MG TABLET ER, 25MG-100MG TABLET, 50MG-200MG TABLET ER)	TIER-TWO	
CARBIDOPA/LEVODOPA (10MG-100MG TAB RAPDIS, 25MG-250MG TAB RAPDIS, 25MG-100MG TAB RAPDIS)	TIER-FOUR	
INBRIJA	TIER-THREE	LA, QL (10 PER DAY)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
RASAGILINE MESYLATE	TIER-FOUR	
SELEGILINE HCL (5 MG TABLET, 5 MG CAPSULE)	TIER-THREE	
ZELAPAR	TIER-FOUR	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
CHLORPROMAZINE HCL (10 MG TABLET, 25 MG TABLET, 30 MG/ML ORAL CONC, 50 MG TABLET, 100 MG TABLET, 100 MG/ML ORAL CONC, 200 MG TABLET)	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
FLUPHENAZINE HCL (1 MG TABLET, 2.5 MG/5ML ELIXIR, 2.5 MG TABLET, 5 MG TABLET, 5 MG/ML ORAL CONC, 10 MG TABLET)	TIER-THREE	
HALOPERIDOL	TIER-TWO	
HALOPERIDOL LACTATE 2 MG/ML ORAL CONC	TIER-TWO	
LOXAPINE SUCCINATE	TIER-TWO	
PIMOZIDE	TIER-TWO	
THIORIDAZINE HCL	TIER-THREE	
THIOTHIXENE	TIER-THREE	
TRIFLUOPERAZINE HCL	TIER-THREE	
2ND GENERATION/ATYPICAL		
ARIPIPRAZOLE (2 MG TABLET, 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	TIER-TWO	
ARIPIPRAZOLE (1 MG/ML SOLUTION, 10 MG TAB RAPDIS, 15 MG TAB RAPDIS)	TIER-FOUR	
ASENAPINE MALEATE (5 MG TAB SUBL, 10 MG TAB SUBL)	TIER-FOUR	PA, QL (2 PER DAY)
ASENAPINE MALEATE 2.5 MG TAB SUBL	TIER-FOUR	PA
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)	TIER-FOUR	PA
CAPLYTA 42 MG CAPSULE	TIER-FOUR	PA, QL (1 PER DAY)
FANAPT TITRATION PACK	TIER-FOUR	PA, QL (1 PER 365 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET)	TIER-FOUR	PA
FANAPT (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	TIER-FOUR	PA, QL (2 PER DAY)
LURASIDONE HCL	TIER-TWO	PA, QL (1 PER DAY)

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Drug Name	Status*	Requirements/Limits
OLANZAPINE (2.5 MG TABLET, 5 MG TABLET, 5 MG TAB RAPDIS, 7.5 MG TABLET, 10 MG TAB RAPDIS, 10 MG TABLET, 15 MG TAB RAPDIS, 15 MG TABLET, 20 MG TABLET, 20 MG TAB RAPDIS)	TIER-TWO	
PALIPERIDONE	TIER-FOUR	
QUETIAPINE FUMARATE (150 MG TAB ER 24H, 200 MG TAB ER 24H)	TIER-TWO	QL (1 PER 1 DAY)
QUETIAPINE FUMARATE (50 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H)	TIER-TWO	QL (2 PER 1 DAY)
QUETIAPINE FUMARATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET, 400 MG TABLET)	TIER-TWO	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	TIER-FOUR	PA
REXULTI (3 MG TABLET, 4 MG TABLET)	TIER-FOUR	PA, QL (1 PER DAY)
RISPERIDONE (0.25 MG TABLET, 0.5 MG TABLET, 1 MG/ML SOLUTION, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	TIER-TWO	
RISPERIDONE (0.25 MG TAB RAPDIS, 0.5 MG TAB RAPDIS, 1 MG TAB RAPDIS, 2 MG TAB RAPDIS, 3 MG TAB RAPDIS, 4 MG TAB RAPDIS)	TIER-THREE	
SECUADO (5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	TIER-FOUR	PA, QL (1 PER DAY)
SECUADO 3.8 MG/24 HR PATCH	TIER-FOUR	PA
VRAYLAR 1.5 MG-3 MG PACK	TIER-FOUR	PA, QL (1 PER 365 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE)	TIER-FOUR	PA
VRAYLAR (4.5 MG CAPSULE, 6 MG CAPSULE)	TIER-FOUR	PA, QL (1 PER DAY)
ZIPRASIDONE HCL	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
TREATMENT-RESISTANT		
CLOZAPINE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	TIER-THREE	
CLOZAPINE (12.5 MG TAB RAPDIS, 25 MG TAB RAPDIS, 100 MG TAB RAPDIS, 150 MG TAB RAPDIS, 200 MG TAB RAPDIS)	TIER-FOUR	
VERSACLOZ	TIER-FOUR	
ANTISPASTICITY AGENTS		
BACLOFEN (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	TIER-TWO	
DANTROLENE SODIUM (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE)	TIER-THREE	
TIZANIDINE HCL (2 MG TABLET, 4 MG TABLET)	TIER-TWO	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS (240 MG TABLET, 480 MG TABLET)	TIER-SIX	PA, LA, S (Specialty Drug)
VALGANCICLOVIR HCL 50 MG/ML SOLN RECON	TIER-SIX	QL (36 ML PER DAY), S (Specialty Drug)
VALGANCICLOVIR HCL 450 MG TABLET	TIER-SIX	QL (4 PER 1 DAY), S (Specialty Drug)
ANTI-HEPATITIS B (HBV) AGENTS		
ADEFOVIR DIPIVOXIL	TIER-FOUR	QL (1 PER 1 DAY)
BARACLUDE 0.05 MG/ML SOLUTION	TIER-SIX	S (Specialty Drug)
ENTECAVIR	TIER-SIX	S (Specialty Drug)
EPIVIR HBV 25 MG/5 ML SOLN	TIER-THREE	
LAMIVUDINE 100 MG TABLET	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
VEMLIDY	TIER-THREE	
ANTI-HEPATITIS C (HCV) AGENTS		
LEDIPASVIR/SOFOSBUVIR	TIER-FIVE	PA, S (Specialty Drug)
MAVYRET (50-20 MG PELLET PACKET, 100-40 MG TABLET)	TIER-FIVE	PA, S (Specialty Drug)
RIBAVIRIN (200 MG CAPSULE, 200 MG TABLET)	TIER-THREE	
SOFOSBUVIR/VELPATASVIR	TIER-FIVE	PA, S (Specialty Drug)
VOSEVI	TIER-SIX	PA, S (Specialty Drug)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	TIER-THREE	
DOVATO	TIER-THREE	
GENVOYA	TIER-THREE	
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	TIER-THREE	
ISENTRESS HD	TIER-THREE	
JULUCA	TIER-THREE	
STRIBILD	TIER-FOUR	
TIVICAY	TIER-FOUR	
TIVICAY PD	TIER-FOUR	QL (6 PER DAY)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	TIER-THREE	
DELSTRIGO	TIER-FOUR	
EDURANT	TIER-THREE	
EFAVIRENZ (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	TIER-FOUR	
EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	TIER-THREE	
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
ETRAVIRINE	TIER-THREE	
INTELENCE 25 MG TABLET	TIER-THREE	
NEVIRAPINE (100 MG TAB ER 24H, 400 MG TAB ER 24H)	TIER-FOUR	
NEVIRAPINE 200 MG TABLET	TIER-TWO	
ODEFSEY	TIER-THREE	
PIFELTRO	TIER-FOUR	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
ABACAVIR SULFATE 20 MG/ML SOLUTION	TIER-THREE	
ABACAVIR SULFATE 300 MG TABLET	TIER-FOUR	
ABACAVIR SULFATE/LAMIVUDINE	TIER-FOUR	
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TIER-FOUR	
DIDANOSINE	TIER-TWO	
EMTRICITABINE	TIER-THREE	
EMTRICITABINE/TENOFOVIR (TDF) 200-300 MG TABLET	TIER-THREE	C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection)
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE ((TDF) 100-150 MG TABLET, (TDF) 133-200 MG TABLET, (TDF) 167-250 MG TABLET)	TIER-THREE	
EMTRIVA 10 MG/ML SOLUTION	TIER-THREE	
LAMIVUDINE (10 MG/ML SOLUTION, 150 MG TABLET, 300 MG TABLET)	TIER-THREE	
LAMIVUDINE/ZIDOVUDINE	TIER-THREE	
STAVUDINE	TIER-TWO	
TENOFOVIR DISOPROXIL FUMARATE	TIER-FOUR	C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection)

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Drug Name	Status*	Requirements/Limits
TRIUMEQ	TIER-THREE	
TRIUMEQ PD	TIER-THREE	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	TIER-THREE	
ZIDOVUDINE (10 MG/ML SYRUP, 100 MG CAPSULE, 300 MG TABLET)	TIER-FOUR	
ANTI-HIV AGENTS, OTHER		
FUZEON	TIER-FOUR	PA
MARAVIROC	TIER-THREE	
RUKOBIA	TIER-SIX	S (Specialty Drug)
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)	TIER-THREE	
SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)	TIER-SIX	PA, S (Specialty Drug)
TYBOST	TIER-THREE	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	TIER-THREE	
ATAZANAVIR SULFATE	TIER-FOUR	
EVOTAZ	TIER-FOUR	
FOSAMPRENAVIR CALCIUM	TIER-FOUR	
LEXIVA 50 MG/ML SUSPENSION	TIER-THREE	
LOPINAVIR/RITONAVIR 400-100/5 SOLUTION	TIER-TWO	
LOPINAVIR/RITONAVIR (100MG-25MG TABLET, 200MG-50MG TABLET)	TIER-THREE	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	TIER-THREE	
PREZCOBIX	TIER-FOUR	
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
REYATAZ 50 MG POWDER PACKET	TIER-THREE	
RITONAVIR	TIER-TWO	
SYMTUZA	TIER-SIX	S (Specialty Drug)
VIRACEPT	TIER-THREE	
ANTI-INFLUENZA AGENTS		
OSELTAMIVIR PHOSPHATE (6 MG/ML SUSP RECON, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	TIER-THREE	
RELENZA	TIER-THREE	
RIMANTADINE HCL	TIER-FOUR	
ANTIHERPETIC AGENTS		
ACYCLOVIR 200 MG/5ML ORAL SUSP	TIER-FOUR	
ACYCLOVIR (200 MG CAPSULE, 400 MG TABLET, 800 MG TABLET)	TIER-TWO	
FAMCICLOVIR	TIER-TWO	
VALACYCLOVIR HCL	TIER-TWO	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
BUSPIRONE HCL	TIER-TWO	
MEPROBAMATE 400 MG TABLET	TIER-FOUR	
BENZODIAZEPINES		
ALPRAZOLAM (0.25 MG TABLET, 0.5 MG TAB ER 24H, 0.5 MG TABLET, 1 MG TABLET, 1 MG TAB ER 24H, 2 MG TABLET, 2 MG TAB ER 24H, 3 MG TAB ER 24H)	TIER-TWO	
CHLORDIAZEPOXIDE HCL	TIER-TWO	
CLONAZEPAM (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
CLONAZEPAM (0.125 MG TAB RAPDIS, 0.25 MG TAB RAPDIS, 0.5 MG TAB RAPDIS, 1 MG TAB RAPDIS, 2 MG TAB RAPDIS)	TIER-THREE	
CLORAZEPATE DIPOTASSIUM	TIER-FOUR	
DIAZEPAM 5 MG/ML ORAL CONC	TIER-THREE	
DIAZEPAM (2 MG TABLET, 5 MG/5 ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	TIER-TWO	
LORAZEPAM (0.5 MG TABLET, 1 MG TABLET, 2 MG/ML ORAL CONC, 2 MG TABLET)	TIER-TWO	
LORAZEPAM INTENSOL	TIER-TWO	
OXAZEPAM	TIER-THREE	
BIPOLAR AGENTS		
MOOD STABILIZERS		
LITHIUM CARBONATE (150 MG CAPSULE, 300 MG TABLET ER, 300 MG TABLET, 300 MG CAPSULE, 450 MG TABLET ER, 600 MG CAPSULE)	TIER-TWO	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
ACARBOSE	TIER-TWO	
ALOGLIPTIN BENZOATE	TIER-TWO	
ALOGLIPTIN BENZOATE/METFORMIN HCL	TIER-TWO	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL (12.5-30 MG TABLET, 25 MG-30MG TABLET, 25 MG-45MG TABLET, 25 MG-15MG TABLET)	TIER-TWO	
CYCLOSET	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
FARXIGA	TIER-THREE	
GLIMEPIRIDE	TIER-ONE	
GLIPIZIDE (2.5 MG TAB ER 24, 5 MG TABLET, 5 MG TAB ER 24, 10 MG TAB ER 24, 10 MG TABLET)	TIER-ONE	
GLIPIZIDE/METFORMIN HCL	TIER-TWO	
GLYBURIDE	TIER-ONE	
GLYBURIDE,MICRONIZED	TIER-ONE	
GLYBURIDE/METFORMIN HCL (2.5-500 MG TABLET, 5 MG-500MG TABLET)	TIER-ONE	
GLYBURIDE/METFORMIN HCL 1.25-250MG TABLET	TIER-TWO	
GLYXAMBI	TIER-THREE	
INVOKAMET	TIER-FOUR	PA
INVOKAMET XR	TIER-FOUR	PA
INVOKANA	TIER-FOUR	PA
JANUMET	TIER-FOUR	PA
JANUMET XR	TIER-FOUR	PA
JANUVIA	TIER-FOUR	PA
JARDIANCE	TIER-THREE	
JENTADUETO	TIER-FOUR	PA
JENTADUETO XR	TIER-FOUR	PA
METFORMIN HCL 500 MG/5ML SOLUTION	TIER-FOUR	
METFORMIN HCL (500 MG TABLET, 850 MG TABLET, 1000 MG TABLET)	TIER-ONE	
METFORMIN HCL (500 MG TAB ER 24H, 750 MG TAB ER 24H) (GENERIC FOR GLUCOPHAGE XR)	TIER-ONE	
MIGLITOL	TIER-FOUR	
MOUNJARO	TIER-THREE	ST, QL (2 ML PER 28 DAYS)

