



## 3 Tier Drug Formulary

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Avera Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Avera Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Avera Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact the Avera Health Plans Service Center at 1-888-322-2115, (TTY 711), 8 a.m. to 5 p.m. CST, Monday through Friday.

If you believe that Avera Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Complaint and Appeals Coordinator  
Avera Health Plans  
3816 S. Elmwood, Suite 100,  
Sioux Falls, SD 57105-6538  
Fax 1-800-269-8561

Email [ComplaintAppeals@AveraHealthPlans.com](mailto:ComplaintAppeals@AveraHealthPlans.com)

You can file a grievance in person or by mail, fax, or email. You may also contact the Complaint and Appeals Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or call 1-800-368-1019 or 1-800-537-7697 (TDD). Or mail:

US Department of Health and Human Services,  
200 Independence Avenue SW Room 509F, HHH Building,  
Washington, D.C. 20201

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

# Getting Help in other Languages

Language assistance services are available free of charge. Our Service Center is available 8 a.m. to 5 p.m. CST, Monday – Friday, toll-free at 1-888-322-2115 (TTY: 1-800-877-1113).

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2115 (TTY: 1-800-877-1113).
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- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-322-2115 (TTY: 1-800-877-1113).
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- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-322-2115 (TTY: 1-800-877-1113).
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-322-2115 (телетайп: (TTY: 1-800-877-1113).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالامجان. 1-322-2115- مكبل او حصل افتاه مقر (888-800-877-1113-888) • اتصل برقم 1

• ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຈະມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).

• ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-322-2115 (TTY: 1-800-877-1113).

• 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-322-2115 (TTY: 1-800-877-1113) 번으로 전화해 주십시오.

• ຫາກທ່ານເວົ້າພາສາຝຣັ່ງ, ພ້ອມໃຫ້ທ່ານບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຝຣັ່ງຢ່າຄ່າ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113)

• OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-322-2115 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-877-1113)

• ប្រយ័ត្ន: បរិស្ថានជាអ្នកនិយាយ ភាសាខ្មែរ, បេសវាជំនួយខ្លួនក្នុងភាសា ដោយមិនគិត ថ្លៃ គឺអាចមានសំរាប់អ្នក ណាមួយ ចូរ ទូរស័ព្ទ 1-888-322-2115 (TTY: 1-800-877-1113)។

# **Avera Health Plans**

## **3-Tier Drug Formulary**

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

Please refer to your Certificate of Coverage, Master Contract, Plan Document or other plan materials to determine if your drug is covered. The Drug Formulary does not guarantee coverage and is subject to change. The Drug Formulary is subject to change without notice. Members must use participating pharmacies to fill their prescription drugs.

## What is the Avera Health Plans Drug Formulary?

The Drug Formulary is a list of covered prescription drugs, which are approved for use for specific treatments and dispensed through participating pharmacies. Avera Health Plans works with a team of health care providers to choose drugs that provide quality treatment. Avera Health Plans covers drugs on the Drug Formulary that are:

- Medically necessary
- Approved by the United States Food and Drug Administration (FDA)
- Filled at a participating pharmacy

For more information on how to fill your prescriptions and determine if your drug is covered, please review your Certificate of Coverage, Master Contract, Plan Document or other plan materials.

## Can the Drug Formulary change?

The Drug Formulary may change from time to time as described in the Certificate of Coverage, Master Contract, Plan Document or other plan materials. The enclosed Drug Formulary is the most current Drug Formulary covered by Avera Health Plans. To get updated information about the drugs covered by Avera Health Plans, please visit us online at [AveraHealthPlans.com](http://AveraHealthPlans.com) or call our Service Center at 605-322-4545 or toll-free at 1-888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday.

## How do I use the Drug Formulary?

There are two ways to find your drug on the drug list:

### 1. Drug Therapeutic Classification or Plain Language Medical Condition

The Drug Formulary starts on page 7. The drugs on this Drug Formulary are grouped by the type of therapeutic class the drugs fall into. These classes of drugs are also grouped with plain language descriptions for the medical conditions for which these drugs aim to treat. For example, drugs used to treat high blood pressure are listed under “Antihypertensives” and “Drugs for the Heart.”

### 2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that starts near the end of the formulary document after the drug therapeutic classes have been presented. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug
- Next to your drug, see the page number where you can find coverage information
- Turn to the page listed in the Index and find the name of your drug in the first column of the list

For more information about your Avera Health Plans prescription drug coverage, please look at your Certificate of Coverage, Master Contract, Plan Document or other plan materials. If you have questions about this Drug Formulary, please call our Service Center at 605-322-4545 or toll-free at 1-888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday. You may also visit us online at [AveraHealthPlans.com](http://AveraHealthPlans.com)

## Avera Health Plans Drug Formulary

The Drug Formulary that starts on page 7 gives you information about the drugs covered by Avera Health Plans. A generic drug is a drug that has the same active ingredients as its brand-name counterpart, and has been approved by the FDA as being interchangeable with the brand-name drug as approved by your provider. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be considered non-preferred or not covered. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are **bolded** (e.g., **Lipitor**). Generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary. Refer to your Summary of Benefits and Coverage to find the associated co-pay for that drug tier.

The information in the Requirements/Limits column tells you if Avera Health Plans has any special requirements for coverage of your drug. These requirements and limits may include:

- **Preauthorization (PA):** Avera Health Plans needs your healthcare provider to get preauthorization for certain drugs. This means that approval from Avera Health Plans must be obtained before you fill your drug. If you don't get approval, Avera Health Plans will not cover the cost of the drug. Additional information can be found online at [AveraHealthPlans.com](http://AveraHealthPlans.com).
- **Quantity Limits (QL):** For certain drugs, Avera Health Plans limits the amount of the drug that it will cover. For example, Avera Health Plans only covers 18 tablets of *sumatriptan* 50mg per 30 days.
- **Step Therapy (ST):** Avera Health Plans utilizes step therapy to provide the most cost-effective and safest drugs available for a specific medical condition. Step therapy programs require your healthcare provider to prescribe a step-one drug before a step-two drug will be covered. If the step-one drugs do not work for you, Avera Health Plans will cover the step-two drugs. Visit us online at [AveraHealthPlans.com](http://AveraHealthPlans.com) to review a list of Step Therapy Programs.
- **Age Limits:** Certain drugs approved by the FDA or other prescribing guidelines are not appropriate based on age. In some instances Avera Health Plans may restrict use of certain FDA approved drugs to people within a certain age range.
- **Provider Restriction (PR):** For certain drugs, Avera Health Plans limits the prescribing to certain provider specialties.

- **Medical Benefit (MB):** These drugs are covered under the medical benefit only. Drugs covered under the medical benefit require a higher-level of care and are typically administered by a provider or at a healthcare facility.
- **Site-of-Service Restriction (SOS):** The Health Plan requires certain drugs to be administered at a non-hospital based outpatient facility or by a home infusion service provider.

## What if my drug is not on the Drug Formulary?

If your drug is not on this Drug Formulary, you have two choices:

- Your healthcare provider can prescribe a drug that is similar that is covered on the Drug Formulary. Similar drugs that are preferred and covered on the Drug Formulary may be easier to obtain and lower cost to you.
- You can request a formulary exception if you believe the drug you take should be covered because other treatment options on the Drug Formulary do not work for you. To request a formulary exception, you or your healthcare provider must provide written documentation to include the following:
  - Why no other prescription on the Drug Formulary will work as well as the requested drug,
  - A list of other drugs that have been tried and how you responded to these drugs
  - Medical documentation to support the medical necessity

## How likely is it that I will get the formulary exception?

We will review the information and when a decision has been made, you and your healthcare provider will receive a letter that states the decision. If a formulary exception is approved, the non-preferred co-pay (for the applicable drug type) will be applied. The prescription must be a covered benefit on your plan. Formulary exceptions do not include reductions on prescription co-pays.

## What do the tiers mean on the Drug Formulary?

Tier	Type of Drugs Included
Tier 0	Preventive drugs (covered at no cost to you)
Tier 1	Generic drugs
Tier 2	Preferred brand drugs
Tier 3	Non-preferred brand drugs
Tier 10	Medical benefit drugs

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Drug Name	Drug Tier	Requirements / Limits
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* - Drugs For The Nervous System</b>		
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists*** - Drugs For Attention Deficit Disorder</b>		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	QL
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	Age Restriction Applies (Min 6 Years)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*** - Drugs For Attention Deficit Disorder</b>		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL
<b>*Amphetamine Mixtures*** - Drugs For Attention Deficit Disorder</b>		
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	QL
<b>*Amphetamines*** - Drugs For Attention Deficit Disorder</b>		
<b>Adzenys XR-ODT Oral Tablet Extended Release Dispersible 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG</b>	3	Age Restriction Applies (Max 12 Years)
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1	
dextroamphetamine sulfate oral solution 5 mg/5ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	
<b>Dyanavel XR Oral Suspension Extended Release 2.5 MG/ML</b>	3	QL
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	QL
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL
methamphetamine hcl oral tablet 5 mg	1	
<b>Vyvanse Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</b>	2	QL
<b>Vyvanse Oral Tablet Chewable 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</b>	2	QL
<b>Zenzedi Oral Tablet 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG</b>	1	
<b>*Analeptics*** - Drugs For The Nervous System</b>		
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
<b>*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*** - Drugs For Sleep Disorder</b>		
<b>Sunosi Oral Tablet 150 MG, 75 MG</b>	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Histamine H3-Receptor Antagonist/Inverse Agonists*** - Drugs For Sleep Disorder</b>		
<b>Wakix Oral Tablet 17.8 MG, 4.45 MG</b>	3	PA
<b>*Stimulants - Misc.*** - Drugs For Attention Deficit Disorder</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	QL
<i>armodafinil oral tablet 50 mg</i>	1	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 45 mg, 54 mg, 63 mg, 72 mg</i>	1	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL
<b>QuilliChew ER Oral Tablet Chewable Extended Release 20 MG, 30 MG, 40 MG</b>	3	
<b>*Allergenic Extracts/Biologicals Misc* - Biological Agents</b>		
<b>*Allergenic Extracts*** - Biological Agents</b>		
<b>Grastek Sublingual Tablet Sublingual 2800 BAU</b>	3	PR; QL; Age Restriction Applies (Min 5 Years and Max 65 Years)
<b>Palforzia (12 MG Daily Dose) Oral 2 x 1 MG &amp; 10 MG</b>	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
<b>Palforzia (120 MG Daily Dose) Oral 20 MG &amp; 100 MG</b>	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
<b>Palforzia (160 MG Daily Dose) Oral 3 x 20 MG &amp; 100 MG</b>	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
<b>Palforzia (20 MG Daily Dose) Oral 20 MG</b>	3	Age Restriction Applies (Min 4 Years and Max 17 Years)

Drug Name	Drug Tier	Requirements / Limits
Palforzia (200 MG Daily Dose) Oral 2 x 100 MG	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
Palforzia (240 MG Daily Dose) Oral 2 x 20 MG & 2 x 100 MG	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
Palforzia (3 MG Daily Dose) Oral 3 x 1 MG	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
Palforzia (300 MG Maintenance) Oral Packet 300 MG	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
Palforzia (300 MG Titration) Oral Packet 300 MG	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
Palforzia (40 MG Daily Dose) Oral 2 x 20 MG	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
Palforzia (6 MG Daily Dose) Oral 6 x 1 MG	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
Palforzia (80 MG Daily Dose) Oral 4 x 20 MG	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
Palforzia Initial Escalation Oral 0.5 & 1 & 1.5 & 3 & 6 MG	3	Age Restriction Applies (Min 4 Years and Max 17 Years)
Ragwitek Sublingual Tablet Sublingual 12 AMB A 1-U	3	PR; QL; Age Restriction Applies (Min 5 Years and Max 65 Years)
<b>*Mixed Allergenic Extracts*** - Biological Agents</b>		
Odactra Sublingual Tablet Sublingual 12 SQ-HDM	3	PR; QL; Age Restriction Applies (Min 18 Years and Max 65 Years)
Oralair Sublingual Tablet Sublingual 300 IR	3	PR; QL; Age Restriction Applies (Min 5 Years and Max 65 Years)
<b>*Aminoglycosides* - Drugs For Infections</b>		
<b>*Aminoglycosides*** - Antibiotics</b>		
Arikayce Inhalation Suspension 590 MG/8.4ML	3	QL
Bethkis Inhalation Nebulization Solution 300 MG/4ML	3	QL
Kitabis Pak Inhalation Nebulization Solution 300 MG/5ML	3	QL
<i>neomycin sulfate oral tablet 500 mg</i>	1	
Tobi Inhalation Nebulization Solution 300 MG/5ML	3	QL
Tobi Podhaler Inhalation Capsule 28 MG	3	QL
<i>tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml</i>	1	QL
<b>*Analgesics - Anti-Inflammatory* - Drugs For Pain And Fever</b>		
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors*** - Arthritis And Pain Drugs</b>		
Rinvoq LQ Oral Solution 1 MG/ML	2	PA; QL
Rinvoq Oral Tablet Extended Release 24 Hour 15 MG, 30 MG, 45 MG	2	PA; QL
Xeljanz Oral Solution 1 MG/ML	2	PA; QL
Xeljanz Oral Tablet 10 MG, 5 MG	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
Xeljanz XR Oral Tablet Extended Release 24 Hour 11 MG, 22 MG	2	PA; QL
<b>*Antirheumatic Antimetabolites*** - Arthritis And Pain Drugs</b>		
Otrexup Subcutaneous Solution Auto-Injector 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	
Rasuvo Subcutaneous Solution Auto-Injector 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies*** - Arthritis And Pain Drugs</b>		
Adalimumab-adaz Subcutaneous Solution Auto-Injector 40 MG/0.4ML	2	PA; QL
Adalimumab-adaz Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	2	PA; QL
Amjevita Subcutaneous Solution Auto-Injector 40 MG/0.4ML, 80 MG/0.8ML	2	PA; QL
Amjevita Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	2	PA; QL
Amjevita-Ped 15kg to <30kg Subcutaneous Solution Prefilled Syringe 20 MG/0.2ML	2	PA; QL
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.4ML	2	PA; QL
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	2	PA; QL
Simponi Aria Intravenous Solution 50 MG/4ML	Tier 10	PA
Simponi Subcutaneous Solution Auto-Injector 100 MG/ML, 50 MG/0.5ML	3	PA; QL
Simponi Subcutaneous Solution Prefilled Syringe 100 MG/ML, 50 MG/0.5ML	3	PA; QL
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors*** - Arthritis And Pain Drugs</b>		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	
celecoxib oral capsule 400 mg	1	QL
<b>*Gold Compounds*** - Arthritis And Pain Drugs</b>		
Ridaura Oral Capsule 3 MG	2	
<b>*Interleukin-1 Blockers*** - Arthritis And Pain Drugs</b>		
Arcalyst Subcutaneous Solution Reconstituted 220 MG	Tier 10	PA
<b>*Interleukin-1Beta Blockers*** - Arthritis And Pain Drugs</b>		
Ilaris Subcutaneous Solution 150 MG/ML	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<b>*Interleukin-6 Receptor Inhibitors*** - Arthritis And Pain Drugs</b>		
Actemra ACTPen Subcutaneous Solution Auto-Injector 162 MG/0.9ML	2	PA; QL
Actemra Intravenous Solution 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 10	PA
Actemra Subcutaneous Solution Prefilled Syringe 162 MG/0.9ML	2	PA; QL
Kevzara Subcutaneous Solution Auto-Injector 150 MG/1.14ML, 200 MG/1.14ML	3	PA
Kevzara Subcutaneous Solution Prefilled Syringe 150 MG/1.14ML, 200 MG/1.14ML	3	PA
Tofidence Intravenous Solution 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 10	PA
Tyenne Intravenous Solution 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 10	PA
Tyenne Subcutaneous Solution Auto-Injector 162 MG/0.9ML	2	PA; QL
Tyenne Subcutaneous Solution Prefilled Syringe 162 MG/0.9ML	2	PA; QL
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations*** - Arthritis And Pain Drugs</b>		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	QL
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** - Arthritis And Pain Drugs</b>		
<i>diclofenac potassium oral capsule 25 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>fenoprofen calcium oral capsule 400 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<b>IBU Oral Tablet 400 MG, 600 MG, 800 MG</b>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	1	
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	Tier 10	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral suspension 7.5 mg/5ml</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<b>Nalfon Oral Capsule 400 MG</b>	3	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<b>Sprix Nasal Solution 15.75 MG/SPRAY</b>	3	QL
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<b>*Phosphodiesterase 4 (Pde4) Inhibitors*** - Arthritis And Pain Drugs</b>		
<b>Otezla Oral Tablet 20 MG, 30 MG</b>	2	PA; QL
<b>Otezla Oral Tablet Therapy Pack 10 &amp; 20 &amp; 30 MG, 4 x 10 &amp; 51 x20 MG</b>	2	PA; QL
<b>*Pyrimidine Synthesis Inhibitors*** - Arthritis And Pain Drugs</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<b>*Selective Costimulation Modulators*** - Arthritis And Pain Drugs</b>		
<b>Orencia ClickJect Subcutaneous Solution Auto-Injector 125 MG/ML</b>	3	PA; QL
<b>Orencia Intravenous Solution Reconstituted 250 MG</b>	Tier 10	PA
<b>Orencia Subcutaneous Solution Prefilled Syringe 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML</b>	3	PA; QL
<b>*Soluble Tumor Necrosis Factor Receptor Agents*** - Arthritis And Pain Drugs</b>		
<b>Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML</b>	2	PA; QL
<b>Enbrel Subcutaneous Solution 25 MG/0.5ML</b>	2	PA; QL
<b>Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML, 50 MG/ML</b>	2	PA; QL
<b>Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML</b>	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Analgesics - Nonnarcotic* - Drugs For Pain And Fever</b>		
<b>*Analgesics-Sedatives*** - Arthritis And Pain Drugs</b>		
<b>Allzital Oral Tablet 25-325 MG</b>	3	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	QL
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	QL
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	QL
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<b>Tencon Oral Tablet 50-325 MG</b>	1	QL
<b>*Salicylates*** - Arthritis And Pain Drugs</b>		
<i>diflunisal oral tablet 500 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<b>*Analgesics - Opioid* - Drugs For Pain And Fever</b>		
<b>*Codeine Combinations*** - Arthritis And Pain Drugs</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	1	QL; Age Restriction Applies (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)
<b>Ascomp-Codeine Oral Capsule 50-325-40-30 MG</b>	1	QL; Age Restriction Applies (Min 12 Years)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)
<b>*Dihydrocodeine Combinations*** - Arthritis And Pain Drugs</b>		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)
<i>trezix oral capsule 320.5-30-16 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)
<b>*Hydrocodone Combinations*** - Arthritis And Pain Drugs</b>		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL
<b>*Opioid Agonists*** - Arthritis And Pain Drugs</b>		
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)



Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	QL
<i>fentanyl citrate buccal tablet 400 mcg, 600 mcg, 800 mcg</i>	1	QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	QL
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	1	QL
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	QL
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL
<i>hydromorphone hcl rectal suppository 3 mg</i>	1	QL
<i>levorphanol tartrate oral tablet 2 mg</i>	1	QL
<i>meperidine hcl oral solution 50 mg/5ml</i>	1	QL
<i>meperidine hcl oral tablet 50 mg</i>	1	
<b>Methadone HCl Intensol Oral Concentrate 10 MG/ML</b>	1	QL
<i>methadone hcl oral concentrate 10 mg/ml</i>	1	QL
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	QL
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	QL
<i>methadone hcl oral tablet soluble 40 mg</i>	1	QL
<b>Methadose Oral Tablet Soluble 40 MG</b>	1	QL
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	1	QL
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	QL
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	QL
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<b>Nucynta ER Oral Tablet Extended Release 12 Hour 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>	3	ST; QL
<b>Nucynta Oral Tablet 100 MG, 50 MG, 75 MG</b>	3	QL
<i>oxycodone hcl oral capsule 5 mg</i>	1	QL
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	QL
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL



Drug Name	Drug Tier	Requirements / Limits
<b>OxyCONTIN Oral Tablet ER 12 Hour Abuse-Deterrent 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	2	QL
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	1	QL
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)
<i>tramadol hcl oral tablet 100 mg, 50 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)
<b>Xtampza ER Oral Capsule ER 12 Hour Abuse-Deterrent 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG</b>	3	ST
<b>*Opioid Combinations*** - Arthritis And Pain Drugs</b>		
<b>Endocet Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG</b>	1	QL
<b>Endocet Oral Tablet 7.5-325 MG</b>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg</i>	1	QL
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	
<b>*Opioid Partial Agonists*** - Arthritis And Pain Drugs</b>		
<b>Belbuca Buccal Film 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG</b>	3	QL
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	QL
<b>Sublocade Subcutaneous Solution Prefilled Syringe 100 MG/0.5ML, 300 MG/1.5ML</b>	3	
<b>Suboxone Sublingual Film 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG</b>	3	
<b>Zubsolv Sublingual Tablet Sublingual 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG</b>	3	
<b>*Tramadol Combinations*** - Arthritis And Pain Drugs</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL; Age Restriction Applies (Min 12 Years)

Drug Name	Drug Tier	Requirements / Limits
<b>*Androgens-Anabolic* - Hormones</b>		
<b>*Androgens*** - Drugs For Men</b>		
<b>AndroGel Pump Transdermal Gel 20.25 MG/ACT (1.62%)</b>	2	QL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<b>Jatenzo Oral Capsule 158 MG, 198 MG, 237 MG</b>	3	
<b>Kyzatrex Oral Capsule 100 MG, 150 MG, 200 MG</b>	3	
<i>methitest oral tablet 10 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	QL
<i>testosterone transdermal solution 30 mg/act</i>	1	QL
<b>Tlando Oral Capsule 112.5 MG</b>	3	
<b>*Anorectal And Related Products* - Rectal Preparations</b>		
<b>*Intrarectal Steroids*** - Rectal Preparations</b>		
<i>budesonide rectal foam 2 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<b>*Nitrate Vasodilating Agents*** - Rectal Preparations</b>		
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
<b>*Rectal Steroids*** - Rectal Preparations</b>		
<i>anucort-hc rectal suppository 25 mg</i>	1	
<i>anusol-hc rectal suppository 25 mg</i>	1	
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<b>*Anthelmintics* - Drugs For Infections</b>		
<b>*Anthelmintics*** - Drugs For Parasites</b>		
<i>albendazole oral tablet 200 mg</i>	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	3	
<b>Emverm Oral Tablet Chewable 100 MG</b>	3	
<i>ivermectin oral tablet 3 mg</i>	1	QL
<i>praziquantel oral tablet 600 mg</i>	1	
<b>*Antianginal Agents* - Drugs For The Heart</b>		
<b>*Antianginals-Other*** - Drugs For Angina</b>		
<b>Aspruzyo Sprinkle Oral Packet 1000 MG, 500 MG</b>	3	QL
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Nitrates*** - Drugs For Angina</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<b>Nitro-Bid Transdermal Ointment 2 %</b>	1	
<b>Nitro-Dur Transdermal Patch 24 Hour 0.3 MG/HR, 0.8 MG/HR</b>	3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
<b>Nitro-Time Oral Capsule Extended Release 2.5 MG, 6.5 MG, 9 MG</b>	1	
<b>*Antianxiety Agents* - Drugs For The Nervous System</b>		
<b>*Antianxiety Agents - Misc.*** - Drugs For Anxiety</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<b>*Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<b>ALPRAZolam Intensol Oral Concentrate 1 MG/ML</b>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<b>diazePAM Intensol Oral Concentrate 5 MG/ML</b>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<b>LORazepam Intensol Oral Concentrate 2 MG/ML</b>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
<b>*Antiarrhythmics* - Drugs For The Heart</b>		
<b>*Antiarrhythmics Type I-A*** - Drugs For Abnormal Heart Rhythms</b>		
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
<b>Norpace CR Oral Capsule Extended Release 12 Hour 100 MG, 150 MG</b>	3	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
<b>*Antiarrhythmics Type I-B*** - Drugs For Abnormal Heart Rhythms</b>		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	
<b>*Antiarrhythmics Type I-C*** - Drugs For Abnormal Heart Rhythms</b>		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
<b>*Antiarrhythmics Type Iii*** - Drugs For Abnormal Heart Rhythms</b>		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
<b>Multaq Oral Tablet 400 MG</b>	3	QL
<b>Pacerone Oral Tablet 100 MG, 200 MG, 400 MG</b>	1	
<b>*Antiasthmatic And Bronchodilator Agents* - Drugs For The Lungs</b>		
<b>*5-Lipoxygenase Inhibitors*** - Drugs For Asthma/Copd</b>		
zileuton er oral tablet extended release 12 hour 600 mg	1	QL
<b>Zyflo Oral Tablet 600 MG</b>	3	QL
<b>*Adrenergic Combinations*** - Drugs For Asthma/Copd</b>		
<b>Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT</b>	2	QL
<b>Bevespi Aerosphere Inhalation Aerosol 9-4.8 MCG/ACT</b>	2	QL
<b>Breo Ellipta Inhalation Aerosol Powder Breath Activated 50-25 MCG/INH</b>	2	QL
<b>Breztri Aerosphere Inhalation Aerosol 160-9-4.8 MCG/ACT</b>	2	QL
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	QL
<b>Combivent Respimat Inhalation Aerosol Solution 20-100 MCG/ACT</b>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<b>Dulera Inhalation Aerosol 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT</b>	2	QL
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	1	QL
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	1	QL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
<b>Stiolto Respimat Inhalation Aerosol Solution 2.5-2.5 MCG/ACT</b>	2	QL
<b>Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</b>	2	QL
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL
<b>*Anti-IgE Monoclonal Antibodies*** - Drugs For Asthma/Copd</b>		
<b>Xolair Subcutaneous Solution Auto-Injector 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML</b>	3	PA; QL
<b>Xolair Subcutaneous Solution Prefilled Syringe 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML</b>	3	PA; QL
<b>Xolair Subcutaneous Solution Reconstituted 150 MG</b>	Tier 10	PA; SOS
<b>*Anti-Inflammatory Agents*** - Drugs For Asthma/Copd</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<b>*Beta Adrenergics*** - Drugs For Asthma/Copd</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	QL
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	QL
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	QL
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	1	QL
<b>ProAir RespiClick Inhalation Aerosol Powder Breath Activated 108 (90 Base) MCG/ACT</b>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<b>Serevent Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/ACT</b>	2	QL
<b>Striverdi Respimat Inhalation Aerosol Solution 2.5 MCG/ACT</b>	3	QL
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
<b>Ventolin HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT</b>	2	QL
<b>*Bronchodilators - Anticholinergics*** - Drugs For Asthma/Copd</b>		
<b>Atrovent HFA Inhalation Aerosol Solution 17 MCG/ACT</b>	2	QL
<b>Increase Ellipta Inhalation Aerosol Powder Breath Activated 62.5 MCG/ACT</b>	2	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<b>Spiriva Respimat Inhalation Aerosol Solution 1.25 MCG/ACT, 2.5 MCG/ACT</b>	2	QL
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	QL
<b>Tudorza Pressair Inhalation Aerosol Powder Breath Activated 400 MCG/ACT</b>	3	QL
<b>*Interleukin-5 Antagonists (Igg1 Kappa)*** - Drugs For Asthma/Copd</b>		
<b>Fasenra Pen Subcutaneous Solution Auto-Injector 30 MG/ML</b>	3	PA
<b>Fasenra Subcutaneous Solution Prefilled Syringe 10 MG/0.5ML</b>	3	PA
<b>Fasenra Subcutaneous Solution Prefilled Syringe 30 MG/ML</b>	Tier 10	PA
<b>Nucala Subcutaneous Solution Auto-Injector 100 MG/ML</b>	3	PA
<b>Nucala Subcutaneous Solution Prefilled Syringe 100 MG/ML, 40 MG/0.4ML</b>	3	PA; QL
<b>Nucala Subcutaneous Solution Reconstituted 100 MG</b>	Tier 10	PA
<b>*Interleukin-5 Antagonists (Igg4 Kappa)*** - Drugs For Asthma/Copd</b>		
<b>Cinqair Intravenous Solution 100 MG/10ML</b>	Tier 10	PA
<b>*Leukotriene Receptor Antagonists*** - Drugs For Asthma/Copd</b>		
<i>montelukast sodium oral packet 4 mg</i>	1	QL; Age Restriction Applies (Max 5 Years)
<i>montelukast sodium oral tablet 10 mg</i>	1	QL
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	QL
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors*** - Drugs For Asthma/Copd</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Steroid Inhalants*** - Drugs For Asthma/Copd</b>		
Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 100 MCG/ACT, 200 MCG/ACT	2	QL
Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 50 MCG/ACT	2	QL; Age Restriction Applies (Min 5 Years and Max 11 Years)
Asmanex (120 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/ACT	2	
Asmanex (14 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/ACT	2	
Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated 110 MCG/ACT, 220 MCG/ACT	2	
Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/ACT	2	
Asmanex HFA Inhalation Aerosol 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	2	QL
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	QL
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	1	QL
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	1	QL
Pulmicort Flexhaler Inhalation Aerosol Powder Breath Activated 180 MCG/ACT, 90 MCG/ACT	2	QL
Qvar RediHaler Inhalation Aerosol Breath Activated 40 MCG/ACT, 80 MCG/ACT	2	QL
<b>*Thymic Stromal Lymphopoietin (Tslp) Antagonists*** - Drugs For Asthma/Copd</b>		
Tezspire Subcutaneous Solution Auto-Injector 210 MG/1.91ML	3	PA
Tezspire Subcutaneous Solution Prefilled Syringe 210 MG/1.91ML	3	PA
<b>*Xanthines*** - Drugs For Asthma/Copd</b>		
Elixophyllin Oral Elixir 80 MG/15ML	3	
Theo-24 Oral Capsule Extended Release 24 Hour 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<b>*Anticoagulants* - Drugs For The Blood</b>		
<b>*Coumarin Anticoagulants*** - Drugs To Prevent Blood Clots</b>		
Jantoven Oral Tablet 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	



Drug Name	Drug Tier	Requirements / Limits
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
<b>*Direct Factor Xa Inhibitors*** - Drugs To Prevent Blood Clots</b>		
Eliquis Oral Tablet 2.5 MG, 5 MG	2	
Xarelto Oral Suspension Reconstituted 1 MG/ML	2	QL; Age Restriction Applies (Max 12 Years)
Xarelto Oral Tablet 10 MG, 15 MG, 2.5 MG, 20 MG	2	
Xarelto Starter Pack Oral Tablet Therapy Pack 15 & 20 MG	2	
<b>*Low Molecular Weight Heparins*** - Drugs To Prevent Blood Clots</b>		
enoxaparin sodium injection solution 300 mg/3ml	1	QL
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	1	QL
Fragmin Subcutaneous Solution 10000 UNIT/4ML, 95000 UNIT/3.8ML	3	
Fragmin Subcutaneous Solution Prefilled Syringe 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	3	
<b>*Synthetic Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots</b>		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible*** - Drugs To Prevent Blood Clots</b>		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	
<b>*Anticonvulsants* - Drugs For The Nervous System</b>		
<b>*Ampa Glutamate Receptor Antagonists*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Fycompa Oral Suspension 0.5 MG/ML	3	QL; Age Restriction Applies (Min 4 Years)
Fycompa Oral Tablet 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	QL; Age Restriction Applies (Min 4 Years)
<b>*Anticonvulsants - Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
Libervant Buccal Film 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	Age Restriction Applies (Min 2 Years and Max 5 Years)



Drug Name	Drug Tier	Requirements / Limits
Nayzilam Nasal Solution 5 MG/0.1ML	3	
Sympazan Oral Film 10 MG, 20 MG, 5 MG	3	
Valtoco 10 MG Dose Nasal Liquid 10 MG/0.1ML	3	
Valtoco 15 MG Dose Nasal Liquid Therapy Pack 7.5 MG/0.1ML	3	
Valtoco 20 MG Dose Nasal Liquid Therapy Pack 10 MG/0.1ML	3	
Valtoco 5 MG Dose Nasal Liquid 5 MG/0.1ML	3	
<b>*Anticonvulsants - Misc.*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Aptiom Oral Tablet 200 MG, 400 MG, 600 MG, 800 MG	3	QL
Briviact Oral Solution 10 MG/ML	3	
Briviact Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
Diacomit Oral Capsule 250 MG, 500 MG	3	PA
Diacomit Oral Packet 250 MG, 500 MG	3	PA
Epidiolex Oral Solution 100 MG/ML	3	PA
Epitol Oral Tablet 200 MG	1	
Eprontia Oral Solution 25 MG/ML	3	QL; Age Restriction Applies (Max 12 Years)
Fintepla Oral Solution 2.2 MG/ML	3	PA; QL
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	QL
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL
LaMICtal ODT Oral Kit 21 x 25 MG & 7 x 50 MG, 25 & 50 & 100 MG, 42 x 50 MG & 14x100 MG	3	QL
LaMICtal ODT Oral Tablet Dispersible 100 MG, 200 MG, 25 MG, 50 MG	3	
LaMICtal Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG	3	
LaMICtal Oral Tablet Chewable 25 MG, 5 MG	3	
LaMICtal Starter Oral Kit 35 x 25 MG, 42 x 25 MG & 7 x 100 MG, 84 x 25 MG & 14x100 MG	3	QL
LaMICtal XR Oral Kit 21 x 25 MG & 7 x 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
<b>LaMICtal XR Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG</b>	3	QL
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	QL
<i>lamotrigine oral kit 42 x 50 mg &amp; 14x100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	QL
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	1	QL
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	1	QL
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	QL
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	1	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<b>Oxtellar XR Oral Tablet Extended Release 24 Hour 150 MG, 300 MG, 600 MG</b>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral capsule 225 mg, 25 mg, 300 mg</i>	1	QL
<i>pregabalin oral solution 20 mg/ml</i>	1	QL
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	QL; Age Restriction Applies (Max 18 Years)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	QL
<b>Subvenite Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG</b>	1	
<b>Subvenite Starter Kit-Blue Oral Kit 35 x 25 MG</b>	1	QL
<b>Subvenite Starter Kit-Green Oral Kit 84 x 25 MG &amp; 14x100 MG</b>	1	QL
<b>Subvenite Starter Kit-Orange Oral Kit 42 x 25 MG &amp; 7 x 100 MG</b>	1	QL
<b>TEGretol Oral Suspension 100 MG/5ML</b>	3	
<b>TEGretol Oral Tablet 200 MG</b>	3	
<b>TEGretol-XR Oral Tablet Extended Release 12 Hour 100 MG, 200 MG, 400 MG</b>	3	