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Drug Name	Status*	Requirements/Limits
NATEGLINIDE	TIER-THREE	
OSENI (12.5-15 MG TABLET, 12.5-45 MG TABLET)	TIER-FOUR	
OZEMPIC (1 (2 MG/1.5ML), 1 (4 MG/3 ML), 2 (8 MG/3 ML))	TIER-THREE	PA, ST, QL (3 ML PER 28 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/1.5ML)	TIER-THREE	PA, ST, QL (1.5 ML PER 28 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/3ML)	TIER-THREE	PA, ST, QL (3 ML PER 28 DAYS)
PIOGLITAZONE HCL	TIER-ONE	
PIOGLITAZONE HCL/GLIMEPIRIDE	TIER-FOUR	
PIOGLITAZONE HCL/METFORMIN HCL	TIER-THREE	
QTERN	TIER-FOUR	PA
REPAGLINIDE	TIER-TWO	
RYBELSUS	TIER-THREE	ST, QL (1 PER 1 DAY)
SAXAGLIPTIN HCL	TIER-FOUR	PA
SAXAGLIPTIN HCL/METFORMIN HCL	TIER-FOUR	PA
SEGLUROMET	TIER-FOUR	PA
STEGLATRO	TIER-FOUR	PA
STEGLUJAN	TIER-FOUR	PA
SYNJARDY	TIER-THREE	
SYNJARDY XR	TIER-THREE	
TRADJENTA	TIER-FOUR	PA
TRIJARDY XR	TIER-THREE	
TRULICITY	TIER-THREE	PA, ST, QL (2 ML PER 28 DAYS)
VICTOZA 2-PAK	TIER-THREE	PA, ST, QL (9 ML PER 30 DAYS)
VICTOZA 3-PAK	TIER-THREE	PA, ST, QL (9 ML PER 30 DAYS)
XIGDUO XR	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
GLYCEMIC AGENTS		
BAQSIMI	TIER-THREE	
DIAZOXIDE	TIER-FOUR	
GLUCAGON EMERGENCY KIT	TIER-THREE	
GVOKE	TIER-THREE	
GVOKE HYPOPEN 1-PACK	TIER-THREE	
GVOKE HYPOPEN 2-PACK	TIER-THREE	
GVOKE PFS 1-PACK SYRINGE	TIER-THREE	
GVOKE PFS 2-PACK SYRINGE	TIER-THREE	
ZEGALOGUE AUTOINJECTOR	TIER-THREE	
ZEGALOGUE SYRINGE	TIER-THREE	
INSULINS		
APIDRA	TIER-FOUR	PA, C (Exempt from deductible, if applicable)
APIDRA SOLOSTAR	TIER-FOUR	PA, C (Exempt from deductible, if applicable)
HUMALOG (100 CARTRIDGE, 100 VIAL)	TIER-THREE	C (Exempt from deductible, if applicable)
HUMALOG JUNIOR KWIKPEN	TIER-THREE	C (Exempt from deductible, if applicable)
HUMALOG KWIKPEN U-100	TIER-THREE	C (Exempt from deductible, if applicable)
HUMALOG KWIKPEN U-200	TIER-THREE	C (Exempt from deductible, if applicable)
HUMALOG MIX 50-50	TIER-THREE	C (Exempt from deductible, if applicable)
HUMALOG MIX 50-50 KWIKPEN	TIER-THREE	C (Exempt from deductible, if applicable)
HUMALOG MIX 75-25	TIER-THREE	C (Exempt from deductible, if applicable)
HUMALOG MIX 75-25 KWIKPEN	TIER-THREE	C (Exempt from deductible, if applicable)

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Drug Name	Status*	Requirements/Limits
HUMALOG TEMPO PEN U-100	TIER-THREE	C (Exempt from deductible, if applicable)
HUMULIN 70-30	TIER-THREE	C (Exempt from deductible, if applicable)
HUMULIN 70/30 KWIKPEN	TIER-THREE	C (Exempt from deductible, if applicable)
HUMULIN N	TIER-THREE	C (Exempt from deductible, if applicable)
HUMULIN N KWIKPEN	TIER-THREE	C (Exempt from deductible, if applicable)
HUMULIN R	TIER-THREE	C (Exempt from deductible, if applicable)
HUMULIN R U-500	TIER-THREE	C (Exempt from deductible, if applicable)
HUMULIN R U-500 KWIKPEN	TIER-THREE	C (Exempt from deductible, if applicable)
LANTUS	TIER-THREE	C (Exempt from deductible, if applicable)
LANTUS SOLOSTAR	TIER-THREE	C (Exempt from deductible, if applicable)
LEVEMIR	TIER-THREE	C (Exempt from deductible, if applicable)
LEVEMIR FLEXPEN	TIER-THREE	C (Exempt from deductible, if applicable)
LEVEMIR FLEXTOUCH	TIER-THREE	C (Exempt from deductible, if applicable)
TOUJEO MAX SOLOSTAR	TIER-THREE	C (Exempt from deductible, if applicable)
TOUJEO SOLOSTAR	TIER-THREE	C (Exempt from deductible, if applicable)
TRESIBA	TIER-THREE	C (Exempt from deductible, if applicable)
TRESIBA FLEXTOUCH U-100	TIER-THREE	C (Exempt from deductible, if applicable)

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Drug Name	Status*	Requirements/Limits
TRESIBA FLEXTOUCH U-200	TIER-THREE	C (Exempt from deductible, if applicable)
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
DABIGATRAN ETEXILATE MESYLATE	TIER-THREE	
ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)	TIER-THREE	
ENOXAPARIN SODIUM (30MG/0.3ML SYRINGE, 40MG/0.4ML SYRINGE, 60MG/0.6ML SYRINGE, 80MG/0.8ML SYRINGE, 100 MG/ML SYRINGE, 120MG/.8ML SYRINGE, 150 MG/ML SYRINGE, 300MG/3ML VIAL)	TIER-FOUR	PA
FONDAPARINUX SODIUM	TIER-FOUR	PA
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNIT/ML SYRINGE, 10,000 UNIT/4 ML VIAL, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	TIER-SIX	PA, S (Specialty Drug)
HEPARIN SODIUM,PORCINE (5000/ML SYRINGE, 5000/ML VIAL, 10000/ML VIAL, 20000/ML VIAL)	TIER-FOUR	
HEPARIN SODIUM,PORCINE/PF (5000/0.5ML SYRINGE, 5000/ML SYRINGE)	TIER-FOUR	
JANTOVEN	TIER-ONE	
PRADAXA 110 MG CAPSULE	TIER-THREE	
SAVAYSA	TIER-FOUR	
WARFARIN SODIUM	TIER-ONE	
XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
ZONTIVITY	TIER-FOUR	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
ANAGRELIDE HCL	TIER-FOUR	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRING, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	TIER-FIVE	PA, S (Specialty Drug)
EPOGEN	TIER-SIX	PA, S (Specialty Drug)
FULPHILA	TIER-FIVE	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
FYLNETRA	TIER-FIVE	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
GRANIX (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRINGE, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	TIER-SIX	S (Specialty Drug)
LEUKINE	TIER-SIX	S (Specialty Drug)
MULPLETA	TIER-SIX	PA, QL (7 PER 30 DAYS), S (Specialty Drug)
NEULASTA	TIER-FIVE	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
NEULASTA ONPRO	TIER-FIVE	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	TIER-FIVE	S (Specialty Drug)
NIVESTYM (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	TIER-FIVE	S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
NYVEPRIA	TIER-FIVE	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
PROCRIT	TIER-SIX	PA, S (Specialty Drug)
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PCKT, 50 MG TABLET, 75 MG TABLET)	TIER-SIX	PA, LA, S (Specialty Drug)
PYRUKYND (5 MG TAPER PACK, 5 MG TABLET, 20 MG TABLET, 20-5 MG TAPER PACK, 50-20 MG TAPER PACK, 50 MG TABLET)	TIER-FIVE	PA, LA, QL (2 PER DAY), S (Specialty Drug)
RELEUKO (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYRINGE)	TIER-FIVE	S (Specialty Drug)
RETACRIT	TIER-SIX	PA, S (Specialty Drug)
STIMUFEND	TIER-FIVE	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
UDENYCA	TIER-FIVE	LA, C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
UDENYCA AUTOINJECTOR	TIER-FIVE	LA, C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
ZARXIO	TIER-FIVE	S (Specialty Drug)
ZIEXTENZO	TIER-FIVE	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
HEMOSTASIS AGENTS		
PHYTONADIONE (VIT K1) 5 MG TABLET	TIER-FOUR	QL (10 PER 90 DAYS)
TRANEXAMIC ACID 650 MG TABLET	TIER-FOUR	
PLATELET MODIFYING AGENTS		
ASPIRIN/DIPYRIDAMOLE	TIER-FOUR	
BRILINTA	TIER-THREE	
CABLIVI	TIER-SIX	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
CILOSTAZOL	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
CLOPIDOGREL BISULFATE 75 MG TABLET	TIER-ONE	
DIPYRIDAMOLE (25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	TIER-TWO	
DOPTELET	TIER-SIX	PA, LA, S (Specialty Drug)
PRASUGREL HCL	TIER-FOUR	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
CLONIDINE	TIER-FOUR	
CLONIDINE HCL (0.1 MG TABLET, 0.2 MG TABLET, 0.3 MG TABLET)	TIER-TWO	
GUANFACINE HCL (1 MG TABLET, 2 MG TABLET)	TIER-TWO	
METHYLDOPA	TIER-TWO	
MIDODRINE HCL	TIER-THREE	
ALPHA-ADRENERGIC BLOCKING AGENTS		
DOXAZOSIN MESYLATE	TIER-TWO	
PHENOXYBENZAMINE HCL	TIER-SIX	S (Specialty Drug)
PRAZOSIN HCL	TIER-TWO	
TERAZOSIN HCL	TIER-TWO	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
CANDESARTAN CILEXETIL	TIER-THREE	
EPROSARTAN MESYLATE	TIER-FOUR	
IRBESARTAN	TIER-TWO	
LOSARTAN POTASSIUM	TIER-ONE	
OLMESARTAN MEDOXOMIL	TIER-ONE	
TELMISARTAN	TIER-TWO	
VALSARTAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET, 320 MG TABLET)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
BENAZEPRIL HCL	TIER-ONE	
CAPTOPRIL	TIER-THREE	
ENALAPRIL MALEATE 1 MG/ML SOLUTION	TIER-FOUR	
ENALAPRIL MALEATE (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	TIER-TWO	
FOSINOPRIL SODIUM	TIER-ONE	
LISINOPRIL	TIER-ONE	
MOEXIPRIL HCL	TIER-THREE	
PERINDOPRIL ERBUMINE	TIER-THREE	
QUINAPRIL HCL	TIER-ONE	
RAMIPRIL	TIER-ONE	
TRANDOLAPRIL	TIER-TWO	
ANTIARRHYTHMICS		
AMIODARONE HCL (100 MG TABLET, 400 MG TABLET)	TIER-FOUR	
AMIODARONE HCL 200 MG TABLET	TIER-ONE	
DISOPYRAMIDE PHOSPHATE	TIER-FOUR	
DOFETILIDE	TIER-THREE	
FLECAINIDE ACETATE	TIER-TWO	
MEXILETINE HCL	TIER-FOUR	
MULTAQ	TIER-THREE	
NORPACE CR	TIER-THREE	
PACERONE 200 MG TABLET	TIER-ONE	
PROPAFENONE HCL (225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H)	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
PROPAFENONE HCL (150 MG TABLET, 225 MG TABLET, 300 MG TABLET)	TIER-TWO	
QUINIDINE GLUCONATE	TIER-FOUR	
QUINIDINE SULFATE	TIER-FOUR	
SORINE	TIER-ONE	
SOTALOL AF	TIER-ONE	
SOTALOL HCL (80 MG TABLET, 120 MG TABLET, 160 MG TABLET, 240 MG TABLET)	TIER-ONE	
BETA-ADRENERGIC BLOCKING AGENTS		
ACEBUTOLOL HCL	TIER-TWO	
ATENOLOL	TIER-ONE	
BETAXOLOL HCL (10 MG TABLET, 20 MG TABLET)	TIER-TWO	
BISOPROLOL FUMARATE	TIER-TWO	
CARVEDILOL	TIER-ONE	
CARVEDILOL PHOSPHATE	TIER-FOUR	
LABETALOL HCL (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	TIER-ONE	
METOPROLOL SUCCINATE	TIER-ONE	
METOPROLOL TARTRATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	TIER-ONE	
METOPROLOL TARTRATE (37.5 MG TABLET, 75 MG TABLET)	TIER-TWO	
NADOLOL	TIER-THREE	
NEBIVOLOL HCL	TIER-TWO	
PINDOLOL	TIER-TWO	
PROPRANOLOL HCL (20 MG/5 ML SOLUTION, 40MG/5ML SOLUTION, 60 MG CAP SA 24H, 80 MG CAP SA 24H, 120 MG CAP SA 24H, 160 MG CAP SA 24H)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
PROPRANOLOL HCL (10 MG TABLET, 20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET)	TIER-ONE	
TIMOLOL MALEATE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	TIER-THREE	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
AMLODIPINE BESYLATE	TIER-ONE	
FELODIPINE	TIER-TWO	
ISRADIPINE	TIER-FOUR	
NICARDIPINE HCL (20 MG CAPSULE, 30 MG CAPSULE)	TIER-FOUR	
NIFEDIPINE (30 MG TAB ER 24, 30 MG TABLET ER, 60 MG TABLET ER, 60 MG TAB ER 24, 90 MG TAB ER 24, 90 MG TABLET ER)	TIER-TWO	
NIFEDIPINE (10 MG CAPSULE, 20 MG CAPSULE)	TIER-TWO	
NIMODIPINE	TIER-FOUR	
NISOLDIPINE	TIER-FOUR	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARTIA XT	TIER-TWO	
DILT-XR	TIER-TWO	
DILTIAZEM HCL (120 MG CAP ER 24H, 120 MG CAP SA 24H, 120 MG CAP ER DEG, 180 MG CAP ER 24H, 180 MG CAP SA 24H, 180 MG CAP ER DEG, 240 MG CAP SA 24H, 240 MG CAP ER DEG, 240 MG CAP ER 24H, 300 MG CAP SA 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 360 MG CAP SA 24H, 420 MG CAP SA 24H)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
DILTIAZEM HCL (60 MG CAP ER 12H, 90 MG CAP ER 12H, 120 MG CAP ER 12H, 120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H)	TIER-FOUR	
DILTIAZEM HCL (30 MG TABLET, 60 MG TABLET, 90 MG TABLET, 120 MG TABLET)	TIER-ONE	
MATZIM LA	TIER-FOUR	
TAZTIA XT	TIER-TWO	
TIADYLT ER	TIER-TWO	
VERAPAMIL HCL (100 MG CAP24H PCT, 200 MG CAP24H PCT, 300 MG CAP24H PCT, 360 MG CAP24H PEL)	TIER-FOUR	
VERAPAMIL HCL (120 MG CAP24H PEL, 180 MG CAP24H PEL, 240 MG CAP24H PEL)	TIER-THREE	
VERAPAMIL HCL (40 MG TABLET, 80 MG TABLET, 120 MG TABLET, 120 MG TABLET ER, 180 MG TABLET ER, 240 MG TABLET ER)	TIER-ONE	
CARDIOVASCULAR AGENTS, OTHER		
ACETAZOLAMIDE (125 MG TABLET, 250 MG TABLET, 500 MG CAPSULE ER)	TIER-THREE	
ALISKIREN HEMIFUMARATE	TIER-FOUR	
AMILORIDE HCL/HYDROCHLOROTHIAZIDE	TIER-TWO	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	TIER-FOUR	
AMLODIPINE BESYLATE/BENAZEPRIL HCL	TIER-ONE	
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	TIER-THREE	
AMLODIPINE BESYLATE/VALSARTAN	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE	TIER-THREE	
ATENOLOL/CHLORTHALIDONE	TIER-TWO	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TIER-TWO	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TIER-THREE	
CAMZYOS	TIER-FIVE	PA, LA, QL (1 PER DAY), S (Specialty Drug)
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TIER-FOUR	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TIER-FOUR	
CORLANOR 5 MG/5 ML ORAL SOLN	TIER-FOUR	PA, LA
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	TIER-FOUR	PA
DIGITEK	TIER-TWO	
DIGOXIN (50 MCG/ML SOLUTION, 125 MCG TABLET, 250 MCG TABLET)	TIER-TWO	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TIER-ONE	
ENTRESTO	TIER-THREE	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TIER-THREE	
IRBESARTAN/HYDROCHLOROTHIAZIDE	TIER-TWO	
LISINOPRIL/HYDROCHLOROTHIAZIDE	TIER-ONE	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TIER-ONE	
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE	TIER-THREE	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	TIER-TWO	
PENTOXIFYLLINE	TIER-TWO	
PROPRANOLOL HCL/HYDROCHLOROTHIAZIDE	TIER-THREE	
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE	TIER-TWO	
RANOLAZINE	TIER-THREE	
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TIER-TWO	
TELMISARTAN/HYDROCHLOROTHIAZID 40-12.5 MG TABLET	TIER-THREE	QL (1 PER 1 DAY)
TELMISARTAN/HYDROCHLOROTHIAZIDE (80-12.5MG TABLET, 80 MG-25MG TABLET)	TIER-THREE	
TRIAMTERENE/HYDROCHLOROTHIAZIDE (37.5-25 MG CAPSULE, 37.5-25 MG TABLET, 75 MG-50MG TABLET)	TIER-TWO	
VALSARTAN/HYDROCHLOROTHIAZIDE	TIER-TWO	
VYNDAMAX	TIER-SIX	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
VYNDAQEL	TIER-SIX	PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)
DIURETICS, LOOP		
BUMETANIDE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	TIER-THREE	
ETHACRYNIC ACID	TIER-FOUR	
FUROSEMIDE (10 MG/ML SOLUTION, 20 MG TABLET, 40 MG TABLET, 40MG/5ML SOLUTION, 80 MG TABLET)	TIER-TWO	
TORSEMIDE	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
DIURETICS, POTASSIUM-SPARING		
AMILORIDE HCL	TIER-TWO	
EPLERENONE	TIER-THREE	
KERENDIA	TIER-FOUR	PA, QL (1 PER DAY)
SPIRONOLACTONE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	TIER-TWO	
DIURETICS, THIAZIDE		
CHLORTHALIDONE	TIER-TWO	
HYDROCHLOROTHIAZIDE (12.5 MG CAPSULE, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET)	TIER-ONE	
INDAPAMIDE	TIER-TWO	
METOLAZONE	TIER-THREE	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
FENOFIBRATE (54 MG TABLET, 160 MG TABLET)	TIER-TWO	
FENOFIBRATE NANOCRYSTALLIZED	TIER-TWO	
FENOFIBRATE,MICRONIZED (67 MG CAPSULE, 134 MG CAPSULE, 200 MG CAPSULE)	TIER-TWO	
FENOFIBRIC ACID	TIER-THREE	
FENOFIBRIC ACID (CHOLINE)	TIER-THREE	
GEMFIBROZIL	TIER-TWO	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
ATORVASTATIN CALCIUM	TIER-ONE	C (ACA ELIGIBLE AGES 40-75 YEARS)
LIVALO	TIER-FOUR	QL (1 PER 1 DAY)
LOVASTATIN	TIER-ONE	C (ACA ELIGIBLE AGES 40-75 YEARS)
PRAVASTATIN SODIUM	TIER-ONE	C (ACA ELIGIBLE AGES 40-75 YEARS)
ROSUVASTATIN CALCIUM	TIER-ONE	C (ACA ELIGIBLE AGES 40-75 YEARS)

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Drug Name	Status*	Requirements/Limits
SIMVASTATIN	TIER-ONE	C (ACA ELIGIBLE AGES 40-75 YEARS)
DYSLIPIDEMICS, OTHER		
CHOLESTYRAMINE (WITH SUGAR) (SUGAR) 4 G POWDER, SUGAR) 4 G POWD PACK)	TIER-FOUR	
CHOLESTYRAMINE/ASPARTAME (4 G POWD PACK, 4 G POWDER)	TIER-FOUR	
COLESEVELAM HCL 625 MG TABLET	TIER-FOUR	
COLESTID FLAVORED GRANULES	TIER-FOUR	
COLESTIPOL HCL (1 G TABLET, 5 G PACKET, 5 G GRANULES)	TIER-FOUR	
EZETIMIBE	TIER-TWO	
EZETIMIBE/SIMVASTATIN	TIER-THREE	
ICOSAPENT ETHYL	TIER-THREE	PA
JUXTAPID	TIER-SIX	PA, LA, S (Specialty Drug)
NIACIN (500 MG TAB ER 24H, 750 MG TAB ER 24H, 1000 MG TAB ER 24H)	TIER-TWO	
NIACIN 500 MG TABLET	TIER-FOUR	
NIACOR	TIER-FOUR	
OMEGA-3 ACID ETHYL ESTERS	TIER-TWO	
PRALUENT PEN	TIER-SIX	PA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
PREVALITE (PACKET, POWDER)	TIER-FOUR	
REPATHA PUSHTRONEX	TIER-THREE	PA, QL (3.5 ML PER 28 DAYS)
REPATHA SURECLICK	TIER-THREE	PA, QL (2 ML PER 28 DAYS)
REPATHA SYRINGE	TIER-THREE	PA, QL (2 ML PER 28 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
HYDRALAZINE HCL (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
MINOXIDIL (2.5 MG TABLET, 10 MG TABLET)	TIER-TWO	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
ISOSORBIDE DINITRATE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	TIER-THREE	
ISOSORBIDE MONONITRATE (10 MG TABLET, 20 MG TABLET, 30 MG TAB ER 24H, 60 MG TAB ER 24H, 120 MG TAB ER 24H)	TIER-TWO	
MINITRAN	TIER-TWO	
NITRO-BID	TIER-THREE	
NITRO-DUR (0.3 PATCH, 0.8 PATCH)	TIER-THREE	
NITRO-TIME	TIER-TWO	
NITROGLYCERIN 400MCG/SPR SPRAY	TIER-FOUR	
NITROGLYCERIN (0.1MG/HR PATCH TD24, 0.2MG/HR PATCH TD24, 0.3 MG TAB SUBL, 0.4 MG TAB SUBL, 0.4MG/HR PATCH TD24, 0.6MG/HR PATCH TD24, 0.6 MG TAB SUBL)	TIER-TWO	
NITROMIST	TIER-FOUR	
RECTIV	TIER-FOUR	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE (10 MG CAP ER 24H, 15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H)	TIER-TWO	QL (1 PER DAY)
DEXTROAMPHETAMINE/AMPHETAMINE 20 MG CAP ER 24H	TIER-TWO	QL (2 PER DAY)
DEXTROAMPHETAMINE/AMPHETAMINE 5 MG CAP ER 24H	TIER-TWO	QL (1 PER 1 DAY)

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Drug Name	Status*	Requirements/Limits
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 12.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	TIER-TWO	
DEXTROAMPHETAMINE SULFATE (5 MG CAPSULE ER, 10 MG CAPSULE ER)	TIER-FOUR	QL (2 PER 1 DAY)
DEXTROAMPHETAMINE SULFATE 15 MG CAPSULE ER	TIER-FOUR	QL (4 PER DAY)
DEXTROAMPHETAMINE SULFATE (5 MG TABLET, 10 MG TABLET)	TIER-THREE	
LISDEXAMFETAMINE DIMESYLATE (10 MG TAB CHEW, 10 MG CAPSULE, 20 MG TAB CHEW, 20 MG CAPSULE, 30 MG TAB CHEW, 30 MG CAPSULE, 40 MG CAPSULE, 40 MG TAB CHEW, 50 MG TAB CHEW, 50 MG CAPSULE, 60 MG TAB CHEW, 60 MG CAPSULE, 70 MG CAPSULE)	TIER-TWO	QL (1 PER DAY)
METHAMPHETAMINE HCL	TIER-FOUR	
ZENZEDI (5 MG TABLET, 10 MG TABLET)	TIER-THREE	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
ATOMOXETINE HCL	TIER-TWO	
CLONIDINE HCL 0.1 MG TAB ER 12H	TIER-FOUR	
DEXMETHYLPHENIDATE HCL (5 MG CPBP 50-50, 10 MG CPBP 50-50, 15 MG CPBP 50-50, 20 MG CPBP 50-50, 25 MG CPBP 50-50, 30 MG CPBP 50-50, 35 MG CPBP 50-50, 40 MG CPBP 50-50)	TIER-FOUR	QL (1 PER 1 DAY)
DEXMETHYLPHENIDATE HCL (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	TIER-TWO	
GUANFACINE HCL (1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H)	TIER-TWO	
METADATE ER	TIER-TWO	QL (1 PER 1 DAY)

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Drug Name	Status*	Requirements/Limits
METHYLPHENIDATE	TIER-FOUR	QL (1 PER DAY)
METHYLPHENIDATE HCL (10 MG TABLET ER, 10 MG CPBP 30-70, 18 MG TAB ER 24, 20 MG CPBP 30-70, 20 MG TABLET ER, 27 MG TAB ER 24, 30 MG CPBP 30-70, 40 MG CPBP 30-70, 50 MG CPBP 30-70, 54 MG TAB ER 24, 60 MG CPBP 30-70)	TIER-TWO	QL (1 PER 1 DAY)
METHYLPHENIDATE HCL (10 MG CPBP 50-50, 20 MG CPBP 50-50, 30 MG CPBP 50-50, 40 MG CPBP 50-50, 60 MG CPBP 50-50)	TIER-FOUR	QL (1 PER 1 DAY)
METHYLPHENIDATE HCL (2.5 MG TAB CHEW, 5 MG/5 ML SOLUTION, 5 MG TAB CHEW, 10 MG/5 ML SOLUTION, 10 MG TAB CHEW)	TIER-FOUR	
METHYLPHENIDATE HCL 36 MG TAB ER 24	TIER-TWO	QL (2 PER 1 DAY)
METHYLPHENIDATE HCL (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	TIER-TWO	
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (6 MG TABLET, 12 MG TABLET)	TIER-SIX	PA, QL (4 PER 1 DAY), S (Specialty Drug)
AUSTEDO 9 MG TABLET	TIER-SIX	PA, QL (5 PER 1 DAY), S (Specialty Drug)
AUSTEDO XR (6 MG TABLET, 24 MG TABLET)	TIER-SIX	PA, QL (2 PER DAY), S (Specialty Drug)
AUSTEDO XR 12 MG TABLET	TIER-SIX	PA, QL (3 PER DAY), S (Specialty Drug)
AUSTEDO XR TITRATION KT(WK1-4)	TIER-SIX	PA, QL (1 PER 365 DAYS), S (Specialty Drug)
BUTALBITAL/ACETAMINOPHEN 50MG-325MG TABLET	TIER-TWO	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE (50-300-40 CAPSULE, 50-325-40 TABLET, 50-325-40 CAPSULE)	TIER-FOUR	
EXSERVAN	TIER-SIX	LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
FIORICET	TIER-FOUR	
NUEDEXTA	TIER-FOUR	PA, QL (2 PER 1 DAY)
RADICAVA ORS	TIER-SIX	PA, LA, QL (50 ML PER 28 DAYS), S (Specialty Drug)
RELYVRIO	TIER-SIX	PA, LA, QL (56 PER 28 DAYS), S (Specialty Drug)
RILUZOLE	TIER-THREE	
TENCON	TIER-TWO	
TETRABENAZINE	TIER-FOUR	PA, QL (4 PER DAY), S (Specialty Drug)
TIGLUTIK	TIER-SIX	LA, S (Specialty Drug)
VTOL LQ	TIER-FOUR	
FIBROMYALGIA AGENTS		
DULOXETINE HCL (20 MG CAPSULE DR, 30 MG CAPSULE DR, 60 MG CAPSULE DR)	TIER-TWO	
PREGABALIN (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)	TIER-TWO	
PREGABALIN 20 MG/ML SOLUTION	TIER-TWO	QL (30 ML PER DAY)
SAVELLA TITRATION PACK	TIER-FOUR	PA, QL (1 PER 365 DAYS)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	TIER-FOUR	PA, QL (2 PER 1 DAY)
MULTIPLE SCLEROSIS AGENTS		
AVONEX	TIER-FIVE	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
AVONEX PEN	TIER-FIVE	PA, S (Specialty Drug)
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	TIER-FIVE	PA, S (Specialty Drug)
COPAXONE 20 MG/ML SYRINGE	TIER-SIX	PA, QL (1 ML PER 1 DAY), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
COPAXONE 40 MG/ML SYRINGE	TIER-SIX	PA, QL (12 ML PER 28 DAYS), S (Specialty Drug)
DALFAMPRIDINE	TIER-FOUR	QL (2 PER 1 DAY)
DIMETHYL FUMARATE	TIER-THREE	QL (2 PER DAY)
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	TIER-SIX	PA, S (Specialty Drug)
FINGOLIMOD HCL	TIER-FIVE	QL (1 PER DAY), S (Specialty Drug)
GILENYA 0.25 MG CAPSULE	TIER-SIX	PA, QL (1 PER DAY), S (Specialty Drug)
GLATIRAMER ACETATE 20 MG/ML SYRINGE	TIER-FIVE	PA, QL (1 ML PER 1 DAY), S (Specialty Drug)
GLATIRAMER ACETATE 40 MG/ML SYRINGE	TIER-FIVE	PA, QL (12 ML PER 28 DAYS), S (Specialty Drug)
KESIMPTA PEN	TIER-FIVE	PA, LA, S (Specialty Drug)
MAVENCLAD	TIER-SIX	PA, LA, S (Specialty Drug)
MAYZENT (0.25MG START-2MG MAINT, 0.25MG START-1MG MAINT, 2 MG TABLET)	TIER-FIVE	PA, LA, S (Specialty Drug)
MAYZENT 0.25 MG TABLET	TIER-FIVE	PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)
MAYZENT 1 MG TABLET	TIER-FIVE	PA, LA, QL (1 PER DAY), S (Specialty Drug)
PLEGRIDY 125 MCG/0.5 ML SYRING	TIER-FIVE	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
PLEGRIDY SYRINGE STARTER PACK	TIER-FIVE	PA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
PLEGRIDY PEN	TIER-FIVE	PA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	TIER-FIVE	PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)
REBIF TITRATION PACK	TIER-FIVE	PA, QL (1 ML PER 365 DAYS), S (Specialty Drug)
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	TIER-FIVE	PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)
REBIF REBIDOSE TITRATION PACK	TIER-FIVE	PA, QL (4.2 ML PER 28 DAYS), S (Specialty Drug)