Drug Name	Drug Tier	Requirements / Limits
<b>Topamax Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG</b>	3	
<b>Topamax Sprinkle Oral Capsule Sprinkle 15 MG, 25 MG</b>	3	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<b>Ztalmy Oral Suspension 50 MG/ML</b>	3	PA; QL
<b>*Carbamates*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
<b>Xcopri (250 MG Daily Dose) Oral Tablet Therapy Pack 100 &amp; 150 MG</b>	3	QL
<b>Xcopri (350 MG Daily Dose) Oral Tablet Therapy Pack 150 &amp; 200 MG</b>	3	QL
<b>Xcopri Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG, 50 MG</b>	3	QL
<b>Xcopri Oral Tablet Therapy Pack 14 x 12.5 MG &amp; 14 x 25 MG, 14 x 150 MG &amp; 14 x200 MG, 14 x 50 MG &amp; 14 x100 MG</b>	3	QL
<b>*Gaba Modulators*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>vigabatrin oral packet 500 mg</i>	1	QL
<i>vigabatrin oral tablet 500 mg</i>	1	QL
<b>Vigadrone Oral Packet 500 MG</b>	1	QL
<b>*Hydantoins*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<b>Dilantin Infatabs Oral Tablet Chewable 50 MG</b>	3	
<b>Dilantin Oral Capsule 100 MG, 30 MG</b>	3	
<b>Dilantin Oral Suspension 125 MG/5ML</b>	3	
<b>Phenytek Oral Capsule 200 MG, 300 MG</b>	1	
<b>Phenytoin Infatabs Oral Tablet Chewable 50 MG</b>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<b>*Succinimides*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methsuximide oral capsule 300 mg</i>	1	
<b>*Valproic Acid*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<b>Depakote ER Oral Tablet Extended Release 24 Hour 250 MG, 500 MG</b>	3	
<b>Depakote Oral Tablet Delayed Release 125 MG, 250 MG, 500 MG</b>	3	
<b>Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 MG</b>	3	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<b>*Antidepressants* - Drugs For The Nervous System</b>		
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)*** - Drugs For Depression</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	1	QL
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	QL
<b>*Antidepressants - Misc.*** - Drugs For Depression</b>		
<b>Aplenzin Oral Tablet Extended Release 24 Hour 174 MG, 348 MG, 522 MG</b>	3	QL
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<b>*Monoamine Oxidase Inhibitors (Maois)*** - Drugs For Depression</b>		
<b>Emsam Transdermal Patch 24 Hour 12 MG/24HR, 6 MG/24HR, 9 MG/24HR</b>	3	QL
<b>Marplan Oral Tablet 10 MG</b>	3	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
<b>*N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists*** - Drugs For Depression</b>		
<b>Spravato (56 MG Dose) Nasal Solution Therapy Pack 28 MG/DEVICE</b>	Tier 10	
<b>Spravato (84 MG Dose) Nasal Solution Therapy Pack 28 MG/DEVICE</b>	Tier 10	

Drug Name	Drug Tier	Requirements / Limits
<b>*Selective Serotonin Reuptake Inhibitors (SsrIs)*** - Drugs For Depression</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	QL
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<b>*Serotonin Modulators*** - Drugs For Depression</b>		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<b>Trintellix Oral Tablet 10 MG, 20 MG, 5 MG</b>	2	QL
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (SnrIs)*** - Drugs For Depression</b>		
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	3	ST; QL
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	1	QL
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	
<b>Fetzima Oral Capsule Extended Release 24 Hour 120 MG, 20 MG, 40 MG, 80 MG</b>	3	QL
<b>Fetzima Titration Oral Capsule ER 24 Hour Therapy Pack 20 &amp; 40 MG</b>	3	QL
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
<b>*Tricyclic Agents*** - Drugs For Depression</b>		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	
<b>*Antidiabetics* - Hormones</b>		
<b>*Alpha-Glucosidase Inhibitors*** - Drugs For Diabetes</b>		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
<b>*Antidiabetic - Amylin Analogs*** - Drugs For Diabetes</b>		
SymlinPen 120 Subcutaneous Solution Pen-Injector 2700 MCG/2.7ML	3	QL
SymlinPen 60 Subcutaneous Solution Pen-Injector 1500 MCG/1.5ML	3	QL
<b>*Antidiabetic-Anti-Cd3 Antibodies*** - Hormones</b>		
Tzield Intravenous Solution 2 MG/2ML	Tier 10	PA
<b>*Biguanides*** - Drugs For Diabetes</b>		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral solution 500 mg/5ml	3	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
<b>*Diabetic Other*** - Drugs For Diabetes</b>		
Baqsimi One Pack Nasal Powder 3 MG/DOSE	3	
Baqsimi Two Pack Nasal Powder 3 MG/DOSE	3	
diazoxide oral suspension 50 mg/ml	1	
glucagon emergency injection kit 1 mg	2	

Drug Name	Drug Tier	Requirements / Limits
<b>Gvoke HypoPen 1-Pack Subcutaneous Solution Auto-Injector 0.5 MG/0.1ML, 1 MG/0.2ML</b>	3	
<b>Gvoke HypoPen 2-Pack Subcutaneous Solution Auto-Injector 0.5 MG/0.1ML, 1 MG/0.2ML</b>	3	
<b>Gvoke PFS Subcutaneous Solution Prefilled Syringe 1 MG/0.2ML</b>	3	
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** - Drugs For Diabetes</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	1	QL
<b>Januvia Oral Tablet 100 MG, 25 MG, 50 MG</b>	2	QL
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	1	QL
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** - Drugs For Diabetes</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	1	QL
<b>Janumet Oral Tablet 50-1000 MG, 50-500 MG</b>	2	QL
<b>Janumet XR Oral Tablet Extended Release 24 Hour 100-1000 MG, 50-1000 MG, 50-500 MG</b>	2	QL
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	QL
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations*** - Drugs For Diabetes</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	1	
<b>*Human Insulin*** - Drugs For Diabetes</b>		
<b>Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML</b>	2	
<b>Fiasp Injection Solution 100 UNIT/ML</b>	2	
<b>Fiasp PenFill Subcutaneous Solution Cartridge 100 UNIT/ML</b>	2	
<b>HumaLOG Injection Solution 100 UNIT/ML</b>	Not Covered	
<b>HumaLOG Junior KwikPen Subcutaneous Solution Pen-Injector 100 UNIT/ML</b>	Not Covered	
<b>HumaLOG KwikPen Subcutaneous Solution Pen-Injector 100 UNIT/ML, 200 UNIT/ML</b>	Not Covered	
<b>HumaLOG Mix 50/50 KwikPen Subcutaneous Suspension Pen-Injector (50-50) 100 UNIT/ML</b>	Not Covered	
<b>HumaLOG Mix 75/25 KwikPen Subcutaneous Suspension Pen-Injector (75-25) 100 UNIT/ML</b>	Not Covered	
<b>HumaLOG Mix 75/25 Subcutaneous Suspension (75-25) 100 UNIT/ML</b>	Not Covered	
<b>HumaLOG Subcutaneous Solution Cartridge 100 UNIT/ML</b>	Not Covered	
<b>HumaLOG Tempo Pen Subcutaneous Solution Pen-Injector 100 UNIT/ML</b>	Not Covered	
<b>HumuLIN 70/30 KwikPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML</b>	Not Covered	

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Drug Name	Drug Tier	Requirements / Limits
<b>HumuLIN 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML</b>	Not Covered	
<b>HumuLIN N KwikPen Subcutaneous Suspension Pen-Injector 100 UNIT/ML</b>	Not Covered	
<b>HumuLIN N Subcutaneous Suspension 100 UNIT/ML</b>	Not Covered	
<b>HumuLIN R Injection Solution 100 UNIT/ML</b>	Not Covered	
<b>HumuLIN R U-500 (CONCENTRATED) Subcutaneous Solution 500 UNIT/ML</b>	2	
<b>HumuLIN R U-500 KwikPen Subcutaneous Solution Pen-Injector 500 UNIT/ML</b>	2	
<b>Lantus SoloStar Subcutaneous Solution Pen-Injector 100 UNIT/ML</b>	2	
<b>Lantus Subcutaneous Solution 100 UNIT/ML</b>	2	
<b>NovoLIN 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML</b>	2	
<b>NovoLIN N FlexPen Subcutaneous Suspension Pen-Injector 100 UNIT/ML</b>	2	
<b>NovoLIN N Subcutaneous Suspension 100 UNIT/ML</b>	2	
<b>NovoLIN R FlexPen Injection Solution Pen-Injector 100 UNIT/ML</b>	2	
<b>NovoLIN R Injection Solution 100 UNIT/ML</b>	2	
<b>NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML</b>	2	
<b>NovoLOG Injection Solution 100 UNIT/ML</b>	2	
<b>NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML</b>	2	
<b>NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML</b>	2	
<b>NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML</b>	2	
<b>Toujeo Max SoloStar Subcutaneous Solution Pen-Injector 300 UNIT/ML</b>	2	
<b>Toujeo SoloStar Subcutaneous Solution Pen-Injector 300 UNIT/ML</b>	2	
<b><i>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** - Drugs For Diabetes</i></b>		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	1	QL
<b>Ozempic (0.25 or 0.5 MG/DOSE) Subcutaneous Solution Pen-Injector 2 MG/3ML</b>	2	ST; QL
<b>Ozempic (1 MG/DOSE) Subcutaneous Solution Pen-Injector 4 MG/3ML</b>	2	ST; QL
<b>Ozempic (2 MG/DOSE) Subcutaneous Solution Pen-Injector 8 MG/3ML</b>	2	ST; QL
<b>Rybelsus Oral Tablet 14 MG, 3 MG, 7 MG</b>	2	ST; QL



Drug Name	Drug Tier	Requirements / Limits
<b>*Insulin-Incretin Mimetic Combinations*** - Drugs For Diabetes</b>		
Soliqua Subcutaneous Solution Pen-Injector 100-33 UNT-MCG/ML	2	ST; QL
Xultophy Subcutaneous Solution Pen-Injector 100-3.6 UNIT-MG/ML	2	ST; QL
<b>*Meglitinide Analogues*** - Drugs For Diabetes</b>		
nateglinide oral tablet 120 mg, 60 mg	1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
<b>*Progesterone Receptor Antagonists*** - Drugs For Diabetes</b>		
mifepristone oral tablet 300 mg	1	PA; Age Restriction Applies (Min 18 Years)
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb*** - Drugs For Diabetes</b>		
Trijardy XR Oral Tablet Extended Release 24 Hour 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	2	QL
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations*** - Drugs For Diabetes</b>		
Glyxambi Oral Tablet 10-5 MG, 25-5 MG	2	QL
Qtern Oral Tablet 10-5 MG, 5-5 MG	2	QL
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** - Drugs For Diabetes</b>		
Farxiga Oral Tablet 10 MG, 5 MG	2	QL
Jardiance Oral Tablet 10 MG, 25 MG	2	QL
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Drugs For Diabetes</b>		
Synjardy Oral Tablet 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	2	QL
Synjardy XR Oral Tablet Extended Release 24 Hour 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	2	QL
Xigduo XR Oral Tablet Extended Release 24 Hour 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	2	QL
<b>*Sulfonylurea-Biguanide Combinations*** - Drugs For Diabetes</b>		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
<b>*Sulfonylureas*** - Drugs For Diabetes</b>		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<b>*Sulfonylurea-Thiazolidinedione Combinations*** - Drugs For Diabetes</b>		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL
<b>*Thiazolidinedione-Biguanide Combinations*** - Drugs For Diabetes</b>		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	
<b>*Thiazolidinediones*** - Drugs For Diabetes</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<b>*Antidiarrheal/Probiotic Agents* - Drugs For The Stomach</b>		
<b>*Antidiarrheal - Chloride Channel Antagonists*** - Drugs For Diarrhea</b>		
<b>Mytesi Oral Tablet Delayed Release 125 MG</b>	3	PA; QL
<b>*Antidiarrheal/Probiotic Combinations*** - Drugs For Diarrhea</b>		
<b>Restora RX Oral Capsule 60-1.25 MG</b>	3	
<b>*Antiperistaltic Agents*** - Drugs For Diarrhea</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<b>Motofen Oral Tablet 1-0.025 MG</b>	3	
<i>opium oral tincture 10 mg/ml (1%)</i>	1	
<b>*Antidotes And Specific Antagonists* - Drugs For Overdose Or Poisoning</b>		
<b>*Antidotes - Chelating Agents*** - Drugs For Overdose Or Poisoning</b>		
<b>Chemet Oral Capsule 100 MG</b>	3	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	1	PA
<b>Exjade Oral Tablet Soluble 125 MG, 250 MG, 500 MG</b>	2	PA
<b>Ferriprox Oral Solution 100 MG/ML</b>	3	PA
<b>Ferriprox Oral Tablet 1000 MG, 500 MG</b>	3	PA
<b>Ferriprox Twice-A-Day Oral Tablet 1000 MG</b>	3	PA
<b>Jadenu Oral Tablet 180 MG, 360 MG, 90 MG</b>	3	PA
<b>Jadenu Sprinkle Oral Packet 180 MG, 360 MG, 90 MG</b>	3	PA
<i>pentetate calcium trisodium combination solution 200 mg/ml</i>	3	

Drug Name	Drug Tier	Requirements / Limits
pentetate zinc trisodium combination solution 200 mg/ml	3	
<b>*Antidotes And Specific Antagonists*** - Drugs For Overdose Or Poisoning</b>		
Vistogard Oral Packet 10 GM	3	QL
<b>*Opioid Antagonists*** - Drugs For Overdose Or Poisoning</b>		
Kloxxado Nasal Liquid 8 MG/0.1ML	3	QL
naloxone hcl nasal liquid 4 mg/0.1ml	1	QL
naltrexone hcl oral tablet 50 mg	1	
Opvee Nasal Solution 2.7 MG/0.1ML	3	
Rextovy Nasal Liquid 4 MG/0.25ML	2	QL
Vivitrol Intramuscular Suspension Reconstituted 380 MG	Tier 10	
Zimhi Injection Solution Prefilled Syringe 5 MG/0.5ML	3	QL
<b>*Antiemetics* - Drugs For The Stomach</b>		
<b>*5-Ht3 Receptor Antagonists*** - Drugs For Vomiting And Nausea</b>		
granisetron hcl oral tablet 1 mg	1	QL
ondansetron hcl oral solution 4 mg/5ml	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron oral tablet dispersible 4 mg, 8 mg	1	
Sancuso Transdermal Patch 3.1 MG/24HR	3	QL
<b>*Antiemetic Combinations*** - Drugs For Vomiting And Nausea</b>		
Akynzeo Oral Capsule 300-0.5 MG	3	QL
<b>*Antiemetics - Anticholinergic*** - Drugs For Vomiting And Nausea</b>		
scopolamine transdermal patch 72 hour 1 mg/3days	1	QL
trimethobenzamide hcl oral capsule 300 mg	1	
<b>*Antiemetics - Miscellaneous*** - Drugs For Vomiting And Nausea</b>		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
Syndros Oral Solution 5 MG/ML	3	
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** - Drugs For Vomiting And Nausea</b>		
aprepitant oral 80 & 125 mg	1	QL
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	1	QL
Emend Oral Suspension Reconstituted 125 MG/5ML	2	QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Antifungals* - Drugs For Infections</b>		
<b>*Antifungals*** - Drugs For Fungus</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<b>*Imidazoles*** - Drugs For Fungus</b>		
<i>ketoconazole oral tablet 200 mg</i>	1	
<b>*Triazoles*** - Drugs For Fungus</b>		
<b>Cresemba Oral Capsule 186 MG, 74.5 MG</b>	3	PR; QL
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<b>Noxafil Oral Packet 300 MG</b>	2	PR; Age Restriction Applies (Max 12 Years)
<i>posaconazole oral suspension 40 mg/ml</i>	1	PR
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PR
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PR; QL
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PR; QL
<b>*Antihistamines* - Drugs For The Lungs</b>		
<b>*Antihistamines - Alkylamines*** - Drugs For Allergies</b>		
<b>RyClora Oral Solution 2 MG/5ML</b>	1	
<b>*Antihistamines - Ethanolamines*** - Drugs For Allergies</b>		
<i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<b>*Antihistamines - Phenothiazines*** - Drugs For Allergies</b>		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<b>Promethegan Rectal Suppository 12.5 MG, 25 MG, 50 MG</b>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Antihistamines - Piperidines*** - Drugs For Allergies</b>		
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
<b>*Antihyperlipidemics* - Drugs For The Heart</b>		
<b>*Angiotensin-Like Protein 3 (Angptl3) Inhibitors*** - Drugs For Cholesterol</b>		
Evkeeza Intravenous Solution 1200 MG/8ML, 345 MG/2.3ML	Tier 10	PA
<b>*Antihyperlipidemics - Misc.*** - Drugs For Cholesterol</b>		
icosapent ethyl oral capsule 0.5 gm, 1 gm	1	QL
omega-3-acid ethyl esters oral capsule 1 gm	1	QL
<b>*Bile Acid Sequestrants*** - Drugs For Cholesterol</b>		
cholestyramine light oral packet 4 gm	1	
cholestyramine light oral powder 4 gml/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gml/dose	1	
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
Prevalite Oral Packet 4 GM	1	
Prevalite Oral Powder 4 GM/DOSE	1	
<b>*Fibric Acid Derivatives*** - Drugs For Cholesterol</b>		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg	1	
gemfibrozil oral tablet 600 mg	1	
<b>*Hmg Coa Reductase Inhibitors*** - Drugs For Cholesterol</b>		
Altoprev Oral Tablet Extended Release 24 Hour 20 MG, 40 MG, 60 MG	3	QL
Atorvaliq Oral Suspension 20 MG/5ML	3	Age Restriction Applies (Max 12 Years)
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
FloLipid Oral Suspension 20 MG/5ML, 40 MG/5ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** - Drugs For Cholesterol</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<b>*Intestinal Cholesterol Absorption Inhibitors*** - Drugs For Cholesterol</b>		
<i>ezetimibe oral tablet 10 mg</i>	1	
<b>*Microsomal Triglyceride Transfer Protein Inhibitors*** - Drugs For Cholesterol</b>		
<b>Juxtapid Oral Capsule 10 MG, 20 MG, 30 MG, 5 MG</b>	3	PA; QL
<b>*Nicotinic Acid Derivatives*** - Drugs For Cholesterol</b>		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	QL
<b>*Pcsk9 Inhibitors*** - Drugs For Cholesterol</b>		
<b>Praluent Subcutaneous Solution Auto-Injector 150 MG/ML, 75 MG/ML</b>	2	PA; QL
<b>Repatha Pushtonex System Subcutaneous Solution Cartridge 420 MG/3.5ML</b>	2	PA; QL
<b>Repatha Subcutaneous Solution Prefilled Syringe 140 MG/ML</b>	2	PA; QL
<b>Repatha SureClick Subcutaneous Solution Auto-Injector 140 MG/ML</b>	2	PA; QL
<b>*Small Interfering Rna (Sirna) Pcsk9 Inhibitors*** - Drugs For Cholesterol</b>		
<b>Leqvio Subcutaneous Solution Prefilled Syringe 284 MG/1.5ML</b>	Tier 10	PA; SOS
<b>*Antihypertensives* - Drugs For The Heart</b>		
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations*** - Drugs For High Blood Pressure</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<b>Prestalia Oral Tablet 14-10 MG, 3.5-2.5 MG, 7-5 MG</b>	3	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure</b>		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	
<b>*Ace Inhibitors*** - Drugs For High Blood Pressure</b>		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
<b>Qbrelis Oral Solution 1 MG/ML</b>	3	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
<b>*Agents For Pheochromocytoma*** - Drugs For High Blood Pressure</b>		
metyrosine oral capsule 250 mg	1	
phenoxybenzamine hcl oral capsule 10 mg	1	
<b>*Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb*** - Drugs For High Blood Pressure</b>		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
<b>*Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure</b>		
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	



Drug Name	Drug Tier	Requirements / Limits
<b>Edarbyclor Oral Tablet 40-12.5 MG, 40-25 MG</b>	3	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<b>*Angiotensin II Receptor Antagonists*** - Drugs For High Blood Pressure</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<b>Edarbi Oral Tablet 40 MG, 80 MG</b>	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>valsartan oral solution 4 mg/ml</i>	1	QL; Age Restriction Applies (Max 12 Years)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<b>*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides*** - Drugs For High Blood Pressure</b>		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<b>*Antiadrenergics - Centrally Acting*** - Drugs For High Blood Pressure</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	QL
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	1	
<b>*Antiadrenergics - Peripherally Acting*** - Drugs For High Blood Pressure</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>*Antihypertensives - Misc.*** - Drugs For High Blood Pressure</b>		
<b>Vecamyl Oral Tablet 2.5 MG</b>	2	



Drug Name	Drug Tier	Requirements / Limits
<b>*Beta Blocker &amp; Diuretic Combinations*** - Drugs For High Blood Pressure</b>		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
<b>*Direct Renin Inhibitors*** - Drugs For High Blood Pressure</b>		
aliskiren fumarate oral tablet 150 mg, 300 mg	1	QL
<b>*Selective Aldosterone Receptor Antagonists (Saras)*** - Drugs For High Blood Pressure</b>		
eplerenone oral tablet 25 mg, 50 mg	1	QL
<b>*Vasodilators*** - Drugs For High Blood Pressure</b>		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
<b>*Anti-Infective Agents - Misc.* - Drugs For Infections</b>		
<b>*Anti-Infective Agents - Misc.*** - Drugs For Infections</b>		
Impavido Oral Capsule 50 MG	3	QL
Likmez Oral Suspension 500 MG/5ML	3	Age Restriction Applies (Max 12 Years)
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
tinidazole oral tablet 250 mg, 500 mg	1	
trimethoprim oral tablet 100 mg	1	
Xifaxan Oral Tablet 200 MG, 550 MG	2	
<b>*Anti-Infective Misc. - Combinations*** - Antibiotics</b>		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
Sulfatrim Pediatric Oral Suspension 200-40 MG/5ML	1	
<b>*Antiprotozoal Agents*** - Drugs For Parasites</b>		
atovaquone oral suspension 750 mg/5ml	1	
Lampit Oral Tablet 120 MG, 30 MG	3	
nitazoxanide oral tablet 500 mg	1	
<b>*Glycopeptides*** - Antibiotics</b>		
vancomycin hcl oral capsule 125 mg, 250 mg	1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Leprostotics*** - Antibiotics</b>		
dapsone oral tablet 100 mg, 25 mg	1	
<b>*Lincosamides*** - Antibiotics</b>		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
<b>*Monobactams*** - Antibiotics</b>		
Cayston Inhalation Solution Reconstituted 75 MG	3	PR; QL
<b>*Oxazolidinones*** - Antibiotics</b>		
linezolid oral suspension reconstituted 100 mg/5ml	1	QL
linezolid oral tablet 600 mg	1	QL
Sivextro Oral Tablet 200 MG	2	QL
<b>*Urinary Anti-Infectives*** - Antibiotics</b>		
fosfomycin tromethamine oral packet 3 gm	1	
methenamine hippurate oral tablet 1 gm	1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd macro oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
<b>*Urinary Antiseptic-Antispasmodic &amp;/Or Analgesics*** - Drugs For Infections</b>		
me/naphos/mb/lyo1 oral tablet 81.6 mg	1	
Urelle Oral Tablet 81 MG	1	
urneva oral capsule 120 mg	1	
uro-mp oral capsule 118 mg	1	
Vilamit MB Oral Capsule 118 MG	1	
<b>*Antimalarials* - Drugs For Infections</b>		
<b>*Antimalarial Combinations*** - Drugs For Parasites</b>		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	
Coartem Oral Tablet 20-120 MG	2	QL
<b>*Antimalarials*** - Drugs For Parasites</b>		
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
Daraprim Oral Tablet 25 MG	3	
hydroxychloroquine sulfate oral tablet 200 mg	1	
mefloquine hcl oral tablet 250 mg	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
quinine sulfate oral capsule 324 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Antimyasthenic/Cholinergic Agents* - Drugs For Nerves And Muscles</b>		
<b>*Antimyasthenic/Cholinergic Agents*** - Drugs For Nerves And Muscles</b>		
<b>Firdapse Oral Tablet 10 MG</b>	3	PA
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide tablet 30 mg oral</i>	1	QL
<b>*Antimycobacterial Agents* - Drugs For Infections</b>		
<b>*Antimycobacterial Agents*** - Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<b>Pretomanid Oral Tablet 200 MG</b>	3	PR
<b>Priftin Oral Tablet 150 MG</b>	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
<b>Sirturo Oral Tablet 100 MG, 20 MG</b>	3	
<b>Trecator Oral Tablet 250 MG</b>	3	
<b>*Antineoplastics And Adjunctive Therapies* - Drugs For Cancer</b>		
<b>*Alkylating Agents*** - Drugs For Cancer</b>		
<b>Belrapzo Intravenous Solution 100 MG/4ML</b>	Tier 10	PA
<b>Bendeka Intravenous Solution 100 MG/4ML</b>	Tier 10	PA
<i>busulfan intravenous solution 6 mg/ml</i>	Tier 10	
<b>Busulfex Intravenous Solution 6 MG/ML</b>	Tier 10	
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	Tier 10	
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	Tier 10	
<i>cisplatin intravenous solution reconstituted 50 mg</i>	Tier 10	
<b>Myleran Oral Tablet 2 MG</b>	2	
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	Tier 10	
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	Tier 10	
<b>Paraplatin Intravenous Solution 1000 MG/100ML</b>	Tier 10	
<b>Tepadina Injection Solution Reconstituted 100 MG, 15 MG</b>	Tier 10	PA
<i>thiotepa injection solution reconstituted 15 mg</i>	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<b>Treanda Intravenous Solution Reconstituted 100 MG, 25 MG</b>	Tier 10	PA
<b>Zepzelca Intravenous Solution Reconstituted 4 MG</b>	Tier 10	PA
<b>*Androgen Biosynthesis Inhibitors*** - Drugs For Cancer</b>		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	1	PA; QL
<b>Yonsa Oral Tablet 125 MG</b>	3	PA; QL
<b>Zytiga Oral Tablet 250 MG, 500 MG</b>	3	PA; QL
<b>*Antiadrenals*** - Drugs For Cancer</b>		
<b>Lysodren Oral Tablet 500 MG</b>	2	
<b>*Antiandrogens*** - Drugs For Cancer</b>		
<i>bicalutamide oral tablet 50 mg</i>	1	QL
<b>Erleada Oral Tablet 240 MG, 60 MG</b>	3	PA; QL
<b>Nilandron Oral Tablet 150 MG</b>	2	PA
<i>nilutamide oral tablet 150 mg</i>	1	PA
<b>Nubeqa Oral Tablet 300 MG</b>	3	PA; QL
<b>Xtandi Oral Capsule 40 MG</b>	3	PA; QL
<b>Xtandi Oral Tablet 40 MG, 80 MG</b>	3	PA; QL
<b>*Antiestrogens*** - Drugs For Cancer</b>		
<b>Soltamox Oral Solution 10 MG/5ML</b>	3	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	1	PA
<b>*Antimetabolites*** - Drugs For Cancer</b>		
<b>Alimta Intravenous Solution Reconstituted 100 MG, 500 MG</b>	Tier 10	PA
<b>Arranon Intravenous Solution 5 MG/ML</b>	Tier 10	PA
<i>azacitidine injection suspension reconstituted 100 mg</i>	Tier 10	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	
<i>cladribine intravenous solution 10 mg/10ml</i>	Tier 10	
<i>clofarabine intravenous solution 1 mg/ml</i>	Tier 10	PA
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	Tier 10	
<i>cytarabine injection solution 20 mg/ml</i>	Tier 10	
<i>decitabine intravenous solution reconstituted 50 mg</i>	Tier 10	PA
<i>fludarabine phosphate intravenous solution 50 mg/2ml</i>	Tier 10	
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	Tier 10	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	Tier 10	
<b>Folotyn Intravenous Solution 20 MG/ML, 40 MG/2ML</b>	Tier 10	PA
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>	Tier 10	

Drug Name	Drug Tier	Requirements / Limits
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	Tier 10	
<b>Jylamvo Oral Solution 2 MG/ML</b>	3	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gml/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Tier 10	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>nelarabine intravenous solution 5 mg/ml</i>	Tier 10	PA
<b>Onureg Oral Tablet 200 MG, 300 MG</b>	3	PA
<i>pemetrexed disodium intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml, 850 mg/34ml</i>	Tier 10	PA
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	Tier 10	PA
<i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i>	Tier 10	PA
<i>pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml</i>	Tier 10	PA
<b>Pemfexy Intravenous Solution 500 MG/20ML</b>	Tier 10	PA
<b>Pemrydi RTU Intravenous Solution 100 MG/10ML, 500 MG/50ML</b>	Tier 10	PA
<b>Purixan Oral Suspension 2000 MG/100ML</b>	3	
<b>Tabloid Oral Tablet 40 MG</b>	3	PA
<b>Trexall Oral Tablet 10 MG, 15 MG, 5 MG, 7.5 MG</b>	2	
<b>Vidaza Injection Suspension Reconstituted 100 MG</b>	Tier 10	
<b>Xatmep Oral Solution 2.5 MG/ML</b>	3	
<b>Xeloda Oral Tablet 150 MG, 500 MG</b>	3	
<b>*Antineoplastic - Akt Inhibitors*** - Drugs For Cancer</b>		
<b>Truqap Oral Tablet 160 MG, 200 MG</b>	3	PA; QL
<b>Truqap Oral Tablet Therapy Pack 160 MG, 200 MG</b>	3	PA; QL
<b>*Antineoplastic - Alk Inhibitors*** - Drugs For Cancer</b>		
<b>Alecensa Oral Capsule 150 MG</b>	2	PA; QL
<b>Alunbrig Oral Tablet 180 MG, 30 MG, 90 MG</b>	3	PA; QL
<b>Alunbrig Oral Tablet Therapy Pack 90 &amp; 180 MG</b>	3	PA; QL
<b>Lorbrena Oral Tablet 100 MG, 25 MG</b>	3	PA; QL
<b>Xalkori Oral Capsule 200 MG, 250 MG</b>	3	PA; QL
<b>Xalkori Oral Capsule Sprinkle 150 MG, 20 MG, 50 MG</b>	3	PA; QL; Age Restriction Applies (Max 12 Years)
<b>Zykadia Tablet 150 MG Oral</b>	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Antineoplastic - Allogeneic Cellular Immunotherapy*** - Drugs For Cancer</b>		
Omisirge Intravenous Suspension	Tier 10	PA
<b>*Antineoplastic - Antibody Combinations*** - Drugs For Cancer</b>		
Opdualag Intravenous Solution 240-80 MG/20ML	Tier 10	PA
<b>*Antineoplastic - Anti-Ccr4 Antibodies*** - Drugs For Cancer</b>		
Poteligeo Intravenous Solution 20 MG/5ML	Tier 10	PA
<b>*Antineoplastic - Anti-Cd19 Antibodies*** - Drugs For Cancer</b>		
Monjuvi Intravenous Solution Reconstituted 200 MG	Tier 10	PA
<b>*Antineoplastic - Anti-Cd19 Antibody-Drug Complex*** - Drugs For Cancer</b>		
Zynlonta Intravenous Solution Reconstituted 10 MG	Tier 10	PA
<b>*Antineoplastic - Anti-Cd20 Antibodies*** - Drugs For Cancer</b>		
Gazyva Intravenous Solution 1000 MG/40ML	Tier 10	PA
Riabni Intravenous Solution 100 MG/10ML, 500 MG/50ML	Tier 10	PA
Rituxan Intravenous Solution 500 MG/50ML	Tier 10	PA
Ruxience Intravenous Solution 100 MG/10ML, 500 MG/50ML	Tier 10	PA
Truxima Intravenous Solution 100 MG/10ML, 500 MG/50ML	Tier 10	PA
<b>*Antineoplastic - Anti-Cd22 Antibody-Drug Complex*** - Drugs For Cancer</b>		
Besponsa Intravenous Solution Reconstituted 0.9 MG	Tier 10	PA
<b>*Antineoplastic - Anti-Cd30 Antibody-Drug Complex*** - Drugs For Cancer</b>		
Adcetris Intravenous Solution Reconstituted 50 MG	Tier 10	
<b>*Antineoplastic - Anti-Cd33 Antibody-Drug Complex*** - Drugs For Cancer</b>		
Mylotarg Intravenous Solution Reconstituted 4.5 MG	Tier 10	PA
<b>*Antineoplastic - Anti-Cd38 Antibodies*** - Drugs For Cancer</b>		
Darzalex Intravenous Solution 100 MG/5ML, 400 MG/20ML	Tier 10	PA
Sarclisa Intravenous Solution 100 MG/5ML, 500 MG/25ML	Tier 10	PA
<b>*Antineoplastic - Anti-Cd79b Antibody-Drug Complex*** - Drugs For Cancer</b>		
Polivy Intravenous Solution Reconstituted 140 MG	Tier 10	PA

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Drug Name	Drug Tier	Requirements / Limits
<b>*Antineoplastic - Anti-Cldn18.2 Antibodies*** - Drugs For Cancer</b>		
Vyloy Intravenous Solution Reconstituted 100 MG	Tier 10	PA
<b>*Antineoplastic - Anti-Ctla-4 Antibodies*** - Drugs For Cancer</b>		
Imjudo Intravenous Solution 25 MG/1.25ML, 300 MG/15ML	Tier 10	PA
Yervoy Intravenous Solution 200 MG/40ML, 50 MG/10ML	Tier 10	PA
<b>*Antineoplastic - Anti-Gd2 Antibodies*** - Drugs For Cancer</b>		
Danyelza Intravenous Solution 40 MG/10ML	Tier 10	PA
Unituxin Intravenous Solution 17.5 MG/5ML	Tier 10	PA
<b>*Antineoplastic - Anti-Her2 Agents*** - Drugs For Cancer</b>		
Herceptin Intravenous Solution Reconstituted 150 MG	Tier 10	PA
Herzuma Intravenous Solution Reconstituted 150 MG, 420 MG	Tier 10	PA
Kanjinti Intravenous Solution Reconstituted 420 MG	Tier 10	PA
Margenza Intravenous Solution 250 MG/10ML	Not Covered	
Ogivri Intravenous Solution Reconstituted 150 MG, 420 MG	Tier 10	PA
Ontruzant Intravenous Solution Reconstituted 150 MG, 420 MG	Tier 10	PA
Perjeta Intravenous Solution 420 MG/14ML	Tier 10	PA
Trazimera Intravenous Solution Reconstituted 420 MG	Tier 10	PA
Tukysa Oral Tablet 150 MG, 50 MG	3	PA; QL
<b>*Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex*** - Drugs For Cancer</b>		
Padcev Intravenous Solution Reconstituted 20 MG, 30 MG	Tier 10	PA
<b>*Antineoplastic - Anti-Pd-1 Antibodies*** - Drugs For Cancer</b>		
Jemperli Intravenous Solution 500 MG/10ML	Tier 10	PA
Keytruda Intravenous Solution 100 MG/4ML	Tier 10	PA
Libtayo Intravenous Solution 350 MG/7ML	Tier 10	PA
Loqtorzi Intravenous Solution 240 MG/6ML	Tier 10	PA
Opdivo Intravenous Solution 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	Tier 10	PA
Tevimbra Intravenous Solution 100 MG/10ML	Tier 10	PA
Zynyz Intravenous Solution 500 MG/20ML	Tier 10	PA



Drug Name	Drug Tier	Requirements / Limits
<b>*Antineoplastic - Anti-Pd-L1 Antibodies*** - Drugs For Cancer</b>		
Bavencio Intravenous Solution 200 MG/10ML	Tier 10	PA
Imfinzi Intravenous Solution 120 MG/2.4ML, 500 MG/10ML	Tier 10	PA
Tecentriq Intravenous Solution 1200 MG/20ML, 840 MG/14ML	Tier 10	PA
<b>*Antineoplastic - Anti-Slamf7 Antibodies*** - Drugs For Cancer</b>		
Empliciti Intravenous Solution Reconstituted 300 MG, 400 MG	Tier 10	PA
<b>*Antineoplastic - Anti-Tf Antibody-Drug Complex*** - Drugs For Cancer</b>		
Tivdak Intravenous Solution Reconstituted 40 MG	Tier 10	PA
<b>*Antineoplastic - Autologous Cellular Immunotherapy*** - Drugs For Cancer</b>		
Abecma Intravenous Suspension 460000000 CELLS	Tier 10	PA
Amtagvi Intravenous Suspension 72000000000 CELLS	Tier 10	PA
Breyanzi Intravenous Suspension 70000000 CELLS/ML	Tier 10	PA
Carvykti Intravenous Suspension 100000000 CELLS	Tier 10	PA
Kymriah Intravenous Suspension 250000000 CELLS, 600000000 CELLS	Tier 10	PA
Provenge Intravenous Suspension 50000000 CELLS	Tier 10	PA
Tecartus Intravenous Suspension 200000000 CELLS	Tier 10	PA
Tecelra Intravenous Suspension 10000000000 CELLS	Tier 10	PA
Yescarta Intravenous Suspension 200000000 CELLS	Tier 10	PA
<b>*Antineoplastic - Bcl-2 Inhibitors*** - Drugs For Cancer</b>		
Venclexta Oral Tablet 10 MG, 100 MG, 50 MG	3	PA; QL
Venclexta Starting Pack Oral Tablet Therapy Pack 10 & 50 & 100 MG	3	PA; QL
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors*** - Drugs For Cancer</b>		
Bosulif Oral Capsule 100 MG, 50 MG	3	PA; QL
Bosulif Oral Tablet 100 MG, 400 MG, 500 MG	3	PA; QL
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	1	PA
Gleevec Oral Tablet 100 MG	3	PA; QL
Iclusig Oral Tablet 10 MG, 15 MG, 30 MG, 45 MG	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	1	PA; QL
<b>Scemblix Oral Tablet 100 MG, 20 MG, 40 MG</b>	3	PA; QL
<b>Tasigna Oral Capsule 150 MG, 200 MG, 50 MG</b>	3	PA; QL
<b><i>*Antineoplastic - Bispecific T-Cell Engagers*** - Drugs For Cancer</i></b>		
<b>Blincyto Intravenous Solution Reconstituted 35 MCG</b>	Tier 10	PA
<b>Columvi Intravenous Solution 10 MG/10ML, 2.5 MG/2.5ML</b>	Tier 10	PA
<b>Elrexio Subcutaneous Solution 44 MG/1.1ML, 76 MG/1.9ML</b>	Tier 10	PA
<b>Epkinly Subcutaneous Solution 4 MG/0.8ML</b>	Tier 10	PA
<b>Imdelltra Intravenous Solution Reconstituted 1 MG, 10 MG</b>	Tier 10	PA
<b>Kimtrak Intravenous Solution 100 MCG/0.5ML</b>	Tier 10	PA
<b>Lunsumio Intravenous Solution 1 MG/ML, 30 MG/30ML</b>	Tier 10	PA
<b>Talvey Subcutaneous Solution 3 MG/1.5ML, 40 MG/ML</b>	Tier 10	PA
<b>Tecvyli Subcutaneous Solution 153 MG/1.7ML, 30 MG/3ML</b>	Tier 10	PA
<b><i>*Antineoplastic - Braf Kinase Inhibitors*** - Drugs For Cancer</i></b>		
<b>Braftovi Oral Capsule 75 MG</b>	3	PA; QL
<b>Ojemda Oral Suspension Reconstituted 25 MG/ML</b>	3	PA
<b>Ojemda Oral Tablet 100 MG</b>	3	PA
<b>Tafinlar Oral Capsule 50 MG, 75 MG</b>	3	PA; QL
<b>Tafinlar Oral Tablet Soluble 10 MG</b>	3	PA
<b>Zelboraf Oral Tablet 240 MG</b>	3	PA; QL
<b><i>*Antineoplastic - Btk Inhibitors*** - Drugs For Cancer</i></b>		
<b>Brukinsa Oral Capsule 80 MG</b>	3	PA
<b>Calquence Oral Tablet 100 MG</b>	3	PA
<b>Imbruvica Oral Capsule 140 MG, 70 MG</b>	3	PA; QL
<b>Imbruvica Oral Suspension 70 MG/ML</b>	3	PA; QL
<b>Imbruvica Oral Tablet 140 MG, 280 MG, 420 MG</b>	3	PA; QL
<b>Jaypirca Oral Tablet 100 MG, 50 MG</b>	3	PA; QL
<b><i>*Antineoplastic - Egfr Inhibitors*** - Drugs For Cancer</i></b>		
<b>Erbitux Intravenous Solution 100 MG/50ML</b>	Tier 10	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA; QL
<i>gefitinib oral tablet 250 mg</i>	1	PA; QL
<b>Gilotrif Oral Tablet 20 MG, 30 MG, 40 MG</b>	3	PA; QL
<b>Portrazza Intravenous Solution 800 MG/50ML</b>	Tier 10	PA
<b>Tagrisso Oral Tablet 40 MG, 80 MG</b>	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
Tarceva Oral Tablet 100 MG	2	PA; QL
Vectibix Intravenous Solution 100 MG/5ML, 400 MG/20ML	Tier 10	PA
Vizimpro Oral Tablet 15 MG, 30 MG, 45 MG	3	PA; QL
<b>*Antineoplastic - Fgfr Kinase Inhibitors*** - Drugs For Cancer</b>		
Balversa Oral Tablet 3 MG, 4 MG, 5 MG	3	PA
Lytgobi (12 MG Daily Dose) Oral Tablet Therapy Pack 4 MG	3	PA; QL
Lytgobi (16 MG Daily Dose) Oral Tablet Therapy Pack 4 MG	3	PA; QL
Lytgobi (20 MG Daily Dose) Oral Tablet Therapy Pack 4 MG	3	PA; QL
Pemazyre Oral Tablet 13.5 MG, 4.5 MG, 9 MG	3	PA
<b>*Antineoplastic - Gamma Secretase Inhibitors*** - Drugs For Cancer</b>		
Ogsiveo Oral Tablet 100 MG, 150 MG, 50 MG	3	PA
<b>*Antineoplastic - Gene Therapy Agents*** - Drugs For Cancer</b>		
Adstiladrin Intravesical Suspension 300000000000 VP/ML	Tier 10	PA
<b>*Antineoplastic - Hedgehog Pathway Inhibitors*** - Drugs For Cancer</b>		
Daurismo Oral Tablet 100 MG, 25 MG	3	PA
Erivedge Oral Capsule 150 MG	3	PA; QL
Odomzo Oral Capsule 200 MG	3	PA; QL
<b>*Antineoplastic - Hif-2-Alpha Inhibitors*** - Drugs For Cancer</b>		
Welireg Oral Tablet 40 MG	3	PA; QL
<b>*Antineoplastic - Histone Deacetylase Inhibitors*** - Drugs For Cancer</b>		
Beleodaq Intravenous Solution Reconstituted 500 MG	Tier 10	PA
Zolinza Oral Capsule 100 MG	2	PA; QL
<b>*Antineoplastic - Hormonal And Related Agent Combinations*** - Drugs For Cancer</b>		
Akeega Oral Tablet 100-500 MG, 50-500 MG	3	PA; QL
<b>*Antineoplastic - Immunomodulators*** - Drugs For Cancer</b>		
Pomalyst Oral Capsule 1 MG, 2 MG, 3 MG, 4 MG	3	PA; QL
<b>*Antineoplastic - Kras Inhibitors*** - Drugs For Cancer</b>		
Krazati Oral Tablet 200 MG	3	PA; QL
Lumakras Oral Tablet 120 MG, 320 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
<b>*Antineoplastic - Mek Inhibitors*** - Drugs For Cancer</b>		
Cotellic Oral Tablet 20 MG	3	PA; QL
Koselugo Oral Capsule 10 MG, 25 MG	3	PA
Mekinist Oral Solution Reconstituted 0.05 MG/ML	2	PA
Mekinist Oral Tablet 0.5 MG, 2 MG	2	PA; QL
Mektovi Oral Tablet 15 MG	3	PA; QL
<b>*Antineoplastic - Met Inhibitors*** - Drugs For Cancer</b>		
Tabrecta Oral Tablet 150 MG, 200 MG	3	PA
Tepmetko Oral Tablet 225 MG	3	PA; QL
<b>*Antineoplastic - Methyltransferase Inhibitors*** - Drugs For Cancer</b>		
Tazverik Oral Tablet 200 MG	3	PA
<b>*Antineoplastic - Mtor Kinase Inhibitors*** - Drugs For Cancer</b>		
Afinitor Disperz Oral Tablet Soluble 2 MG, 3 MG, 5 MG	2	PA; QL
Afinitor Oral Tablet 10 MG, 2.5 MG, 5 MG, 7.5 MG	2	PA; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	1	PA; QL
Fyarro Intravenous Suspension Reconstituted 100 MG	Tier 10	PA
temsirolimus intravenous solution 25 mg/ml	Tier 10	PA
Torisel Intravenous Solution 25 MG/ML	Tier 10	PA
<b>*Antineoplastic - Multikinase Inhibitors*** - Drugs For Cancer</b>		
Cabometyx Oral Tablet 20 MG, 40 MG, 60 MG	3	PA
Caprelsa Oral Tablet 100 MG, 300 MG	2	PA; QL
Cometriq (100 MG Daily Dose) Oral Kit 80 & 20 MG	3	PA; QL
Cometriq (140 MG Daily Dose) Oral Kit 3 x 20 MG & 80 MG	3	PA; QL
Cometriq (60 MG Daily Dose) Oral Kit 20 MG	3	PA; QL
lapatinib ditosylate oral tablet 250 mg	1	PA; QL
Nerlynx Oral Tablet 40 MG	3	PA
NexAVAR Oral Tablet 200 MG	2	PA; QL
PAZOPanib HCl Oral Tablet 200 MG	3	PA; QL
Qinlock Oral Tablet 50 MG	3	PA
Rydapt Oral Capsule 25 MG	3	PA
sorafenib tosylate oral tablet 200 mg	1	PA; QL
Stivarga Oral Tablet 40 MG	3	PA; QL
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA
Sutent Oral Capsule 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
Turalio Oral Capsule 125 MG	3	PA; QL
Tykerb Oral Tablet 250 MG	2	PA; QL
Vanflyta Oral Tablet 17.7 MG, 26.5 MG	3	PA; QL
Xospata Oral Tablet 40 MG	3	PA
<b>*Antineoplastic - Multiple Receptor Antibodies*** - Drugs For Cancer</b>		
Rybrevent Intravenous Solution 350 MG/7ML	Tier 10	PA
<b>*Antineoplastic - Pdgfr-Alpha Inhibitors*** - Drugs For Cancer</b>		
Ayvakit Oral Tablet 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; QL
<b>*Antineoplastic - Proteasome Inhibitors*** - Drugs For Cancer</b>		
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	Tier 10	PA
Kyprolis Intravenous Solution Reconstituted 10 MG, 30 MG, 60 MG	Tier 10	PA
Ninlaro Oral Capsule 2.3 MG, 3 MG, 4 MG	3	PA; QL
Velcade Injection Solution Reconstituted 3.5 MG	Tier 10	PA
<b>*Antineoplastic - Ret Inhibitors*** - Drugs For Cancer</b>		
Gavreto Oral Capsule 100 MG	3	PA
Retevmo Oral Tablet 120 MG, 160 MG, 40 MG, 80 MG	3	PA; QL
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** - Drugs For Cancer</b>		
Augtyro Oral Capsule 40 MG	3	PA
Rozlytrek Oral Capsule 100 MG, 200 MG	3	PA; QL
Rozlytrek Oral Packet 50 MG	3	PA; QL; Age Restriction Applies (Max 12 Years)
Vitrakvi Oral Capsule 100 MG, 25 MG	3	PA
Vitrakvi Oral Solution 20 MG/ML	3	PA
<b>*Antineoplastic - Xpo1 Inhibitors*** - Drugs For Cancer</b>		
Xpovio (100 MG Once Weekly) Oral Tablet Therapy Pack 50 MG	3	PA
Xpovio (40 MG Once Weekly) Oral Tablet Therapy Pack 40 MG	3	PA
Xpovio (40 MG Twice Weekly) Oral Tablet Therapy Pack 40 MG	3	PA
Xpovio (60 MG Once Weekly) Oral Tablet Therapy Pack 60 MG	3	PA
Xpovio (60 MG Twice Weekly) Oral Tablet Therapy Pack 20 MG	3	PA
Xpovio (80 MG Once Weekly) Oral Tablet Therapy Pack 40 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
<b>Xpovio (80 MG Twice Weekly) Oral Tablet Therapy Pack 20 MG</b>	3	PA
<b>*Antineoplastic Antibiotics*** - Drugs For Cancer</b>		
<b>Adriamycin Intravenous Solution Reconstituted 50 MG</b>	Tier 10	
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	Tier 10	
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	Tier 10	PA
<i>daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml</i>	Tier 10	
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	Tier 10	
<b>Ellence Intravenous Solution 200 MG/100ML, 50 MG/25ML</b>	Tier 10	PA
<b>Idamycin PFS Intravenous Solution 10 MG/10ML, 20 MG/20ML, 5 MG/5ML</b>	Tier 10	
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	Tier 10	
<b>Jelmyto Solution Reconstituted 80 (2 x 40) MG</b>	Tier 10	PA
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	Tier 10	
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	Tier 10	PA
<b>Mutamycin Intravenous Solution Reconstituted 20 MG, 40 MG, 5 MG</b>	Tier 10	
<i>valrubicin intravesical solution 40 mg/ml</i>	Tier 10	PA
<b>Valstar Intravesical Solution 40 MG/ML</b>	Tier 10	PA
<b>*Antineoplastic Antibody-Drug Complexes*** - Drugs For Cancer</b>		
<b>Elahere Intravenous Solution 100 MG/20ML</b>	Tier 10	PA
<b>Enhertu Intravenous Solution Reconstituted 100 MG</b>	Tier 10	PA
<b>Kadcyla Intravenous Solution Reconstituted 100 MG, 160 MG</b>	Tier 10	PA
<b>*Antineoplastic Combinations*** - Drugs For Cancer</b>		
<b>Darzalex Faspro Subcutaneous Solution 1800-30000 MG-UT/15ML</b>	Tier 10	PA
<b>Herceptin Hylecta Subcutaneous Solution 600-10000 MG-UNT/5ML</b>	Tier 10	PA
<b>Inqovi Oral Tablet 35-100 MG</b>	3	PA
<b>Lonsurf Oral Tablet 15-6.14 MG, 20-8.19 MG</b>	3	PA; QL
<b>Phesgo Subcutaneous Solution 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML</b>	Tier 10	PA
<b>Rituxan Hycela Subcutaneous Solution 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML</b>	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<b>Tecentriq Hybreza Subcutaneous Solution 1875-30000 MG-UT/15ML</b>	Tier 10	PA
<b>Vyxeos Intravenous Suspension Reconstituted 44-100 MG</b>	Tier 10	PA
<b>*Antineoplastic Enzymes*** - Drugs For Cancer</b>		
<b>Asparlas Intravenous Solution 3750 UNIT/5ML</b>	Tier 10	PA
<b>Oncaspar Injection Solution 750 UNIT/ML</b>	Tier 10	PA
<b>Rylaze Intramuscular Solution 10 MG/0.5ML</b>	Tier 10	PA
<b>*Antineoplastic Radiopharmaceuticals*** - Drugs For Cancer</b>		
<b>Pluvicto Intravenous Solution 1000 MBQ/ML</b>	Tier 10	
<b>*Antineoplastics - Interleukins &amp; Agonists*** - Drugs For Cancer</b>		
<b>Anktiva Intravesical Solution 400 MCG/0.4ML</b>	Tier 10	PA
<b>Elzonris Intravenous Solution 1000 MCG/ML</b>	Tier 10	PA
<b>Proleukin Intravenous Solution Reconstituted 22000000 UNIT</b>	Tier 10	PA
<b>*Antineoplastics - Photoactivated Agents*** - Drugs For Cancer</b>		
<b>Photofrin Intravenous Solution Reconstituted 75 MG</b>	Tier 10	PA
<b>*Antineoplastics Misc.*** - Drugs For Cancer</b>		
<b>Actimmune Subcutaneous Solution 100 MCG/0.5ML</b>	3	PA
<i>arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml</i>	Tier 10	
<b>Besremi Subcutaneous Solution Prefilled Syringe 500 MCG/ML</b>	3	PA
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	Tier 10	
<i>hydroxyurea oral capsule 500 mg</i>	1	
<b>Matulane Oral Capsule 50 MG</b>	2	PA
<b>Nipent Intravenous Solution Reconstituted 10 MG</b>	Tier 10	PA
<b>Tice BCG Intravesical Suspension Reconstituted 50 MG</b>	Tier 10	PA
<b>Trisenox Intravenous Solution 12 MG/6ML</b>	Tier 10	
<b>*Aromatase Inhibitors*** - Drugs For Cancer</b>		
<i>anastrozole oral tablet 1 mg</i>	1	QL
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer</b>		
<b>Ibrance Oral Capsule 100 MG, 125 MG, 75 MG</b>	2	PA; QL
<b>Ibrance Oral Tablet 100 MG, 125 MG, 75 MG</b>	2	PA; QL
<b>Kisqali (200 MG Dose) Oral Tablet Therapy Pack 200 MG</b>	3	PA



Drug Name	Drug Tier	Requirements / Limits
Kisqali (400 MG Dose) Oral Tablet Therapy Pack 200 MG	3	PA
Kisqali (600 MG Dose) Oral Tablet Therapy Pack 200 MG	3	PA
Verzenio Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG	3	PA
<b>*Estrogen Receptor Antagonist*** - Drugs For Cancer</b>		
Faslodex Intramuscular Solution Prefilled Syringe 250 MG/5ML	Tier 10	PA
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	Tier 10	PA
<b>*Folic Acid Antagonists Rescue Agents*** - Drugs For Cancer</b>		
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	Tier 10	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	Tier 10	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
<b>*Gonadotropin Releasing Hormone (Gnrh) Antagonists*** - Drugs For Cancer</b>		
Firmagon Subcutaneous Solution Reconstituted 80 MG	Tier 10	PA
Orgovyx Oral Tablet 120 MG	3	PA
<b>*Imidazotetrazines*** - Drugs For Cancer</b>		
Temodar Intravenous Solution Reconstituted 100 MG	Tier 10	PA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	PA
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** - Drugs For Cancer</b>		
Rezlidhia Oral Capsule 150 MG	3	PA; QL
Tibsovo Oral Tablet 250 MG	3	PA
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*** - Drugs For Cancer</b>		
IDHIFA Oral Tablet 100 MG, 50 MG	3	PA; QL
<b>*Janus Associated Kinase (Jak) Inhibitors*** - Drugs For Cancer</b>		
Inrebic Oral Capsule 100 MG	3	PA; QL
Jakafi Oral Tablet 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	PA; QL
Ojjaara Oral Tablet 100 MG, 150 MG, 200 MG	3	PA; QL
Vonjo Oral Capsule 100 MG	3	PA; QL
<b>*Lhrh Analogs*** - Drugs For Cancer</b>		
Camcevi Subcutaneous Prefilled Syringe 42 MG	Tier 10	PA
Eligard Subcutaneous Kit 30 MG	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA
<b>Lupron Depot (1-Month) Intramuscular Kit 3.75 MG, 7.5 MG</b>	Tier 10	PA
<b>Lupron Depot (3-Month) Intramuscular Kit 11.25 MG, 22.5 MG</b>	Tier 10	PA
<b>Lupron Depot (4-Month) Intramuscular Kit 30 MG</b>	Tier 10	PA
<b>Lupron Depot (6-Month) Intramuscular Kit 45 MG</b>	Tier 10	PA
<b>Trelstar Mixject Intramuscular Suspension Reconstituted 11.25 MG, 22.5 MG, 3.75 MG</b>	Tier 10	PA
<b>Zoladex Subcutaneous Implant 10.8 MG, 3.6 MG</b>	Tier 10	PA
<b>*Mitotic Inhibitors*** - Drugs For Cancer</b>		
<b>Abraxane Intravenous Suspension Reconstituted 100 MG</b>	Tier 10	
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	Tier 10	
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	Tier 10	
<b>Etopophos Intravenous Solution Reconstituted 100 MG</b>	Tier 10	
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	Tier 10	
<i>etoposide oral capsule 50 mg</i>	1	
<b>Halaven Intravenous Solution 1 MG/2ML</b>	Tier 10	PA
<b>Ixempra Kit Intravenous Solution Reconstituted 15 MG, 45 MG</b>	Tier 10	PA
<b>Jevtana Intravenous Solution 60 MG/1.5ML</b>	Tier 10	PA
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	Tier 10	
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	Tier 10	
<i>vincristine sulfate intravenous solution 1 mg/ml, 2 mg/2ml</i>	Tier 10	
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	Tier 10	PA
<b>*Myeloprotective Agents*** - Drugs For Cancer</b>		
<b>Cosela Intravenous Solution Reconstituted 300 MG</b>	Not Covered	
<b>*Nitrogen Mustards And Related Analogues*** - Drugs For Cancer</b>		
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	Tier 10	
<i>cyclophosphamide intravenous solution 1 gm/5ml, 2 gm/10ml, 500 mg/2.5ml</i>	Tier 10	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
<b>Evomela Intravenous Solution Reconstituted 50 MG</b>	Tier 10	PA
<b>Hepzato w/50mm Catheter Intra-arterial Solution Reconstituted 50 MG</b>	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
Hepzato w/62mm Catheter Intra-arterial Solution Reconstituted 50 MG	Tier 10	PA
Ifex Intravenous Solution Reconstituted 1 GM, 3 GM	Tier 10	
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	Tier 10	
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	Tier 10	
Leukeran Oral Tablet 2 MG	2	
<i>melfalan hcl intravenous solution reconstituted 50 mg</i>	Tier 10	
<b>*Nitrosoureas*** - Drugs For Cancer</b>		
<i>carmustine intravenous solution reconstituted 100 mg</i>	Tier 10	PA
Gleostine Oral Capsule 10 MG, 100 MG, 40 MG	2	
Gliadel Wafer Implant Wafer 7.7 MG	Tier 10	PA
Zanosar Intravenous Solution Reconstituted 1 GM	Tier 10	PA
<b>*Oligonucleotide Telomerase Inhibitors*** - Drugs For Cancer</b>		
Rytelo Intravenous Solution Reconstituted 188 MG, 47 MG	Tier 10	PA
<b>*Oncolytic Viral Agents - Hsv1*** - Drugs For Cancer</b>		
Imlygic Intralesional Suspension 1000000 UNIT/ML, 100000000 UNIT/ML	Tier 10	PA
<b>*Ornithine Decarboxylase (Odc) Inhibitors*** - Drugs For Cancer</b>		
Iwilfin Oral Tablet 192 MG	3	PA
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** - Drugs For Cancer</b>		
Aliqopa Intravenous Solution Reconstituted 60 MG	Tier 10	PA
Copiktra Oral Capsule 15 MG, 25 MG	3	PA
Piqray (200 MG Daily Dose) Oral Tablet Therapy Pack 200 MG	3	PA
Piqray (250 MG Daily Dose) Oral Tablet Therapy Pack 200 & 50 MG	3	PA
Piqray (300 MG Daily Dose) Oral Tablet Therapy Pack 2 x 150 MG	3	PA
Zydelig Oral Tablet 100 MG, 150 MG	3	PA; QL
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer</b>		
Lynparza Oral Tablet 100 MG, 150 MG	3	PA; QL
Talzenna Oral Capsule 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; QL
Zejula Oral Tablet 100 MG, 200 MG, 300 MG	3	PA; QL
<b>*Progestins-Antineoplastic*** - Drugs For Cancer</b>		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
<b>*Retinoids*** - Drugs For Cancer</b>		
<i>tretinoin oral capsule 10 mg</i>	1	
<b>*Selective Estrogen Receptor Degradators*** - Drugs For Cancer</b>		
<b>Orserdu Oral Tablet 345 MG, 86 MG</b>	3	PA; QL
<b>*Selective Retinoid X Receptor Agonists*** - Drugs For Cancer</b>		
<i>bexarotene oral capsule 75 mg</i>	1	PA
<b>Tagretin Oral Capsule 75 MG</b>	2	PA
<b>*Tetrahydroisoquinolines*** - Drugs For Cancer</b>		
<b>Yondelis Intravenous Solution Reconstituted 1 MG</b>	Tier 10	PA
<b>*Topoisomerase I Inhibitors - Antibody-Drug Complex*** - Drugs For Cancer</b>		
<b>Trodelyv Intravenous Solution Reconstituted 180 MG</b>	Tier 10	PA
<b>*Topoisomerase I Inhibitors*** - Drugs For Cancer</b>		
<b>Camptosar Intravenous Solution 100 MG/5ML, 300 MG/15ML, 40 MG/2ML</b>	Tier 10	
<b>Hycamtin Intravenous Solution Reconstituted 4 MG</b>	Tier 10	
<b>Hycamtin Oral Capsule 0.25 MG, 1 MG</b>	3	PA
<i>irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml, 500 mg/25ml</i>	Tier 10	
<b>Onivyde Intravenous Injectable 43 MG/10ML</b>	Tier 10	PA
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	Tier 10	
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	Tier 10	
<b>*Urinary Tract Protective Agents*** - Drugs For Cancer</b>		
<b>Mesnex Oral Tablet 400 MG</b>	3	
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors*** - Drugs For Cancer</b>		
<b>Alymsys Intravenous Solution 100 MG/4ML, 400 MG/16ML</b>	Tier 10	PA
<b>Avastin Intravenous Solution 100 MG/4ML, 400 MG/16ML</b>	Tier 10	PA
<b>Cyramza Intravenous Solution 100 MG/10ML, 500 MG/50ML</b>	Tier 10	PA
<b>Fruzaqla Oral Capsule 1 MG, 5 MG</b>	3	PA; QL
<b>Inlyta Oral Tablet 1 MG, 5 MG</b>	3	PA; QL
<b>Lenvima (10 MG Daily Dose) Oral Capsule Therapy Pack 10 MG</b>	3	PA; QL
<b>Lenvima (12 MG Daily Dose) Oral Capsule Therapy Pack 3 x 4 MG</b>	3	PA; QL
<b>Lenvima (14 MG Daily Dose) Oral Capsule Therapy Pack 10 &amp; 4 MG</b>	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
Lenvima (18 MG Daily Dose) Oral Capsule Therapy Pack 10 MG & 2 x 4 MG	3	PA; QL
Lenvima (20 MG Daily Dose) Oral Capsule Therapy Pack 2 x 10 MG	3	PA; QL
Lenvima (24 MG Daily Dose) Oral Capsule Therapy Pack 2 x 10 MG & 4 MG	3	PA; QL
Lenvima (4 MG Daily Dose) Oral Capsule Therapy Pack 4 MG	3	PA; QL
Lenvima (8 MG Daily Dose) Oral Capsule Therapy Pack 2 x 4 MG	3	PA; QL
Mvasi Intravenous Solution 100 MG/4ML, 400 MG/16ML	Tier 10	PA
Vegzelma Intravenous Solution 100 MG/4ML, 400 MG/16ML	Tier 10	PA
Zaltrap Intravenous Solution 100 MG/4ML, 200 MG/8ML	Tier 10	PA
Zirabev Intravenous Solution 100 MG/4ML, 400 MG/16ML	Tier 10	PA
<b>*Antiparkinson And Related Therapy Agents* - Drugs For The Nervous System</b>		
<b>*Adenosine Receptor Antagonist*** - Drugs For Parkinson</b>		
Nouriaz Oral Tablet 20 MG, 40 MG	3	QL
<b>*Antiparkinson Anticholinergics*** - Drugs For Parkinson</b>		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
<b>*Antiparkinson Dopaminergics*** - Drugs For Parkinson</b>		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
Inbrija Inhalation Capsule 42 MG	3	QL
Osmolex ER Oral Tablet Extended Release 24 Hour 129 MG	3	QL
<b>*Antiparkinson Monoamine Oxidase Inhibitors*** - Drugs For Parkinson</b>		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	QL
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
Xadago Oral Tablet 100 MG, 50 MG	3	QL
Zelapar Oral Tablet Dispersible 1.25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<b>*CentrallPeripheral Comt Inhibitors*** - Drugs For Parkinson</b>		
tolcapone oral tablet 100 mg	1	QL
<b>*Decarboxylase Inhibitors*** - Drugs For Parkinson</b>		
carbidopa oral tablet 25 mg	1	
<b>*Levodopa Combinations*** - Drugs For Parkinson</b>		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
<b>Crexont Oral Capsule Extended Release 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG</b>	3	
<b>Duopa Enteral Suspension 4.63-20 MG/ML</b>	Tier 10	PA
<b>Rytary Oral Capsule Extended Release 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG</b>	3	
<b>Vyalev Subcutaneous Solution 12-240 MG/ML</b>	Tier 10	PA
<b>*Nonergoline Dopamine Receptor Agonists*** - Drugs For Parkinson</b>		
<b>Neupro Transdermal Patch 24 Hour 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR</b>	3	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	QL
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	QL
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
<b>*Peripheral Comt Inhibitors*** - Drugs For Parkinson</b>		
entacapone oral tablet 200 mg	1	
<b>Ongentys Oral Capsule 25 MG, 50 MG</b>	3	QL
<b>*Antipsychotics/Antimanic Agents* - Drugs For The Nervous System</b>		
<b>*Antimanic Agents*** - Drugs For Severe Mental Disorders</b>		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	Age Restriction Applies (Min 5 Years)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	Age Restriction Applies (Min 5 Years)

Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate oral tablet 300 mg</i>	1	Age Restriction Applies (Min 5 Years)
<i>lithium oral solution 8 meq/5ml</i>	1	Age Restriction Applies (Min 5 Years and Max 12 Years)
<b>Lithobid Oral Tablet Extended Release 300 MG</b>	3	Age Restriction Applies (Min 5 Years)
<b>*Antipsychotics - Misc.*** - Drugs For Severe Mental Disorders</b>		
<b>Caplyta Oral Capsule 10.5 MG, 21 MG, 42 MG</b>	3	QL; Age Restriction Applies (Min 5 Years)
<b>Equetro Oral Capsule Extended Release 12 Hour 100 MG, 200 MG, 300 MG</b>	3	Age Restriction Applies (Min 5 Years)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<b>Nuplazid Oral Capsule 34 MG</b>	3	QL; Age Restriction Applies (Min 5 Years)
<b>Nuplazid Oral Tablet 10 MG</b>	3	QL; Age Restriction Applies (Min 5 Years)
<b>Vraylar Oral Capsule 1.5 MG, 3 MG, 4.5 MG, 6 MG</b>	3	QL; Age Restriction Applies (Min 5 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<b>*Benzisoxazoles*** - Drugs For Severe Mental Disorders</b>		
<b>Fanapt Oral Tablet 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	3	QL; Age Restriction Applies (Min 5 Years)
<b>Fanapt Titration Pack Oral Tablet 1 &amp; 2 &amp; 4 &amp; 6 MG</b>	3	QL; Age Restriction Applies (Min 5 Years)
<b>Invega Hafyera Intramuscular Suspension Prefilled Syringe 1092 MG/3.5ML, 1560 MG/5ML</b>	Tier 10	
<b>Invega Sustenna Intramuscular Suspension Prefilled Syringe 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML</b>	Tier 10	
<b>Invega Trinza Intramuscular Suspension Prefilled Syringe 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML</b>	Tier 10	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<b>RisperDAL Consta Intramuscular Suspension Reconstituted ER 12.5 MG, 25 MG, 37.5 MG, 50 MG</b>	Tier 10	
<i>risperidone oral solution 1 mg/ml</i>	1	QL; Age Restriction Applies (Min 5 Years)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	Age Restriction Applies (Min 5 Years)
<i>risperidone oral tablet 4 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<b>Rykindo Intramuscular Suspension Reconstituted ER 25 MG, 37.5 MG, 50 MG</b>	Tier 10	