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TERIFLUNOMIDE	TIER-FIVE	QL (1 PER DAY), S (Specialty Drug)
VUMERITY	TIER-SIX	PA, LA, S (Specialty Drug)
ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER KIT (37-DAY), STARTER PACK (7-DAY))	TIER-FIVE	PA, S (Specialty Drug)
DENTAL AND ORAL AGENTS		
CEVIMELINE HCL	TIER-FOUR	
CHLORHEXIDINE GLUCONATE 0.12 % MOUTHWASH	TIER-TWO	
ORALONE	TIER-TWO	
PAROEX	TIER-TWO	
PERIOGARD	TIER-TWO	
PILOCARPINE HCL (5 MG TABLET, 7.5 MG TABLET)	TIER-FOUR	
TRIAMCINOLONE ACETONIDE 0.1 % PASTE (G)	TIER-TWO	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ACCUTANE	TIER-FOUR	
ACITRETIN	TIER-FOUR	
ALTRENO	TIER-FOUR	
AMNESTEEM	TIER-FOUR	
AZELAIC ACID	TIER-THREE	
CLARAVIS	TIER-FOUR	
CLINDAMYCIN PHOS/BENZOYL PEROX 1.2(1)%-5% GEL (GRAM)	TIER-THREE	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE (1 %-5 % GEL (GRAM), 1 %-5 % GEL W/PUMP)	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
ERYTHROMYCIN BASE/BENZOYL PEROXIDE	TIER-FOUR	
FINACEA 15% FOAM	TIER-FOUR	
ISOTRETINOIN (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	TIER-FOUR	
MYORISAN	TIER-FOUR	
NEUAC GEL	TIER-THREE	
TAZAROTENE 0.1 % CREAM (G)	TIER-THREE	
TRETINOIN (0.01 % GEL (GRAM), 0.025 % GEL (GRAM), 0.025 % CREAM (G), 0.05 % CREAM (G), 0.05 % GEL (GRAM), 0.1 % CREAM (G))	TIER-THREE	
ZENATANE	TIER-FOUR	
DERMATITIS AND PRURITUS AGENTS		
ALCLOMETASONE DIPROPIONATE 0.05 % CREAM (G)	TIER-THREE	
ALCLOMETASONE DIPROPIONATE 0.05 % OINT. (G)	TIER-TWO	
AMCINONIDE (0.1 % CREAM (G), 0.1 % LOTION, 0.1 % OINT. (G))	TIER-FOUR	
ANUSOL-HC 2.5% CREAM	TIER-THREE	
APEXICON E	TIER-FOUR	
BESER	TIER-FOUR	
BETAMETHASONE DIPROPIONATE (0.05 % LOTION, 0.05 % GEL (GRAM), 0.05 % CREAM (G))	TIER-THREE	
BETAMETHASONE DIPROPIONATE 0.05 % OINT. (G)	TIER-FOUR	
BETAMETHASONE/PROPYLENE GLYC 0.05 % CREAM (G)	TIER-TWO	
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL (0.05 % OINT. (G), 0.05 % LOTION)	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
BETAMETHASONE VALERATE (0.1 % CREAM (G), 0.1 % LOTION)	TIER-THREE	
BETAMETHASONE VALERATE 0.1 % OINT. (G)	TIER-TWO	
CLOBETASOL PROPIONATE (0.05 % SOLUTION, 0.05 % SPRAY, 0.05 % CREAM (G), 0.05 % FOAM, 0.05 % GEL (GRAM))	TIER-THREE	
CLOBETASOL PROPIONATE (0.05 % LOTION, 0.05 % SHAMPOO, 0.05 % OINT. (G))	TIER-FOUR	
CLOBETASOL PROPIONATE/EMOLL 0.05 % CREAM (G)	TIER-FOUR	
CLOCORTOLONE PIVALATE	TIER-FOUR	
CLODAN 0.05% SHAMPOO	TIER-FOUR	
CORDRAN 4 MCG/SQ CM TAPE LARGE	TIER-FOUR	
DESONIDE 0.05 % LOTION	TIER-FOUR	
DESONIDE (0.05 % CREAM (G), 0.05 % OINT. (G))	TIER-THREE	
DESOXIMETASONE (0.05 % GEL (GRAM), 0.25 % CREAM (G))	TIER-THREE	
DESOXIMETASONE (0.05 % CREAM (G), 0.05 % OINT. (G), 0.25 % OINT. (G))	TIER-FOUR	
DIFLORASONE DIACETATE (0.05 % OINT. (G), 0.05 % CREAM (G))	TIER-FOUR	
EPIFOAM	TIER-FOUR	
EUCRISA	TIER-FOUR	PA
FLUOCINOLONE ACETONIDE (0.01 % SOLUTION, 0.025 % CREAM (G))	TIER-THREE	
FLUOCINOLONE ACETONIDE (0.01 % CREAM (G), 0.01 % OIL, 0.025 % OINT. (G))	TIER-FOUR	
FLUOCINOLONE ACETONIDE/SHOWER CAP	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
FLUOCINONIDE (0.05 % CREAM (G), 0.05 % OINT. (G), 0.1 % CREAM (G))	TIER-THREE	
FLUOCINONIDE (0.05 % GEL (GRAM), 0.05 % SOLUTION)	TIER-FOUR	
FLUOCINONIDE/EMOLLIENT BASE	TIER-FOUR	
FLUTICASONE PROPIONATE (0.005 % OINT. (G), 0.05 % CREAM (G))	TIER-TWO	
FLUTICASONE PROPIONATE 0.05 % LOTION	TIER-FOUR	
HALOBETASOL PROPIONATE (0.05 % OINT. (G), 0.05 % CREAM (G))	TIER-FOUR	
HYDROCORTISONE 2.5 % CRM/PE APP	TIER-THREE	
HYDROCORTISONE (1 % CRM/PE APP, 2.5 % LOTION, 2.5 % CREAM (G), 2.5 % OINT. (G))	TIER-TWO	
HYDROCORTISONE BUTYRATE (0.1 % OINT. (G), 0.1 % SOLUTION, 0.1 % CREAM (G))	TIER-FOUR	
HYDROCORTISONE VALERATE (0.2 % CREAM (G), 0.2 % OINT. (G))	TIER-FOUR	
MOMETASONE FUROATE (0.1 % CREAM (G), 0.1 % OINT. (G), 0.1 % SOLUTION)	TIER-TWO	
PIMECROLIMUS	TIER-FOUR	ST
PREDNICARBATE (0.1 % CREAM (G), 0.1 % OINT. (G))	TIER-FOUR	
PROCTO-MED HC	TIER-THREE	
PROCTO-PAK	TIER-TWO	
PROCTOFOAM-HC	TIER-FOUR	
PROCTOSOL-HC	TIER-THREE	
PROCTOZONE-HC	TIER-THREE	
PSORCON	TIER-FOUR	
SELENIUM SULFIDE 2.5 % LOTION	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
SOLU-CORTEF 100 MG ACT-O-VIAL	TIER-FOUR	QL (2 PER 180 DAYS)
TACROLIMUS (0.03 % OINT. (G), 0.1 % OINT. (G))	TIER-THREE	
TEXACORT	TIER-FOUR	
TRIAMCINOLONE ACETONIDE (0.025 % CREAM (G), 0.025 % OINT. (G), 0.025 % LOTION, 0.1 % LOTION, 0.1 % OINT. (G), 0.1 % CREAM (G), 0.5 % OINT. (G), 0.5 % CREAM (G))	TIER-TWO	
TRIAMCINOLONE ACETONIDE 0.05 % OINT. (G)	TIER-FOUR	
TRIANEX	TIER-FOUR	
TRIDERM	TIER-TWO	
TRITOCIN	TIER-FOUR	
DERMATOLOGICAL AGENTS, OTHER		
CALCIPOTRIENE (0.005 % CREAM (G), 0.005 % OINT. (G), 0.005 % SOLUTION)	TIER-THREE	
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE (0.005-.064 OINT. (G), 0.005-.064 SUSPENSION)	TIER-FOUR	PA
CALCITRIOL 3 MCG/G OINT. (G)	TIER-FOUR	QL (100 GM PER 30 DAYS)
CALSODORE 0.005% CREAM	TIER-THREE	
CLOTRIMAZOLE/BETAMETHASONE DIP 1 %-0.05 % CREAM (G)	TIER-TWO	
CLOTRIMAZOLE/BETAMETHASONE DIP 1 %-0.05 % LOTION	TIER-FOUR	
CONDYLOX	TIER-FOUR	
DICLOFENAC SODIUM 3 % GEL (GRAM)	TIER-THREE	
DRYSOL	TIER-FOUR	
FLUOROPLEX	TIER-FOUR	
FLUOROURACIL 0.5 % CREAM (G)	TIER-FOUR	PA
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION, 5 % CREAM (G))	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
IMIQUIMOD 5 % CREAM PACK	TIER-TWO	
IMIQUIMOD (3.75 % CRM MD PMP, 3.75 % CREAM PACK)	TIER-FOUR	PA
KLISYRI	TIER-FOUR	PA
METHOXSALEN	TIER-SIX	
NYSTATIN/TRIAMCINOLONE ACETONIDE (NYSTATIN/TRIAMCIN 100000-0.1 CREAM (G), NYSTATIN/TRIAMCIN 100000-0.1 OINT. (G), NYSTATIN/TRIAMCINOLONE ACET 100000-0.1 CREAM (G), NYSTATIN/TRIAMCINOLONE ACET 100000-0.1 OINT. (G))	TIER-THREE	
OTEZLA (28 DAY PACK, PACK)	TIER-FIVE	PA, QL (1 PER 365 DAYS), S (Specialty Drug)
OTEZLA 30 MG TABLET	TIER-FIVE	PA, QL (2 PER 1 DAY), S (Specialty Drug)
PODOFILOX	TIER-THREE	
QBREXZA	TIER-FOUR	PA, QL (1 PER 1 DAY)
REFISSA	TIER-THREE	
REGRANEX	TIER-SIX	PA, QL (15 GM PER 6 MONTH), S (Specialty Drug)
SANTYL	TIER-FOUR	QL (30 GM PER 30 DAYS)
SILVADENE	TIER-TWO	
SILVER SULFADIAZINE	TIER-TWO	
SPINOSAD	TIER-FOUR	
SSD	TIER-TWO	
TRETINOIN/EMOLLIENT BASE	TIER-THREE	
ULESFIA	TIER-FOUR	
ZYCLARA 2.5% CREAM PUMP	TIER-FOUR	PA

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Drug Name	Status*	Requirements/Limits
PEDICULICIDES/SCABICIDES		
EURAX 10% CREAM	TIER-FOUR	
IVERMECTIN 1 % CREAM (G)	TIER-FOUR	ST, QL (45 GM PER 30 DAYS)
IVERMECTIN 0.5 % LOTION	TIER-FOUR	
LINDANE	TIER-FOUR	
MALATHION	TIER-FOUR	
PERMETHRIN	TIER-THREE	
TOPICAL ANTI-INFECTIVES		
ACYCLOVIR 5 % OINT. (G)	TIER-FOUR	PA, QL (30 GM PER 365 DAYS)
ALTABAX	TIER-FOUR	ST
CICLOPIROX (0.77 % GEL (GRAM), 1 % SHAMPOO)	TIER-THREE	
CICLOPIROX OLAMINE 0.77 % CREAM (G)	TIER-TWO	
CICLOPIROX OLAMINE 0.77 % SUSPENSION	TIER-THREE	
CLINDACIN	TIER-FOUR	
CLINDAMYCIN PHOSPHATE (1 % FOAM, 1 % LOTION)	TIER-FOUR	
CLINDAMYCIN PHOSPHATE (1 % GEL (GRAM), 1 % SOLUTION)	TIER-THREE	
DAPSONE (5 % GEL (GRAM), 7.5 % GEL W/PUMP)	TIER-FOUR	
ERY	TIER-THREE	
ERYTHROMYCIN BASE IN ETHANOL 2 % GEL (GRAM)	TIER-FOUR	
ERYTHROMYCIN BASE IN ETHANOL 2 % SOLUTION	TIER-THREE	
MUPIROCIN 2% OINTMENT	TIER-TWO	
PENCICLOVIR	TIER-FOUR	PA, QL (10 GM PER 365 DAYS)

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Drug Name	Status*	Requirements/Limits
SULFAMYLON 8.5% CREAM	TIER-FOUR	
XEPI	TIER-FOUR	ST

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

CARGLUMIC ACID	TIER-FIVE	PA, S (Specialty Drug)
FLUORIDE (0.25MG(0.55) TAB CHEW, 0.5MG(1.1) TAB CHEW, 1MG(2.2) TAB CHEW)	ACA Preventive	C (0 TO 16 YEARS OF AGE)
FLUORIDE (SODIUM) 0.5 MG/ML DROPS	ACA Preventive	C (0 TO 16 YEARS OF AGE)
KLOR-CON M10	TIER-TWO	
KLOR-CON M20	TIER-TWO	
POTASSIUM CHLORIDE (8 CAPSULE ER, 8 TABLET ER, 10 TABLET ER, 10 TAB ER PRT, 10 CAPSULE ER, 15 TAB ER PRT, 20 TABLET ER, 20 TAB ER PRT)	TIER-TWO	
POTASSIUM CITRATE (5 TABLET ER, 10 TABLET ER, 15 TABLET ER)	TIER-THREE	

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET	TIER-FOUR	
DEFERASIROX (90 MG TABLET, 90 MG GRAN PACK, 125 MG TAB DISPER, 180 MG TABLET, 180 MG GRAN PACK, 250 MG TAB DISPER, 360 MG GRAN PACK, 360 MG TABLET, 500 MG TAB DISPER)	TIER-SIX	S (Specialty Drug)
DEFERIPRONE	TIER-SIX	LA, S (Specialty Drug)
FERRIPROX 100 MG/ML SOLUTION	TIER-SIX	LA, S (Specialty Drug)
FERRIPROX (2 TIMES A DAY)	TIER-SIX	LA, S (Specialty Drug)
JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	TIER-SIX	PA, LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
TOLVAPTAN	TIER-SIX	PA, S (Specialty Drug)
TRIENTINE HCL 250 MG CAPSULE	TIER-FIVE	PA, S (Specialty Drug)
PHOSPHATE BINDERS		
AURYXIA	TIER-FOUR	ST
CALCIUM ACETATE 667 MG CAPSULE	TIER-TWO	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	TIER-FOUR	ST
LANTHANUM CARBONATE	TIER-FOUR	ST
PHOSLYRA	TIER-FOUR	ST
SEVELAMER CARBONATE (0.8 G POWD PACK, 2.4 G POWD PACK)	TIER-THREE	ST
SEVELAMER CARBONATE 800 MG TABLET	TIER-TWO	
SEVELAMER HCL	TIER-FOUR	ST
VELPHORO	TIER-FOUR	ST
POTASSIUM BINDERS		
LOKELMA	TIER-THREE	
SODIUM POLYSTYRENE SULFONATE	TIER-TWO	
SPS 30 GM/120 ML ENEMA SUSP	TIER-FOUR	
SPS 15 GM/60 ML SUSPENSION	TIER-TWO	
VELTASSA	TIER-THREE	
VITAMINS		
CHILDREN'S IRON	ACA Preventive	C (0 to 1 YEAR OLD)
CYANOCOBALAMIN (VITAMIN B-12) 1000MCG/ML VIAL	TIER-TWO	
DODEX	TIER-TWO	
FERROUS SULFATE 15 MG/ML DROPS	ACA Preventive	C (0 to 1 YEAR OLD)
FOLIC ACID (0.4 MG TABLET, 0.8 MG TABLET)	ACA Preventive	C (0 to 59 YEARS OF AGE)