Drug Name	Drug Tier	Requirements / Limits
<b>Uzedly Subcutaneous Suspension Prefilled Syringe 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML</b>	Tier 10	
<b>*Butyrophenones*** - Drugs For Severe Mental Disorders</b>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	Age Restriction Applies (Min 5 Years)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	Age Restriction Applies (Min 5 Years)
<b>*Dibenzodiazepines*** - Drugs For Severe Mental Disorders</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<b>Versacloz Oral Suspension 50 MG/ML</b>	3	Age Restriction Applies (Min 5 Years)
<b>*Dibenzo-Oxepino Pyrroles*** - Drugs For Severe Mental Disorders</b>		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<b>*Dibenzothiazepines*** - Drugs For Severe Mental Disorders</b>		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	Age Restriction Applies (Min 5 Years)
<b>*Dibenzoxazepines*** - Drugs For Severe Mental Disorders</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	Age Restriction Applies (Min 5 Years)
<b>*Phenothiazines*** - Drugs For Severe Mental Disorders</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	Age Restriction Applies (Min 5 Years)
<b>Compro Rectal Suppository 25 MG</b>	1	Age Restriction Applies (Min 5 Years)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	Age Restriction Applies (Min 5 Years)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	Age Restriction Applies (Min 5 Years)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	Age Restriction Applies (Min 5 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	Age Restriction Applies (Min 5 Years)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	Age Restriction Applies (Min 5 Years)
<i>prochlorperazine rectal suppository 25 mg</i>	1	Age Restriction Applies (Min 5 Years)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	Age Restriction Applies (Min 5 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	Age Restriction Applies (Min 5 Years)

Drug Name	Drug Tier	Requirements / Limits
<b>*Quinolinone Derivatives*** - Drugs For Severe Mental Disorders</b>		
<b>Abilify Asimtufii Intramuscular Prefilled Syringe 720 MG/2.4ML, 960 MG/3.2ML</b>	Tier 10	
<b>Abilify Maintena Intramuscular Prefilled Syringe 300 MG, 400 MG</b>	Tier 10	
<b>Abilify Maintena Intramuscular Suspension Reconstituted ER 300 MG, 400 MG</b>	Tier 10	
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL; Age Restriction Applies (Min 5 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<b>Aristada Initio Intramuscular Prefilled Syringe 675 MG/2.4ML</b>	Tier 10	
<b>Aristada Intramuscular Prefilled Syringe 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML</b>	Tier 10	
<b>Rexulti Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	3	QL; Age Restriction Applies (Min 5 Years)
<b>*Thienbenzodiazepines*** - Drugs For Severe Mental Disorders</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	Age Restriction Applies (Min 5 Years)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL; Age Restriction Applies (Min 5 Years)
<b>ZyPREXA Intramuscular Solution Reconstituted 10 MG</b>	Tier 10	
<b>ZyPREXA Relprevv Intramuscular Suspension Reconstituted 210 MG, 300 MG, 405 MG</b>	Tier 10	
<b>*Thioxanthenes*** - Drugs For Severe Mental Disorders</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	Age Restriction Applies (Min 5 Years)
<b>*Antivirals* - Drugs For Infections</b>		
<b>*Antiretroviral Combinations*** - Drugs For Viral Infections</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	
<b>Biktarvy Oral Tablet 30-120-15 MG, 50-200-25 MG</b>	3	
<b>Cabenuva Intramuscular Suspension Extended Release 400 &amp; 600 MG/2ML, 600 &amp; 900 MG/3ML</b>	Tier 10	
<b>Cimduo Oral Tablet 300-300 MG</b>	3	
<b>Complera Oral Tablet 200-25-300 MG</b>	2	
<b>Delstrigo Oral Tablet 100-300-300 MG</b>	3	
<b>Descovy Oral Tablet 120-15 MG, 200-25 MG</b>	3	
<b>Dovato Oral Tablet 50-300 MG</b>	3	

Drug Name	Drug Tier	Requirements / Limits
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	
<b>Evotaz Oral Tablet 300-150 MG</b>	2	
<b>Genvoya Oral Tablet 150-150-200-10 MG</b>	3	
<b>Juluca Oral Tablet 50-25 MG</b>	2	
<b>Kaletra Oral Solution 400-100 MG/5ML</b>	3	
<b>Kaletra Oral Tablet 100-25 MG, 200-50 MG</b>	2	
lamivudine-zidovudine oral tablet 150-300 mg	1	
lopinavir-ritonavir oral solution 400-100 mg/5ml	1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
<b>Odefsey Oral Tablet 200-25-25 MG</b>	2	
<b>Prezcobix Oral Tablet 800-150 MG</b>	2	
<b>Stribild Oral Tablet 150-150-200-300 MG</b>	2	
<b>Symfi Lo Oral Tablet 400-300-300 MG</b>	3	
<b>Symfi Oral Tablet 600-300-300 MG</b>	3	
<b>Symtuza Oral Tablet 800-150-200-10 MG</b>	3	
<b>Triumeq Oral Tablet 600-50-300 MG</b>	3	
<b>Triumeq PD Oral Tablet Soluble 60-5-30 MG</b>	3	Age Restriction Applies (Max 12 Years)
<b>*Antiretrovirals - Capsid Inhibitors*** - Drugs For Viral Infections</b>		
<b>Sunlenca Oral Tablet Therapy Pack 4 x 300 MG, 5 x 300 MG</b>	3	
<b>Sunlenca Subcutaneous Solution 463.5 MG/1.5ML</b>	Tier 10	
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** - Drugs For Viral Infections</b>		
maraviroc oral tablet 150 mg, 300 mg	1	
<b>Selzentry Oral Solution 20 MG/ML</b>	3	
<b>Selzentry Oral Tablet 150 MG, 300 MG</b>	3	
<b>*Antiretrovirals - Fusion Inhibitors*** - Drugs For Viral Infections</b>		
<b>Fuzeon Subcutaneous Solution Reconstituted 90 MG</b>	3	
<b>*Antiretrovirals - Gp120-Directed Attachment Inhibitor*** - Drugs For Viral Infections</b>		
<b>Rukobia Oral Tablet Extended Release 12 Hour 600 MG</b>	3	
<b>*Antiretrovirals - Integrase Inhibitors*** - Drugs For Viral Infections</b>		
<b>Apretude Intramuscular Suspension Extended Release 600 MG/3ML</b>	Tier 10	

Drug Name	Drug Tier	Requirements / Limits
<b>Isentress HD Oral Tablet 600 MG</b>	2	
<b>Isentress Oral Packet 100 MG</b>	2	
<b>Isentress Oral Tablet 400 MG</b>	2	
<b>Isentress Oral Tablet Chewable 100 MG, 25 MG</b>	2	
<b>Tivicay Oral Tablet 50 MG</b>	2	
<b>Tivicay PD Oral Tablet Soluble 5 MG</b>	2	
<b>Vocabria Oral Tablet 30 MG</b>	3	
<b>*Antiretrovirals - Protease Inhibitors*** - Drugs For Viral Infections</b>		
<b>Aptivus Oral Capsule 250 MG</b>	3	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
<b>Lexiva Oral Tablet 700 MG</b>	2	
<b>Norvir Oral Packet 100 MG</b>	3	
<b>Norvir Oral Tablet 100 MG</b>	3	
<b>Prezista Oral Suspension 100 MG/ML</b>	2	
<b>Prezista Oral Tablet 150 MG, 75 MG</b>	2	
<b>Reyataz Oral Capsule 200 MG, 300 MG</b>	3	
<b>Reyataz Oral Packet 50 MG</b>	2	
<i>ritonavir oral tablet 100 mg</i>	1	
<b>Viracept Oral Tablet 250 MG, 625 MG</b>	3	
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues*** - Drugs For Viral Infections</b>		
<b>Edurant Oral Tablet 25 MG</b>	3	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
<b>Intelence Oral Tablet 100 MG, 200 MG, 25 MG</b>	3	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<b>Pifeltro Oral Tablet 100 MG</b>	3	
<b>Sustiva Oral Tablet 600 MG</b>	3	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines*** - Drugs For Viral Infections</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** - Drugs For Viral Infections</b>		
<i>emtricitabine oral capsule 200 mg</i>	1	
<b>Emtriva Oral Capsule 200 MG</b>	3	
<b>Emtriva Oral Solution 10 MG/ML</b>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** - Drugs For Viral Infections</b>		
<b>Retrovir Oral Capsule 100 MG</b>	3	
<b>Retrovir Oral Syrup 50 MG/5ML</b>	3	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 50 mg/5ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
<b>*Antiretrovirals - Rti-Nucleotide Analogues*** - Drugs For Viral Infections</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
<b>Viread Oral Powder 40 MG/GM</b>	2	
<b>Viread Oral Tablet 150 MG, 200 MG, 250 MG</b>	2	
<b>Viread Oral Tablet 300 MG</b>	3	
<b>*Antiretrovirals Adjuvants*** - Drugs For Viral Infections</b>		
<b>Tybost Oral Tablet 150 MG</b>	3	
<b>*Antiviral Combinations*** - Drugs For Infections</b>		
<b>Paxlovid (150/100) Oral Tablet Therapy Pack 10 x 150 MG &amp; 10 x 100MG</b>	3	QL
<b>Paxlovid (300/100) Oral Tablet Therapy Pack 20 x 150 MG &amp; 10 x 100MG</b>	3	QL
<b>*Cmv Agents*** - Drugs For Viral Infections</b>		
<b>Livtency Oral Tablet 200 MG</b>	3	PR; QL
<b>Prevymis Oral Tablet 240 MG, 480 MG</b>	3	QL
<b>Valcyte Oral Solution Reconstituted 50 MG/ML</b>	3	
<b>Valcyte Oral Tablet 450 MG</b>	3	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
<b>*Hepatitis B Agents*** - Drugs For Viral Infections</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
<b>Baraclude Oral Solution 0.05 MG/ML</b>	3	
<b>Baraclude Oral Tablet 0.5 MG, 1 MG</b>	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>lamivudine oral tablet 100 mg</i>	1	
<b>Vemlidy Oral Tablet 25 MG</b>	2	
<b>*Hepatitis C Agent - Combinations*** - Drugs For Viral Infections</b>		
<b>Epclusa Oral Packet 150-37.5 MG, 200-50 MG</b>	2	PA; QL
<b>Epclusa Oral Tablet 200-50 MG, 400-100 MG</b>	2	PA; QL
<b>Harvoni Oral Packet 33.75-150 MG, 45-200 MG</b>	2	PA; QL
<b>Harvoni Oral Tablet 45-200 MG, 90-400 MG</b>	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	1	PA; QL
<b>Mavyret Oral Packet 50-20 MG</b>	2	PA; QL
<b>Mavyret Oral Tablet 100-40 MG</b>	2	PA; QL
<b>Vosevi Oral Tablet 400-100-100 MG</b>	2	PA; QL
<b>*Hepatitis C Agents*** - Drugs For Viral Infections</b>		
<b>Pegasys Subcutaneous Solution 180 MCG/ML</b>	2	QL
<b>Pegasys Subcutaneous Solution Prefilled Syringe 180 MCG/0.5ML</b>	2	QL
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<b>*Herpes Agents - Purine Analogues*** - Drugs For Viral Infections</b>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<b>Sitavig Buccal Tablet 50 MG</b>	3	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
<b>*Herpes Agents - Thymidine Analogues*** - Drugs For Viral Infections</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<b>*Influenza Agents*** - Drugs For Viral Infections</b>		
<i>rimantadine hcl oral tablet 100 mg</i>	1	
<b>*Misc. Antivirals*** - Drugs For Viral Infections</b>		
<b>Tembexa Oral Suspension 10 MG/ML</b>	3	
<b>Tembexa Oral Tablet 100 MG</b>	3	
<b>Tpoxx Oral Capsule 200 MG</b>	3	
<b>Veklury Intravenous Solution Reconstituted 100 MG</b>	Tier 10	
<b>*Neuraminidase Inhibitors*** - Drugs For Viral Infections</b>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL
<b>Relenza Diskhaler Inhalation Aerosol Powder Breath Activated 5 MG/ACT</b>	3	QL
<b>Tamiflu Oral Capsule 30 MG, 45 MG, 75 MG</b>	3	QL
<b>Tamiflu Oral Suspension Reconstituted 6 MG/ML</b>	3	QL
<b>*Pa Endonuclease Inhibitors*** - Drugs For Viral Infections</b>		
<b>Xofluza (40 MG Dose) Oral Tablet Therapy Pack 1 x 40 MG</b>	3	QL
<b>Xofluza (80 MG Dose) Oral Tablet Therapy Pack 1 x 80 MG</b>	3	QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Beta Blockers* - Drugs For The Heart</b>		
<b>*Alpha-Beta Blockers*** - Drugs For High Blood Pressure</b>		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	QL
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
<b>*Beta Blockers Cardio-Selective*** - Drugs For High Blood Pressure</b>		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL
<b>*Beta Blockers Non-Selective*** - Drugs For High Blood Pressure</b>		
<b>Hemangeol Oral Solution 4.28 MG/ML</b>	3	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
<b>Sotylize Oral Solution 5 MG/ML</b>	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
<b>*Calcium Channel Blockers* - Drugs For The Heart</b>		
<b>*Calcium Channel Blockers*** - Drugs For High Blood Pressure</b>		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
<b>Cartia XT Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG</b>	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	



Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<b>Katerzia Oral Suspension 1 MG/ML</b>	3	Age Restriction Applies (Max 12 Years)
<b>Matzim LA Oral Tablet Extended Release 24 Hour 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
<b>Norliqva Oral Solution 1 MG/ML</b>	3	QL; Age Restriction Applies (Max 12 Years)
<b>Nymalize Oral Solution 6 MG/ML</b>	3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<b>*Cardiotonics* - Drugs For The Heart</b>		
<b>*Cardiac Glycosides*** - Drugs For The Heart</b>		
<b>Digox Oral Tablet 125 MCG, 250 MCG</b>	1	
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
<b>Lanoxin Oral Tablet 125 MCG, 250 MCG, 62.5 MCG</b>	3	
<b>*Cardiovascular Agents - Misc.* - Drugs For The Heart</b>		
<b>*Calcium Channel Blocker &amp; Hmg Coa Reductase Inhibit Comb*** - Drugs For Cholesterol</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Cardiac Myosin Inhibitors*** - Drugs For The Heart</b>		
Camzyos Oral Capsule 10 MG, 15 MG, 2.5 MG, 5 MG	3	QL
<b>*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb*** - Drugs For High Blood Pressure</b>		
Entresto Oral Capsule Sprinkle 15-16 MG, 6-6 MG	3	Age Restriction Applies (Min 1 Years and Max 18 Years)
Entresto Oral Tablet 24-26 MG, 49-51 MG, 97-103 MG	3	
<b>*Nitrate &amp; Vasodilator Combinations*** - Drugs For High Blood Pressure</b>		
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
<b>*Prostaglandin - Impotence Agents*** - Drugs For The Heart</b>		
Caverject Impulse Intracavernosal Kit 10 MCG, 20 MCG	3	QL
Caverject Intracavernosal Solution Reconstituted 40 MCG	3	QL
Edex Intracavernosal Kit 10 MCG, 20 MCG, 40 MCG	3	QL
<b>*Prostaglandin Vasodilators*** - Drugs For High Blood Pressure</b>		
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	Tier 10	PA
Flolan Intravenous Solution Reconstituted 0.5 MG, 1.5 MG	Tier 10	PA
Orenitram Month 1 Oral Tablet Extended Release Therapy Pack 0.125 & 0.25 MG	2	PA; QL
Orenitram Month 2 Oral Tablet Extended Release Therapy Pack 0.125 & 0.25 MG	2	PA; QL
Orenitram Month 3 Oral Tablet Extended Release Therapy Pack 0.125 & 0.25 & 1 MG	2	PA; QL
Orenitram Oral Tablet Extended Release 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	2	PA; QL
Remodulin Injection Solution 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	Tier 10	PA
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 10	PA
Tyvaso DPI Maintenance Kit Inhalation Powder 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; QL
Tyvaso DPI Titration Kit Inhalation Powder 16 & 32 & 48 MCG	3	PA; QL
Tyvaso Inhalation Solution 0.6 MG/ML	3	PA
Tyvaso Refill Kit Inhalation Solution 0.6 MG/ML	3	PA
Tyvaso Starter Kit Inhalation Solution 0.6 MG/ML	3	PA
Velettri Intravenous Solution Reconstituted 0.5 MG, 1.5 MG	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
Ventavis Inhalation Solution 10 MCG/ML, 20 MCG/ML	2	PA
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For High Blood Pressure</b>		
Adempas Oral Tablet 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	3	PA; QL
<b>*Pulmonary Hypertension - Activin Signaling Inhibitor*** - Drugs For The Heart</b>		
Winrevair Subcutaneous Kit 2 x 45 MG, 2 x 60 MG, 45 MG, 60 MG	3	PA
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists*** - Drugs For High Blood Pressure</b>		
ambrisentan oral tablet 10 mg, 5 mg	1	PA; QL
bosentan oral tablet 125 mg, 62.5 mg	1	PA; QL
Letairis Oral Tablet 10 MG, 5 MG	2	PA; QL
Opsumit Oral Tablet 10 MG	3	PA; QL
Tracleer Oral Tablet 125 MG, 62.5 MG	2	PA; QL
Tracleer Oral Tablet Soluble 32 MG	2	PA; QL
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors*** - Drugs For High Blood Pressure</b>		
Adcirca Oral Tablet 20 MG	3	PA; QL
Alyq Oral Tablet 20 MG	1	PA; QL
Revatio Intravenous Solution 10 MG/12.5ML	Tier 10	PA
sildenafil citrate intravenous solution 10 mg/12.5ml	Tier 10	PA
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	Age Restriction Applies (Max 12 Years)
sildenafil citrate oral tablet 20 mg	1	PR; QL
tadalafil (pah) oral tablet 20 mg	1	PA; QL
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist*** - Drugs For High Blood Pressure</b>		
Uptravi Intravenous Solution Reconstituted 1800 MCG	Tier 10	PA
Uptravi Oral Tablet 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL
Uptravi Titration Oral Tablet Therapy Pack 200 & 800 MCG	3	PA; QL
<b>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors*** - Drugs For The Heart</b>		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
Stendra Oral Tablet 100 MG, 200 MG, 50 MG	3	QL
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL
vardenafil hcl oral tablet dispersible 10 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Sinus Node Inhibitors** - Drugs For High Blood Pressure</b>		
Corlanor Oral Solution 5 MG/5ML	3	Age Restriction Applies (Max 12 Years)
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	QL
<b>*Transthyretin Stabilizers*** - Drugs For The Heart</b>		
Vyndamax Oral Capsule 61 MG	3	PA
Vyndaqel Oral Capsule 20 MG	3	PA
<b>*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For Angina</b>		
Verquvo Oral Tablet 10 MG, 2.5 MG, 5 MG	3	QL
<b>*Cephalosporins* - Drugs For Infections</b>		
<b>*Cephalosporins - 1St Generation*** - Antibiotics</b>		
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
<b>*Cephalosporins - 2Nd Generation*** - Antibiotics</b>		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
<b>*Cephalosporins - 3Rd Generation*** - Antibiotics</b>		
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
<b>*Contraceptives* - Drugs For Women</b>		
<b>*Biphasic Contraceptives - Oral*** - Birth Control Pills</b>		
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	

Drug Name	Drug Tier	Requirements / Limits
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<b>Lo Loestrin Fe Oral Tablet 1 MG-10 MCG / 10 MCG</b>	2	
<i>pimtrex oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<b>*Combination Contraceptives - Oral*** - Birth Control Pills</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<b>Aurovela 1.5/30 Oral Tablet 1.5-30 MG-MCG</b>	1	
<b>Aurovela 1/20 Oral Tablet 1-20 MG-MCG</b>	1	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	
<b>Balcoltra Oral Tablet 0.1-20 MG-MCG(21)</b>	3	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	
<i>femlyv oral tablet dispersible 1-0.02 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	
<b>Hailey 1.5/30 Oral Tablet 1.5-30 MG-MCG</b>	1	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	
<i>jasmiel oral tablet 3-0.02 mg</i>	1	
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	
<b>Junel 1.5/30 Oral Tablet 1.5-30 MG-MCG</b>	1	
<b>Junel 1/20 Oral Tablet 1-20 MG-MCG</b>	1	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	
<b>Larin 1.5/30 Oral Tablet 1.5-30 MG-MCG</b>	1	
<b>Larin 1/20 Oral Tablet 1-20 MG-MCG</b>	1	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	
<b>Loestrin 1.5/30 (21) Oral Tablet 1.5-30 MG-MCG</b>	1	
<b>Loestrin 1/20 (21) Oral Tablet 1-20 MG-MCG</b>	1	
<i>loestrin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>loestrin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>loryna oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	
<b>Microgestin 1.5/30 Oral Tablet 1.5-30 MG-MCG</b>	1	
<b>Microgestin 1/20 Oral Tablet 1-20 MG-MCG</b>	1	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<b>Nextstellis Oral Tablet 3-14.2 MG</b>	3	
<i>nikki oral tablet 3-0.02 mg</i>	1	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	
<b>Safyral Oral Tablet 3-0.03-0.451 MG</b>	Not Covered	
<i>solia oral tablet 0.15-30 mg-mcg</i>	1	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	
<b>Tyblume Oral Tablet Chewable 0.1-20 MG-MCG</b>	3	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	
<i>vestura oral tablet 3-0.02 mg</i>	1	



Drug Name	Drug Tier	Requirements / Limits
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	
<b>Wymzya Fe Oral Tablet Chewable 0.4-35 MG-MCG</b>	1	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zumandimine oral tablet 3-0.03 mg</i>	1	
<b>*Combination Contraceptives - Transdermal*** - Birth Control Pills</b>		
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	
<b>Twirla Transdermal Patch Weekly 120-30 MCG/24HR</b>	3	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	
<b>*Combination Contraceptives - Vaginal*** - Birth Control Pills</b>		
<b>Annovera Vaginal Ring 0.013-0.15 MG/24HR</b>	3	QL
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	QL
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	
<b>NuvaRing Vaginal Ring 0.12-0.015 MG/24HR</b>	2	QL
<b>*Continuous Contraceptives - Oral*** - Birth Control Pills</b>		
<i>amethyst oral tablet 90-20 mcg</i>	1	
<i>dolishale oral tablet 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1	
<b>*Emergency Contraceptives*** - Birth Control Pills</b>		
<b>Ella Oral Tablet 30 MG</b>	2	QL
<b>*Extended-Cycle Contraceptives - Oral*** - Birth Control Pills</b>		
<i>ashlyna oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	
<i>camrese lo oral tablet 0.1-0.02 &amp; 0.01 mg</i>	1	
<i>camrese oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	
<i>daysee oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	
<i>introvale oral tablet 0.15-0.03 mg</i>	1	
<i>jaimiess oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	1	
<i>lojaimiess oral tablet 0.1-0.02 &amp; 0.01 mg</i>	1	
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	
<i>simpesse oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	
<b>*Four Phase Contraceptives - Oral*** - Birth Control Pills</b>		
<b>Natazia Oral Tablet 3/2-2/2-3/1 MG</b>	2	
<b>*Progestin Contraceptives - Injectable*** - Birth Control Pills</b>		
<b>Depo-Provera Intramuscular Suspension 150 MG/ML</b>	Tier 10	
<b>Depo-Provera Intramuscular Suspension Prefilled Syringe 150 MG/ML</b>	Tier 10	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 10	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Tier 10	
<b>*Progestin Contraceptives - Oral*** - Birth Control Pills</b>		
<i>camila oral tablet 0.35 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	1	
<i>norlyroc oral tablet 0.35 mg</i>	1	
<b>Opill Oral Tablet 0.075 MG</b>	0	
<i>sharobel oral tablet 0.35 mg</i>	1	
<b>Slynd Oral Tablet 4 MG</b>	3	
<b>*Triphasic Contraceptives - Oral*** - Birth Control Pills</b>		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	
<b>*Corticosteroids* - Hormones</b>		
<b>*Glucocorticosteroids*** - Drugs For Inflammation</b>		
<b>Alkindi Sprinkle Oral Capsule Sprinkle 0.5 MG, 1 MG, 2 MG, 5 MG</b>	3	Age Restriction Applies (Max 12 Years)
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<b>Dexamethasone Intensol Oral Concentrate 1 MG/ML</b>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<b>Eohilia Oral Suspension 2 MG/10ML</b>	3	PA; QL
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>Medrol Oral Tablet 2 MG</b>	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
<b>PredniSONE Intensol Oral Concentrate 5 MG/ML</b>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
<b>Rayos Oral Tablet Delayed Release 1 MG, 2 MG, 5 MG</b>	3	
<b>Tarpeyo Oral Capsule Delayed Release 4 MG</b>	3	PA
<b>*Mineralocorticoids*** - Drugs For Inflammation</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<b>*Cough/Cold/Allergy* - Drugs For The Lungs</b>		
<b>*Antitussive - Nonnarcotic*** - Drugs For Allergies</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<b>*Antitussive - Opioid*** - Drugs For Cough And Cold</b>		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	Age Restriction Applies (Min 6 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	Age Restriction Applies (Min 6 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	Age Restriction Applies (Min 6 Years)
<b>*Antitussive-Expectorant*** - Drugs For Cough And Cold</b>		
<i>g tussin ac oral solution 100-10 mg/5ml</i>	1	Age Restriction Applies (Min 12 Years)
<i>guaiaatussin ac oral syrup 100-10 mg/5ml</i>	1	Age Restriction Applies (Min 12 Years)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	Age Restriction Applies (Min 12 Years)
<b>*Misc. Respiratory Inhalants*** - Drugs For Allergies</b>		
<b>HyperSal Inhalation Nebulization Solution 3.5 %</b>	3	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
<b>*Mucolytics*** - Drugs For The Lungs</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
<b>*Non-Narc Antitussive-Antihistamine*** - Drugs For Cough And Cold</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Non-Narc Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold</b>		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
<b>*Opioid Antitussive-Antihistamine*** - Drugs For Cough And Cold</b>		
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	Age Restriction Applies (Min 6 Years)
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	Age Restriction Applies (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	1	Age Restriction Applies (Min 12 Years)
<b>*Opioid Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold</b>		
<b>Pro-Red AC Oral Syrup 5-1-9 MG/5ML</b>	3	Age Restriction Applies (Min 12 Years)
<b>*Dermatologicals* - Drugs For The Skin</b>		
<b>*Acne Antibiotics*** - Drugs For The Skin</b>		
<b>Amzeeq External Foam 4 %</b>	3	
<b>Clindacin ETZ External Swab 1 %</b>	1	
<b>Clindacin-P External Swab 1 %</b>	1	
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>dapsone external gel 5 %, 7.5 %</i>	1	
<i>ery external pad 2 %</i>	1	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<b>*Acne Combinations*** - Drugs For The Skin</b>		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	QL
<b>Avar Cleanser External Liquid 10-5 %</b>	1	
<b>Avar-e Emollient External Cream 10-5 %</b>	1	
<i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>bp 10-1 external emulsion 10-1 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	QL
<b>Neuac External Gel 1.2-5 %</b>	1	
<b>Plexion Cleansing Cloth External Pad 9.8-4.8 %</b>	3	
<i>sss 10-5 external cream 10-5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sss 10-5 external foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %</i>	1	
<b>SulfaCleanse 8/4 External Suspension 8-4 %</b>	1	
<i>sulfamez wash external emulsion 10-1 %</i>	1	
<b>Vanoxide-HC External Lotion 5-0.5 %</b>	1	
<b>*Acne Products*** - Drugs For The Skin</b>		
<b>Absorica LD Oral Capsule 16 MG, 24 MG, 32 MG, 8 MG</b>	3	
<i>adapalene external cream 0.1 %</i>	1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	1	
<b>Aklief External Cream 0.005 %</b>	3	
<b>Altreno External Lotion 0.05 %</b>	3	
<b>Amnesteem Oral Capsule 10 MG, 20 MG, 40 MG</b>	1	
<b>Azelex External Cream 20 %</b>	3	
<b>BenzePrO Creamy Wash External Liquid 7 %</b>	1	
<i>benzeprO external 5.8 %</i>	1	
<i>benzeprO external foam 5.2 %, 9.7 %</i>	1	
<b>BenzePrO External Foam 5.3 %</b>	1	
<i>benzeprO external liquid 6.8 %</i>	1	
<b>BenzePrO Foaming Cloths External 6 %</b>	1	
<i>benzoyl peroxide external foam 9.8 %</i>	1	
<i>benzoyl peroxide external gel 8 %</i>	1	
<i>bpo foaming cloths external 6 %</i>	1	
<b>Claravis Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG</b>	1	
<i>cvs creamy acne face wash external liquid 4 %</i>	1	
<b>Fabior External Foam 0.1 %</b>	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<b>PanOxyl Creamy Wash External Liquid 4 %</b>	1	
<i>pr benzoyl peroxide external liquid 6.9 %</i>	1	
<b>PR Benzoyl Peroxide Wash External Liquid 7 %</b>	1	
<b>Retin-A Micro Pump External Gel 0.06 %</b>	3	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	1	
<i>tretinoin microsphere pump external gel 0.08 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
Winlevi External Cream 1 %	3	
Zenatane Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	1	
<b>*Agents For External Genital And Perianal Warts*** - Drugs For The Skin</b>		
Veregen External Ointment 15 %	3	QL
<b>*Alopecia Agents - Janus Kinus (Jak) Inhibitors*** - Drugs For The Skin</b>		
Litfulo Oral Capsule 50 MG	3	PA
<b>*Antibiotic Steroid Combinations - Topical*** - Drugs For The Skin</b>		
Neo-Synalar External Cream 0.5-0.025 %	3	
<b>*Antibiotics - Topical*** - Drugs For The Skin</b>		
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
mupirocin calcium external cream 2 %	1	QL
mupirocin external ointment 2 %	1	QL
<b>*Antifungals - Topical Combinations*** - Drugs For The Skin</b>		
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
iodoquimez-hc external cream 1-1.9 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
<b>*Antifungals - Topical*** - Drugs For The Skin</b>		
Ciclodan External Solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
naftifine hcl external cream 1 %, 2 %	1	
naftifine hcl external gel 2 %	1	
Nyamyc External Powder 100000 UNIT/GM	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
Nystop External Powder 100000 UNIT/GM	1	



Drug Name	Drug Tier	Requirements / Limits
<b>*Anti-Inflammatory Agents - Topical*** - Drugs For The Skin</b>		
<i>diclofenac epolamine external patch 1.3 %</i>	1	QL
<i>diclofenac sodium external solution 1.5 %</i>	1	QL
<b>*Antineoplastic Alkylating Agents - Topical*** - Drugs For The Skin</b>		
<b>Valchlor External Gel 0.016 %</b>	2	
<b>*Antineoplastic Antimetabolites - Topical*** - Drugs For The Skin</b>		
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<b>*Antineoplastic Or Premalignant Lesions - Topical Nsaid's*** - Drugs For The Skin</b>		
<i>diclofenac sodium external gel 3 %</i>	1	QL
<b>*Antineoplastic Retinoids - Topical*** - Drugs For The Skin</b>		
<b>Panretin External Gel 0.1 %</b>	3	
<b>*Antipruritics - Topical*** - Drugs For The Skin</b>		
<i>doxepin hcl external cream 5 %</i>	1	
<b>*Antipsoriatics - Systemic*** - Drugs For The Skin</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	QL
<b>Bimzelx Subcutaneous Solution Auto-Injector 160 MG/ML</b>	3	PA; QL
<b>Bimzelx Subcutaneous Solution Prefilled Syringe 160 MG/ML</b>	3	PA; QL
<b>Cosentyx (300 MG Dose) Subcutaneous Solution Prefilled Syringe 150 MG/ML</b>	2	PA; QL
<b>Cosentyx Intravenous Solution 125 MG/5ML</b>	Tier 10	PA
<b>Cosentyx Sensoready (300 MG) Subcutaneous Solution Auto-Injector 150 MG/ML</b>	2	PA; QL
<b>Cosentyx Sensoready Pen Subcutaneous Solution Auto-Injector 150 MG/ML</b>	2	PA; QL
<b>Cosentyx Subcutaneous Solution Prefilled Syringe 150 MG/ML, 75 MG/0.5ML</b>	2	PA; QL
<b>Cosentyx UnoReady Subcutaneous Solution Auto-Injector 300 MG/2ML</b>	2	PA; QL
<b>Ilumya Subcutaneous Solution Prefilled Syringe 100 MG/ML</b>	Tier 10	PA
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
<b>Siliq Subcutaneous Solution Prefilled Syringe 210 MG/1.5ML</b>	3	PA
<b>Skyrizi Pen Subcutaneous Solution Auto-Injector 150 MG/ML</b>	2	PA; QL
<b>Skyrizi Subcutaneous Solution Prefilled Syringe 150 MG/ML</b>	2	PA; QL
<b>Sotyktu Oral Tablet 6 MG</b>	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<b>Spevigo Intravenous Solution 450 MG/7.5ML</b>	Tier 10	PA
<b>Spevigo Subcutaneous Solution Prefilled Syringe 150 MG/ML</b>	3	PA
<b>Stelara Subcutaneous Solution 45 MG/0.5ML</b>	2	PA; QL
<b>Stelara Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML, 90 MG/ML</b>	2	PA; QL
<b>Taltz Subcutaneous Solution Auto-Injector 80 MG/ML</b>	3	PA; QL
<b>Taltz Subcutaneous Solution Prefilled Syringe 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML</b>	3	PA; QL
<b>Tremfya Intravenous Solution 200 MG/20ML</b>	Tier 10	PA
<b>Tremfya Subcutaneous Solution Auto-Injector 200 MG/2ML</b>	2	PA; QL
<b>Tremfya Subcutaneous Solution Prefilled Syringe 100 MG/ML, 200 MG/2ML</b>	2	PA; QL
<b>*Antipsoriatics*** - Drugs For The Skin</b>		
<i>calcipotriene external cream 0.005 %</i>	1	QL
<i>calcipotriene external ointment 0.005 %</i>	1	QL
<i>calcipotriene external solution 0.005 %</i>	1	QL
<b>Calcitrene External Ointment 0.005 %</b>	1	QL
<i>calcitriol external ointment 3 mcg/gm</i>	1	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	1	
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	
<b>Vtama External Cream 1 %</b>	3	PA; QL
<b>Zithranol External Shampoo 1 %</b>	3	
<b>Zoryve External Cream 0.3 %</b>	3	PR; QL; Age Restriction Applies (Min 6 Years)
<b>*Antiseborrheic Products*** - Drugs For The Skin</b>		
<i>glycolic acid solution 70 %</i>	3	
<b>Ovace Plus External Cream 10 %</b>	3	
<b>Ovace Plus External Lotion 9.8 %</b>	3	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>selenium sulfide external shampoo 2.3 %</i>	1	
<i>sodium sulfacetamide external shampoo 10 %, 9.8 %</i>	1	
<i>sodium sulfacetamide wash external liquid 10 %</i>	1	
<i>sulfacetamide sodium (cleans) external gel 10 %</i>	1	
<i>sulfacetamide sodium external liquid 10 %</i>	1	
<b>Zoryve External Foam 0.3 %</b>	3	PR; QL; Age Restriction Applies (Min 9 Years)
<b>*Antiviral Topical Combinations*** - Drugs For The Skin</b>		
<b>Xerese External Cream 5-1 %</b>	3	QL
<b>*Antivirals - Topical*** - Drugs For The Skin</b>		
<i>acyclovir external cream 5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir external ointment 5 %</i>	1	
<i>penciclovir external cream 1 %</i>	1	
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*** - Drugs For The Skin</b>		
<b>Cibinqo Oral Tablet 100 MG, 200 MG, 50 MG</b>	3	PA; QL
<b>Opzelura External Cream 1.5 %</b>	3	PA; QL; Age Restriction Applies (Min 12 Years)
<b>*Atopic Dermatitis - Monoclonal Antibodies*** - Drugs For The Skin</b>		
<b>Adbry Subcutaneous Solution Auto-Injector 300 MG/2ML</b>	3	PA; QL
<b>Adbry Subcutaneous Solution Prefilled Syringe 150 MG/ML</b>	3	PA; QL
<b>Dupixent Subcutaneous Solution Prefilled Syringe 200 MG/1.14ML, 300 MG/2ML</b>	2	PA; QL
<b>*Burn Products*** - Drugs For The Skin</b>		
<i>mafenide acetate external packet 5 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
<b>SSD (silver sulfADIAZINE) External Cream 1 %</b>	1	
<b>SSD External Cream 1 %</b>	1	
<b>Sulfamylon External Cream 85 MG/GM</b>	3	
<b>*Cauterizing Agent Combinations*** - Drugs For The Skin</b>		
<b>Arzol Silver Nit Applicators External 75-25 %</b>	1	
<b>*Cauterizing Agents*** - Drugs For The Skin</b>		
<i>silver nitrate external solution 0.5 %</i>	3	
<b>*Corticosteroids - Topical*** - Drugs For The Skin</b>		
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
<b>ApexiCon E External Cream 0.05 %</b>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<b>Bryhali External Lotion 0.01 %</b>	3	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external liquid 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external shampoo 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
<i>clocortolone pivalate external cream 0.1 %</i>	1	
<b>Clodan External Shampoo 0.05 %</b>	1	
<b>Cordran External Tape 4 MCG/SQCM</b>	3	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external gel 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external liquid 0.25 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
<i>diflorasone diacetate external cream 0.05 %</i>	1	
<i>diflorasone diacetate external ointment 0.05 %</i>	1	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>flurandrenolide external cream 0.05 %</i>	1	
<i>flurandrenolide external lotion 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halcinonide external cream 0.1 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<b>Halog External Ointment 0.1 %</b>	3	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<b>NuCort External Lotion 2 %</b>	3	
<b>Pandel External Cream 0.1 %</b>	2	
<b>Sernivo External Emulsion 0.05 %</b>	3	
<b>Texacort External Solution 2.5 %</b>	3	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<b>Ultravate External Lotion 0.05 %</b>	3	
<b>*Emollient/Keratolytic Agents*** - Drugs For The Skin</b>		
<i>urea external cream 39 %, 45 %</i>	1	
<b>Uredeb External Cream 39 %</b>	1	
<b>*Emollients*** - Drugs For The Skin</b>		
<i>glycerin external liquid</i>	2	
<i>hm glycerin external liquid 99.5 %</i>	2	
<i>qc glycerin external liquid 99.5 %</i>	2	
<i>ra glycerin external liquid</i>	2	
<i>sm glycerin external liquid 99.5 %</i>	2	
<b>*Enzymes - Topical*** - Drugs For The Skin</b>		
<b>Santyl External Ointment 250 UNIT/GM</b>	3	QL
<b>*Eyelid Cleansers &amp; Lubricants*** - Drugs For The Skin</b>		
<b>Avenova External Solution 0.01 %</b>	3	

Drug Name	Drug Tier	Requirements / Limits
<b>*Glabellar Lines (Frown Lines) Agents*** - Drugs For The Skin</b>		
Daxxify Intramuscular Solution Reconstituted 100 UNIT	Tier 10	PA
<b>*Imidazole-Related Antifungals - Topical*** - Drugs For The Skin</b>		
econazole nitrate external cream 1 %	1	
Ecoza External Foam 1 %	3	ST; Age Restriction Applies (Min 12 Years)
Ertaczo External Cream 2 %	3	ST
Jublia External Solution 10 %	3	ST; QL
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
oxiconazole nitrate external cream 1 %	1	
Oxistat External Lotion 1 %	3	ST
sulconazole nitrate external cream 1 %	1	
<b>*Immunomodulators Imidazoquinolinamines - Topical*** - Drugs For The Skin</b>		
imiquimod external cream 5 %	1	
Zyclara Pump External Cream 2.5 %	2	QL; Age Restriction Applies (Min 12 Years)
<b>*Keratolytic/Antimitotic/Vesicant Agents*** - Drugs For The Skin</b>		
bensal hp external ointment 3 %	3	
Podocon-25 External Solution 25 %	3	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
salicylic acid er external solution 28.5 %	1	
salicylic acid external foam 6 %	1	
salicylic acid external gel 6 %	1	
salicylic acid external solution 26 %	1	
salicylic acid wart remover external liquid 27.5 %	1	
Ycanth External Solution 0.7 %	Tier 10	PA
<b>*Keratolytic/Antimitotic/Vesicant Combinations*** - Drugs For The Skin</b>		
pyrogalllic acid external ointment 25-2 %	3	
<b>*Local Anesthetics - Topical*** - Drugs For The Skin</b>		
Astero External Gel 4 %	3	
glydo external prefilled syringe 2 %	1	QL
LDO Plus External Gel 4 %	3	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	QL
<i>premium lidocaine external ointment 5 %</i>	1	
<b>*Macrolide Immunosuppressants - Topical*** - Drugs For The Skin</b>		
<b>Hyftor External Gel 0.2 %</b>	3	PA; QL
<i>pimecrolimus external cream 1 %</i>	1	QL
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<b>*Melanocortin Receptor Agonists (Uv Protective)*** - Drugs For The Skin</b>		
<b>Scenesse Subcutaneous Implant 16 MG</b>	Tier 10	PA
<b>*Misc. Dermatological Products*** - Drugs For The Skin</b>		
<b>Alevicyn Antipruritic External Gel</b>	3	
<b>Alevicyn Antipruritic SG External Gel</b>	3	
<b>Halucort External Gel</b>	3	
<b>Levicyn External Gel</b>	3	
<b>Sebuderm External Gel</b>	3	
<b>Strata ctx External Gel</b>	3	
<b>Strata mark External Gel</b>	3	
<b>Strata xrt External Gel</b>	3	
<b>*Misc. Topical*** - Drugs For The Skin</b>		
<b>Drysol External Solution 20 %</b>	3	
<b>Qbrexza External Pad 2.4 %</b>	3	
<b>*Oxaborole-Related Antifungals - Topical*** - Drugs For The Skin</b>		
<i>tavaborole external solution 5 %</i>	1	
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** - Drugs For The Skin</b>		
<b>Eucrisa External Ointment 2 %</b>	3	
<b>Zoryve External Cream 0.15 %</b>	3	PR; QL; Age Restriction Applies (Min 6 Years)
<b>*Photodynamic Therapy Agents - Topical*** - Drugs For The Skin</b>		
<b>Ameluz External Gel 10 %</b>	3	
<b>Levulan Kerastick External Solution Reconstituted 20 %</b>	3	
<b>*Prostaglandins - Topical*** - Drugs For The Skin</b>		
<i>bimatoprost external solution 0.03 %</i>	1	
<b>*Rosacea Agents*** - Drugs For The Skin</b>		
<i>azelaic acid external gel 15 %</i>	1	
<i>brimonidine tartrate external gel 0.33 %</i>	1	PR; QL
<i>doxycycline oral capsule delayed release 40 mg</i>	1	



Drug Name	Drug Tier	Requirements / Limits
<b>Finacea External Foam 15 %</b>	3	
<i>ivermectin external cream 1 %</i>	1	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<b>Noritrate External Cream 1 %</b>	3	
<b>Rhofade External Cream 1 %</b>	3	PR; QL
<b>Zilxi External Foam 1.5 %</b>	3	PR
<b>*Scabicides &amp; Pediculicides*** - Drugs For The Skin</b>		
<b>Crotan External Lotion 10 %</b>	1	
<i>ivermectin external lotion 0.5 %</i>	1	QL
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	
<i>spinosad external suspension 0.9 %</i>	1	
<b>*Skin Cleansers*** - Drugs For The Skin</b>		
<i>cvs isopropyl alcohol wipes external 70 %</i>	1	
<b>Hyclodex External Solution 0.012 %</b>	3	
<i>isopropyl alcohol external 70 %</i>	1	
<i>isopropyl alcohol wipes external 70 %</i>	1	
<i>ra isopropyl alcohol wipes external 70 %</i>	1	
<b>*Steroid-Local Anesthetic Combinations*** - Drugs For The Skin</b>		
<b>Cortane-B External Lotion 10-10-1 MG/ML</b>	2	
<b>Epifoam External Foam 1-1 %</b>	3	
<b>Pramosone External Cream 1-1 %</b>	1	
<b>Pramosone External Lotion 1-1 %, 1-2.5 %</b>	1	
<b>Pramosone External Ointment 1-1 %, 1-2.5 %</b>	3	
<b>*Topical Anesthetic Combinations*** - Drugs For The Skin</b>		
<b>Cetacaine External Aerosol 2-2-14 %</b>	3	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
<b>*Topical Selective Retinoid X Receptor Agonists*** - Drugs For The Skin</b>		
<i>bexarotene external gel 1 %</i>	1	
<b>Targetin External Gel 1 %</b>	2	
<b>*Topical Steroid Combinations*** - Drugs For The Skin</b>		
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	
<b>Duobrii Lotion 0.01-0.045 % External</b>	3	
<b>Enstilar External Foam 0.005-0.064 %</b>	3	

Drug Name	Drug Tier	Requirements / Limits
<b>*Wound Care - Growth Factor Agents*** - Drugs For The Skin</b>		
Regranex External Gel 0.01 %	2	QL
<b>*Wound Care Combinations*** - Drugs For The Skin</b>		
<i>balsam peru-castor oil external ointment</i>	3	
<i>bpc0 external ointment</i>	3	
Venelex External Ointment	3	
<b>*Wound Dressings*** - Drugs For The Skin</b>		
Filsuvez External Gel 10 %	3	PA; QL
<b>*Wound Treatment - Gene Therapy*** - Drugs For The Skin</b>		
Vyjuvek External Gel 5000000000 PFU/2.5ML	Tier 10	PA
<b>*Diagnostic Products*</b>		
<b>*Diagnostic Tests***</b>		
Chemstrip K In Vitro Strip	1	
<i>ketone test in vitro strip</i>	1	
Ketostix In Vitro Strip	1	
<i>onetouch ultra blue test in vitro strip</i>	1	QL
<i>onetouch ultra in vitro strip</i>	1	QL
<i>onetouch ultra test in vitro strip</i>	1	QL
OneTouch Verio In Vitro Strip	1	QL
ReliOn Ketone Test In Vitro Strip	1	
<b>*Multiple Urine Tests***</b>		
Chemstrip uGK In Vitro Strip	3	
CVS Ketone Care In Vitro Strip	3	
Keto-Diastix In Vitro Strip	3	
<b>*Digestive Aids* - Drugs For The Stomach</b>		
<b>*Digestive Enzymes*** - Drugs For The Stomach</b>		
Creon Oral Capsule Delayed Release Particles 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	2	
Pancreaze Oral Capsule Delayed Release Particles 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200- 14200 UNIT	3	
Pertzye Oral Capsule Delayed Release Particles 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	2	
Sucraid Oral Solution 8500 UNIT/ML	3	PA
Viokace Oral Tablet 10440-39150 UNIT, 20880- 78300 UNIT	3	
Zenpep Oral Capsule Delayed Release Particles 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000- 126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	

Drug Name	Drug Tier	Requirements / Limits
<b>*Diuretics* - Drugs For The Heart</b>		
<b>*Carbonic Anhydrase Inhibitors*** - Drugs For High Blood Pressure</b>		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
dichlorphenamide oral tablet 50 mg	1	PA; QL
methazolamide oral tablet 25 mg, 50 mg	1	
<b>*Diuretic Combinations*** - Drugs For High Blood Pressure</b>		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
<b>*Loop Diuretics*** - Drugs For High Blood Pressure</b>		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
ethacrynic acid oral tablet 25 mg	1	
<b>Furoscix Subcutaneous Cartridge Kit 80 MG/10ML</b>	3	QL
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
<b>*Potassium Sparing Diuretics*** - Drugs For High Blood Pressure</b>		
amiloride hcl oral tablet 5 mg	1	
spironolactone oral suspension 25 mg/5ml	1	Age Restriction Applies (Max 12 Years)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
<b>*Thiazides And Thiazide-Like Diuretics*** - Drugs For High Blood Pressure</b>		
chlorthalidone oral tablet 25 mg, 50 mg	1	
<b>Diuril Oral Suspension 250 MG/5ML</b>	3	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
<b>*Endocrine And Metabolic Agents - Misc.* - Hormones</b>		
<b>*Acid Sphingomyelinase Deficiency (Asmd) - Agents*** - Drugs For Menopause And Bone Loss</b>		
<b>Xenpozyme Intravenous Solution Reconstituted 20 MG, 4 MG</b>	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<b>*Adenosine Deaminase Scid Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
Revcovi Intramuscular Solution 2.4 MG/1.5ML	Tier 10	PA
<b>*Alpha-Mannosidosis Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
Lamzedo Intravenous Solution Reconstituted 10 MG	Tier 10	PA
<b>*Bisphosphonates*** - Drugs For Menopause And Bone Loss</b>		
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	QL
Binosto Oral Tablet Effervescent 70 MG	3	
Fosamax Plus D Oral Tablet 70-2800 MG-UNIT, 70- 5600 MG-UNIT	3	
ibandronate sodium oral tablet 150 mg	1	QL
Reclast Intravenous Solution 5 MG/100ML	Tier 10	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	QL
risedronate sodium oral tablet delayed release 35 mg	1	QL
zoledronic acid intravenous concentrate 4 mg/5ml	Tier 10	
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	Tier 10	
<b>*Calcimimetic Agents*** - Drugs For Menopause And Bone Loss</b>		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	1	
Sensipar Oral Tablet 30 MG, 60 MG, 90 MG	2	
<b>*Calcitonins*** - Drugs For Menopause And Bone Loss</b>		
calcitonin (salmon) injection solution 200 unit/ml	1	
calcitonin (salmon) nasal solution 200 unit/act	1	
<b>*Carnitine Replenisher - Agents*** - Drugs For Menopause And Bone Loss</b>		
levocarnitine oral solution 1 gml/10ml	1	
levocarnitine oral tablet 330 mg	1	
<b>*Corticotropin*** - Hormones</b>		
Acthar Injection Gel 80 UNIT/ML	Tier 10	PA
<b>*Cortisol Synthesis Inhibitors*** - Hormones</b>		
Isturisa Oral Tablet 1 MG, 5 MG	3	PA
<b>*Dopamine Receptor Agonists*** - Drugs For Women</b>		
cabergoline oral tablet 0.5 mg	1	
<b>*Fabry Disease - Agents*** - Drugs For Menopause And Bone Loss</b>		
Elfabrio Intravenous Solution 20 MG/10ML, 5 MG/2.5ML	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
Fabrazyme Intravenous Solution Reconstituted 35 MG, 5 MG	Tier 10	PA
Galafold Oral Capsule 123 MG	3	PA; QL
<b>*Gaa Deficiency Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
Lumizyme Intravenous Solution Reconstituted 50 MG	Tier 10	PA
Nexviazyme Intravenous Solution Reconstituted 100 MG	Tier 10	PA
Opfolda Oral Capsule 65 MG	3	PA
Pombiliti Intravenous Solution Reconstituted 105 MG	Tier 10	PA
<b>*Gnrh/Lhrh Antagonists*** - Drugs For Women</b>		
Orilissa Oral Tablet 150 MG, 200 MG	3	QL
<b>*Growth Hormone Receptor Antagonists*** - Drugs For Growth</b>		
Somavert Subcutaneous Solution Reconstituted 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; QL
<b>*Growth Hormones*** - Drugs For Growth</b>		
Genotropin MiniQuick Subcutaneous Prefilled Syringe 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	3	PA
Genotropin Subcutaneous Cartridge 12 MG, 5 MG	3	PA
Humatrope Injection Cartridge 12 MG, 24 MG, 6 MG	2	PA
Ngenla Subcutaneous Solution Pen-Injector 24 MG/1.2ML, 60 MG/1.2ML	3	PA
Norditropin FlexPro Subcutaneous Solution Pen-Injector 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	2	PA
Nutropin AQ NuSpin 10 Subcutaneous Solution Pen-Injector 10 MG/2ML	3	PA
Nutropin AQ NuSpin 20 Subcutaneous Solution Pen-Injector 20 MG/2ML	3	PA
Nutropin AQ NuSpin 5 Subcutaneous Solution Pen-Injector 5 MG/2ML	3	PA
Omnitrope Subcutaneous Solution Cartridge 10 MG/1.5ML, 5 MG/1.5ML	3	PA
Omnitrope Subcutaneous Solution Reconstituted 5.8 MG	3	PA
Serostim Subcutaneous Solution Reconstituted 4 MG	3	PA
Skytrofa Subcutaneous Cartridge 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	3	PA; QL
Sogroya Subcutaneous Solution Pen-Injector 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
Zomacton Subcutaneous Solution Reconstituted 10 MG, 5 MG	3	PA
<b>*Hereditary Orotic Aciduria Treatment - Agents** - Drugs For Menopause And Bone Loss</b>		
Xuriden Oral Packet 2 GM	3	PA; QL
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	1	PA
Nityr Oral Tablet 10 MG, 2 MG, 5 MG	3	PA
Orfadin Oral Suspension 4 MG/ML	3	PA
<b>*Homocystinuria Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
betaine oral powder	1	
Cystadane Oral Powder	2	
<b>*Hyperammonemia Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
Carbaglu Oral Tablet Soluble 200 MG	3	PA
carglumic acid oral tablet soluble 200 mg	1	PA
<b>*Hyperparathyroid Treatment - Vitamin D Analogs*** - Drugs For Menopause And Bone Loss</b>		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
Royaldee Oral Capsule Extended Release 30 MCG	3	
<b>*Hypophosphatasia (Hpp) Agents*** - Drugs For Menopause And Bone Loss</b>		
Strensiq Subcutaneous Solution 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	3	PA
<b>*Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)*** - Drugs For Thyroid</b>		
Tepezza Intravenous Solution Reconstituted 500 MG	Tier 10	PA
<b>*Insulin-Like Growth Factors (Somatomedins)*** - Hormones</b>		
Increlex Subcutaneous Solution 40 MG/4ML	2	PA
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** - Drugs For Women</b>		
Fensolvi (6 Month) Subcutaneous Kit 45 MG	Tier 10	PA
Lupron Depot-Ped (1-Month) Intramuscular Kit 11.25 MG, 15 MG, 7.5 MG	Tier 10	PA
Lupron Depot-Ped (3-Month) Intramuscular Kit 11.25 MG, 30 MG	Tier 10	PA
Lupron Depot-Ped (6-Month) Intramuscular Kit 45 MG	Tier 10	PA
Supprelin LA Subcutaneous Kit 50 MG	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
Triptodur Intramuscular Suspension Reconstituted ER 22.5 MG	Tier 10	PA
<i>*Lysosomal Acid Lipase (Lal) Deficiency - Agents*** - Drugs For Menopause And Bone Loss</i>		
Kanuma Intravenous Solution 20 MG/10ML	Tier 10	PA
<i>*Molybdenum Cofactor Deficiency (Mocd) - Agents*** - Drugs For Menopause And Bone Loss</i>		
Nulibry Intravenous Solution Reconstituted 9.5 MG	Tier 10	PA
<i>*Mucopolysaccharidosis I (Mps I) - Agents*** - Drugs For Menopause And Bone Loss</i>		
Aldurazyme Intravenous Solution 2.9 MG/5ML	Tier 10	PA
<i>*Mucopolysaccharidosis Ii (Mps Ii) - Agents*** - Drugs For Menopause And Bone Loss</i>		
Elaprase Intravenous Solution 6 MG/3ML	Tier 10	PA
<i>*Mucopolysaccharidosis Iv (Mps Iv) - Agents*** - Drugs For Menopause And Bone Loss</i>		
Vimizim Intravenous Solution 5 MG/5ML	Tier 10	PA
<i>*Mucopolysaccharidosis Vi (Mps Vi) - Agents*** - Drugs For Menopause And Bone Loss</i>		
Naglazyme Intravenous Solution 1 MG/ML	Tier 10	PA
<i>*Mucopolysaccharidosis Vii (Mps Vii) - Agents*** - Drugs For Menopause And Bone Loss</i>		
Mepsevii Intravenous Solution 10 MG/5ML	Tier 10	PA
<i>*Natriuretic Peptides*** - Drugs For Menopause And Bone Loss</i>		
Voxzogo Subcutaneous Solution Reconstituted 0.4 MG, 0.56 MG, 1.2 MG	3	PA
<i>*Neurokinin 3 (Nk3) Receptor Antagonists*** - Hormones</i>		
Veozah Oral Tablet 45 MG	3	QL
<i>*Non-Steroidal Mineralocorticoid Receptor Antagonists*** - Hormones</i>		
Kerendia Oral Tablet 10 MG, 20 MG	3	QL
<i>*Parathyroid Hormone And Derivatives*** - Drugs For Menopause And Bone Loss</i>		
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml	1	PA; QL
Tymlos Subcutaneous Solution Pen-Injector 3120 MCG/1.56ML	2	PA; QL
<i>*Phenylketonuria Treatment - Agents*** - Drugs For Menopause And Bone Loss</i>		
Kuvan Oral Packet 100 MG, 500 MG	2	PA
Kuvan Oral Tablet 100 MG	2	PA
Palynziq Subcutaneous Solution Prefilled Syringe 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	3	PA
sapropterin dihydrochloride oral packet 100 mg, 500 mg	1	PA



Drug Name	Drug Tier	Requirements / Limits
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA
<b>*Rank Ligand (Rankl) Inhibitors*** - Drugs For Menopause And Bone Loss</b>		
<b>Prolia Subcutaneous Solution Prefilled Syringe 60 MG/ML</b>	Tier 10	PA
<b>Xgeva Subcutaneous Solution 120 MG/1.7ML</b>	Tier 10	PA
<b>*Sclerostin Inhibitors*** - Drugs For Menopause And Bone Loss</b>		
<b>Evenity Subcutaneous Solution Prefilled Syringe 105 MG/1.17ML</b>	Tier 10	PA
<b>*Selective Estrogen Receptor Modulators (Serms)*** - Drugs For Menopause And Bone Loss</b>		
<b>Osphena Oral Tablet 60 MG</b>	3	QL
<i>raloxifene hcl oral tablet 60 mg</i>	1	QL
<b>*Selective Vasopressin V2-Receptor Antagonists*** - Hormones</b>		
<b>Jynarque Oral Tablet 15 MG, 30 MG</b>	3	PA; QL
<b>Jynarque Oral Tablet Therapy Pack 15 MG, 30 &amp; 15 MG, 45 &amp; 15 MG, 60 &amp; 30 MG, 90 &amp; 30 MG</b>	3	PA
<b>Samsca Oral Tablet 15 MG, 30 MG</b>	3	PA; QL
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; QL
<b>*Somatostatic Agents*** - Drugs For Growth</b>		
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	Tier 10	PA
<b>Mycapssa Oral Capsule Delayed Release 20 MG</b>	3	PA; QL
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
<b>SandoSTATIN Injection Solution 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</b>	3	
<b>SandoSTATIN LAR Depot Intramuscular Kit 10 MG, 20 MG, 30 MG</b>	Tier 10	PA
<b>Signifor LAR Intramuscular Suspension Reconstituted ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</b>	Tier 10	PA
<b>Signifor Subcutaneous Solution 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML</b>	3	PA
<b>Somatuline Depot Subcutaneous Solution 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML</b>	Tier 10	PA
<b>*Tripeptidyl Peptidase 1 Deficiency Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
<b>Brineura Kit 2 X 150 MG/5ML</b>	Tier 10	PA
<b>*Urea Cycle Disorder - Agents*** - Drugs For Menopause And Bone Loss</b>		
<b>Buphenyl Oral Powder 3 GM/TSP</b>	3	
<b>Buphenyl Oral Tablet 500 MG</b>	3	

Drug Name	Drug Tier	Requirements / Limits
<b>Olpruva (2 GM Dose) Oral Therapy Pack 2 GM</b>	3	PA
<b>Olpruva (3 GM Dose) Oral Therapy Pack 3 GM</b>	3	PA
<b>Olpruva (4 GM Dose) Oral Therapy Pack 2 &amp; 2 GM</b>	3	PA
<b>Olpruva (5 GM Dose) Oral Therapy Pack 2 &amp; 3 GM</b>	3	PA
<b>Olpruva (6 GM Dose) Oral Therapy Pack 3 &amp; 3 GM</b>	3	PA
<b>Olpruva (6.67 GM Dose) Oral Therapy Pack 3 &amp; 3.67 GM</b>	3	PA
<b>Pheburane Oral Pellet 483 MG/GM</b>	3	
<b>Ravicti Oral Liquid 1.1 GM/ML</b>	3	PA; QL
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	
<b>*Vasopressin*** - Hormones</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
<b>*X-Linked Hypophosphatemia (Xlh) Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
<b>Crysvita Subcutaneous Solution 10 MG/ML, 20 MG/ML, 30 MG/ML</b>	Tier 10	PA
<b>*Estrogens* - Hormones</b>		
<b>*Estrogen &amp; Androgen*** - Drugs For Women</b>		
<b>Covaryx HS Oral Tablet 0.625-1.25 MG</b>	1	
<b>Covaryx Oral Tablet 1.25-2.5 MG</b>	1	
<b>EEMT HS Oral Tablet 0.625-1.25 MG</b>	1	
<b>EEMT Oral Tablet 1.25-2.5 MG</b>	1	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
<b>*Estrogen &amp; Progestin*** - Drugs For Women</b>		
<b>Angeliq Oral Tablet 0.25-0.5 MG, 0.5-1 MG</b>	2	
<b>Bijuva Oral Capsule 0.5-100 MG, 1-100 MG</b>	3	
<b>Climara Pro Transdermal Patch Weekly 0.045-0.015 MG/DAY</b>	2	QL
<b>CombiPatch Transdermal Patch Twice Weekly 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY</b>	3	QL
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<b>Jinteli Oral Tablet 1-5 MG-MCG</b>	1	
<b>Mimvey Oral Tablet 1-0.5 MG</b>	1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<b>Premphase Oral Tablet 0.625-5 MG</b>	2	
<b>Prempro Oral Tablet 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG</b>	2	

Drug Name	Drug Tier	Requirements / Limits
<b>*Estrogen-Progestin-Gnrh Antagonist*** - Drugs For Woman</b>		
<b>Myfembree Oral Tablet 40-1-0.5 MG</b>	3	QL
<b>Oriahnn Oral Capsule Therapy Pack 300-1-0.5 &amp; 300 MG</b>	3	QL
<b>*Estrogens*** - Drugs For Women</b>		
<b>Alora Transdermal Patch Twice Weekly 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	3	QL
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL
<b>Elestrin Transdermal Gel 0.52 MG/0.87 GM (0.06%)</b>	3	QL
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	1	QL
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estrogel transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	1	
<b>Evamist Transdermal Solution 1.53 MG/SPRAY</b>	3	QL
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL
<b>Menest Oral Tablet 0.3 MG, 0.625 MG, 1.25 MG</b>	1	
<b>Menostar Transdermal Patch Weekly 14 MCG/24HR</b>	3	QL
<b>Premarin Oral Tablet 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>	2	
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb*** - Drugs For Women</b>		
<b>Duavee Oral Tablet 0.45-20 MG</b>	3	QL; Age Restriction Applies (Min 18 Years and Max 75 Years)
<b>*Fluoroquinolones* - Drugs For Infections</b>		
<b>*Fluoroquinolones*** - Antibiotics</b>		
<b>Baxdela Oral Tablet 450 MG</b>	3	
<b>Cipro Oral Suspension Reconstituted 250 MG/5ML (5%), 500 MG/5ML (10%)</b>	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>*Gastrointestinal Agents - Misc.* - Drugs For The Stomach</b>		
<b>*5-Ht4 Receptor Agonists*** - Drugs For The Stomach</b>		
<b>Motegrity Oral Tablet 1 MG, 2 MG</b>	2	QL
<b>*Bile Acid Synthesis Disorder Agents*** - Drugs For The Stomach</b>		
<b>Cholbam Oral Capsule 250 MG, 50 MG</b>	3	PA
<b>*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation</b>		
<b>Trulance Oral Tablet 3 MG</b>	3	QL
<b>*Farnesoid X Receptor (Fxr) Agonists*** - Drugs For The Stomach</b>		
<b>Ocaliva Oral Tablet 10 MG, 5 MG</b>	3	ST; QL
<b>*Gallstone Solubilizing Agents*** - Drugs For The Stomach</b>		
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
<b>*Gastrointestinal Antiallergy Agents*** - Drugs For The Stomach</b>		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
<b>*Gastrointestinal Chloride Channel Activators*** - Drugs For Irritable Bowel Syndrome</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL; Age Restriction Applies (Min 18 Years)
<b>*Gastrointestinal Stimulants*** - Drugs For The Stomach</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	1	
<b>*Glucagon-Like Peptide-2 (Glp-2) Analogs*** - Drugs For The Stomach</b>		
<b>Gattex Subcutaneous Kit 5 MG</b>	3	PA
<b>*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists*** - Drugs For The Stomach</b>		
<b>Rezdiffra Oral Tablet 100 MG, 60 MG, 80 MG</b>	3	PA; QL
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation</b>		
<b>Linzess Oral Capsule 145 MCG, 290 MCG</b>	2	QL; Age Restriction Applies (Min 18 Years)
<b>Linzess Oral Capsule 72 MCG</b>	2	QL; Age Restriction Applies (Min 6 Years)

Drug Name	Drug Tier	Requirements / Limits
<b>*Ibs Agent - Mu-Opioid Receptor Agonists*** - Drugs For Irritable Bowel Syndrome</b>		
Viberzi Oral Tablet 100 MG, 75 MG	2	QL
<b>*Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** - Drugs For Irritable Bowel Syndrome</b>		
alose tron hcl oral tablet 0.5 mg, 1 mg	1	Age Restriction Applies (Min 18 Years)
<b>*Ileal Bile Acid Transporter (Ibat) Inhibitors*** - Drugs For The Stomach</b>		
Bylvay (Pellets) Oral Capsule Sprinkle 200 MCG, 600 MCG	3	PA
Bylvay Oral Capsule 1200 MCG, 400 MCG	3	PA
Livmarli Oral Solution 19 MG/ML, 9.5 MG/ML	3	PA; QL
<b>*Inflammatory Bowel Agents*** - Drugs For Inflammatory Bowel Disease</b>		
balsalazide disodium oral capsule 750 mg	1	
Dipentum Oral Capsule 250 MG	3	
mesalamine er oral capsule extended release 24 hour 0.375 gm	1	QL
mesalamine oral capsule delayed release 400 mg	1	QL
mesalamine oral tablet delayed release 1.2 gm, 800 mg	1	QL
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	
mesalamine-cleanser rectal kit 4 gm	1	
Pentasa Oral Capsule Extended Release 250 MG	2	QL
SfRowasa Rectal Enema 4 GM/60ML	3	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
<b>*Integrin Receptor Antagonists*** - Drugs For Inflammatory Bowel Disease</b>		
Entyvio Intravenous Solution Reconstituted 300 MG	Tier 10	PA; SOS
<b>*Interleukin Antagonists*** - Drugs For Inflammatory Bowel Disease</b>		
Omvo h Intravenous Solution 300 MG/15ML	Tier 10	PA
Omvo h Subcutaneous Solution Auto-Injector 100 MG/ML	3	PA; QL
Omvo h Subcutaneous Solution Prefilled Syringe 100 MG/ML	3	PA; QL
Skyrizi Intravenous Solution 600 MG/10ML	Tier 10	PA
Skyrizi Subcutaneous Solution Cartridge 180 MG/1.2ML, 360 MG/2.4ML	2	PA; QL
Stelara Intravenous Solution 130 MG/26ML	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<b>*Intestinal Acidifiers*** - Drugs For The Stomach</b>		
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
<b>*Live Fecal Microbiota (Human)** - Drugs For The Stomach</b>		
Rebyota Rectal Suspension 150 ML	Tier 10	PA
Vowst Oral Capsule	3	PA; QL
<b>*Peripheral Opioid Receptor Antagonists*** - Drugs For The Stomach</b>		
alvimopan oral capsule 12 mg	1	
Movantik Oral Tablet 12.5 MG, 25 MG	2	QL
Relistor Oral Tablet 150 MG	3	QL
Relistor Subcutaneous Solution 12 MG/0.6ML, 8 MG/0.4ML	3	QL
Symproic Oral Tablet 0.2 MG	3	
<b>*Phosphate Binder Agents*** - Drugs For The Stomach</b>		
Auryxia Oral Tablet 1 GM 210 MG(Fe)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
Fosrenol Oral Packet 1000 MG, 750 MG	2	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
Velphoro Oral Tablet Chewable 500 MG	3	QL
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)*** - Drugs For Irritable Bowel Syndrome</b>		
Velsipity Oral Tablet 2 MG	3	PA; QL
<b>*Tryptophan Hydroxylase Inhibitors*** - Drugs For Diarrhea</b>		
Xermelo Oral Tablet 250 MG	3	PA; QL
<b>*Tumor Necrosis Factor Alpha Blockers*** - Drugs For Inflammatory Bowel Disease</b>		
Avsola Intravenous Solution Reconstituted 100 MG	Tier 10	PA; SOS
Cimzia (2 Syringe) Subcutaneous Prefilled Syringe Kit 200 MG/ML	3	PA; QL
Cimzia Subcutaneous Kit 2 X 200 MG	3	PA; QL
Inflectra Intravenous Solution Reconstituted 100 MG	Tier 10	PA; SOS
Remicade Intravenous Solution Reconstituted 100 MG	Tier 10	PA; SOS
Renflexis Intravenous Solution Reconstituted 100 MG	Tier 10	PA; SOS