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Drug Name	Status*	Requirements/Limits
FOLIC ACID 1 MG TABLET	TIER-TWO	
LEVOCARNITINE (WITH SUGAR)	TIER-THREE	
MULTIVITAMIN COMBINATION NO.51/FERROUS FUMARATE/FOLIC ACID	ACA Preventive	C (0 to 59 YEARS OF AGE)
NIVA-PLUS	ACA Preventive	C (0 to 59 YEARS OF AGE)
PEDIA IRON	ACA Preventive	C (0 to 1 YEAR OLD)
PEDIATRIC FE-VITE	ACA Preventive	C (0 to 1 YEAR OLD)
PRENATAL VITAMINS (NO DHA, FOLIC ACID - LESS THAN 1MG)	ACA Preventive	C (0 to 59 YEARS OF AGE)
WEE CARE	ACA Preventive	C (0 to 1 YEAR OLD)
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
CLENPIQ	TIER-FOUR	
CONSTULOSE	TIER-TWO	
ENULOSE	TIER-TWO	
GENERLAC	TIER-TWO	
LACTULOSE (10 G/15 ML SOLUTION, 20 G/30 ML SOLUTION)	TIER-TWO	
LUBIPROSTONE	TIER-THREE	
MOTEGRITY	TIER-FOUR	PA
MOVANTIK	TIER-FOUR	PA
OSMOPREP	TIER-FOUR	
SYMPROIC	TIER-FOUR	PA
ANTI-DIARRHEAL AGENTS		
ALOSETRON HCL	TIER-FOUR	PA
DIPHENOXYLATE HCL/ATROPINE 2.5-.025/5 LIQUID	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
DIPHENOXYLATE HCL/ATROPINE 2.5-.025MG TABLET	TIER-TWO	
MYTESI	TIER-FOUR	
VIBERZI	TIER-FOUR	PA
XIFAXAN	TIER-FOUR	PA, QL (3 PER 1 DAY)
ANTISPASMODICS, GASTROINTESTINAL		
DICYCLOMINE HCL (10 MG CAPSULE, 10 MG/5 ML SOLUTION, 20 MG TABLET)	TIER-TWO	
GLYCOPYRROLATE 1 MG/5 ML SOLUTION	TIER-FOUR	
GLYCOPYRROLATE (1 MG TABLET, 2 MG TABLET)	TIER-TWO	
METHSCOPOLAMINE BROMIDE	TIER-TWO	
GASTROINTESTINAL AGENTS, OTHER		
CHENODAL	TIER-SIX	PA, LA, S (Specialty Drug)
COLLOIDAL BISMUTH SUBCITRATE/METRONIDAZOLE/TETRACYCLINE HCL	TIER-FOUR	QL (120 PER 28 DAYS)
GATTEX	TIER-SIX	PA, LA, S (Specialty Drug)
GAVILYTE-C	TIER-TWO	C (ACA ELIGIBLE - AGES 45 AND OLDER)
GAVILYTE-G	TIER-TWO	C (ACA ELIGIBLE - AGES 45 AND OLDER)
GAVILYTE-N	TIER-TWO	C (ACA ELIGIBLE - AGES 45 AND OLDER)
IMCIVREE	TIER-SIX	PA, LA, S (Specialty Drug)
LANSOPRAZOLE/AMOXICILLIN TRIHYDRATE/CLARITHROMYCIN	TIER-FOUR	
MOTOFEN	TIER-FOUR	
MYALEPT	TIER-SIX	PA, LA, S (Specialty Drug)
OCALIVA	TIER-SIX	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
OMECLAMOX-PAK	TIER-FOUR	QL (1 PER 28 DAYS)
OPIUM TINCTURE	TIER-TWO	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
PEG 3350/SOD SULF/SOD BICARB/SOD CHLORIDE/POTASSIUM CHLORIDE	TIER-TWO	C (ACA ELIGIBLE - AGES 45 AND OLDER)
PEG 3350/SODIUM SULFATE/SOD CHLORIDE/KCL/ASCORBATE SOD/VIT C	TIER-FOUR	
PLENVU	TIER-FOUR	
SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG	TIER-TWO	C (ACA ELIGIBLE - AGES 45 AND OLDER)
SUPREP	TIER-THREE	
SUTAB	TIER-FOUR	
TALICIA	TIER-FOUR	QL (168 PER 28 DAYS)
URSODIOL 300 MG CAPSULE	TIER-THREE	
URSODIOL (250 MG TABLET, 500 MG TABLET)	TIER-FOUR	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
CIMETIDINE (300 MG TABLET, 400 MG TABLET, 800 MG TABLET)	TIER-THREE	
CIMETIDINE HCL	TIER-THREE	
FAMOTIDINE (40MG/5ML SUSP RECON, 40 MG TABLET)	TIER-TWO	
NIZATIDINE (150MG/10ML SOLUTION, 150 MG CAPSULE, 300 MG CAPSULE)	TIER-TWO	
PEPCID 40 MG TABLET	TIER-TWO	
PROTECTANTS		
MISOPROSTOL	TIER-FOUR	
SUCRALFATE 1 G/10 ML ORAL SUSP	TIER-THREE	
SUCRALFATE 1 G TABLET	TIER-TWO	

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[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
PROTON PUMP INHIBITORS		
ESOMEPRAZOLE MAGNESIUM (20 MG CAPSULE DR, 40 MG CAPSULE DR)	TIER-TWO	
LANSOPRAZOLE 30 MG CAPSULE DR	TIER-TWO	
OMEPRAZOLE (10 MG CAPSULE DR, 20 MG CAPSULE DR, 40 MG CAPSULE DR)	TIER-TWO	
PANTOPRAZOLE SODIUM 40 MG GRANPKT DR	TIER-FOUR	
PANTOPRAZOLE SODIUM (20 MG TABLET DR, 40 MG TABLET DR)	TIER-TWO	
RABEPRAZOLE SODIUM 20 MG TABLET DR	TIER-TWO	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
BETAINE	TIER-FOUR	S (Specialty Drug)
CERDELGA	TIER-SIX	PA, S (Specialty Drug)
CHOLBAM	TIER-SIX	PA, LA, S (Specialty Drug)
CREON	TIER-THREE	
CROMOLYN SODIUM 20 MG/ML ORAL CONC	TIER-FOUR	
CYSTADROPS	TIER-SIX	LA, QL (20 ML PER 28 DAYS), S (Specialty Drug)
CYSTAGON	TIER-FIVE	LA, S (Specialty Drug)
CYSTARAN	TIER-SIX	LA, QL (2 ML PER DAY), S (Specialty Drug)
GALAFOLD	TIER-SIX	PA, LA, QL (.5 PER 1 DAY), S (Specialty Drug)
JAVYGTOR (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	TIER-FIVE	PA, LA, S (Specialty Drug)
MIGLUSTAT	TIER-SIX	PA, S (Specialty Drug)
NITISINONE	TIER-SIX	LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
NITYR	TIER-SIX	LA, S (Specialty Drug)
ORFADIN 4 MG/ML SUSPENSION	TIER-SIX	LA, S (Specialty Drug)
PALYNZIQ 10 MG/0.5 ML SYRINGE	TIER-SIX	PA, LA, QL (1 ML PER 1 DAY), S (Specialty Drug)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	TIER-SIX	PA, LA, QL (8 ML PER 28 DAYS), S (Specialty Drug)
PALYNZIQ 20 MG/ML SYRINGE	TIER-SIX	PA, LA, QL (3 ML PER DAY), S (Specialty Drug)
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	TIER-SIX	PA, LA, S (Specialty Drug)
RAVICTI	TIER-SIX	PA, LA, S (Specialty Drug)
REVCOVI	TIER-SIX	PA, LA, S (Specialty Drug)
SAPROPTERIN DIHYDROCHLORIDE (100 MG TABLET SOL, 100 MG POWD PACK, 500 MG POWD PACK)	TIER-FIVE	PA, S (Specialty Drug)
SODIUM PHENYLBUTYRATE (0.94 G/G POWDER, 500 MG TABLET)	TIER-FIVE	PA, LA, S (Specialty Drug)
STRENSIQ	TIER-SIX	PA, LA, S (Specialty Drug)
SUCRAID	TIER-SIX	PA, LA, S (Specialty Drug)
TEGSEDI	TIER-SIX	PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)
VISTOGARD	TIER-SIX	LA, S (Specialty Drug)
XURIDEN	TIER-SIX	PA, LA, S (Specialty Drug)
ZENPEP	TIER-THREE	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
DARIFENACIN HYDROBROMIDE	TIER-FOUR	
FLAVOXATE HCL	TIER-TWO	
MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)	TIER-FOUR	ST

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Drug Name	Status*	Requirements/Limits
OXYBUTYNIN CHLORIDE (5 MG/5 ML SYRUP, 5 MG TABLET, 5 MG TAB ER 24, 10 MG TAB ER 24, 15 MG TAB ER 24)	TIER-TWO	
SOLIFENACIN SUCCINATE	TIER-TWO	
TOLTERODINE TARTRATE (2 MG CAP ER 24H, 4 MG CAP ER 24H)	TIER-FOUR	
TOLTERODINE TARTRATE (1 MG TABLET, 2 MG TABLET)	TIER-THREE	
TROSPIUM CHLORIDE 60 MG CAP ER 24H	TIER-FOUR	
TROSPIUM CHLORIDE 20 MG TABLET	TIER-THREE	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
ALFUZOSIN HCL	TIER-TWO	
DUTASTERIDE	TIER-TWO	
FINASTERIDE 5 MG TABLET	TIER-TWO	
SILODOSIN	TIER-THREE	
TADALAFIL 5 MG TABLET	TIER-TWO	QL (1 PER DAY)
TAMSULOSIN HCL	TIER-TWO	
GENITOURINARY AGENTS, OTHER		
BETHANECHOL CHLORIDE	TIER-THREE	
D-PENAMINE	TIER-FIVE	
ELMIRON	TIER-FOUR	QL (3 PER 1 DAY)
GYNOL II	ACA Preventive	
METHYLERGONOVINE MALEATE 0.2 MG TABLET	TIER-FOUR	
PENICILLAMINE 250 MG TABLET	TIER-FIVE	
PHEXXI	ACA Preventive	
THIOLA EC	TIER-SIX	LA, S (Specialty Drug)
TIOPRONIN	TIER-SIX	S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
TODAY CONTRACEPTIVE SPONGE	ACA Preventive	
VCF (FILM, GEL)	ACA Preventive	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR	TIER-SIX	PA, S (Specialty Drug)
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM PHOSPHATE	TIER-FOUR	
CORTROPHIN	TIER-SIX	PA, S (Specialty Drug)
DEXAMETHASONE (0.5 MG/5ML ELIXIR, 0.5 MG/5ML SOLUTION)	TIER-THREE	
DEXAMETHASONE (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET)	TIER-TWO	
FLUDROCORTISONE ACETATE	TIER-TWO	
HALCINONIDE	TIER-FOUR	
MEDROL 2 MG TABLET	TIER-FOUR	
METHYLPREDNISOLONE (4 MG TABLET, 4 MG TAB DS PK)	TIER-TWO	
METHYLPREDNISOLONE (8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	TIER-THREE	
PREDNISOLONE 15 MG/5 ML SOLUTION	TIER-TWO	
PREDNISOLONE SODIUM PHOSPHATE (5 MG/5 ML SOLUTION, 15 MG/5 ML SOLUTION)	TIER-TWO	
PREDNISOLONE SODIUM PHOSPHATE (10 MG TAB RAPDIS, 15 MG TAB RAPDIS, 30 MG TAB RAPDIS)	TIER-FOUR	
PREDNISONE 5 MG/5 ML SOLUTION	TIER-FOUR	
PREDNISONE (1 MG TABLET, 2.5 MG TABLET, 5 MG TABLET, 5 MG TAB DS PK, 10 MG TAB DS PK, 10 MG TABLET, 20 MG TABLET, 50 MG TABLET)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
PREDNISONE INTENSOL	TIER-FOUR	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

CHORIONIC GONADOTROPIN, HUMAN	TIER-FIVE	PA
DESMOPRESSIN ACETATE 10/SPRAY SPRAY/PUMP	TIER-FOUR	
DESMOPRESSIN ACETATE (0.1 MG TABLET, 0.2 MG TABLET)	TIER-THREE	
DESMOPRESSIN ACETATE (NON-REFRIGERATED)	TIER-FOUR	
EGRIFTA SV	TIER-SIX	PA, LA, S (Specialty Drug)
FOLLISTIM AQ	TIER-FIVE	PA
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	TIER-FIVE	PA, S (Specialty Drug)
INCRELEX	TIER-SIX	PA, LA, S (Specialty Drug)
NORDITROPIN FLEXPRO	TIER-FIVE	PA, S (Specialty Drug)
NOVAREL	TIER-FIVE	PA
ORIAHNN	TIER-FOUR	PA, QL (2 PER DAY)
PREGNYL	TIER-FIVE	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