Drug Name	Drug Tier	Requirements / Limits
Zymfentra (1 Pen) Subcutaneous Auto-Injector Kit 120 MG/ML	3	PA; QL
Zymfentra (2 Pen) Subcutaneous Auto-Injector Kit 120 MG/ML	3	PA; QL
Zymfentra (2 Syringe) Subcutaneous Prefilled Syringe Kit 120 MG/ML	3	PA; QL
<b>*Genitourinary Agents - Miscellaneous* - Drugs For The Urinary System</b>		
<b>*5-Alpha Reductase Inhibitors*** - Drugs For The Prostate</b>		
dutasteride oral capsule 0.5 mg	1	QL
finasteride oral tablet 5 mg	1	QL
<b>*Alpha 1-Adrenoceptor Antagonists*** - Drugs For The Prostate</b>		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	QL
<b>Cardura XL Oral Tablet Extended Release 24 Hour 4 MG, 8 MG</b>	3	
silodosin oral capsule 4 mg, 8 mg	1	QL
tamsulosin hcl oral capsule 0.4 mg	1	
<b>*Citrates*** - Drugs For Infections</b>		
cytra k crystals oral packet 3300-1002 mg	1	
cytra-2 oral solution 500-334 mg/5ml	1	
cytra-k oral solution 1100-334 mg/5ml	1	
<b>Oracit Oral Solution 490-640 MG/5ML</b>	3	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
tricitrates oral solution 550-500-334 mg/5ml	1	
<b>*Cystinosis Agents*** - Drugs For The Urinary System</b>		
<b>Cystagon Oral Capsule 150 MG, 50 MG</b>	2	
<b>Procysbi Oral Capsule Delayed Release 25 MG, 75 MG</b>	3	PA
<b>Procysbi Oral Packet 300 MG, 75 MG</b>	3	PA
<b>*Igan Agents - Endothelin &amp; Angiotensin II Receptor Antag*** - Drugs For The Urinary System</b>		
<b>Filspari Oral Tablet 200 MG, 400 MG</b>	3	PA; QL
<b>*Interstitial Cystitis Agents*** - Drugs For The Urinary System</b>		
<b>Elmiron Oral Capsule 100 MG</b>	2	
<b>*Phosphates*** - Drugs For Infections</b>		
<b>K-Phos No 2 Oral Tablet 305-700 MG</b>	3	



Drug Name	Drug Tier	Requirements / Limits
<b>*Prostatic Hypertrophy Agent Combinations*** - Drugs For The Prostate</b>		
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
<b>*Small Interfering Ribonucleic Acid Agents (Sirna)*** - Drugs For The Urinary System</b>		
<b>Oxumo Subcutaneous Solution 94.5 MG/0.5ML</b>	Tier 10	PA
<b>Rivfloza Subcutaneous Solution 80 MG/0.5ML</b>	3	PA
<b>Rivfloza Subcutaneous Solution Prefilled Syringe 128 MG/0.8ML, 160 MG/ML</b>	3	PA
<b>*Urinary Analgesics*** - Drugs For Infections</b>		
<b>Phenazo Oral Tablet 200 MG</b>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
<b>*Urinary Stone Agents*** - Drugs For The Urinary System</b>		
<b>Lithostat Oral Tablet 250 MG</b>	3	
<i>tiopronin oral tablet 100 mg</i>	1	
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	1	
<b>*Gout Agents* - Drugs For Pain And Fever</b>		
<b>*Gout Agent Combinations*** - Gout Drugs</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<b>*Gout Agents*** - Gout Drugs</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	QL
<i>colchicine oral tablet 0.6 mg</i>	1	QL
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	QL
<b>Krystexxa Intravenous Solution 8 MG/ML</b>	Tier 10	PA
<b>*Uricosurics*** - Gout Drugs</b>		
<i>probenecid oral tablet 500 mg</i>	1	
<b>*Hematological Agents - Misc.* - Drugs For The Blood</b>		
<b>*Agents For Congenital Thrombotic Thrombocytopenic Purpura* - Drugs For The Blood</b>		
<b>Adzyna Intravenous Kit 1500 UNIT, 500 UNIT</b>	Tier 10	PA
<b>*Aminolevulinate Synthase 1-Directed Sirna*** - Drugs For The Blood</b>		
<b>Givlaari Subcutaneous Solution 189 MG/ML</b>	Tier 10	PA
<b>*Antihemophilic Products - Gene Therapy Agents*** - Drugs To Prevent Bleeding</b>		
<b>Beqvez Intravenous Suspension Therapy Pack 4 x 1 ML, 5 x 1 ML, 6 x 1 ML, 7 x 1 ML</b>	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
Hemgenix Intravenous Suspension Therapy Pack 10 x 10 ML, 11 x 10 ML, 12 x 10 ML, 13 x 10 ML, 14 x 10 ML, 15 x 10 ML, 16 x 10 ML, 17 x 10 ML, 18 x 10 ML, 19 x 10 ML, 20 x 10 ML, 21 x 10 ML, 22 x 10 ML, 23 x 10 ML, 24 x 10 ML, 25 x 10 ML, 26 x 10 ML, 27 x 10 ML, 28 x 10 ML, 29 x 10 ML, 30 x 10 ML, 31 x 10 ML, 32 x 10 ML, 33 x 10 ML, 34 x 10 ML, 35 x 10 ML, 36 x 10 ML, 37 x 10 ML, 38 x 10 ML, 39 x 10 ML, 40 x 10 ML, 41 x 10 ML, 42 x 10 ML, 43 x 10 ML, 44 x 10 ML, 45 x 10 ML, 46 x 10 ML, 47 x 10 ML, 48 x 10 ML	Tier 10	PA
Roctavian Intravenous Suspension 2000000000000000 VG/ML	Tier 10	PA
<b>*Anti-Von Willebrand Factor Agents*** - Drugs For The Blood</b>		
Cablivi Injection Kit 11 MG	3	PA
<b>*Bradykinin B2 Receptor Antagonists*** - Drugs For The Blood</b>		
Firazyr Subcutaneous Solution Prefilled Syringe 30 MG/3ML	Tier 10	PA
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; QL
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; QL
<b>*C1 Esterase Inhibitors*** - Drugs For The Blood</b>		
Berinert Intravenous Kit 500 UNIT	Tier 10	PA
Cinryze Intravenous Solution Reconstituted 500 UNIT	Tier 10	PA
Haegarda Subcutaneous Solution Reconstituted 2000 UNIT, 3000 UNIT	Tier 10	PA
Ruconest Intravenous Solution Reconstituted 2100 UNIT	Tier 10	PA
<b>*Complement C1 Inhibitors*** - Drugs For The Blood</b>		
Enjaymo Intravenous Solution 1100 MG/22ML	Tier 10	PA
<b>*Complement C3 Inhibitors*** - Drugs For The Blood</b>		
Empaveli Subcutaneous Solution 1080 MG/20ML	Tier 10	PA
<b>*Complement C5 Inhibitors*** - Drugs For The Blood</b>		
Piasky Injection Solution 340 MG/2ML	Tier 10	PA
Soliris Intravenous Solution 300 MG/30ML	Tier 10	PA; SOS
Ultomiris Intravenous Solution 1100 MG/11ML, 300 MG/3ML	Tier 10	PA; SOS
Veopoz Injection Solution 400 MG/2ML	Tier 10	PA
Zilbrysq Subcutaneous Solution Prefilled Syringe 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Complement C5a Inhibitors*** - Drugs For The Blood</b>		
gohibic intravenous solution 200 mg/20ml	Tier 10	
<b>*Complement C5a Receptor Inhibitors*** - Drugs For The Blood</b>		
Tavneos Oral Capsule 10 MG	3	PA
<b>*Complement Factor B Inhibitors*** - Drugs For The Blood</b>		
Fabhalta Oral Capsule 200 MG	3	PA; QL
<b>*Complement Factor D Inhibitors*** - Drugs For The Blood</b>		
Voydeya Oral Tablet 100 MG	3	PA; QL
Voydeya Oral Tablet Therapy Pack 50 & 100 MG	3	PA; QL
<b>*Direct-Acting P2y12 Inhibitors*** - Drugs For The Blood</b>		
Brilinta Oral Tablet 60 MG, 90 MG	2	QL
<b>*Hematorheologic Agents*** - Drugs For The Blood</b>		
pentoxifylline er oral tablet extended release 400 mg	1	
<b>*Phosphodiesterase Iii Inhibitors*** - Drugs For The Blood</b>		
cilostazol oral tablet 100 mg, 50 mg	1	
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** - Drugs For The Blood</b>		
Takhzyro Subcutaneous Solution 300 MG/2ML	3	PA; QL
Takhzyro Subcutaneous Solution Prefilled Syringe 150 MG/ML, 300 MG/2ML	3	PA; QL
<b>*Plasma Kallikrein Inhibitors*** - Drugs For The Blood</b>		
Kalbitor Subcutaneous Solution 10 MG/ML	Tier 10	PA
Orladeyo Oral Capsule 110 MG, 150 MG	3	PA
<b>*Plasma Proteins*** - Drugs For The Blood</b>		
Ryplazim Intravenous Solution Reconstituted 68.8 MG	Tier 10	PA
<b>*Platelet Aggregation Inhibitor Combinations*** - Drugs For The Blood</b>		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
<b>*Platelet Aggregation Inhibitors*** - Drugs For The Blood</b>		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists*** - Drugs For The Blood</b>		
Zontivity Oral Tablet 2.08 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Pyruvate Kinase Activators*** - Drugs For The Blood</b>		
Pyrukynd Oral Tablet 20 MG, 5 MG, 50 MG	3	PA; QL
Pyrukynd Taper Pack Oral Tablet Therapy Pack 5 MG, 7 x 20 MG & 7 x 5 MG, 7 x 50 MG & 7 x 20 MG	3	PA; QL
<b>*Quinazoline Agents*** - Drugs For The Blood</b>		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
<b>*Spleen Tyrosine Kinase (Syk) Inhibitors*** - Drugs For The Blood</b>		
Tavalisse Oral Tablet 100 MG, 150 MG	3	PA
<b>*Thienopyridine Derivatives*** - Drugs For The Blood</b>		
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	1	QL
<b>*Hematopoietic Agents* - Drugs For Nutrition</b>		
<b>*Agents For Gaucher Disease*** - Drugs For Nutrition</b>		
Cerdelga Oral Capsule 84 MG	3	PA; QL
Cerezyme Intravenous Solution Reconstituted 400 UNIT	Tier 10	PA
Elelyso Intravenous Solution Reconstituted 200 UNIT	Tier 10	PA
miglustat oral capsule 100 mg	1	PA; QL
Vpriv Intravenous Solution Reconstituted 400 UNIT	Tier 10	PA
Zavesca Oral Capsule 100 MG	3	PA; QL
<b>*Agents For Sickle Cell Disease - Autologous Gene Therapy*** - Drugs For Nutrition</b>		
Casgevy Intravenous Suspension	Tier 10	PA
Lyfgenia Intravenous Suspension	Tier 10	PA
<b>*Cobalamins*** - Drugs For Nutrition</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
<b>*Cxcr4 Receptor Antagonist*** - Drugs For Nutrition</b>		
Aphexda Subcutaneous Solution Reconstituted 62 MG	Tier 10	PA
Mozobil Subcutaneous Solution 24 MG/1.2ML	Tier 10	
Xolremdi Oral Capsule 100 MG	3	PA; QL
<b>*Cytotoxic Agents*** - Drugs For Nutrition</b>		
Droxia Oral Capsule 200 MG, 300 MG, 400 MG	3	
Siklos Oral Tablet 100 MG, 1000 MG	3	
<b>*Erythroid Maturation Agents*** - Drugs For Nutrition</b>		
Reblozyl Subcutaneous Solution Reconstituted 25 MG, 75 MG	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<b>*Folic Acid/Folates*** - Drugs For Nutrition</b>		
<i>folic acid oral tablet 1 mg</i>	1	
<i>kp folic acid oral tablet 1 mg</i>	1	
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)*** - Drugs For Nutrition</b>		
<b>Fulphila Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML</b>	Tier 10	PA
<b>Fylnetra Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML</b>	Tier 10	PA
<b>Granix Subcutaneous Solution 300 MCG/ML, 480 MCG/1.6ML</b>	Tier 10	PA
<b>Granix Subcutaneous Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML</b>	Tier 10	PA
<b>Neulasta Onpro Subcutaneous Prefilled Syringe Kit 6 MG/0.6ML</b>	Tier 10	
<b>Neulasta Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML</b>	Tier 10	
<b>Neupogen Injection Solution 300 MCG/ML, 480 MCG/1.6ML</b>	Tier 10	PA
<b>Neupogen Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML</b>	Tier 10	PA
<b>Nivestym Injection Solution 300 MCG/ML, 480 MCG/1.6ML</b>	Tier 10	
<b>Nivestym Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML</b>	Tier 10	
<b>Nyvepria Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML</b>	Tier 10	PA
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	Tier 10	PA
<b>Rolvedon Subcutaneous Solution Prefilled Syringe 13.2 MG/0.6ML</b>	Tier 10	PA
<b>Stimufend Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML</b>	Tier 10	PA
<b>Udenyca Onbody Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML</b>	Tier 10	
<b>Udenyca Subcutaneous Solution Auto-Injector 6 MG/0.6ML</b>	Tier 10	
<b>Udenyca Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML</b>	Tier 10	
<b>Zarxio Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML</b>	Tier 10	
<b>Ziextenzo Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML</b>	Tier 10	PA
<b>*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*** - Drugs For Nutrition</b>		
<b>Leukine Injection Solution Reconstituted 250 MCG</b>	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<b>*Hematopoietic Autologous Cellular Gene Therapy** - Drugs For Nutrition</b>		
Zynteglo Intravenous Suspension	Tier 10	PA
<b>*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors*** - Drugs For Nutrition</b>		
Jesduvroq Oral Tablet 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
<b>*Selectin Blockers*** - Drugs For Nutrition</b>		
Adakveo Intravenous Solution 100 MG/10ML	Tier 10	PA
<b>*Thrombopoietin (Tpo) Receptor Agonists*** - Drugs For Nutrition</b>		
Alvaiz Oral Tablet 18 MG, 36 MG, 54 MG, 9 MG	3	PA; QL
Doptelet Oral Tablet 20 MG	3	PA
Mulpleta Oral Tablet 3 MG	3	PA
Nplate Subcutaneous Solution Reconstituted 250 MCG, 500 MCG	Tier 10	PA
Promacta Oral Packet 12.5 MG, 25 MG	3	PA
Promacta Oral Tablet 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; QL
<b>*Hemostatics* - Drugs For The Blood</b>		
<b>*Hemostatics - Systemic*** - Drugs To Prevent Bleeding</b>		
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
tranexamic acid oral tablet 650 mg	1	QL
<b>*Hemostatics - Topical*** - Drugs To Prevent Bleeding</b>		
monsels ferric subsulfate external solution	2	
<b>*Hypnotics/Sedatives/Sleep Disorder Agents* - Drugs For The Nervous System</b>		
<b>*Barbiturate Hypnotics*** - Drugs For Insomnia</b>		
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
<b>*Benzodiazepine Hypnotics*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
estazolam oral tablet 1 mg, 2 mg	1	
quazepam oral tablet 15 mg	1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	QL
triazolam oral tablet 0.125 mg, 0.25 mg	1	
<b>*Hypnotics - Tricyclic Agents*** - Drugs For Insomnia</b>		
Silenor Oral Tablet 3 MG, 6 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators*** - Drugs For Insomnia</b>		
<b>Edluar Sublingual Tablet Sublingual 10 MG, 5 MG</b>	3	QL
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	1	QL
<b>*Orexin Receptor Antagonists*** - Drugs For Insomnia</b>		
<b>Belsomra Oral Tablet 10 MG, 15 MG, 20 MG, 5 MG</b>	3	QL
<b>DayVigo Oral Tablet 10 MG, 5 MG</b>	3	QL
<b>*Selective Alpha2-Adrenoreceptor Agonist Sedatives*** - Drugs For Insomnia</b>		
<b>Igalmi Sublingual Film 120 MCG, 180 MCG</b>	Tier 10	
<b>*Selective Melatonin Receptor Agonists*** - Drugs For Insomnia</b>		
<b>Hetlioz LQ Oral Suspension 4 MG/ML</b>	3	PA; QL
<i>ramelteon oral tablet 8 mg</i>	1	QL
<i>tasimelteon oral capsule 20 mg</i>	1	PA; QL
<b>*Laxatives* - Drugs For The Stomach</b>		
<b>*Bowel Evacuant Combinations*** - Drugs To Prevent Constipation</b>		
<b>Clenpiq Oral Solution 10-3.5-12 MG-GM - GM/175ML</b>	3	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gml/177ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	
<i>peg-prep oral kit 5-210 mg-gm</i>	1	
<b>Plenvu Oral Solution Reconstituted 140 GM</b>	3	
<b>Suflave Oral Solution Reconstituted 178.7 GM</b>	3	
<b>Sutab Oral Tablet 1479-225-188 MG</b>	3	
<b>*Laxatives - Miscellaneous*** - Drugs To Prevent Constipation</b>		
<i>constulose oral solution 10 gm/15ml</i>	1	
<b>Kristalose Oral Packet 10 GM, 20 GM</b>	1	
<i>lactulose oral packet 10 gm</i>	1	



Drug Name	Drug Tier	Requirements / Limits
<i>lactulose oral solution 10 gm/15ml</i>	1	
<b>*Macrolides* - Drugs For Infections</b>		
<b>*Azithromycin*** - Antibiotics</b>		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<b>*Clarithromycin*** - Antibiotics</b>		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<b>*Erythromycins*** - Antibiotics</b>		
<b>E.E.S. 400 Oral Tablet 400 MG</b>	1	
<b>Ery-Tab Oral Tablet Delayed Release 250 MG, 333 MG, 500 MG</b>	1	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<b>*Fidaxomicin*** - Antibiotics</b>		
<b>Dificid Oral Suspension Reconstituted 40 MG/ML</b>	2	QL
<b>Dificid Oral Tablet 200 MG</b>	2	QL
<b>*Medical Devices And Supplies* - Medical Supplies And Durable Medical Equipment</b>		
<b>*Applicators,Cotton Balls,Etc*** - Medical Supplies And Durable Medical Equipment</b>		
<b>Alcoh-Glove Contoured Wipe Pad</b>	1	
<i>alcohol pads pad 70 %</i>	1	
<i>alcohol prep pad , 70 %</i>	1	
<i>alcohol swabs pad , 70 %</i>	1	
<i>alcoh-wipe sheet</i>	1	
<b>CareTouch Alcohol Prep Pad 70 %</b>	1	
<b>Curity Alcohol Preps Pad 70 %</b>	1	
<i>cvs alcohol prep pads pad 70 %</i>	1	
<i>cvs prep pad 70 %</i>	1	
<b>Easy Touch Alcohol Prep Medium Pad 70 %</b>	1	
<i>eql alcohol swabs pad 70 %</i>	1	
<i>essentra wipes 9x9" sheet 70 %</i>	1	
<b>Fifty50 Alcohol Prep Pad 70 %</b>	1	
<i>global alcohol prep ease pad 70 %</i>	1	
<i>gnp alcohol swabs pad 70 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>h-e-b incontrol alcohol pad</i>	1	
<i>hm sterile alcohol prep pad</i>	1	
<i>meijer alcohol swabs pad 70 %</i>	1	
<b>Pharmacist Choice Alcohol Pad</b>	1	
<i>pro comfort alcohol pad 70 %</i>	1	
<i>qc alcohol swabs pad 70 %</i>	1	
<i>ra alcohol swabs pad 70 %</i>	1	
<i>reality swabs pad</i>	1	
<b>ReliOn Alcohol Swabs Pad , 70 %</b>	1	
<i>saps care alcohol prep pad 70 %</i>	1	
<i>saps health alcohol prep pad 70 %</i>	1	
<i>saps health care alcohol prep pad 70 %</i>	1	
<i>sb alcohol prep pad 70 %</i>	1	
<i>sm alcohol prep pad , 70 %</i>	1	
<i>sure comfort alcohol prep pad 70 %</i>	1	
<i>true comfort alcohol prep pads pad 70 %</i>	1	
<b>UltiCare Alcohol Swabs Pad , 70 %</b>	1	
<i>ultilet alcohol swabs pad</i>	1	
<i>ultra-care alcohol prep pads pad 70 %</i>	1	
<b>Webcol Alcohol Prep Large Pad 70 %</b>	1	
<b>Webcol Alcohol Prep Medium Pad 70 %</b>	1	
<b>*Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment</b>		
<b>Accu-Chek Aviva In Vitro Solution</b>	2	
<b>Accu-Chek Guide Control In Vitro Liquid</b>	2	
<b>Accu-Chek SmartView Control In Vitro Liquid</b>	2	
<b>Accutrend Glucose Control In Vitro Solution</b>	2	
<b>Advance Intuition Control In Vitro Liquid Normal</b>	3	
<b>Advance Micro-Draw Control In Vitro Liquid</b>	2	
<b>Advance Micro-Draw Normal In Vitro Liquid</b>	2	
<b>Advocate Control Solution In Vitro Liquid High , Low</b>	3	
<b>Advocate Redi-Code+ Control In Vitro Solution High , Low</b>	3	
<b>AgaMatrix Control In Vitro Solution</b>	2	
<b>AgaMatrix Control In Vitro Solution High , Normal</b>	3	
<b>Assure 3 Control In Vitro Liquid</b>	2	
<b>Assure 4 Control Level 1 &amp; 2 In Vitro Liquid</b>	2	
<b>Assure Dose Control In Vitro Solution Normal</b>	3	
<b>Assure Dose Norm/High Control In Vitro Solution</b>	2	
<b>Assure II Control In Vitro Liquid</b>	2	
<b>Assure II Control Level 1 &amp; 2 In Vitro Liquid</b>	2	
<b>Assure Prism Control Level 1&amp;2 In Vitro Solution</b>	2	

Drug Name	Drug Tier	Requirements / Limits
<b>Assure Pro Control Level 1 &amp; 2 In Vitro Liquid</b>	2	
<b>CareSens Control A In Vitro Solution</b>	2	
<b>Clever Choice Glucose Control In Vitro Liquid High , Low</b>	3	
<b>Contour Next Control In Vitro Solution Low , Normal</b>	3	
<i>control in vitro solution normal</i>	3	
<b>Cool Control A In Vitro Solution</b>	2	
<b>Cool Control B In Vitro Solution</b>	2	
<b>Dexcom G6 Receiver Device</b>	2	
<b>Dexcom G6 Sensor</b>	2	
<b>Dexcom G6 Transmitter</b>	2	
<b>Dexcom G7 Receiver Device</b>	2	
<b>Dexcom G7 Sensor</b>	2	
<b>Diathrive Glucose Control Soln In Vitro Liquid</b>	2	
<b>Duo-Care Control Solution In Vitro Liquid</b>	2	
<i>easy plus ii control in vitro solution high , low</i>	3	
<b>Easy Step Control In Vitro Solution High , Low , Normal</b>	3	
<i>easy talk control in vitro solution high , low , normal</i>	3	
<b>Easy Touch Control High &amp; Low In Vitro Solution</b>	2	
<i>easy trak control in vitro solution high , low , normal</i>	3	
<b>EasyMax 15 Level 2 Control In Vitro Solution</b>	2	
<b>EasyMax Control In Vitro Solution Normal</b>	3	
<i>element compact control 2 in vitro solution</i>	2	
<i>element compact control 3 in vitro solution</i>	2	
<b>Element Control In Vitro Liquid High , Low , Normal</b>	3	
<b>Embrace Control In Vitro Solution Low</b>	3	
<b>Embrace Evo Control Level 1 In Vitro Liquid Low</b>	3	
<b>Embrace Glucose Control In Vitro Liquid High</b>	3	
<b>Embrace Pro Glucose Control In Vitro Liquid</b>	2	
<b>Embrace Talk Glucose Control In Vitro Solution High , Low</b>	3	
<b>Evolution Control In Vitro Solution Normal</b>	3	
<b>FORA Control In Vitro Solution High , Low , Normal</b>	3	
<b>ForaCare GDH Control In Vitro Solution High , Low , Normal</b>	3	
<b>FreeStyle Control Solution In Vitro Liquid</b>	2	
<b>FreeStyle Libre 14 Day Reader Device</b>	2	
<b>FreeStyle Libre 14 Day Sensor</b>	2	
<b>FreeStyle Libre 2 Plus Sensor</b>	2	
<b>FreeStyle Libre 2 Reader Device</b>	2	

Drug Name	Drug Tier	Requirements / Limits
FreeStyle Libre 2 Sensor	2	
FreeStyle Libre 3 Plus Sensor	2	
FreeStyle Libre 3 Reader Device	2	
FreeStyle Libre 3 Sensor	2	
FreeStyle Libre Reader Device	2	
<i>ge100 control in vitro solution normal</i>	3	
Glucocard 01 Control In Vitro Liquid	2	
Glucocard 01 Control In Vitro Solution Normal	3	
Glucocard Expression Control In Vitro Solution	2	
Glucocard Shine Control In Vitro Solution	2	
Glucocard X-Sensor Control In Vitro Solution Normal	3	
GlucoCom Control In Vitro Liquid High , Normal	3	
<i>glucose control in vitro solution</i>	2	
<i>glucose control in vitro solution normal</i>	3	
GNP Easy Touch Cont High/Low In Vitro Solution	2	
In Touch Glucose Control In Vitro Solution	2	
Infinity Control In Vitro Solution Normal	3	
Infinity Voice In Vitro Liquid Normal	3	
Liberty Glucose Control In Vitro Liquid Normal	3	
Liberty Glucose Control In Vitro Solution High , Normal	3	
Liberty Glucose Control Mid In Vitro Solution	2	
MediSense Glucose Ketone Contr In Vitro Liquid	2	
Medisense Hi/Mid/Low Control In Vitro Liquid	2	
Microdot Control High/Low In Vitro Solution	2	
MyGlucoHealth Control In Vitro Solution	2	
Neutek 2Tek Control In Vitro Solution	2	
Nova Max Plus Glu/Ket Control In Vitro Liquid	2	
OneTouch Ultra 2 Kit w/Device	2	
OneTouch Verio Flex System Kit w/Device	2	
OneTouch Verio Reflect Kit w/Device	2	
PocketChem EZ Control In Vitro Solution	2	
Precision Glucose Ketone Contr In Vitro Liquid	2	
Prodigy Control Solution In Vitro Solution High , Low	3	
QuickTek Control Solution In Vitro Liquid	2	
Quintet Control High/Normal In Vitro Solution	2	
RefuAH Plus Glucose Control In Vitro Solution	2	
Rightest GC300 Control In Vitro Liquid High , Normal	3	
Smartest Control Medium In Vitro Solution	2	
Solus V2 Control In Vitro Solution High , Low	3	

Drug Name	Drug Tier	Requirements / Limits
<i>supreme ii high/low control in vitro liquid</i>	2	
<b>Tai Doc Control In Vitro Solution Normal</b>	3	
<b>Unistrip Control In Vitro Solution High , Low</b>	3	
<i>verasens glucose control in vitro liquid</i>	2	
<b>*Insulin Administration Supplies*** - Medical Supplies And Durable Medical Equipment</b>		
<b>Omnipod 5 DexG7G6 Intro Gen 5 Kit</b>	2	QL
<b>Omnipod 5 DexG7G6 Pods Gen 5</b>	2	
<b>Omnipod 5 Libre2 Plus G6 Kit</b>	2	QL
<b>Omnipod 5 Libre2 Plus G6 Pods</b>	2	
<b>Omnipod Classic Pods (Gen 3)</b>	2	
<b>Omnipod DASH Intro (Gen 4) Kit</b>	2	QL
<b>Omnipod DASH PDM (Gen 4) Kit</b>	2	QL
<b>Omnipod DASH Pods (Gen 4)</b>	2	
<b>Omnipod Go Kit 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR</b>	2	QL
<b>*Ocular Implants*** - Medical Supplies And Durable Medical Equipment</b>		
<b>Susvimo Ocular Implant Intravitreal Implant</b>	Tier 10	PA
<b>*Peak Flow Meters*** - Medical Supplies And Durable Medical Equipment</b>		
<b>Aerogear Action Asthma Kit Kit</b>	3	
<b>Airzone Peak Flow Meter Device</b>	3	
<b>Assess Peak Flow Meter Device</b>	3	
<i>lung perform peak flow meter device</i>	3	
<b>Microlife Digital Peak Flow Device</b>	3	
<b>Mini Wright Peak Flow Meter Device</b>	3	
<b>Peak Air Peak Flow Meter Device</b>	3	
<i>peak flow meter universal rang device</i>	3	
<b>Personal Best Full Range Device</b>	3	
<b>Piko 1 Device</b>	3	
<b>Pocket Peak Flow Meter Device</b>	3	
<b>Pocketpeak Peak Flow Meter Device</b>	3	
<b>TruZone Peak Flow Meter Device</b>	3	
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies*** - Medical Supplies And Durable Medical Equipment</b>		
<b>AeroChamber Mini Chamber Device</b>	2	
<b>AeroChamber MV</b>	2	
<b>AeroChamber Plus Flo-Vu</b>	2	
<b>AeroChamber Plus Flo-Vu Large</b>	2	
<b>AeroChamber Plus Flo-Vu Medium</b>	2	
<b>AeroChamber Plus Flo-Vu Small</b>	2	

Drug Name	Drug Tier	Requirements / Limits
AeroChamber Plus Flow VU	2	
AeroChamber w/FLOWSignal	2	
AeroChamber Z-Stat Plus	2	
AeroChamber Z-Stat Plus Chambr	2	
AeroChamber Z-Stat Plus/Large	2	
AeroChamber Z-Stat Plus/Medium	2	
AeroChamber Z-Stat Plus/Small	2	
AeroVent Plus Device	2	
<i>breathe ease large device</i>	2	
<i>breathe ease medium device</i>	2	
<i>breathe ease small device</i>	2	
Clever Choice Holding Chamber Device	2	
Compact Space Chamber Device	2	
Compact Space Chamber/Lg Mask Device	2	
Compact Space Chamber/Med Mask Device	2	
Compact Space Chamber/Sm Mask Device	2	
EasiVent	2	
EasiVent Mask Large	2	
EasiVent Mask Medium	2	
EasiVent Mask Small	2	
Flexichamber Adult Mask/Small	2	
Flexichamber Child Mask/Large	2	
Flexichamber Child Mask/Small	2	
Flexichamber Device	2	
Inspirease	2	
OptiChamber Diamond	2	
Pocket Chamber Device	2	
Pocket Spacer Device	2	
<i>pro comfort spacer adult</i>	2	
<i>pro comfort spacer child</i>	2	
RiteFlo Device	2	
Vortex Valved Holding Chamber Device	2	
<b>*Migraine Products* - Drugs For The Nervous System</b>		
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*** - Drugs For Migraine Headaches</b>		
Nurtec Oral Tablet Dispersible 75 MG	3	PA; QL
Qulipta Oral Tablet 10 MG, 30 MG, 60 MG	3	PA; QL
Ubrelvy Oral Tablet 100 MG, 50 MG	3	PA; QL
Zavzpret Nasal Solution 10 MG/ACT	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<b>*Cgrp Receptor Antagonists - Monoclonal Antibodies*** - Drugs For Migraine Headaches</b>		
Aimovig Subcutaneous Solution Auto-Injector 140 MG/ML, 70 MG/ML	2	PA
Ajovy Subcutaneous Solution Auto-Injector 225 MG/1.5ML	2	PA
Ajovy Subcutaneous Solution Prefilled Syringe 225 MG/1.5ML	2	PA
Emgality (300 MG Dose) Subcutaneous Solution Prefilled Syringe 100 MG/ML	2	PA
Emgality Subcutaneous Solution Auto-Injector 120 MG/ML	2	PA
Emgality Subcutaneous Solution Prefilled Syringe 120 MG/ML	2	PA
Vyepti Intravenous Solution 100 MG/ML	Tier 10	PA
<b>*Ergot Combinations*** - Drugs For Migraine Headaches</b>		
ergotamine-caffeine oral tablet 1-100 mg	1	
Migergot Rectal Suppository 2-100 MG	1	
<b>*Migraine Products - Nsaids*** - Drugs For Migraine Headaches</b>		
diclofenac potassium(migraine) oral packet 50 mg	1	QL
<b>*Migraine Products*** - Drugs For Migraine Headaches</b>		
dihydroergotamine mesylate injection solution 1 mg/ml	1	
dihydroergotamine mesylate nasal solution 4 mg/ml	1	QL
Ergomar Sublingual Tablet Sublingual 2 MG	3	
<b>*Selective Serotonin Agonists 5-Ht(1)*** - Drugs For Migraine Headaches</b>		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	QL
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	QL
frovatriptan succinate oral tablet 2.5 mg	1	QL
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	QL
Onzetra Xsail Nasal Exhaler Powder 11 MG/NOSEPC	3	
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	QL
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	QL
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	QL
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL



Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL
<b>Zembrace SymTouch Subcutaneous Solution Auto-Injector 3 MG/0.5ML</b>	3	
<i>zolmitriptan nasal solution 5 mg</i>	1	QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1	QL
<b>*Minerals &amp; Electrolytes* - Drugs For Nutrition</b>		
<b>*Calcium Combinations*** - Drugs For Nutrition</b>		
<b>MagneBind 400 Oral Tablet 80-115 MG</b>	3	
<b>*Fluoride Combinations*** - Drugs For Nutrition</b>		
<b>Floriva Oral Liquid 0.25-400 MG-UNIT/ML</b>	3	
<b>*Fluoride*** - Drugs For Nutrition</b>		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	1	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	1	
<b>*Iodine Products*** - Drugs For Nutrition</b>		
<i>iodine strong oral solution 5 %</i>	1	
<b>*Phosphate*** - Drugs For Nutrition</b>		
<b>Phospha 250 Neutral Oral Tablet 155-852-130 MG</b>	1	
<i>phosphorous oral tablet 155-852-130 mg</i>	1	
<b>Phospho-Trin 250 Neutral Oral Tablet 155-852-130 MG</b>	1	
<i>phospho-trin k500 oral tablet 500 mg</i>	1	
<b>*Potassium Combinations*** - Drugs For Nutrition</b>		
<b>Effer-K Oral Tablet Effervescent 10 MEQ, 20 MEQ</b>	3	
<b>*Potassium*** - Drugs For Nutrition</b>		
<b>Effer-K Oral Tablet Effervescent 25 MEQ</b>	1	
<b>Klor-Con 10 Oral Tablet Extended Release 10 MEQ</b>	1	
<b>Klor-Con M10 Oral Tablet Extended Release 10 MEQ</b>	1	
<b>Klor-Con M15 Oral Tablet Extended Release 15 MEQ</b>	1	
<b>Klor-Con M20 Oral Tablet Extended Release 20 MEQ</b>	1	
<b>Klor-Con Oral Packet 20 MEQ</b>	1	
<b>Klor-Con Oral Tablet Extended Release 8 MEQ</b>	1	
<b>Klor-Con/EF Oral Tablet Effervescent 25 MEQ</b>	1	
<b>K-Prime Oral Tablet Effervescent 25 MEQ</b>	1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	

Drug Name	Drug Tier	Requirements / Limits
potassium chloride er oral tablet extended release 10 meq, 15 meq, 8 meq	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
<b>*Zinc*** - Drugs For Nutrition</b>		
Galzin Oral Capsule 25 MG, 50 MG	3	
<b>*Miscellaneous Therapeutic Classes* - Vitamins And Minerals</b>		
<b>*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent*** - Vitamins And Minerals</b>		
Joenja Oral Tablet 70 MG	3	PA; QL
<b>*Allogeneic Thymus Tissue*** - Vitamins And Minerals</b>		
Rethymic Intramuscular Implant	Tier 10	PA
<b>*Antileptotics*** - Vitamins And Minerals</b>		
Thalomid Oral Capsule 100 MG, 50 MG	3	PA; QL
<b>*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors*** - Vitamins And Minerals</b>		
Benlysta Intravenous Solution Reconstituted 120 MG, 400 MG	Tier 10	PA; QL
Benlysta Subcutaneous Solution Auto-Injector 200 MG/ML	3	PA; QL
Benlysta Subcutaneous Solution Prefilled Syringe 200 MG/ML	3	PA; QL
<b>*Chelating Agents*** - Vitamins And Minerals</b>		
penicillamine oral capsule 250 mg	1	
penicillamine oral tablet 250 mg	1	
Syprine Oral Capsule 250 MG	3	
trientine hcl oral capsule 250 mg, 500 mg	1	
<b>*Cyclosporine Analogs*** - Vitamins And Minerals</b>		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
Gengraf Oral Capsule 100 MG, 25 MG	1	
Gengraf Oral Solution 100 MG/ML	1	
Lupkynis Oral Capsule 7.9 MG	3	PA
Neoral Oral Capsule 100 MG, 25 MG	3	
Neoral Oral Solution 100 MG/ML	3	
SandIMMUNE Oral Capsule 100 MG, 25 MG	3	
<b>*Farnesyltransferase Inhibitors*** - Vitamins And Minerals</b>		
Zokinvy Oral Capsule 50 MG, 75 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
<b>*Immunomodulators - Combinations*** - Vitamins And Minerals</b>		
Vyvgart Hytrulo Subcutaneous Solution 180-2000 MG-UNIT/ML	Tier 10	PA
<b>*Immunomodulators For Myelodysplastic Syndromes*** - Vitamins And Minerals</b>		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA; QL
Revlimid Oral Capsule 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA; QL
<b>*Inosine Monophosphate Dehydrogenase Inhibitors*** - Vitamins And Minerals</b>		
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	
<b>*Interleukin-6 (Il-6) Antagonists*** - Vitamins And Minerals</b>		
Sylvant Intravenous Solution Reconstituted 100 MG, 400 MG	Tier 10	PA
<b>*Macrolide Immunosuppressants*** - Vitamins And Minerals</b>		
Astagraf XL Oral Capsule Extended Release 24 Hour 0.5 MG, 1 MG, 5 MG	3	
Envarsus XR Oral Tablet Extended Release 24 Hour 0.75 MG, 1 MG, 4 MG	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
Prograf Oral Capsule 0.5 MG, 1 MG, 5 MG	3	
Prograf Oral Packet 0.2 MG, 1 MG	3	Age Restriction Applies (Max 12 Years)
Rapamune Oral Solution 1 MG/ML	3	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
Zortress Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	
<b>*Monoclonal Antibodies*** - Vitamins And Minerals</b>		
Enspryng Subcutaneous Solution Prefilled Syringe 120 MG/ML	3	PA
Gamifant Intravenous Solution 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	Tier 10	PA
Uplizna Intravenous Solution 100 MG/10ML	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<b>*Neonatal Fc Receptor (FcRn) Antagonists*** - Vitamins And Minerals</b>		
Rystiggo Subcutaneous Solution 280 MG/2ML, 420 MG/3ML, 560 MG/4ML, 840 MG/6ML	Tier 10	PA
Vyvgart Intravenous Solution 400 MG/20ML	Tier 10	PA
<b>*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*** - Vitamins And Minerals</b>		
Vioice Oral Packet 50 MG	3	PA; QL
Vioice Oral Tablet Therapy Pack 125 MG, 200 & 50 MG, 50 MG	3	PA; QL
<b>*Potassium Removing Agents*** - Vitamins And Minerals</b>		
Lokelma Oral Packet 10 GM, 5 GM	3	
sodium polystyrene sulfonate oral powder	1	
Veltassa Oral Packet 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	3	
<b>*Purine Analogs*** - Vitamins And Minerals</b>		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
<b>*Rock Inhibitors*** - Vitamins And Minerals</b>		
Rezurock Oral Tablet 200 MG	3	PA
<b>*Type I Interferon (Ifn) Receptor Antagonists*** - Vitamins And Minerals</b>		
Saphnelo Intravenous Solution 300 MG/2ML	Tier 10	PA
<b>*Uremic Pruritus Agents*** - Vitamins And Minerals</b>		
Korsuva Intravenous Solution 65 MCG/1.3ML	Tier 10	PA
<b>*Mouth/Throat/Dental Agents* - Drugs For The Mouth And Throat</b>		
<b>*Anesthetics Topical Oral*** - Drugs For The Mouth And Throat</b>		
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
<b>*Anti-Infectives - Throat*** - Drugs For The Mouth And Throat</b>		
clotrimazole mouth/throat troche 10 mg	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
Oravig Buccal Tablet 50 MG	3	
<b>*Antiseptic Combinations - Mouth/Throat*** - Drugs For The Mouth And Throat</b>		
Debacterol Mouth/Throat Solution 30-50 %	3	
<b>*Antiseptics - Mouth/Throat*** - Drugs For The Mouth And Throat</b>		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
Periogard Mouth/Throat Solution 0.12 %	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Protectants - Mouth/Throat*** - Drugs For The Mouth And Throat</b>		
Orafate Mouth/Throat Paste 10 %	3	
ProThelial Mouth/Throat Paste 10 %	3	
<b>*Saliva Stimulants*** - Drugs For The Mouth And Throat</b>		
cevimeline hcl oral capsule 30 mg	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
<b>*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat</b>		
Oralene Mouth/Throat Paste 0.1 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
<b>*Multivitamins* - Drugs For Nutrition</b>		
<b>*Prenatal Mv &amp; Min WIFe-Fa*** - Drugs For Nutrition</b>		
Atabex EC Oral Tablet Delayed Release 29-1 MG	3	
Atabex OB Oral Tablet 29-1 MG	3	
c-nate dha oral capsule 28-1-200 mg	3	
Co-Natal FA Oral Tablet	3	
Concept DHA Oral Capsule 53.5-38-1 MG	3	
Concept OB Oral Capsule 130-92.4-1 MG	2	
EnBrace HR Oral Capsule	3	
inatal gt oral tablet	1	
m-natal plus oral tablet 27-1 mg	3	
Natalvit Oral Tablet	3	
NeoNatal Plus Oral Tablet 27-1 MG	3	
Nestabs DHA Oral 32-1 MG	3	
Nestabs Oral Tablet 32-1 MG	3	
Niva-Plus Oral Tablet 27-1 MG	3	
OB Complete One Oral Capsule 50-1-476 MG	3	
OB Complete Oral Tablet 50-1.25 MG	3	
OB Complete Petite Oral Capsule 35-5-1-200 MG	3	
OB Complete Premier Oral Tablet 30-20-1 MG	3	
OB Complete/DHA Oral Capsule 30-10-1-200 MG	3	
Obtrex Oral Tablet	3	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
pnv prenatal plus multivitamin oral tablet 27-1 mg	3	
pnv-omega oral capsule 28-0.6-0.4-340 mg	3	
pnv-select oral tablet 27-0.6-0.4 mg	1	
prena1 pearl oral capsule extended release 30-1.4-200 mg	3	
prenatabs rx oral tablet 29-1 mg	1	
prenatal 19 oral tablet	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal 19 oral tablet chewable</i>	1	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	3	
<i>prenatal oral tablet 27-1 mg</i>	3	
<b>Prenatal-U Oral Capsule 106.5-1 MG</b>	3	
<b>Prenate Elite Oral Tablet 20-0.6-0.4 MG</b>	3	
<b>PrimaCare Oral Capsule 30-1-470 MG</b>	3	
<b>Provida OB Oral Capsule 20-20-1.25 MG</b>	3	
<i>relnate dha oral capsule 28-1-200 mg</i>	3	
<b>Select-OB Oral Tablet Chewable 29-0.6-0.4 MG, 29-1 MG</b>	3	
<i>thrivite rx oral tablet 29-1 mg</i>	3	
<i>trinate oral tablet</i>	1	
<b>Vinate Care Oral Tablet Chewable 40-1 MG</b>	1	
<b>Vitafol-OB Oral Tablet</b>	3	
<b>VitaPearl Oral Capsule Extended Release 30-1.4-200 MG</b>	3	
<b>Viva DHA Oral Capsule 28-1-200 MG</b>	3	
<b><i>*Prenatal Mv &amp; Min WIFe-Fa-Dha*** - Drugs For Nutrition</i></b>		
<b>CitraNatal 90 DHA Oral 90-1 &amp; 300 MG</b>	3	
<b>CitraNatal Assure Oral 35-1 &amp; 300 MG</b>	3	
<b>CitraNatal Harmony Oral Capsule 27-1-260 MG</b>	3	
<b>Nestabs One Oral Capsule 38-1-225 MG</b>	3	
<b>Obstetrix One Oral Capsule 38-1-225 MG</b>	3	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	1	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	3	
<i>prenaissance oral capsule 29-1.25-325 mg</i>	3	
<i>prenaissance plus oral capsule 28-1-250 mg</i>	3	
<b>Prenate DHA Oral Capsule 18-0.6-0.4-300 MG</b>	3	
<b>Prenate Enhance Oral Capsule 28-0.6-0.4-400 MG</b>	3	
<b>Prenate Essential Oral Capsule 18-0.6-0.4-300 MG</b>	3	
<b>Prenate Mini Oral Capsule 18-0.6-0.4-350 MG</b>	3	
<b>Prenate Pixie Oral Capsule 10-0.6-0.4-200 MG</b>	3	
<b>Prenate Restore Oral Capsule 27-0.6-0.4-400 MG</b>	3	
<b>Select-OB+DHA Oral 29-1 &amp; 250 MG</b>	3	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	3	
<b>Vitafol Ultra Oral Capsule 29-0.6-0.4-200 MG</b>	3	
<b>Vitafol-OB+DHA Oral 65-1 &amp; 250 MG</b>	3	
<b>Vitafol-One Oral Capsule 29-1-200 MG</b>	3	
<b>VitaTrue Oral 30-1.4 &amp; 300 MG</b>	3	
<b><i>*Prenatal Mv &amp; Minerals WIFa Without Iron*** - Drugs For Nutrition</i></b>		
<b>Prenate Oral Tablet Chewable 0.6-0.4 MG</b>	3	

Drug Name	Drug Tier	Requirements / Limits
<b>*Musculoskeletal Therapy Agents* - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
<b>*Central Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
baclofen oral solution 10 mg/5ml, 5 mg/5ml	1	
baclofen oral suspension 25 mg/5ml	1	QL
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 250 mg, 350 mg	1	QL
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
<b>*Direct Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
<b>*Muscle Relaxant Combinations*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
<b>*Retinoic Acid Receptor Gamma Selective Agonists*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
Sohonos Oral Capsule 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	3	PA; QL
<b>*Viscosupplements*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
Durolane Intra-Articular Prefilled Syringe 60 MG/3ML	Tier 10	PA
Euflexxa Intra-Articular Solution Prefilled Syringe 20 MG/2ML	Tier 10	PA
Gel-One Intra-Articular Prefilled Syringe 30 MG/3ML	Tier 10	PA
Gelsyn-3 Intra-Articular Solution Prefilled Syringe 16.8 MG/2ML	Tier 10	PA
GenVisc 850 Intra-Articular Solution Prefilled Syringe 25 MG/2.5ML	Tier 10	PA
Hyalgan Intra-Articular Solution 20 MG/2ML	Tier 10	PA
Hyalgan Intra-Articular Solution Prefilled Syringe 20 MG/2ML	Tier 10	PA
Hymovis Intra-Articular Solution Prefilled Syringe 24 MG/3ML	Tier 10	PA



Drug Name	Drug Tier	Requirements / Limits
Monovisc Intra-Articular Solution Prefilled Syringe 88 MG/4ML	Tier 10	
OrthoVisc Intra-Articular Solution Prefilled Syringe 30 MG/2ML	Tier 10	
Supartz FX Intra-Articular Solution Prefilled Syringe 25 MG/2.5ML	Tier 10	PA
Synvisc Intra-Articular Solution Prefilled Syringe 16 MG/2ML	Tier 10	
Synvisc One Intra-Articular Solution Prefilled Syringe 48 MG/6ML	Tier 10	
Triluron Intra-Articular Solution Prefilled Syringe 20 MG/2ML	Tier 10	PA
TriVisc Intra-Articular Solution Prefilled Syringe 25 MG/2.5ML	Tier 10	PA
Visco-3 Intra-Articular Solution Prefilled Syringe 25 MG/2.5ML	Tier 10	PA
<b>*Nasal Agents - Systemic And Topical* - Drugs For The Nose</b>		
<b>*Antihistamine-Steroid*** - Allergy</b>		
azelastine-fluticasone nasal suspension 137-50 mcg/lact	1	QL; Age Restriction Applies (Min 6 Years)
<b>*Nasal Anticholinergics*** - Allergy</b>		
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	QL
<b>*Nasal Antihistamines*** - Allergy</b>		
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	1	QL
olopatadine hcl nasal solution 0.6 %	1	
<b>*Nasal Steroids*** - Allergy</b>		
flunisolide nasal solution 25 mcg/lact (0.025%)	1	
fluticasone propionate nasal suspension 50 mcg/lact	1	
mometasone furoate nasal suspension 50 mcg/lact	1	QL
Omnaris Nasal Suspension 50 MCG/ACT	3	QL
Propel Mini Nasal Implant 370 MCG	Tier 10	PA
Propel Nasal Implant 370 MCG	Tier 10	PA
Qnasl Childrens Nasal Aerosol Solution 40 MCG/ACT	3	QL
Qnasl Nasal Aerosol Solution 80 MCG/ACT	3	QL
Sinuva Nasal Implant 1350 MCG	Tier 10	PA
<b>*Neuromuscular Agents* - Drugs For Nerves And Muscles</b>		
<b>*Als Agents - Antisense Oligonucleotides*** - Drugs For Nerves And Muscles</b>		
Qalsody Intrathecal Solution 100 MG/15ML	Tier 10	PA
<b>*Als Agents - Miscellaneous*** - Drugs For Nerves And Muscles</b>		
Radicava ORS Oral Suspension 105 MG/5ML	3	QL

Drug Name	Drug Tier	Requirements / Limits
Radicava ORS Starter Kit Oral Suspension 105 MG/5ML	3	QL
<b>*Benzothiazoles*** - Drugs For Nerves And Muscles</b>		
riluzole oral tablet 50 mg	1	
<b>*Friedrich's Ataxia Agents - Nrf2 Pathway Activators*** - Drugs For Nerves And Muscles</b>		
Skyclarys Oral Capsule 50 MG	3	PA; QL
<b>*Muscular Dystrophy - Gene Therapy Agents*** - Drugs For Nerves And Muscles</b>		
amondys 45 intravenous solution 100 mg/2ml	Not Covered	
Elevidys 10.0-10.4 kg Intravenous Kit 10 x 10 ML	Not Covered	
Elevidys 10.5-11.4 kg Intravenous Kit 11 x 10 ML	Not Covered	
Elevidys 11.5-12.4 kg Intravenous Kit 12 x 10 ML	Not Covered	
Elevidys 12.5-13.4 kg Intravenous Kit 13 x 10 ML	Not Covered	
Elevidys 13.5-14.4 kg Intravenous Kit 14 x 10 ML	Not Covered	
Elevidys 14.5-15.4 kg Intravenous Kit 15 x 10 ML	Not Covered	
Elevidys 15.5-16.4 kg Intravenous Kit 16 x 10 ML	Not Covered	
Elevidys 16.5-17.4 kg Intravenous Kit 17 x 10 ML	Not Covered	
Elevidys 17.5-18.4 kg Intravenous Kit 18 x 10 ML	Not Covered	
Elevidys 18.5-19.4 kg Intravenous Kit 19 x 10 ML	Not Covered	
Elevidys 19.5-20.4 kg Intravenous Kit 20 x 10 ML	Not Covered	
Elevidys 20.5-21.4 kg Intravenous Kit 21 x 10 ML	Not Covered	
Elevidys 21.5-22.4 kg Intravenous Kit 22 x 10 ML	Not Covered	
Elevidys 22.5-23.4 kg Intravenous Kit 23 x 10 ML	Not Covered	
Elevidys 23.5-24.4 kg Intravenous Kit 24 x 10 ML	Not Covered	
Elevidys 24.5-25.4 kg Intravenous Kit 25 x 10 ML	Not Covered	
Elevidys 25.5-26.4 kg Intravenous Kit 26 x 10 ML	Not Covered	
Elevidys 26.5-27.4 kg Intravenous Kit 27 x 10 ML	Not Covered	
Elevidys 27.5-28.4 kg Intravenous Kit 28 x 10 ML	Not Covered	
Elevidys 28.5-29.4 kg Intravenous Kit 29 x 10 ML	Not Covered	
Elevidys 29.5-30.4 kg Intravenous Kit 30 x 10 ML	Not Covered	
Elevidys 30.5-31.4 kg Intravenous Kit 31 x 10 ML	Not Covered	
Elevidys 31.5-32.4 kg Intravenous Kit 32 x 10 ML	Not Covered	
Elevidys 32.5-33.4 kg Intravenous Kit 33 x 10 ML	Not Covered	
Elevidys 33.5-34.4 kg Intravenous Kit 34 x 10 ML	Not Covered	
Elevidys 34.5-35.4 kg Intravenous Kit 35 x 10 ML	Not Covered	
Elevidys 35.5-36.4 kg Intravenous Kit 36 x 10 ML	Not Covered	
Elevidys 36.5-37.4 kg Intravenous Kit 37 x 10 ML	Not Covered	
Elevidys 37.5-38.4 kg Intravenous Kit 38 x 10 ML	Not Covered	
Elevidys 38.5-39.4 kg Intravenous Kit 39 x 10 ML	Not Covered	
Elevidys 39.5-40.4 kg Intravenous Kit 40 x 10 ML	Not Covered	
Elevidys 40.5-41.4 kg Intravenous Kit 41 x 10 ML	Not Covered	

Drug Name	Drug Tier	Requirements / Limits
Elevidys 41.5-42.4 kg Intravenous Kit 42 x 10 ML	Not Covered	
Elevidys 42.5-43.4 kg Intravenous Kit 43 x 10 ML	Not Covered	
Elevidys 43.5-44.4 kg Intravenous Kit 44 x 10 ML	Not Covered	
Elevidys 44.5-45.4 kg Intravenous Kit 45 x 10 ML	Not Covered	
Elevidys 45.5-46.4 kg Intravenous Kit 46 x 10 ML	Not Covered	
Elevidys 46.5-47.4 kg Intravenous Kit 47 x 10 ML	Not Covered	
Elevidys 47.5-48.4 kg Intravenous Kit 48 x 10 ML	Not Covered	
Elevidys 48.5-49.4 kg Intravenous Kit 49 x 10 ML	Not Covered	
Elevidys 49.5-50.4 kg Intravenous Kit 50 x 10 ML	Not Covered	
Elevidys 50.5-51.4 kg Intravenous Kit 51 x 10 ML	Not Covered	
Elevidys 51.5-52.4 kg Intravenous Kit 52 x 10 ML	Not Covered	
Elevidys 52.5-53.4 kg Intravenous Kit 53 x 10 ML	Not Covered	
Elevidys 53.5-54.4 kg Intravenous Kit 54 x 10 ML	Not Covered	
Elevidys 54.5-55.4 kg Intravenous Kit 55 x 10 ML	Not Covered	
Elevidys 55.5-56.4 kg Intravenous Kit 56 x 10 ML	Not Covered	
Elevidys 56.5-57.4 kg Intravenous Kit 57 x 10 ML	Not Covered	
Elevidys 57.5-58.4 kg Intravenous Kit 58 x 10 ML	Not Covered	
Elevidys 58.5-59.4 kg Intravenous Kit 59 x 10 ML	Not Covered	
Elevidys 59.5-60.4 kg Intravenous Kit 60 x 10 ML	Not Covered	
Elevidys 60.5-61.4 kg Intravenous Kit 61 x 10 ML	Not Covered	
Elevidys 61.5-62.4 kg Intravenous Kit 62 x 10 ML	Not Covered	
Elevidys 62.5-63.4 kg Intravenous Kit 63 x 10 ML	Not Covered	
Elevidys 63.5-64.4 kg Intravenous Kit 64 x 10 ML	Not Covered	
Elevidys 64.5-65.4 kg Intravenous Kit 65 x 10 ML	Not Covered	
Elevidys 65.5-66.4 kg Intravenous Kit 66 x 10 ML	Not Covered	
Elevidys 66.5-67.4 kg Intravenous Kit 67 x 10 ML	Not Covered	
Elevidys 67.5-68.4 kg Intravenous Kit 68 x 10 ML	Not Covered	
Elevidys 68.5-69.4 kg Intravenous Kit 69 x 10 ML	Not Covered	
Elevidys 69.5 kg plus Intravenous Kit 70 x 10 ML	Not Covered	
Exondys 51 Intravenous Solution 100 MG/2ML, 500 MG/10ML	Not Covered	
Viltepso Intravenous Solution 250 MG/5ML	Not Covered	
Vyondys 53 Intravenous Solution 100 MG/2ML	Not Covered	
<b><i>*Neuromuscular Blocking Agent - Neurotoxins*** - Drugs For Nerves And Muscles</i></b>		
Botox Injection Solution Reconstituted 100 UNIT, 200 UNIT	Tier 10	PA
Dysport Intramuscular Solution Reconstituted 300 UNIT, 500 UNIT	Tier 10	PA
Myobloc Intramuscular Solution 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Tier 10	PA
Xeomin Intramuscular Solution Reconstituted 100 UNIT, 200 UNIT, 50 UNIT	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<b>*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs*** - Drugs For Nerves And Muscles</b>		
Daybue Oral Solution 200 MG/ML	3	PA
<b>*Spinal Muscular Atrophy-Antisense Oligonucleotides*** - Drugs For Nerves And Muscles</b>		
Spinraza Intrathecal Solution 12 MG/5ML	Tier 10	PA
<b>*Spinal Muscular Atrophy-Gene Therapy Agents*** - Drugs For Nerves And Muscles</b>		
Zolgensma 20.6-21.0 kg Intravenous Kit 14x8.3 ML	Tier 10	PA
Zolgensma 10.1-10.5 kg Intravenous Kit 7x8.3 ML	Tier 10	PA
Zolgensma 10.6-11.0 kg Intravenous Kit 2x5.5ML & 6x8.3ML	Tier 10	PA
Zolgensma 11.1-11.5 kg Intravenous Kit 1x5.5ML & 7x8.3ML	Tier 10	PA
Zolgensma 11.6-12.0 kg Intravenous Kit 8x8.3 ML	Tier 10	PA
Zolgensma 12.1-12.5 kg Intravenous Kit 2x5.5ML & 7x8.3ML	Tier 10	PA
Zolgensma 12.6-13.0 kg Intravenous Kit 1x5.5ML & 8x8.3ML	Tier 10	PA
Zolgensma 13.1-13.5 kg Intravenous Kit 9x8.3 ML	Tier 10	PA
Zolgensma 13.6-14.0 kg Intravenous Kit 2x5.5ML & 8x8.3ML	Tier 10	PA
Zolgensma 14.1-14.5 kg Intravenous Kit 1x5.5ML & 9x8.3ML	Tier 10	PA
Zolgensma 14.6-15.0 kg Intravenous Kit 10x8.3 ML	Tier 10	PA
Zolgensma 15.1-15.5 kg Intravenous Kit 2x5.5ML & 9x8.3ML	Tier 10	PA
Zolgensma 15.6-16.0 kg Intravenous Kit 1x5.5ML & 10x8.3ML	Tier 10	PA
Zolgensma 16.1-16.5 kg Intravenous Kit 11x8.3 ML	Tier 10	PA
Zolgensma 16.6-17.0 kg Intravenous Kit 2x5.5ML & 10x8.3ML	Tier 10	PA
Zolgensma 17.1-17.5 kg Intravenous Kit 1x5.5ML & 11x8.3ML	Tier 10	PA
Zolgensma 17.6-18.0 kg Intravenous Kit 12x8.3 ML	Tier 10	PA
Zolgensma 18.1-18.5 kg Intravenous Kit 2x5.5ML & 11x8.3ML	Tier 10	PA
Zolgensma 18.6-19.0 kg Intravenous Kit 1x5.5ML & 12x8.3ML	Tier 10	PA
Zolgensma 19.1-19.5 kg Intravenous Kit 13x8.3 ML	Tier 10	PA
Zolgensma 19.6-20.0 kg Intravenous Kit 2x5.5ML & 12x8.3ML	Tier 10	PA
Zolgensma 2.6-3.0 kg Intravenous Kit 2x8.3 ML	Tier 10	PA
Zolgensma 20.1-20.5 kg Intravenous Kit 1x5.5ML & 13x8.3ML	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
Zolgensma 3.1-3.5 kg Intravenous Kit 2x5.5ML & 1x8.3ML	Tier 10	PA
Zolgensma 3.6-4.0 kg Intravenous Kit 1x5.5ML & 2x8.3ML	Tier 10	PA
Zolgensma 4.1-4.5 kg Intravenous Kit 3x8.3 ML	Tier 10	PA
Zolgensma 4.6-5.0 kg Intravenous Kit 2x5.5ML & 2x8.3ML	Tier 10	PA
Zolgensma 5.1-5.5 kg Intravenous Kit 1x5.5ML & 3x8.3ML	Tier 10	PA
Zolgensma 5.6-6.0 kg Intravenous Kit 4x8.3 ML	Tier 10	PA
Zolgensma 6.1-6.5 kg Intravenous Kit 2x5.5ML & 3x8.3ML	Tier 10	PA
Zolgensma 6.6-7.0 kg Intravenous Kit 1x5.5ML & 4x8.3ML	Tier 10	PA
Zolgensma 7.1-7.5 kg Intravenous Kit 5x8.3 ML	Tier 10	PA
Zolgensma 7.6-8.0 kg Intravenous Kit 2x5.5ML & 4x8.3ML	Tier 10	PA
Zolgensma 8.1-8.5 kg Intravenous Kit 1x5.5ML & 5x8.3ML	Tier 10	PA
Zolgensma 8.6-9.0 kg Intravenous Kit 6x8.3 ML	Tier 10	PA
Zolgensma 9.1-9.5 kg Intravenous Kit 2x5.5ML & 5x8.3ML	Tier 10	PA
Zolgensma 9.6-10.0 kg Intravenous Kit 1x5.5ML & 6x8.3ML	Tier 10	PA
<b>*Spinal Muscular Atrophy-Smn2 Splicing Modifiers*** - Drugs For Nerves And Muscles</b>		
Evrysdi Oral Solution Reconstituted 0.75 MG/ML	3	PA; QL
<b>*Nutrients* - Drugs For Nutrition</b>		
<b>*Lipids*** - Drugs For Nutrition</b>		
MCT Oil Oral Oil	3	
<b>*Ophthalmic Agents* - Drugs For The Eye</b>		
<b>*Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb*** - Drugs For Glaucoma</b>		
Simbrinza Ophthalmic Suspension 1-0.2 %	3	
<b>*Beta-Blockers - Ophthalmic Combinations*** - Drugs For Glaucoma</b>		
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
<b>*Beta-Blockers - Ophthalmic*** - Drugs For Glaucoma</b>		
betaxolol hcl ophthalmic solution 0.5 %	1	
Betimol Ophthalmic Solution 0.25 %, 0.5 %	3	
Betoptic-S Ophthalmic Suspension 0.25 %	3	
carteolol hcl ophthalmic solution 1 %	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 % , 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 % , 0.5 %</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	1	
<b>*Cycloplegic Mydriatic Combinations*** - Drugs For The Eye</b>		
<b>Cyclomydril Ophthalmic Solution 0.2-1 %</b>	1	
<b>*Cycloplegic Mydriatics*** - Drugs For The Eye</b>		
<b>Altafrin Ophthalmic Solution 10 % , 2.5 %</b>	1	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
<b>Homatropaire Ophthalmic Solution 5 %</b>	1	
<i>phenylephrine hcl ophthalmic solution 10 % , 2.5 %</i>	1	
<i>tropicamide ophthalmic solution 0.5 % , 1 %</i>	1	
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*** - Anti-Infective/Anti-Inflammatories</b>		
<b>Xiidra Ophthalmic Solution 5 %</b>	2	QL
<b>*Miotics - Direct Acting*** - Drugs For Glaucoma</b>		
<i>pilocarpine hcl ophthalmic solution 1 % , 2 % , 4 %</i>	1	
<b>Vuity Ophthalmic Solution 1.25 %</b>	3	QL
<b>*Ophthalmic - Multiple Receptor Angiogenesis Inhibitors*** - Drugs For The Eye</b>		
<b>Vabysmo Intravitreal Solution 6 MG/0.05ML</b>	Tier 10	PA
<b>Vabysmo Intravitreal Solution Prefilled Syringe 6 MG/0.05ML</b>	Tier 10	PA
<b>*Ophthalmic Antiallergic*** - Drugs For Itchy Eye</b>		
<b>Alocril Ophthalmic Solution 2 %</b>	2	
<b>Alomide Ophthalmic Solution 0.1 %</b>	2	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1 % , 0.2 %</i>	1	
<b>Zerviate Ophthalmic Solution 0.24 %</b>	3	
<b>*Ophthalmic Antibiotics*** - Anti-Infective/Anti-Inflammatories</b>		
<b>AzaSite Ophthalmic Solution 1 %</b>	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<b>Besivance Ophthalmic Suspension 0.6 %</b>	3	
<b>Ciloxan Ophthalmic Ointment 0.3 %</b>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<b>Mitosol Ophthalmic Kit 0.2 MG</b>	Tier 10	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<b>Tobrex Ophthalmic Ointment 0.3 %</b>	3	
<b>*Ophthalmic Antifungal*** - Drugs For The Eye</b>		
<b>Natacyn Ophthalmic Suspension 5 %</b>	3	
<b>*Ophthalmic Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories</b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<b>Neo-Polycin Ophthalmic Ointment 3.5-400-10000</b>	1	
<b>Polycin Ophthalmic Ointment 500-10000 UNIT/GM</b>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<b>*Ophthalmic Antiseptics*** - Anti-Infective/Anti-Inflammatories</b>		
<b>Betadine Ophthalmic Prep Ophthalmic Solution 5 %</b>	3	
<b>*Ophthalmic Antivirals*** - Anti-Infective/Anti-Inflammatories</b>		
<i>trifluridine ophthalmic solution 1 %</i>	1	
<b>Zirgan Ophthalmic Gel 0.15 %</b>	3	
<b>*Ophthalmic Carbonic Anhydrase Inhibitors*** - Drugs For Glaucoma</b>		
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<b>*Ophthalmic Complement C3 Inhibitors*** - Drugs For The Eye</b>		
<b>Syfovre Intravitreal Solution 15 MG/0.1ML</b>	Tier 10	PA
<b>*Ophthalmic Complement C5 Inhibitors*** - Drugs For The Eye</b>		
<b>Izervay Intravitreal Solution 2 MG/0.1ML</b>	Tier 10	PA
<b>*Ophthalmic Ectoparasiticide** - Anti-Infective/Anti-Inflammatories</b>		
<b>Xdemvy Ophthalmic Solution 0.25 %</b>	3	QL