ANABOLIC STEROIDS

OXANDROLONE	TIER-TWO	

ANDROGENS

DANAZOL	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
KYZATREX	TIER-FOUR	
METHITEST	TIER-FOUR	
METHYLTESTOSTERONE	TIER-FOUR	
TESTOSTERONE (12.5/1.25G GEL MD PMP, 20.25/1.25 GEL MD PMP, 25MG(1%) GEL PACKET, 30MG/1.5ML SOL MD PMP, 50 MG (1%) GEL (GRAM), 50 MG (1%) GEL PACKET)	TIER-FOUR	
TESTOSTERONE CYPIONATE	TIER-TWO	
TESTOSTERONE ENANTHATE	TIER-TWO	
ESTROGENS		
AFIRMELLE	ACA Preventive	
ALTAVERA	ACA Preventive	
ALYACEN	ACA Preventive	
AMETHIA	ACA Preventive	
AMETHYST	ACA Preventive	
ANNOVERA	ACA Preventive	
APRI	ACA Preventive	
ARANELLE	ACA Preventive	
ASHLYNA	ACA Preventive	
AUBRA	ACA Preventive	
AUBRA EQ	ACA Preventive	
AUROVELA	ACA Preventive	
AUROVELA 24 FE	ACA Preventive	
AUROVELA FE	ACA Preventive	
AVIANE	ACA Preventive	
AYUNA	ACA Preventive	
AZURETTE	ACA Preventive	
BALZIVA	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
BLISOVI 24 FE	ACA Preventive	
BLISOVI FE	ACA Preventive	
BRIELLYN	ACA Preventive	
CAMRESE	ACA Preventive	
CAMRESE LO	ACA Preventive	
CAZIANT	ACA Preventive	
CHARLOTTE 24 FE	ACA Preventive	
CHATEAL	ACA Preventive	
CHATEAL EQ	ACA Preventive	
CRYSELLE	ACA Preventive	
CYCLAFEM	ACA Preventive	
CYRED	ACA Preventive	
CYRED EQ	ACA Preventive	
DASETTA	ACA Preventive	
DAYSEE	ACA Preventive	
DEPO-ESTRADIOL	TIER-FOUR	
DESOGESTREL-ETHINYL ESTRADIOL	ACA Preventive	
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL	ACA Preventive	
DOLISHALE	ACA Preventive	
DOTTI	TIER-THREE	
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	ACA Preventive	
ELINEST	ACA Preventive	
ELURYNG	ACA Preventive	
EMOQUETTE	ACA Preventive	
ENILLORING	ACA Preventive	
ENPRESSE	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
ENSKYCE	ACA Preventive	
ESTARYLLA	ACA Preventive	
ESTRADIOL (.025MG/24H PATCH TDSW, .025MG/24H PATCH TDWK, .0375MG/24 PATCH TDWK, .0375MG/24 PATCH TDSW, 0.05MG/24H PATCH TDSW, 0.05MG/24H PATCH TDWK, 0.06MG/24H PATCH TDWK, .075MG/24H PATCH TDWK, .075MG/24H PATCH TDSW, 0.1MG/24HR PATCH TDWK, 0.1MG/24HR PATCH TDSW, 10 MCG TABLET)	TIER-THREE	
ESTRADIOL (0.01 % CREAM/APPL, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	TIER-TWO	
ESTRADIOL VALERATE (20 MG/ML VIAL, 40 MG/ML VIAL)	TIER-FOUR	
ESTRING	TIER-FOUR	
ETHINYL ESTRADIOL/DROSPIRENONE	ACA Preventive	
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL	ACA Preventive	
ETONOGESTREL/ETHINYL ESTRADIOL	ACA Preventive	
FALMINA	ACA Preventive	
FEMYNOR	ACA Preventive	
FINZALA	ACA Preventive	
FYAVOLV	TIER-THREE	
GEMMILY	ACA Preventive	
HAILEY	ACA Preventive	
HAILEY 24 FE	ACA Preventive	
HAILEY FE	ACA Preventive	
HALOETTE	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
ICLEVIA	ACA Preventive	
INTROVALE	ACA Preventive	
ISIBLOOM	ACA Preventive	
JAIMIESS	ACA Preventive	
JASMIEL	ACA Preventive	
JINTELI	TIER-THREE	
JOLESSA	ACA Preventive	
JOYEAUX	ACA Preventive	
JULEBER	ACA Preventive	
JUNEL	ACA Preventive	
JUNEL FE	ACA Preventive	
JUNEL FE 24	ACA Preventive	
KAITLIB FE	ACA Preventive	
KALLIGA	ACA Preventive	
KARIVA	ACA Preventive	
KELNOR 1-35	ACA Preventive	
KELNOR 1-50	ACA Preventive	
KURVELO	ACA Preventive	
LARIN	ACA Preventive	
LARIN 24 FE	ACA Preventive	
LARIN FE	ACA Preventive	
LARISSIA	ACA Preventive	
LEENA	ACA Preventive	
LESSINA	ACA Preventive	
LEVONEST	ACA Preventive	
LEVONORGESTREL/ETHINYL ESTRADIOL (0.1-0.02MG TABLET, 0.15-0.03 TBDSPK 3MO, 0.15-0.03 TABLET, 6-5-10 TABLET, 90-20 MCG TABLET)	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
LEVONORGESTREL/ETHINYL ESTRADIOL AND ETHINYL ESTRADIOL	ACA Preventive	
LEVONORGESTREL/ETHINYL ESTRADIOL/IRON	ACA Preventive	
LEVORA-28	ACA Preventive	
LILLOW	ACA Preventive	
LO LOESTRIN FE	ACA Preventive	
LO-ZUMANDIMINE	ACA Preventive	
LOJAIMIESS	ACA Preventive	
LORYNA	ACA Preventive	
LOW-OGESTREL	ACA Preventive	
LUTERA	ACA Preventive	
LYLLANA	TIER-THREE	
MARLISSA	ACA Preventive	
MENEST	TIER-FOUR	
MERZEE	ACA Preventive	
MIBELAS 24 FE	ACA Preventive	
MICROGESTIN	ACA Preventive	
MICROGESTIN 24 FE	ACA Preventive	
MICROGESTIN FE	ACA Preventive	
MILI	ACA Preventive	
MONO-LINYAH	ACA Preventive	
NATAZIA	ACA Preventive	
NECON	ACA Preventive	
NIKKI	ACA Preventive	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL (0.5MG-2.5 TABLET, 1MG-5MCG TABLET)	TIER-THREE	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL (1MG-20MCG TABLET, 1.5-0.03MG TABLET)	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE (1MG-20(24) CAPSULE, 1MG-20(24) TAB CHEW, 1MG-20(21) TABLET, 1.5-30(21) TABLET, 5-7-9-7 TABLET)	ACA Preventive	
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE	ACA Preventive	
NORGESTIMATE-ETHINYL ESTRADIOL	ACA Preventive	
NORTREL	ACA Preventive	
NYLIA	ACA Preventive	
NYMYO	ACA Preventive	
OCELLA	ACA Preventive	
ORSYTHIA	ACA Preventive	
PHILITH	ACA Preventive	
PIMTREA	ACA Preventive	
PIRMELLA	ACA Preventive	
PORTIA	ACA Preventive	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	TIER-THREE	
PREMPHASE	TIER-FOUR	
PREMPRO	TIER-FOUR	
PREVIFEM	ACA Preventive	
RECLIPSEN	ACA Preventive	
RIVELSA	ACA Preventive	
SETLAKIN	ACA Preventive	
SIMLIYA	ACA Preventive	
SIMPESSE	ACA Preventive	
SPRINTEC	ACA Preventive	
SRONYX	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
SYEDA	ACA Preventive	
TARINA 24 FE	ACA Preventive	
TARINA FE	ACA Preventive	
TARINA FE 1-20 EQ	ACA Preventive	
TAYSOFY	ACA Preventive	
TILIA FE	ACA Preventive	
TRI FEMYNOR	ACA Preventive	
TRI-ESTARYLLA	ACA Preventive	
TRI-LEGEST FE	ACA Preventive	
TRI-LINYAH	ACA Preventive	
TRI-LO-ESTARYLLA	ACA Preventive	
TRI-LO-MARZIA	ACA Preventive	
TRI-LO-MILI	ACA Preventive	
TRI-LO-SPRINTEC	ACA Preventive	
TRI-MILI	ACA Preventive	
TRI-NYMYO	ACA Preventive	
TRI-PREVIFEM	ACA Preventive	
TRI-SPRINTEC	ACA Preventive	
TRI-VYLIBRA	ACA Preventive	
TRI-VYLIBRA LO	ACA Preventive	
TRIVORA-28	ACA Preventive	
TWIRLA	ACA Preventive	
TYBLUME	ACA Preventive	
TYDEMY	ACA Preventive	
VELIVET	ACA Preventive	
VESTURA	ACA Preventive	
VIENVA	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
VIORELE	ACA Preventive	
VOLNEA	ACA Preventive	
VYFEMLA	ACA Preventive	
VYLIBRA	ACA Preventive	
WERA	ACA Preventive	
WYMZYA FE	ACA Preventive	
XULANE	ACA Preventive	
YUVAFEM	TIER-THREE	
ZAFEMY	ACA Preventive	
ZARAH	ACA Preventive	
ZOVIA 1-35	ACA Preventive	
ZOVIA 1-35E	ACA Preventive	
ZUMANDIMINE	ACA Preventive	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
AMABELZ	TIER-THREE	
BIJUVA	TIER-FOUR	
COMBIPATCH	TIER-FOUR	
ESTRADIOL/NORETHINDRONE ACETATE	TIER-THREE	
MIMVEY	TIER-THREE	
PROGESTINS		
AFTER PILL	ACA Preventive	
AFTERA	ACA Preventive	
CAMILA	ACA Preventive	
CRINONE	TIER-FOUR	PA
DEBLITANE	ACA Preventive	
DEPO-SUBQ PROVERA 104	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
ECONTRA EZ	ACA Preventive	
ECONTRA ONE-STEP	ACA Preventive	
ELLA	ACA Preventive	
ENDOMETRIN	TIER-THREE	PA
ERRIN	ACA Preventive	
HEATHER	ACA Preventive	
INCASSIA	ACA Preventive	
JENCYCLA	ACA Preventive	
LEVONORGESTREL	ACA Preventive	
LYLEQ	ACA Preventive	
LYZA	ACA Preventive	
MEDROXYPROGESTERONE ACETATE (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	TIER-TWO	
MEDROXYPROGESTERONE ACETATE (150 MG/ML VIAL, 150 MG/ML SYRINGE)	ACA Preventive	
MEGESTROL ACETATE (20 MG TABLET, 40 MG TABLET, 400MG/10ML ORAL SUSP)	TIER-TWO	
MY CHOICE	ACA Preventive	
MY WAY	ACA Preventive	
NEW DAY	ACA Preventive	
NORA-BE	ACA Preventive	
NORETHINDRONE	ACA Preventive	
NORETHINDRONE ACETATE	TIER-TWO	
NORLYDA	ACA Preventive	
OPCICON ONE-STEP	ACA Preventive	
OPTION 2	ACA Preventive	
PROGESTERONE	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
PROGESTERONE, MICRONIZED	TIER-TWO	
SHAROBEL	ACA Preventive	
SLYND	ACA Preventive	
TAKE ACTION	ACA Preventive	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
CLOMID	TIER-TWO	
CLOMIPHENE CITRATE	TIER-TWO	
DUAVEE	TIER-FOUR	
RALOXIFENE HCL	TIER-TWO	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA	TIER-FOUR	
ARMOUR THYROID (180 MG TABLET, 240 MG TABLET, 300 MG TABLET)	TIER-FOUR	
LEVOTHYROXINE SODIUM (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	TIER-TWO	
LIOTHYRONINE SODIUM (5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET)	TIER-TWO	
NIVA THYROID	TIER-TWO	
NP THYROID	TIER-TWO	
THYROID,PORK	TIER-TWO	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	TIER-SIX	PA, LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
CABERGOLINE	TIER-THREE	
ELIGARD	TIER-FOUR	PA
FYREMADEL	TIER-FIVE	PA
GANIRELIX ACETATE	TIER-FIVE	PA
LEUPROLIDE ACETATE 1 MG/0.2ML KIT	TIER-FOUR	PA
MYCAPSSA	TIER-FIVE	PA, LA, QL (4 PER DAY), S (Specialty Drug)
OCTREOTIDE ACETATE (50 MCG/ML VIAL, 50 MCG/ML AMPUL, 50 MCG/ML SYRINGE, 100 MCG/ML AMPUL, 100 MCG/ML VIAL, 100 MCG/ML SYRINGE, 200 MCG/ML VIAL, 500 MCG/ML AMPUL, 500 MCG/ML SYRINGE, 500 MCG/ML VIAL, 1000MCG/ML VIAL)	TIER-SIX	S (Specialty Drug)
ORGOVYX	TIER-SIX	PA, LA, S (Specialty Drug)
ORILISSA 150 MG TABLET	TIER-FOUR	PA, QL (1 PER DAY)
ORILISSA 200 MG TABLET	TIER-FOUR	PA, QL (2 PER DAY)
SIGNIFOR	TIER-SIX	PA, LA, S (Specialty Drug)
SOMAVERT	TIER-SIX	PA, LA, S (Specialty Drug)
SYNAREL	TIER-SIX	PA, S (Specialty Drug)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
METHIMAZOLE	TIER-TWO	
PROPYLTHIOURACIL	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT	TIER-SIX	PA, LA, QL (2 PER 30 DAYS), S (Specialty Drug)
HAEGARDA	TIER-SIX	PA, LA, S (Specialty Drug)
ICATIBANT ACETATE	TIER-FIVE	PA, LA, QL (9 ML PER 30 DAYS), S (Specialty Drug)
ORLADEYO	TIER-SIX	PA, LA, QL (1 PER DAY), S (Specialty Drug)
SAJAZIR	TIER-FIVE	PA, LA, QL (9 ML PER 30 DAYS), S (Specialty Drug)
TAKHZYRO (300 MG/2 ML VIAL, 300 MG/2 ML SYRINGE)	TIER-SIX	PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
TAKHZYRO 150 MG/ML SYRINGE	TIER-SIX	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
IMMUNOGLOBULINS		
CUTAQUIG	TIER-SIX	PA, S (Specialty Drug)
GAMMAKED	TIER-SIX	PA, S (Specialty Drug)
GAMUNEX-C	TIER-SIX	PA, LA, S (Specialty Drug)
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	TIER-SIX	PA, LA, S (Specialty Drug)
HYQVIA	TIER-SIX	PA, LA, S (Specialty Drug)
XEMBIFY	TIER-SIX	PA, LA, S (Specialty Drug)
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9 ML SYRINGE	TIER-SIX	PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug)
ACTEMRA ACTPEN	TIER-SIX	PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	TIER-SIX	PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX (2 SYRINGES)	TIER-FIVE	PA, LA, QL (4 ML PER 56 DAYS), S (Specialty Drug)
COSENTYX SENSOREADY (2 PENS)	TIER-FIVE	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX SENSOREADY PEN	TIER-FIVE	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX SYRINGE	TIER-FIVE	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX UNOREADY PEN	TIER-FIVE	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 200 MG/1.14 ML PEN	TIER-FIVE	PA, QL (2.28 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 300 MG/2 ML PEN	TIER-FIVE	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 100 MG/0.67 ML SYRING	TIER-FIVE	PA, QL (1.34 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 200 MG/1.14 ML SYRING	TIER-FIVE	PA, QL (2.28 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 300 MG/2 ML SYRINGE	TIER-FIVE	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
KINERET	TIER-SIX	PA, LA, QL (0.67 ML PER 1 DAY), S (Specialty Drug)
ORENCIA 125 MG/ML SYRINGE	TIER-SIX	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
ORENCIA 50 MG/0.4 ML SYRINGE	TIER-SIX	PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)
ORENCIA 87.5 MG/0.7 ML SYRINGE	TIER-SIX	PA, QL (2.8 ML PER 28 DAYS), S (Specialty Drug)
ORENCIA CLICKJECT	TIER-SIX	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
RIDAURA	TIER-SIX	S (Specialty Drug)
RINVOQ (ER 30 MG TABLET, ER 45 MG TABLET)	TIER-FIVE	PA, LA, QL (1 PER DAY), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
RINVOQ ER 15 MG TABLET	TIER-FIVE	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
SKYRIZI 150 MG/ML SYRINGE	TIER-FIVE	PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)
SKYRIZI (2 SYRINGES) KIT	TIER-FIVE	PA, QL (1 PER 84 DAYS), S (Specialty Drug)
SKYRIZI ON-BODY	TIER-FIVE	PA, QL (2.4 ML PER 56 DAYS), S (Specialty Drug)
SKYRIZI PEN	TIER-FIVE	PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)
SOTYKTU	TIER-SIX	PA, QL (1 PER DAY), S (Specialty Drug)
STELARA 90 MG/ML SYRINGE	TIER-FIVE	PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE)	TIER-FIVE	PA, QL (0.5 ML PER 84 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR	TIER-SIX	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR (2 PACK)	TIER-SIX	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR (3 PACK)	TIER-SIX	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ SYRINGE	TIER-SIX	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	TIER-FIVE	PA, QL (1 ML PER 56 DAYS), S (Specialty Drug)
XELJANZ 1 MG/ML SOLUTION	TIER-SIX	PA, QL (10 ML PER DAY), S (Specialty Drug)
XELJANZ (5 MG TABLET, 10 MG TABLET)	TIER-SIX	PA, QL (2 PER 1 DAY), S (Specialty Drug)
XELJANZ XR	TIER-SIX	PA, QL (1 PER 1 DAY), S (Specialty Drug)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	TIER-FIVE	PA, LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
IMMUNOSTIMULANTS		
ACTIMMUNE	TIER-SIX	PA, LA, S (Specialty Drug)
INTRON A 10 MILLION UNITS VIAL	TIER-SIX	LA, S (Specialty Drug)
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	TIER-SIX	PA, S (Specialty Drug)
IMMUNOSUPPRESSANTS		
AMJEVITA(CF) 10MG/0.2ML SYRING	TIER-FIVE	PA, QL (0.4 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)
AMJEVITA(CF) 20MG/0.4ML SYRING	TIER-FIVE	PA, QL (0.8 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)
AMJEVITA(CF) 40MG/0.8ML SYRING	TIER-FIVE	PA, QL (1.6 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)
AMJEVITA(CF) AUTOINJECTOR	TIER-FIVE	PA, QL (1.6 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)
ASTAGRAF XL	TIER-FOUR	
AZATHIOPRINE 50 MG TABLET	TIER-TWO	
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT)	TIER-SIX	PA, LA, QL (1 PER 28 DAYS), S (Specialty Drug)
CYCLOSPORINE (25 MG CAPSULE, 100 MG CAPSULE)	TIER-FOUR	
CYCLOSPORINE, MODIFIED (100 MG/ML SOLUTION, 100 MG CAPSULE)	TIER-FOUR	
CYCLOSPORINE, MODIFIED (25 MG CAPSULE, 50 MG CAPSULE)	TIER-THREE	
ENBREL 25 MG/0.5 ML SYRINGE	TIER-FIVE	PA, QL (4.08 ML PER 28 DAYS), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
ENBREL (25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	TIER-FIVE	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
ENBREL 25 MG KIT	TIER-FIVE	PA, QL (1 PER 28 DAYS), S (Specialty Drug)
ENBREL MINI	TIER-FIVE	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
ENBREL SURECLICK	TIER-FIVE	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
EVEROLIMUS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	TIER-SIX	S (Specialty Drug)
GENGRAF 25 MG CAPSULE	TIER-THREE	
GENGRAF (100 MG/ML SOLUTION, 100 MG CAPSULE)	TIER-FOUR	
HADLIMA	TIER-FIVE	PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)
HADLIMA PUSHTOUCH	TIER-FIVE	PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)
HADLIMA(CF)	TIER-FIVE	PA, QL (0.8 ML PER 28 DAYS), S (Specialty Drug)
HADLIMA(CF) PUSHTOUCH	TIER-FIVE	PA, QL (0.8 ML PER 28 DAYS), S (Specialty Drug)
HUMIRA	TIER-FIVE	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN	TIER-FIVE	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN CROHN'S-UC-HS	TIER-FIVE	PA, QL (6 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN PSOR-UVEITS-ADOL HS	TIER-FIVE	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF)	TIER-FIVE	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEDI CROHN 80-40 MG	TIER-FIVE	PA, QL (2 PER 28 DAYS), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
HUMIRA(CF) PEDI CROHN 80MG/0.8	TIER-FIVE	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN	TIER-FIVE	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN CROHN'S-UC-HS	TIER-FIVE	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN PEDIATRIC UC	TIER-FIVE	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	TIER-FIVE	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
LEFLUNOMIDE	TIER-FOUR	
LUPKYNIS	TIER-SIX	PA, LA, S (Specialty Drug)
METHOTREXATE SODIUM (2.5 MG TABLET, 25 MG/ML VIAL)	TIER-TWO	
METHOTREXATE SODIUM/PF (1 G VIAL, 25 MG/ML VIAL)	TIER-TWO	
MYCOPHENOLATE MOFETIL 200 MG/ML SUSP RECON	TIER-FOUR	
MYCOPHENOLATE MOFETIL (250 MG CAPSULE, 500 MG TABLET)	TIER-TWO	
MYCOPHENOLATE SODIUM	TIER-FOUR	
REZUROCK	TIER-SIX	PA, LA, QL (1 PER DAY), S (Specialty Drug)
SANDIMMUNE 100 MG/ML SOLN	TIER-FOUR	
SIROLIMUS (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML SOLUTION, 2 MG TABLET)	TIER-FOUR	
TACROLIMUS (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	TIER-THREE	
VACCINES		
ABRYSVO	ACA Preventive	C (ACA ELIGIBLE FOR AGES 60+)
ACTHIB	ACA Preventive	QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime)