Drug Name	Drug Tier	Requirements / Limits
<b>*Ophthalmic Gene Therapy*** - Drugs For The Eye</b>		
Luxturna Intraocular Suspension 5000000000000000 VG/ML	Tier 10	PA
<b>*Ophthalmic Immunomodulators*** - Anti-Infective/Anti-Inflammatories</b>		
cyclosporine ophthalmic emulsion 0.05 %	1	QL
<b>*Ophthalmic Local Anesthetics*** - Drugs For The Eye</b>		
Akten Ophthalmic Gel 3.5 %	3	
Altacaine Ophthalmic Solution 0.5 %	1	
proparacaine hcl ophthalmic solution 0.5 %	1	
tetracaine hcl ophthalmic solution 0.5 %	1	
<b>*Ophthalmic Nerve Growth Factors*** - Drugs For The Eye</b>		
Oxervate Ophthalmic Solution 0.002 %	3	PA; QL
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** - Anti-Infective/Anti-Inflammatories</b>		
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	Age Restriction Applies (Min 18 Years)
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1	Age Restriction Applies (Min 18 Years)
diclofenac sodium ophthalmic solution 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
Ilevro Ophthalmic Suspension 0.3 %	3	Age Restriction Applies (Min 10 Years)
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
Nevanac Ophthalmic Suspension 0.1 %	3	Age Restriction Applies (Min 10 Years)
<b>*Ophthalmic Photoenhancer Combinations*** - Drugs For The Eye</b>		
Photrex-Photrex Viscous Kit Ophthalmic Solution Prefilled Syringe 0.146 & 0.146-20 %	Tier 10	PA
<b>*Ophthalmic Selective Alpha Adrenergic Agonists*** - Drugs For Glaucoma</b>		
Alphagan P Ophthalmic Solution 0.1 %	Not Covered	
apraclonidine hcl ophthalmic solution 0.5 %	1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	1	
Iopidine Ophthalmic Solution 1 %	3	
<b>*Ophthalmic Steroid Combinations*** - Anti-Infective/Anti-Inflammatories</b>		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<b>Neo-Polycin HC Ophthalmic Ointment 1 %</b>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<b>TobraDex Ophthalmic Ointment 0.3-0.1 %</b>	2	
<b>TobraDex ST Ophthalmic Suspension 0.3-0.05 %</b>	3	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
<b>Zylet Ophthalmic Suspension 0.5-0.3 %</b>	3	
<b>*Ophthalmic Steroids*** - Anti-Infective/Anti-Inflammatories</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
<b>Flarex Ophthalmic Suspension 0.1 %</b>	2	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<b>FML Forte Ophthalmic Suspension 0.25 %</b>	2	
<b>Inveltys Ophthalmic Suspension 1 %</b>	3	
<b>Lotemax Ophthalmic Ointment 0.5 %</b>	2	
<b>Lotemax SM Ophthalmic Gel 0.38 %</b>	3	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i>	1	
<b>Maxidex Ophthalmic Suspension 0.1 %</b>	3	
<b>Pred Mild Ophthalmic Suspension 0.12 %</b>	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone acetate p-f ophthalmic suspension 1 %</i>	3	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
<b>*Ophthalmic Sulfonamides*** - Anti-Infective/Anti-Inflammatories</b>		
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<b>*Ophthalmic Surgical Aids*** - Drugs For The Eye</b>		
<b>Gelfilm Ophthalmic Film</b>	3	
<b>*Ophthalmics - Blepharoptosis Agents** - Drugs For The Eye</b>		
<b>Upneeq Ophthalmic Solution 0.1 %</b>	3	Age Restriction Applies (Min 18 Years)
<b>*Ophthalmics - Cystinosis Agents** - Drugs For The Eye</b>		
<b>Cystaran Ophthalmic Solution 0.44 %</b>	3	

Drug Name	Drug Tier	Requirements / Limits
<b>*Prostaglandins - Ophthalmic*** - Drugs For Glaucoma</b>		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	
<b>Durysta Intraocular Implant 10 MCG</b>	Not Covered	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
<b>Lumigan Ophthalmic Solution 0.01 %</b>	2	ST
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	
<b>*Vascular Endothelial Growth Factor (Vegf) Antagonists*** - Drugs For The Eye</b>		
<b>Beovu Intravitreal Solution Prefilled Syringe 6 MG/0.05ML</b>	Tier 10	PA
<i>bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.5 mg/0.1ml, 3.25 mg/0.13ml</i>	Tier 10	
<b>Byooviz Intravitreal Solution 0.5 MG/0.05ML</b>	Tier 10	PA
<b>Cimerli Intravitreal Solution 0.3 MG/0.05ML, 0.5 MG/0.05ML</b>	Tier 10	PA
<b>Eylea HD Intravitreal Solution 8 MG/0.07ML</b>	Tier 10	PA
<b>Eylea Intravitreal Solution 2 MG/0.05ML</b>	Tier 10	PA
<b>Eylea Intravitreal Solution Prefilled Syringe 2 MG/0.05ML</b>	Tier 10	PA
<b>Lucentis Intravitreal Solution Prefilled Syringe 0.3 MG/0.05ML, 0.5 MG/0.05ML</b>	Tier 10	PA
<b>Pavblu Intravitreal Solution 2 MG/0.05ML</b>	Tier 10	PA
<b>Pavblu Intravitreal Solution Prefilled Syringe 2 MG/0.05ML</b>	Tier 10	PA
<b>Susvimo (Implant 1st Fill) Intravitreal Solution 10 MG/0.1ML</b>	Tier 10	PA
<b>Susvimo (Implant Refill) Intravitreal Solution 10 MG/0.1ML</b>	Tier 10	PA
<b>*Otic Agents* - Drugs For The Ear</b>		
<b>*Otic Agents - Miscellaneous*** - Wax Removal</b>		
<i>acetic acid otic solution 2 %</i>	1	
<b>*Otic Anti-Infectives*** - Antibiotics</b>		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
<b>*Otic Steroid-Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories</b>		
<b>Cipro HC Otic Suspension 0.2-1 %</b>	3	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Otic Steroids*** - Anti-Infective/Anti-Inflammatories</b>		
Flac Otic Oil 0.01 %	1	
fluocinolone acetonide otic oil 0.01 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
<b>*Oxytocics* - Hormones</b>		
<b>*Abortifacients/Cervical Ripening - Prostaglandins*** - Drugs For Women</b>		
Cervidil Vaginal Insert 10 MG	3	
Prepidil Vaginal Gel 0.5 MG/3GM	3	
<b>*Oxytocics*** - Drugs For Women</b>		
Methergine Oral Tablet 0.2 MG	1	
methylergonovine maleate oral tablet 0.2 mg	1	
<b>*Passive Immunizing And Treatment Agents* - Biological Agents</b>		
<b>*Antiviral Monoclonal Antibodies*** - Biological Agents</b>		
Beyfortus Intramuscular Solution Prefilled Syringe 100 MG/ML, 50 MG/0.5ML	Tier 10	PA; Age Restriction Applies (Max 24 Months)
Synagis Intramuscular Solution 100 MG/ML, 50 MG/0.5ML	Tier 10	PA
<b>*Bacterial Monoclonal Antibodies*** - Biological Agents</b>		
Zinplava Intravenous Solution 1000 MG/40ML	Tier 10	PA
<b>*Immune Serums*** - Biological Agents</b>		
Alyglo Intravenous Solution 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 10	PA; SOS
Asceniv Intravenous Solution 5 GM/50ML	Tier 10	PA; SOS
Bivigam Intravenous Solution 5 GM/50ML	Tier 10	PA; SOS
Cutaquig Subcutaneous Solution 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	Tier 10	PA; SOS
Cuvitru Subcutaneous Solution 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	Tier 10	PA; SOS
Flebogamma DIF Intravenous Solution 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	Tier 10	PA; SOS
GamaSTAN Intramuscular Injectable	Tier 10	PA; SOS
Gammagard Injection Solution 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 10	PA; SOS
Gammagard S/D Less IgA Intravenous Solution Reconstituted 10 GM, 5 GM	Tier 10	PA; SOS
Gammaked Injection Solution 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 10	PA; SOS
Gammaplex Intravenous Solution 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 10	PA; SOS

Drug Name	Drug Tier	Requirements / Limits
Gamunex-C Injection Solution 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 10	PA; SOS
Hizentra Subcutaneous Solution 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 10	PA; SOS
Hizentra Subcutaneous Solution Prefilled Syringe 10 GM/50ML	Tier 10	PA; SOS
Octagam Intravenous Solution 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 10	PA; SOS
Panzyga Intravenous Solution 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 10	PA; SOS
Privigen Intravenous Solution 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 10	PA; SOS
Xembify Subcutaneous Solution 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 10	PA; SOS
<b>*Passive Immunizing Agents - Combinations*** - Biological Agents</b>		
Hyqvia Subcutaneous Kit 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 10	PA; SOS
<b>*Penicillins* - Drugs For Infections</b>		
<b>*Aminopenicillins*** - Antibiotics</b>		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
ampicillin oral capsule 500 mg	1	
<b>*Natural Penicillins*** - Antibiotics</b>		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
<b>*Penicillin Combinations*** - Antibiotics</b>		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	1	
<b>*Penicillinase-Resistant Penicillins*** - Antibiotics</b>		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Progestins* - Hormones</b>		
<b>*Progestins*** - Drugs For Women</b>		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 625 mg/5ml	1	
norethindrone acetate oral tablet 5 mg	1	
progesterone intramuscular oil 50 mg/ml	1	
progesterone oral capsule 100 mg, 200 mg	1	
<b>*Psychotherapeutic And Neurological Agents - Misc.* - Drugs For The Nervous System</b>		
<b>*Alcohol Deterrents*** - Drugs For The Nervous System</b>		
acamprosate calcium oral tablet delayed release 333 mg	1	
disulfiram oral tablet 250 mg, 500 mg	1	
<b>*Alzheimer's Treatment - Anti-Amyloid Antibodies*** - Drugs For Alzheimer's Disease</b>		
Kisunla Intravenous Solution 350 MG/20ML	Tier 10	PA
Leqembi Intravenous Solution 200 MG/2ML, 500 MG/5ML	Tier 10	PA
<b>*Anti-Cataleptic Agents*** - Drugs For Sleep Disorder</b>		
Lumryz Oral Packet 4.5 GM, 6 GM, 7.5 GM, 9 GM	3	PA; QL
Lumryz Starter Pack Oral Therapy Pack 4.5 & 6 & 7.5 GM	3	PA; QL
Sodium Oxybate Oral Solution 500 MG/ML	2	PA; QL
Xyrem Oral Solution 500 MG/ML	2	PA; QL
<b>*Antidementia Agent Combinations*** - Drugs For Alzheimer's Disease</b>		
Namzaric Oral Capsule Extended Release 24 Hour 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	QL
<b>*Antisense Oligonucleotide (Aso) Inhibitor Agents*** - Drugs For The Nervous System</b>		
Wainua Subcutaneous Solution Auto-Injector 45 MG/0.8ML	3	PA; QL
<b>*Benzodiazepines &amp; Tricyclic Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
<b>*Cald - Autologous Cellular Gene Therapy Agents*** - Drugs For The Nervous System</b>		
Skysona Intravenous Suspension	Tier 10	PA
<b>*Cholinomimetics - Ache Inhibitors*** - Drugs For Alzheimer's Disease</b>		
Adlarity Transdermal Patch Weekly 10 MG/DAY, 5 MG/DAY	3	QL

Drug Name	Drug Tier	Requirements / Limits
donepezil hcl oral tablet 10 mg, 5 mg	1	QL
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	QL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	QL
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	QL
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	QL
<b>*Fibromyalgia Agent - Snris*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Savella Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG	2	QL
Savella Titration Pack Oral 12.5 & 25 & 50 MG	2	QL
<b>*Melanocortin Receptor Agonists*** - Drugs For The Nervous System</b>		
Vyleesi Subcutaneous Solution Auto-Injector 1.75 MG/0.3ML	3	QL
<b>*Mid - Autologous Cellular Gene Therapy Agents*** - Drugs For The Nervous System</b>		
Lenmeldy Intravenous Suspension	Tier 10	PA
<b>*Movement Disorder Drug Therapy*** - Drugs For The Nervous System</b>		
Austedo Oral Tablet 12 MG, 6 MG, 9 MG	3	PA
Austedo XR Oral Tablet Extended Release 24 Hour 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	3	PA
Austedo XR Patient Titration Oral Tablet Extended Release Therapy Pack 12 & 18 & 24 & 30 MG	3	PA
Ingrezza Capsule Therapy Pack 40 & 80 MG Oral	3	PA; QL
Ingrezza Oral Capsule 40 MG, 60 MG, 80 MG	3	PA; QL
Ingrezza Oral Capsule Sprinkle 40 MG, 60 MG, 80 MG	3	PA; QL
tetrabenazine oral tablet 12.5 mg, 25 mg	1	PA
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors*** - Drugs For Multiple Sclerosis</b>		
teriflunomide oral tablet 14 mg, 7 mg	1	PA; QL
<b>*Multiple Sclerosis Agents - Antimetabolites*** - Drugs For Multiple Sclerosis</b>		
Mavenclad (10 Tabs) Oral Tablet Therapy Pack 10 MG	3	PA; QL
Mavenclad (4 Tabs) Oral Tablet Therapy Pack 10 MG	3	PA; QL
Mavenclad (5 Tabs) Oral Tablet Therapy Pack 10 MG	3	PA; QL



Drug Name	Drug Tier	Requirements / Limits
Mavenclad (6 Tabs) Oral Tablet Therapy Pack 10 MG	3	PA; QL
Mavenclad (7 Tabs) Oral Tablet Therapy Pack 10 MG	3	PA; QL
Mavenclad (8 Tabs) Oral Tablet Therapy Pack 10 MG	3	PA; QL
Mavenclad (9 Tabs) Oral Tablet Therapy Pack 10 MG	3	PA; QL
<b>*Multiple Sclerosis Agents - Combinations*** - Drugs For Multiple Sclerosis</b>		
Ocrevus Zunovo Subcutaneous Solution 920-23000 MG-UT/23ML	Tier 10	PA
<b>*Multiple Sclerosis Agents - Interferons*** - Drugs For Multiple Sclerosis</b>		
Avonex Pen Intramuscular Auto-Injector Kit 30 MCG/0.5ML	2	PA; QL
Avonex Prefilled Intramuscular Prefilled Syringe Kit 30 MCG/0.5ML	2	PA; QL
Betaseron Subcutaneous Kit 0.3 MG	3	PA; QL
Extavia Subcutaneous Kit 0.3 MG	3	PA; QL
Plegridy Intramuscular Solution Prefilled Syringe 125 MCG/0.5ML	3	PA; QL
Plegridy Starter Pack Subcutaneous Solution Prefilled Syringe 63 & 94 MCG/0.5ML	3	PA; QL
Plegridy Subcutaneous Solution Prefilled Syringe 125 MCG/0.5ML	3	PA; QL
Rebif Rebidose Subcutaneous Solution Auto-Injector 22 MCG/0.5ML, 44 MCG/0.5ML	2	PA; QL
Rebif Rebidose Titration Pack Subcutaneous Solution Auto-Injector 6X8.8 & 6X22 MCG	2	PA; QL
Rebif Subcutaneous Solution Prefilled Syringe 22 MCG/0.5ML, 44 MCG/0.5ML	2	PA; QL
Rebif Titration Pack Subcutaneous Solution Prefilled Syringe 6X8.8 & 6X22 MCG	2	PA; QL
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies*** - Drugs For Multiple Sclerosis</b>		
Briumvi Intravenous Solution 150 MG/6ML	Tier 10	PA
Kesimpta Subcutaneous Solution Auto-Injector 20 MG/0.4ML	3	PA
Lemtrada Intravenous Solution 12 MG/1.2ML	Tier 10	PA
Ocrevus Intravenous Solution 300 MG/10ML	Tier 10	PA; SOS
Tysabri Intravenous Concentrate 300 MG/15ML	Tier 10	PA
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators*** - Drugs For Multiple Sclerosis</b>		
Bafiertam Oral Capsule Delayed Release 95 MG	3	PA; QL
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<b>Tecfidera Oral Capsule Delayed Release 120 MG, 240 MG</b>	Not Covered	
<b>Vumerity Oral Capsule Delayed Release 231 MG</b>	Not Covered	
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers*** - Drugs For Multiple Sclerosis</b>		
<b>Ampyra Oral Tablet Extended Release 12 Hour 10 MG</b>	3	PA; QL
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; QL
<b>*Multiple Sclerosis Agents*** - Drugs For Multiple Sclerosis</b>		
<b>Copaxone Subcutaneous Solution Prefilled Syringe 20 MG/ML, 40 MG/ML</b>	2	PA; QL
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	1	PA; QL
<b>Glatopa Subcutaneous Solution Prefilled Syringe 20 MG/ML, 40 MG/ML</b>	1	PA; QL
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** - Drugs For Alzheimer's Disease</b>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	1	QL
<b>*Phenothiazines &amp; Tricyclic Agents*** - Drugs For Depression</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	Age Restriction Applies (Min 5 Years)
<b>*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	1	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	1	QL
<b>*Premenstrual Dysphoric Disorder (Pmdd) Agents - SsrIs*** - Drugs For Depression</b>		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	1	
<b>*Pseudobulbar Affect Agent Combinations*** - Drugs For Severe Mental Disorders</b>		
<b>Nuedexta Oral Capsule 20-10 MG</b>	3	
<b>*Psychotherapeutic And Neurological Agents - Misc.*** - Drugs For Severe Mental Disorders</b>		
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag*** - Drugs For The Nervous System</b>		
Addyi Oral Tablet 100 MG	3	QL; Age Restriction Applies (Max 50 Years)
<b>*Small Interfering Ribonucleic Acid (Sirna) Agents*** - Drugs For The Nervous System</b>		
Amvuttra Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML	Tier 10	PA
Onpatro Intravenous Solution 10 MG/5ML	Tier 10	PA
<b>*Smoking Deterrents*** - Drugs For Depression</b>		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	
varenicline tartrate(continue) oral tablet 1 mg	1	
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators*** - Drugs For Multiple Sclerosis</b>		
fingolimod hcl oral capsule 0.5 mg	1	PA; QL
Gilenya Oral Capsule 0.25 MG	2	PA; QL
Mayzent Oral Tablet 0.25 MG, 1 MG, 2 MG	2	PA; QL
Mayzent Starter Pack Oral Tablet Therapy Pack 12 x 0.25 MG, 7 x 0.25 MG	2	PA; QL
Ponvory Oral Tablet 20 MG	3	PA; QL
Ponvory Starter Pack Oral Tablet Therapy Pack 2-3-4-5-6-7-8-9 & 10 MG	3	PA; QL
Tascenso ODT Oral Tablet Dispersible 0.25 MG, 0.5 MG	2	PA; QL; Age Restriction Applies (Max 12 Years)
Zeposia 7-Day Starter Pack Oral Capsule Therapy Pack 4 x 0.23MG & 3 x 0.46MG	3	PA; QL
Zeposia Oral Capsule 0.92 MG	3	PA; QL
Zeposia Starter Kit Oral Capsule Therapy Pack 0.23MG & 0.46MG 0.92MG(21)	3	PA; QL
<b>*Thienbenzodiazepines &amp; SsrIs*** - Drugs For Severe Mental Disorders</b>		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	QL; Age Restriction Applies (Min 5 Years)
<b>*Vasomotor Symptom Agents - SsrIs*** - Drugs For The Nervous System</b>		
paroxetine mesylate oral capsule 7.5 mg	1	QL
<b>*Respiratory Agents - Misc.* - Drugs For The Lungs</b>		
<b>*Alpha-Proteinase Inhibitor (Human)*** - Drugs For Asthma/Copd</b>		
Aralast NP Intravenous Solution Reconstituted 1000 MG, 500 MG	Tier 10	PA
Glassia Intravenous Solution 1000 MG/50ML	Tier 10	PA

Drug Name	Drug Tier	Requirements / Limits
<b>Prolastin-C Intravenous Solution 1000 MG/20ML</b>	Tier 10	PA
<b>Zemaira Intravenous Solution Reconstituted 1000 MG, 4000 MG, 5000 MG</b>	Tier 10	PA
<b>*Cftr Potentiators*** - Drugs For Cystic Fibrosis</b>		
<b>Kalydeco Oral Packet 13.4 MG, 5.8 MG, 50 MG, 75 MG</b>	2	PA; QL
<b>Kalydeco Oral Tablet 150 MG</b>	2	PA; QL
<b>Kalydeco Packet 25 MG Oral</b>	2	PA; QL
<b>*Cystic Fibrosis Agent - Combinations*** - Drugs For Cystic Fibrosis</b>		
<b>Orkambi Oral Packet 100-125 MG, 150-188 MG</b>	2	PA; QL; Age Restriction Applies (Max 5 Years)
<b>Orkambi Oral Packet 75-94 MG</b>	2	PA; QL; Age Restriction Applies (Max 2 Years)
<b>Orkambi Oral Tablet 100-125 MG, 200-125 MG</b>	2	PA; QL
<b>Symdeko Oral Tablet Therapy Pack 100-150 &amp; 150 MG, 50-75 &amp; 75 MG</b>	3	PA; QL
<b>Trikafta Oral Tablet Therapy Pack 100-50-75 &amp; 150 MG, 50-25-37.5 &amp; 75 MG</b>	3	PA
<b>Trikafta Oral Therapy Pack 100-50-75 &amp; 75 MG, 80-40-60 &amp; 59.5 MG</b>	3	PA
<b>*Cystic Fibrosis Agents - Miscellaneous*** - Drugs For Cystic Fibrosis</b>		
<b>Bronchitol Inhalation Capsule 40 MG</b>	3	
<b>Bronchitol Tolerance Test Inhalation Capsule 40 MG</b>	3	
<b>*Hydrolytic Enzymes*** - Drugs For The Lungs</b>		
<b>Pulmozyme Inhalation Solution 2.5 MG/2.5ML</b>	2	
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For The Lungs</b>		
<b>Ofev Oral Capsule 100 MG, 150 MG</b>	3	PA; QL
<b>*Pulmonary Fibrosis Agents*** - Drugs For The Lungs</b>		
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	1	PA; QL
<b>*Sulfonamides* - Drugs For Infections</b>		
<b>*Sulfonamides*** - Antibiotics</b>		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<b>*Tetracyclines* - Drugs For Infections</b>		
<b>*Aminomethylcyclines*** - Antibiotics</b>		
<b>Nuzyra Oral Tablet 150 MG</b>	3	PR
<b>*Tetracyclines*** - Antibiotics</b>		
<i>avidoxy oral tablet 100 mg</i>	1	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 65 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<b>Minolira Oral Tablet Extended Release 24 Hour 105 MG, 135 MG</b>	3	
<b>Mondoxyne NL Oral Capsule 100 MG</b>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
<b>*Thyroid Agents* - Hormones</b>		
<b>*Antithyroid Agents*** - Drugs For Thyroid</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
<b>*Thyroid Hormones*** - Drugs For Thyroid</b>		
<b>Armour Thyroid Oral Tablet 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG</b>	3	
<b>Cytomel Oral Tablet 25 MCG, 5 MCG, 50 MCG</b>	3	
<b>Euthyrox Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	1	
<b>Levo-T Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	1	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<b>Levoxyl Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<b>Synthroid Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	3	
<b>Thyquidity Oral Solution 100 MCG/5ML</b>	3	

Drug Name	Drug Tier	Requirements / Limits
Tirosint Oral Capsule 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	
Tirosint-SOL Oral Solution 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
Unithroid Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<b>*Toxoids* - Biological Agents</b>		
<b>*Toxoid Combinations*** - Vaccines</b>		
Adacel Intramuscular Suspension 5-2-15.5 LF-MCG/0.5	0	
Boostrix Intramuscular Suspension Prefilled Syringe 5-2.5-18.5 LF-MCG/0.5	0	
Daptacel Intramuscular Suspension 23-15-5	0	
Infanrix Intramuscular Suspension 25-58-10	0	
Kinrix Intramuscular Suspension Prefilled Syringe 0.5 ML	0	
Pediarix Intramuscular Suspension Prefilled Syringe	0	
Pentacel Intramuscular Suspension Reconstituted	0	
Quadracel Intramuscular Suspension	0	
Quadracel Intramuscular Suspension Prefilled Syringe 0.5 ML	0	
TDVAX Intramuscular Suspension 2-2 LF/0.5ML	0	
Tenivac Intramuscular Injectable 5-2 LFU	0	
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	0	
Vaxelis Intramuscular Suspension	0	
Vaxelis Intramuscular Suspension Prefilled Syringe	0	
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics* - Drugs For The Stomach</b>		
<b>*Anticholinergic Combinations*** - Drugs For Stomach Cramps</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>phenobarbital-belladonna alk oral elixir 16.2 mg/5ml</i>	1	
Phenohydro Oral Elixir 16.2 MG/5ML	1	
Phenohydro Oral Tablet 16.2 MG	1	
<b>*Antispasmodics*** - Drugs For Stomach Cramps</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Belladonna Alkaloids*** - Drugs For Stomach Cramps</b>		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
<b>NuLev Oral Tablet Dispersible 0.125 MG</b>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	1	
<b>*H-2 Antagonists*** - Drugs For Ulcers And Stomach Acid</b>		
<i>cimetidine oral tablet 300 mg, 400 mg</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	Age Restriction Applies (Max 12 Years)
<b>*Misc. Anti-Ulcer*** - Drugs For Ulcers And Stomach Acid</b>		
<i>sucralfate oral suspension 1 gm/10ml</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
<b>*Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid</b>		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	QL
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	1	QL; Age Restriction Applies (Max 12 Years)
<b>First Pantoprazole Oral Suspension 4 MG/ML</b>	2	Age Restriction Applies (Max 12 Years)
<b>First-Lansoprazole Oral Suspension 3 MG/ML</b>	2	Age Restriction Applies (Max 12 Years)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	QL
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	QL; Age Restriction Applies (Max 12 Years)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	1	QL
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL
<b>Omeprazole+Syrspend SF Alka Oral Suspension 2 MG/ML</b>	2	Age Restriction Applies (Max 12 Years)



Drug Name	Drug Tier	Requirements / Limits
<i>pantoprazole sodium oral packet 40 mg</i>	1	QL; Age Restriction Applies (Max 12 Years)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	QL
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	QL
<b>*Quaternary Anticholinergics*** - Drugs For Stomach Cramps</b>		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	1	
<b>*Ulcer Drugs - Prostaglandins*** - Drugs For Ulcers And Stomach Acid</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<b>*Urinary Antispasmodics* - Drugs For The Urinary System</b>		
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** - Drugs For The Bladder</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	QL
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	QL
<b>Gelnique Transdermal Gel 10 %</b>	3	QL
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	QL
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
<i>trospium chloride oral tablet 20 mg</i>	1	
<b>VESIcare LS Oral Suspension 5 MG/5ML</b>	3	Age Restriction Applies (Min 2 Years and Max 12 Years)
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** - Drugs For The Bladder</b>		
<b>Gemtesa Oral Tablet 75 MG</b>	3	QL
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	QL
<b>Myrbetriq Oral Suspension Reconstituted ER 8 MG/ML</b>	2	QL; Age Restriction Applies (Min 3 Years and Max 17 Years)
<b>*Urinary Antispasmodics - Cholinergic Agonists*** - Drugs For The Bladder</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<b>*Urinary Antispasmodics - Direct Muscle Relaxants*** - Drugs For The Bladder</b>		
<i>flavoxate hcl oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Vaccines* - Biological Agents</b>		
<b><i>*Bacterial Vaccines*** - Vaccines</i></b>		
ActHIB Intramuscular Solution Reconstituted	0	
Bexsero Intramuscular Suspension Prefilled Syringe	0	
Capvaxive Intramuscular Solution Prefilled Syringe 0.5 ML	0	
Hiberix Injection Solution Reconstituted 10 MCG	0	
MenQuadfi Intramuscular Solution	0	
Menveo Intramuscular Solution	0	
Menveo Intramuscular Solution Reconstituted	0	
Pedvax HIB Intramuscular Suspension 7.5 MCG/0.5ML	0	
Penbraya Intramuscular Suspension Reconstituted	0	
Prenar 20 Intramuscular Suspension Prefilled Syringe 0.5 ML	0	
Trumenba Intramuscular Suspension Prefilled Syringe	0	
Vaxneuvance Intramuscular Suspension Prefilled Syringe 0.5 ML	0	
<b><i>*Viral Vaccine Combinations*** - Vaccines</i></b>		
M-M-R II Injection Solution Reconstituted	0	
Priorix Subcutaneous Suspension Reconstituted	0	
ProQuad Subcutaneous Suspension Reconstituted	0	
Twinrix Intramuscular Suspension Prefilled Syringe 720-20 ELU-MCG/ML	0	
<b><i>*Viral Vaccines*** - Vaccines</i></b>		
Abrysvo Intramuscular Solution Reconstituted 120 MCG/0.5ML	0	
Arexvy Intramuscular Suspension Reconstituted 120 MCG/0.5ML	0	
Audenz Intramuscular Emulsion	0	
Audenz Intramuscular Prefilled Syringe 0.5 ML	0	
Comirnaty Intramuscular Suspension Prefilled Syringe 30 MCG/0.3ML	0	
Engerix-B Injection Suspension 20 MCG/ML	0	
Engerix-B Injection Suspension Prefilled Syringe 10 MCG/0.5ML, 20 MCG/ML	0	
Flublok Intramuscular Solution Prefilled Syringe 0.5 ML	0	
Flucelvax Intramuscular Suspension	0	
Gardasil 9 Intramuscular Suspension	0	
Gardasil 9 Intramuscular Suspension Prefilled Syringe	0	

Drug Name	Drug Tier	Requirements / Limits
Havrix Intramuscular Suspension 1440 EL U/ML, 720 EL U/0.5ML	0	
Heplisav-B Intramuscular Solution Prefilled Syringe 20 MCG/0.5ML	0	
Ipol Injection Injectable	0	
Jynneos Subcutaneous Suspension 0.5 ML	0	
Moderna COVID-19 Vac 6m-11y Intramuscular Suspension Prefilled Syringe 25 MCG/0.25ML	0	
MResvia Intramuscular Suspension Prefilled Syringe 50 MCG/0.5ML	0	
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml</i>	0	
Pfizer COVID-19 Vac-TriS 5-11y Intramuscular Suspension 10 MCG/0.3ML	0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	0	
Recombivax HB Injection Suspension 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	0	
Recombivax HB Injection Suspension Prefilled Syringe 10 MCG/ML, 5 MCG/0.5ML	0	
Rotarix Oral Suspension	0	
RotaTeq Oral Solution	0	
Shingrix Intramuscular Suspension Reconstituted 50 MCG/0.5ML	0	
Spikevax Intramuscular Suspension Prefilled Syringe 50 MCG/0.5ML	0	
Vaqa Intramuscular Suspension 25 UNIT/0.5ML, 50 UNIT/ML	0	
<b>*Vaginal And Related Products* - Drugs For Women</b>		
<b>*Imidazole-Related Antifungals*** - Drugs For Infections</b>		
Gynazole-1 Vaginal Cream 2 %	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	QL
<i>terconazole vaginal suppository 80 mg</i>	1	QL
<b>*Miscellaneous Vaginal Products*** - Drugs For Women</b>		
Intrarosa Vaginal Insert 6.5 MG	3	QL
<b>*Vaginal Anti-Infectives*** - Drugs For Infections</b>		
Cleocin Vaginal Suppository 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
Clindesse Vaginal Cream 2 %	3	
<i>metronidazole vaginal gel 0.75 %</i>	1	
Nuversa Vaginal Gel 1.3 %	3	
Vandazole Vaginal Gel 0.75 %	1	

Drug Name	Drug Tier	Requirements / Limits
<b>*Vaginal Contraceptive Ph Modulator - Combinations*** - Drugs For Women</b>		
Phexxi Vaginal Gel 1.8-1-0.4 %	3	QL
<b>*Vaginal Estrogens*** - Drugs For Women</b>		
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
Femring Vaginal Ring 0.05 MG/24HR, 0.1 MG/24HR	3	QL
Imvexxy Maintenance Pack Vaginal Insert 10 MCG, 4 MCG	3	
Imvexxy Starter Pack Vaginal Insert 10 MCG, 4 MCG	3	
Premarin Vaginal Cream 0.625 MG/GM	2	
Yuvaferm Vaginal Tablet 10 MCG	1	
<b>*Vaginal Progestins*** - Drugs For Women</b>		
Crinone Vaginal Gel 4 %, 8 %	3	
<b>*Vasopressors* - Drugs For The Heart</b>		
<b>*Anaphylaxis Therapy Agents*** - Drugs For Serious Allergic Reaction</b>		
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL
EpiPen 2-Pak Injection Solution Auto-Injector 0.3 MG/0.3ML	2	QL
EpiPen Jr 2-Pak Injection Solution Auto-Injector 0.15 MG/0.3ML	2	QL
Neffy Nasal Solution 2 MG/0.1ML	3	QL
<b>*Vasopressors*** - Drugs For Serious Allergic Reaction</b>		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
<b>*Vitamins* - Drugs For Nutrition</b>		
<b>*Vitamin D*** - Drugs For Nutrition</b>		
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
<b>*Vitamin E*** - Drugs For Nutrition</b>		
wheat germ oil oral oil	2	
<b>*Vitamin K*** - Drugs For Nutrition</b>		
phytonadione oral tablet 5 mg	1	



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