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Drug Name	Status*	Requirements/Limits
ADACEL TDAP SYRINGE	ACA Preventive	QLC (1 dose (0.5mL) per day; 1 dose (0.5mL per 10 years.)
ADACEL TDAP VIAL	ACA Preventive	QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per 10 years.)
AREXVY	ACA Preventive	C (ACA ELIGIBLE FOR AGES 60+)
BEXSERO	ACA Preventive	QLC (2 doses (1mL) per lifetime.)
BOOSTRIX TDAP (SYRINGE, VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per 10 years.)
DAPTACEL DTAP	ACA Preventive	QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime)
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	ACA Preventive	QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime.)
ENGERIX-B PEDIATRIC-ADOLESCENT	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
GARDASIL 9 (9 VIAL, 9 SYRINGE)	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
HAVRIX 1,440 UNIT/ML SYRINGE	ACA Preventive	QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)
HAVRIX 720 UNIT/0.5 ML SYRINGE	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
HEPLISAV-B	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
HIBERIX	ACA Preventive	QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime)
INFANRIX DTAP	ACA Preventive	QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime.)
IPOL	ACA Preventive	QLC (1 dose (0.5mL) per day; 4 doses (2mL) per lifetime.)
KINRIX (TIP-LOK SYRINGE, VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per lifetime.)
M-M-R II VACCINE	ACA Preventive	
MENACTRA	ACA Preventive	QLC (3 doses (1.5mL) per lifetime.)
MENQUADFI	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)

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Drug Name	Status*	Requirements/Limits
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	ACA Preventive	
PEDIARIX	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
PEDVAXHIB	ACA Preventive	QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime)
PENTACEL	ACA Preventive	QLC (1 dose (1 kit) per day; 4 doses (4 kits) per lifetime.)
PENTACEL ACTHIB COMPONENT	ACA Preventive	QLC (1 dose (1 kit) per day; 4 doses (4 kits) per lifetime.)
PENTACEL DTAP-IPV COMPONENT	ACA Preventive	QLC (1 dose (0.5mL) per day; 4 doses (2mL) per lifetime.)
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	ACA Preventive	QL (0.5 ML PER LIFETIME)
PREHEVBRIO	ACA Preventive	QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime)
PREVNAR 13	ACA Preventive	QL (0.5 ML PER 365 DAYS)
PREVNAR 20	ACA Preventive	QL (0.5 ML PER DAY)
PRIORIX	ACA Preventive	
PROQUAD	ACA Preventive	QLC (1 dose (1 vial) per day; 2 doses (2 vials) per lifetime.)
QUADRACEL DTAP-IPV SYRINGE	ACA Preventive	QLC (0.5mL PER DAY; 2mL PER LIFETIME)
QUADRACEL DTAP-IPV VIAL	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
RECOMBIVAX HB (10 MCG/ML SYR, 40 MCG/ML VIAL)	ACA Preventive	QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime.)
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
RECOMBIVAX HB 10 MCG/ML VIAL	ACA Preventive	QLC (1 dose (1ml) per day; 3 doses (3mL) per lifetime)
ROTARIX (ORAL SYRINGE, SUSPENSION)	ACA Preventive	QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)
ROTATEQ	ACA Preventive	QLC (1 dose (2mL) per day; 3 doses (6mL) per lifetime.)

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Drug Name	Status*	Requirements/Limits
SHINGRIX	ACA Preventive	C (FOR 50 YEARS OF AGE AND OLDER), QLC (1 dose (1 kit) per day; 2 doses (2 kits) per lifetime.)
TENIVAC (SYRINGE, VIAL)	ACA Preventive	QL (1 ML PER 10 YEARS)
TETANUS AND DIPHTHERIA TOXOIDS, ADULT	ACA Preventive	QL (1 ML PER 10 YEARS)
TETANUS,DIPHTHERIA TOXOID PED/PF	ACA Preventive	QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime)
TRUMENBA	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
TWINRIX	ACA Preventive	QLC (1 dose (1mL) per day; 5 doses (5mL) per lifetime.)
VAQTA (50 SYRINGE, 50 VIAL)	ACA Preventive	QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
VARIVAX VACCINE	ACA Preventive	QLC (1 dose (1 vial) per day; 2 doses (2 vials) per lifetime.)
VAXELIS (SYRINGE, VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime)
VAXNEUVANCE	ACA Preventive	QL (0.5 ML PER LIFETIME)

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

BALSALAZIDE DISODIUM	TIER-THREE
DIPENTUM	TIER-FOUR
MESALAMINE (0.375G CAP ER 24H, 500 MG CAPSULE ER)	TIER-THREE
MESALAMINE (1.2 G TABLET DR, 4 G/60 ML ENEMA, 400 MG CAP(DRTAB), 800 MG TABLET DR, 1000 MG SUPP.RECT)	TIER-FOUR
PENTASA 250 MG CAPSULE	TIER-THREE
SULFASALAZINE 500 MG TABLET	TIER-TWO

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Drug Name	Status*	Requirements/Limits
SULFASALAZINE 500 MG TABLET DR	TIER-THREE	
GLUCOCORTICOIDS		
BUDESONIDE 3 MG CAPDR - ER	TIER-THREE	
BUDESONIDE 9 MG TABDR - ER	TIER-FOUR	PA
HYDROCORTISONE 100MG/60ML ENEMA	TIER-FOUR	
HYDROCORTISONE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	TIER-TWO	
METABOLIC BONE DISEASE AGENTS		
ALENDRONATE SODIUM 70 MG/75ML SOLUTION	TIER-FOUR	
ALENDRONATE SODIUM (10 MG TABLET, 35 MG TABLET, 70 MG TABLET)	TIER-ONE	
CALCITONIN,SALMON,SYNTHETIC 200/SPRAY SPRAY/PUMP	TIER-THREE	
CALCITRIOL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML SOLUTION)	TIER-TWO	
CINACALCET HCL (30 MG TABLET, 60 MG TABLET)	TIER-FOUR	QL (2 PER 1 DAY)
CINACALCET HCL 90 MG TABLET	TIER-FOUR	QL (4 PER 1 DAY)
DOXERCALCIFEROL (0.5 MCG CAPSULE, 1 MCG CAPSULE, 2.5 MCG CAPSULE)	TIER-FOUR	
ERGOCALCIFEROL (VITAMIN D2) 1250 MCG CAPSULE	TIER-TWO	
FORTEO	TIER-SIX	PA, S (Specialty Drug)
IBANDRONATE SODIUM 150 MG TABLET	TIER-TWO	
PARICALCITOL (1 MCG CAPSULE, 2 MCG CAPSULE, 4 MCG CAPSULE)	TIER-FOUR	
RISEDRONATE SODIUM (5 MG TABLET, 30 MG TABLET, 35 MG TABLET DR, 150 MG TABLET)	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
RISEDRONATE SODIUM 35 MG TABLET	TIER-TWO	
TERIPARATIDE	TIER-SIX	PA, S (Specialty Drug)
TYMLOS	TIER-FIVE	PA, S (Specialty Drug)
MISCELLANEOUS		
Diabetes Testing Supplies		
ACCU CHEK (METERS & TEST STRIPS)	Diabetic Supplies	QL (150 STRIPS PER 30 DAYS)
LIFESCAN (METERS & TEST STRIPS)	Diabetic Supplies	QL (150 STRIPS PER 30 DAYS)
NOVOFINE NEEDLES	Diabetic Supplies	QL
URINE TEST STRIPS	Diabetic Supplies	
MISCELLANEOUS THERAPEUTIC AGENTS		
BLOOD-GLUCOSE METER,CONTINUOUS	Preferred Medical Supply	PA, QLC (1 KIT PER 365 DAYS)
BLOOD-GLUCOSE SENSOR	Preferred Medical Supply	PA, QLC (1 PACK PER 30 DAYS)
DEXCOM G5 RECEIVER KIT	Preferred Medical Supply	PA, QLC (1 KIT PER 365 DAYS)
DEXCOM G5 TRANSMITTER KIT	Preferred Medical Supply	PA, QLC (1 PACK PER 90 DAYS)
DEXCOM G5-G4 SENSOR KIT	Preferred Medical Supply	PA, QLC (1 PACK PER 30 DAYS)
DEXCOM G6 RECEIVER	Preferred Medical Supply	PA, QLC (1 KIT PER 365 DAYS)
DEXCOM G6 SENSOR	Preferred Medical Supply	PA, QLC (1 PACK PER 30 DAYS)
DEXCOM G6 TRANSMITTER	Preferred Medical Supply	PA, QLC (1 KIT PER 90 DAYS)
FREESTYLE LIBRE 14 DAY READER	Preferred Medical Supply	PA, QLC (1 KIT PER 365 DAYS)
FREESTYLE LIBRE 14 DAY SENSOR	Preferred Medical Supply	PA, QLC (1 PACK PER 14 DAYS)

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Drug Name	Status*	Requirements/Limits
FREESTYLE LIBRE 2 READER	Preferred Medical Supply	PA, QLC (1 KIT PER 365 DAYS)
FREESTYLE LIBRE 2 SENSOR	Preferred Medical Supply	PA, QLC (1 PACK PER 14 DAYS)
FREESTYLE LIBRE 3 SENSOR	Preferred Medical Supply	PA, QLC (1 PACK PER 14 DAYS)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	Preferred Medical Supply	PA, QL (1 PER 365 DAYS)
OMNIPOD 5 G6 PODS (GEN 5) 5PK	Preferred Medical Supply	PA, QL (10 PER 30 DAYS)
OMNIPOD DASH INTRO KIT (GEN 4)	Preferred Medical Supply	PA, QL (1 PER 365 DAYS)
OMNIPOD DASH PODS (GEN 4) 5PK	Preferred Medical Supply	PA, QL (10 PER 30 DAYS)

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

AK-POLY-BAC	TIER-TWO
ATROPINE SULFATE 1 % DROPS	TIER-THREE
BACITRACIN/POLYMYXIN B SULFATE	TIER-TWO
BLEPHAMIDE	TIER-THREE
CYCLOPENTOLATE HCL 1 % DROPS	TIER-TWO
DORZOLAMIDE HCL/TIMOLOL MALEATE	TIER-TWO
DORZOLAMIDE/TIMOLOL/PF 2 %-0.5 % DROPERETTE	TIER-FOUR
LACRISERT	TIER-FOUR
NEO-POLYCIN	TIER-FOUR
NEO-POLYCIN HC	TIER-FOUR
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE	TIER-FOUR
NEOMYCIN SULFATE/BACITRACIN/POLYMYXIN B	TIER-FOUR

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Drug Name	Status*	Requirements/Limits
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D	TIER-FOUR	
NEOMYCIN/POLYMYXIN B/HYDROCORT 3.5-10K-10 DROPS SUSP	TIER-FOUR	
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE (0.1 % DROPS SUSP, 3.5-10K-.1 OINT. (G))	TIER-TWO	
OXERVATE	TIER-SIX	PA, LA, QL (1 ML PER 1 DAY), S (Specialty Drug)
POLYCIN	TIER-TWO	
PROPARACAINE HCL	TIER-FOUR	
RESTASIS	TIER-TWO	QL (2 PER DAY)
RESTASIS MULTIDOSE	TIER-FOUR	QL (5.5 ML PER 28 DAYS)
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	TIER-FOUR	
TOBRADEX EYE OINTMENT	TIER-FOUR	
TOBRADEX ST	TIER-FOUR	
TOBRAMYCIN/DEXAMETHASONE	TIER-FOUR	
TROPICAMIDE	TIER-TWO	
XIIDRA	TIER-FOUR	QL (2 PER 1 DAY)
ZYLET	TIER-FOUR	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	TIER-FOUR	
ALOMIDE	TIER-FOUR	
AZELASTINE HCL 0.05 % DROPS	TIER-TWO	
BEPOTASTINE BESILATE	TIER-FOUR	PA
CROMOLYN SODIUM 4 % DROPS	TIER-TWO	
EPINASTINE HCL	TIER-THREE	
OLOPATADINE HCL 0.1 % DROPS	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
ZERVIATE	TIER-FOUR	PA
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	TIER-FOUR	
BACITRACIN 500 UNIT/G OINT. (G)	TIER-FOUR	
BESIVANCE	TIER-FOUR	
ERYTHROMYCIN BASE 5 MG/GRAM OINT. (G)	TIER-TWO	QL (7 GM PER 30 DAYS)
GATIFLOXACIN	TIER-THREE	
GENTAK	TIER-THREE	
GENTAMICIN SULFATE 0.3 % DROPS	TIER-TWO	
LEVOFLOXACIN (0.5 % DROPS, 1.5 % DROPS)	TIER-FOUR	
MOXIFLOXACIN HCL 0.5 % DROPS	TIER-TWO	
NATACYN	TIER-FOUR	
OFLOXACIN 0.3 % DROPS	TIER-TWO	
POLYMYXIN B SULFATE/TRIMETHOPRIM	TIER-TWO	
SULFACETAMIDE SODIUM (10 % DROPS, 10 % OINT. (G))	TIER-THREE	
TOBRAMYCIN 0.3 % DROPS	TIER-TWO	
TOBREX 0.3% EYE OINTMENT	TIER-FOUR	
TRIFLURIDINE	TIER-FOUR	
ZIRGAN	TIER-THREE	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	TIER-FOUR	
BROMFENAC SODIUM	TIER-FOUR	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % DROPS	TIER-THREE	
DICLOFENAC SODIUM 0.1 % DROPS	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
DIFLUPREDNATE	TIER-FOUR	
FLAREX	TIER-FOUR	
FLUOROMETHOLONE	TIER-THREE	
FLURBIPROFEN SODIUM	TIER-TWO	
FML FORTE	TIER-FOUR	
FML S.O.P.	TIER-FOUR	
INVELTYS	TIER-FOUR	
KETOROLAC TROMETHAMINE 0.4 % DROPS	TIER-THREE	
KETOROLAC TROMETHAMINE 0.5 % DROPS	TIER-TWO	
LOTEMAX 0.5% EYE OINTMENT	TIER-FOUR	
LOTEPREDNOL ETABONATE (0.5 % DROPS SUSP, 0.5 % DROPS GEL)	TIER-FOUR	
MAXIDEX	TIER-FOUR	
NEVANAC	TIER-FOUR	
PREDNISOLONE ACETATE	TIER-THREE	
PREDNISOLONE SODIUM PHOSPHATE 1 % DROPS	TIER-TWO	
PROLENSA	TIER-FOUR	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % DROPS	TIER-THREE	
BETIMOL	TIER-FOUR	
BETOPTIC S	TIER-FOUR	
CARTEOLOL HCL	TIER-TWO	
LEVOBUNOLOL HCL	TIER-TWO	
TIMOLOL MALEATE 0.5 % DROP DAILY	TIER-FOUR	
TIMOLOL MALEATE (0.25 % DROPS, 0.25 % SOL-GEL, 0.5 % SOL-GEL, 0.5 % DROPS)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
APRACLONIDINE HCL	TIER-FOUR	
BRIMONIDINE TARTRATE (0.1 % DROPS, 0.15 % DROPS)	TIER-FOUR	
BRIMONIDINE TARTRATE 0.2 % DROPS	TIER-TWO	
BRINZOLAMIDE	TIER-FOUR	
DORZOLAMIDE HCL	TIER-TWO	
METHAZOLAMIDE	TIER-FOUR	
PILOCARPINE HCL (1 % DROPS, 2 % DROPS, 4 % DROPS)	TIER-THREE	
RHOPRESSA	TIER-FOUR	ST, QL (2.5 ML PER 25 DAYS)
SIMBRINZA	TIER-FOUR	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
BIMATOPROST 0.03 % DROPS	TIER-THREE	ST, QL (2.5 ML PER 25 DAYS)
LATANOPROST	TIER-TWO	
LUMIGAN	TIER-THREE	ST, QL (2.5 ML PER 25 DAYS)
TAFLUPROST/PF	TIER-FOUR	ST, QL (1 PER DAY)
TRAVOPROST	TIER-THREE	
VYZULTA	TIER-FOUR	ST, QL (2.5 ML PER 25 DAYS)
XELPROS	TIER-FOUR	
Ophthalmic Agents, Other		
UPNEEQ	TIER-FOUR	PA, QL (2 PER DAY)
OTIC AGENTS		
ACETIC ACID 2 % SOLUTION	TIER-TWO	
CIPRO HC	TIER-FOUR	
CIPROFLOXACIN HCL 0.2 % DROPERETTE	TIER-FOUR	

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Drug Name	Status*	Requirements/Limits
CIPROFLOXACIN HCL/DEXAMETHASONE	TIER-THREE	
CORTISPORIN-TC	TIER-FOUR	
FLAC OTIC OIL	TIER-FOUR	
FLUOCINOLONE ACETONIDE OIL	TIER-FOUR	
HYDROCORTISONE/ACETIC ACID	TIER-FOUR	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE (3.5-10K-1 DROPS SUSP, 3.5-10K-1 SOLUTION)	TIER-FOUR	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO	TIER-THREE	
ARNUITY ELLIPTA	TIER-THREE	
ASMANEX	TIER-THREE	
ASMANEX HFA	TIER-THREE	
BUDESONIDE (0.25MG/2ML AMPUL-NEB, 0.5 MG/2ML AMPUL-NEB, 1 MG/2 ML AMPUL-NEB)	TIER-FOUR	
FLOVENT DISKUS	TIER-THREE	
FLOVENT HFA	TIER-THREE	
FLUNISOLIDE	TIER-THREE	
FLUTICASONE PROPIONATE 50 MCG SPRAY SUSP	TIER-TWO	
MOMETASONE FUROATE 50 MCG SPRAY/PUMP	TIER-THREE	QL (17 GM PER 30 DAYS)
OMNARIS	TIER-FOUR	PA
PULMICORT FLEXHALER	TIER-THREE	
QVAR REDIHALER	TIER-THREE	
ZETONNA	TIER-FOUR	PA

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Drug Name	Status*	Requirements/Limits
ANTIHISTAMINES		
AZELASTINE HCL 137 MCG SPRAY/PUMP	TIER-TWO	
CARBINOXAMINE MALEATE 4 MG/5 ML LIQUID	TIER-FOUR	
CARBINOXAMINE MALEATE 4 MG TABLET	TIER-TWO	
CLEMASTINE FUMARATE 0.5 MG/5ML SYRUP	TIER-TWO	
CLEMASTINE FUMARATE 2.68 MG TABLET	TIER-FOUR	
CYPROHEPTADINE HCL (2 MG/5 ML SYRUP, 4 MG TABLET)	TIER-TWO	
DESLORATADINE 5 MG TABLET	TIER-TWO	
HYDROXYZINE HCL (10 MG TABLET, 10 MG/5 ML SOLUTION, 25 MG TABLET, 50 MG/25ML SOLUTION, 50 MG TABLET)	TIER-TWO	
HYDROXYZINE PAMOATE	TIER-TWO	
OLOPATADINE HCL 0.6 % SPRAY/PUMP	TIER-TWO	
PROMETHAZINE HCL (6.25MG/5ML SYRUP, 12.5 MG TABLET, 25 MG TABLET)	TIER-TWO	
ANTILEUKOTRIENES		
MONTELUKAST SODIUM (4 MG GRAN PACK, 4 MG TAB CHEW, 5 MG TAB CHEW, 10 MG TABLET)	TIER-TWO	
ZAFIRLUKAST	TIER-THREE	
ZILEUTON	TIER-FOUR	ST
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	TIER-THREE	
INCRUSE ELLIPTA	TIER-THREE	
IPRATROPIUM BROMIDE (0.2 MG/ML SOLUTION, 21 MCG SPRAY, 42 MCG SPRAY)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
SPIRIVA HANDIHALER	TIER-THREE	
SPIRIVA RESPIMAT	TIER-THREE	
BRONCHODILATORS, SYMPATHOMIMETIC		
ALBUTEROL SULFATE 90 MCG HFA AER AD	TIER-TWO	QLC (2 INHALERS PER 30 DAYS)
ALBUTEROL SULFATE (2 MG TABLET, 4 MG TAB ER 12H, 4 MG TABLET, 8 MG TAB ER 12H)	TIER-FOUR	
ALBUTEROL SULFATE (0.63MG/3ML VIAL-NEB, 1.25MG/3ML VIAL-NEB, 2.5 MG/0.5 VIAL-NEB, 5 MG/ML SOLUTION)	TIER-THREE	
ALBUTEROL SULFATE (2 MG/5 ML SYRUP, 2.5 MG/3ML VIAL-NEB)	TIER-TWO	
ARFORMOTEROL TARTRATE	TIER-FOUR	QL (4 ML PER DAY)
AUVI-Q 0.1 MG AUTO-INJECTOR	TIER-FOUR	LA, QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
EPINEPHRINE (0.15MG/0.3 AUTO INJCT, 0.3MG/0.3 AUTO INJCT)	TIER-TWO	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
EPIPEN 2-PAK	TIER-FOUR	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
FORMOTEROL FUMARATE	TIER-THREE	
LEVALBUTEROL HCL (0.31MG/3ML VIAL-NEB, 0.63MG/3ML VIAL-NEB, 1.25MG/0.5 VIAL-NEB, 1.25MG/3ML VIAL-NEB)	TIER-FOUR	
LEVALBUTEROL TARTRATE	TIER-FOUR	
PROAIR RESPICLICK	TIER-FOUR	QL (2 PER 30 DAYS)
SEREVENT DISKUS	TIER-THREE	
SYMJEPI	TIER-THREE	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)

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Drug Name	Status*	Requirements/Limits
TERBUTALINE SULFATE (2.5 MG TABLET, 5 MG TABLET)	TIER-TWO	
CYSTIC FIBROSIS AGENTS		
CAYSTON	TIER-SIX	LA, S (Specialty Drug)
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	TIER-SIX	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT)	TIER-SIX	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	TIER-FIVE	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
ORKAMBI 75-94 MG GRANULE PKT	TIER-FIVE	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)	TIER-FIVE	PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)
PULMOZYME	TIER-SIX	S (Specialty Drug)
SYMDEKO	TIER-FIVE	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE	TIER-FIVE	S (Specialty Drug)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	TIER-FIVE	PA, LA, QL (2 PER DAY), S (Specialty Drug)
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	TIER-FIVE	PA, LA, QL (3 PER DAY), S (Specialty Drug)
MAST CELL STABILIZERS		
CROMOLYN SODIUM 20 MG/2 ML AMPUL-NEB	TIER-FOUR	
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
ROFLUMILAST 250 MCG TABLET	TIER-FOUR	QL (1 PER DAY)
ROFLUMILAST 500 MCG TABLET	TIER-THREE	QL (1 PER DAY)
THEOPHYLLINE ANHYDROUS (300 MG TAB ER 12H, 400 MG TAB ER 24H, 450 MG TAB ER 12H, 600 MG TAB ER 24H)	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	TIER-SIX	PA, LA, S (Specialty Drug)
ALYQ	TIER-THREE	QL (2 PER 1 DAY)
AMBRISENTAN	TIER-THREE	PA, LA, S (Specialty Drug)
BOSENTAN	TIER-THREE	PA, LA, S (Specialty Drug)
OPSUMIT	TIER-SIX	PA, LA, S (Specialty Drug)
SILDENAFIL CITRATE 10 MG/ML SUSP RECON	TIER-SIX	PA, S (Specialty Drug)
SILDENAFIL CITRATE 20 MG TABLET	TIER-TWO	
TADALAFIL 20 MG TABLET	TIER-THREE	QL (2 PER 1 DAY)
TRACLEER 32 MG TABLET FOR SUSP	TIER-FIVE	PA, LA, S (Specialty Drug)
TYVASO	TIER-FIVE	PA, LA, S (Specialty Drug)
TYVASO DPI	TIER-SIX	PA, S (Specialty Drug)
TYVASO INSTITUTIONAL START KIT	TIER-FIVE	PA, LA, S (Specialty Drug)
TYVASO REFILL KIT	TIER-FIVE	PA, LA, S (Specialty Drug)
TYVASO STARTER KIT	TIER-FIVE	PA, LA, S (Specialty Drug)
UPTRAVI 200-800 TITRATION PACK	TIER-FIVE	PA, LA, S (Specialty Drug)
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	TIER-FIVE	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
PULMONARY FIBROSIS AGENTS		
OFEV	TIER-SIX	PA, LA, S (Specialty Drug)
PIRFENIDONE (267 MG TABLET, 534 MG TABLET, 801 MG TABLET)	TIER-FIVE	PA, QL (3 PER DAY), S (Specialty Drug)
RESPIRATORY TRACT AGENTS, OTHER		
ACETYLCYSTEINE (100 MG/ML VIAL, 200 MG/ML VIAL)	TIER-TWO	
ADVAIR DISKUS	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
ADVAIR HFA	TIER-THREE	
ANORO ELLIPTA	TIER-THREE	
BENZONATATE	TIER-TWO	
BREO ELLIPTA	TIER-THREE	
COMBIVENT RESPIMAT	TIER-THREE	QL (8 GM PER 30 DAYS)
FASENRA PEN	TIER-FIVE	PA, LA, QL (1 ML PER 56 DAYS), S (Specialty Drug)
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE (55-14 MCG AER POW BA, 113-14 MCG AER POW BA, 232-14 MCG AER POW BA)	TIER-TWO	QL (1 PER 30 DAYS)
GRASTEK	TIER-FOUR	
HYDROCODONE BIT/HOMATROP ME-BR 5-1.5 MG/5 SYRUP	TIER-TWO	
HYDROMET	TIER-TWO	
HYPER-SAL 3.5% VIAL	TIER-FOUR	
HYPER-SAL 7% VIAL	TIER-FOUR	QL (240 ML PER 30 DAYS)
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	TIER-TWO	
NEBUSAL 3% VIAL	TIER-TWO	
NEBUSAL 6% VIAL	TIER-FOUR	
NUCALA 40 MG/0.4 ML SYRINGE	TIER-FIVE	PA, LA, QL (0.4 ML PER 28 DAYS), S (Specialty Drug)
NUCALA (100 MG/ML POWDER VIAL, 100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	TIER-FIVE	PA, LA, QL (1 PER 28 DAYS), S (Specialty Drug)
ODACTRA	TIER-FOUR	
ORALAIR	TIER-FOUR	LA
PHENYLEPHRINE HCL/PROMETHAZINE HCL	TIER-TWO	
PROMETHAZINE HCL/CODEINE	TIER-TWO	PA

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Drug Name	Status*	Requirements/Limits
PROMETHAZINE HCL/DEXTROMETHORPHAN HBR	TIER-TWO	
PROMETHAZINE/PHENYLEPHRINE HCL/CODEINE	TIER-TWO	PA
PULMOSAL	TIER-TWO	QL (240 ML PER 30 DAYS)
RAGWITEK	TIER-FOUR	
SODIUM CHLORIDE FOR INHALATION (3 % VIAL-NEB, 10 % VIAL-NEB)	TIER-TWO	
SODIUM CHLORIDE FOR INHALATION 0.9 % VIAL-NEB	TIER-FOUR	
SODIUM CHLORIDE FOR INHALATION 7 % VIAL-NEB	TIER-TWO	QL (240 ML PER 30 DAYS)
STIOLTO RESPIMAT	TIER-THREE	
SYMBICORT	TIER-THREE	
TRELEGY ELLIPTA	TIER-THREE	
SKELETAL MUSCLE RELAXANTS		
CARISOPRODOL 250 MG TABLET	TIER-FOUR	
CARISOPRODOL 350 MG TABLET	TIER-TWO	
CARISOPRODOL/ASPIRIN	TIER-FOUR	
CARISOPRODOL/ASPIRIN/CODEINE PHOSPHATE	TIER-FOUR	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
CHLORZOXAZONE (250 MG TABLET, 500 MG TABLET)	TIER-FOUR	
CYCLOBENZAPRINE HCL (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	TIER-TWO	
METAXALONE	TIER-FOUR	
METHOCARBAMOL (500 MG TABLET, 750 MG TABLET)	TIER-TWO	
ORPHENADRINE CITRATE 100 MG TABLET ER	TIER-TWO	

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Drug Name	Status*	Requirements/Limits
VANADOM	TIER-TWO	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
ESTAZOLAM	TIER-TWO	
ESZOPICLONE (2 MG TABLET, 3 MG TABLET)	TIER-TWO	QL (1 PER 1 DAY)
ESZOPICLONE 1 MG TABLET	TIER-TWO	QL (2 PER DAY)
FLURAZEPAM HCL	TIER-TWO	
HETLIOZ LQ	TIER-SIX	PA, LA, QL (5 ML PER DAY), S (Specialty Drug)
RAMELTEON	TIER-FOUR	
TASIMELTEON	TIER-SIX	PA, QL (1 PER DAY), S (Specialty Drug)
TEMAZEPAM (15 MG CAPSULE, 30 MG CAPSULE)	TIER-TWO	
TEMAZEPAM (7.5 MG CAPSULE, 22.5 MG CAPSULE)	TIER-FOUR	
TRIAZOLAM	TIER-TWO	
ZALEPLON	TIER-TWO	QL (2 PER 1 DAY)
ZOLPIDEM TARTRATE 5 MG TABLET	TIER-TWO	QL (2 PER 1 DAY)
ZOLPIDEM TARTRATE (6.25 MG TAB MPHASE, 10 MG TABLET, 12.5 MG TAB MPHASE)	TIER-TWO	QL (1 PER 1 DAY)
WAKEFULNESS PROMOTING AGENTS		
ARMODAFINIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	TIER-THREE	QL (1 PER 1 DAY)
ARMODAFINIL 50 MG TABLET	TIER-THREE	QL (2 PER 1 DAY)
LUMRYZ	TIER-SIX	PA, LA, QL (1 PER DAY), S (Specialty Drug)
MODAFINIL	TIER-THREE	

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Drug Name	Status*	Requirements/Limits
SODIUM OXYBATE	TIER-FIVE	PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug)
SUNOSI	TIER-FOUR	PA, QL (1 PER 1 DAY)
WAKIX	TIER-FIVE	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
XYWAV	TIER-SIX	PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug)

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