Florida Health Care Plans®

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2027 Formulary

(List of Covered Drugs)

FHCP QHP Standardized Plans Formulary

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

This formulary was updated on 09/01/2026. For more information or other questions, please contact Florida Health Care Plans Member Services at 1-877-615-4022 (TTY users should call 1-800-955-8770). Hours of operation are Monday through Friday, 8:00 a.m. to 5:00 p.m. or visit www.fhcp.com.

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Note to existing members: Please review this document to make sure that it contains the drugs you take. When this drug list refers to "we," "us", or "our," it means Florida Health Care Plans (FHCP). When it refers to "plan" or "our plan," it means Florida Health Care Plans (FHCP).

Note: This formulary applies only to Qualified Health Plans (QHP). Qualified Health Plans are plans that are subject to the provisions of the Federal Affordable Care Act (ACA) and are submitted to the Federal and/or applicable State agencies by an Insurer that has been approved for inclusion in the Federal and/or State Insurance Exchange Marketplace(s). For more information call Member Services at 1-877-615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

This document includes a list of the drugs covered by FHCP which is effective **01/01/2027**. The drug list begins on page **3.** For an updated formulary, please contact us. Our contact information appears on the front cover page.

Disclaimers:

- You must use network pharmacies to receive your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change upon renewal of your plan.
- This information is available for free in other languages. Please contact our Member Services number at 1-877-615-4022 for additional information. (TTY users should call TRS Relay 711). Hours are 8 am to 8 pm, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.
- Esta informacion esta disponible gratis en otros lenguajes. Por favor pongase en contacto con nuestro Servicios de Miembros a 1-877-615-4022 para informacion adicional. Usuarios de TTY deben de llamar TRS Relay 711. Horas son de 8 am hasta 8 pm, 7 dias de la semana. Servicios de Miembros tambien tiene servicios de interpretacion de lenguajes gratis disponible para personas que no hablan ingles.

Formulary introduction

The Florida Health Care Plans formulary is an extensive list of FDA approved brand and generic drugs used to treat the most common medical conditions.

The FHCP Formulary is developed by FHCP's Pharmacy and Therapeutics Committee (P&T). The committee consists of physicians, pharmacists, and nurses who review drugs on the basis of safety, efficacy, tolerability, and cost. The P&T Committee reviews and updates the drug list quarterly. New drugs and newly available generics are added as needed, and drugs that are deemed unsafe by the Food and Drug Administration (FDA) are immediately removed.

Your prescription drug benefit provides coverage for drugs listed in each of the therapeutic classes of the FHCP Formulary. The FHCP Formulary represents the major therapeutic classes and should serve as a quick reference to you, your physician, or pharmacist for those covered drugs within the classes listed. Information on drug coverage for a non-listed therapeutic drug class should be directed to an FHCP pharmacist or physician. If your physician prescribes a drug that is not covered, show your physician this list, and ask the physician to prescribe a drug from within the FHCP Formulary.

Any drug not listed in the FHCP Formulary is considered a non-covered drug and is subject to a higher out of pocket costs.

What if my drug is not on the Formulary?
If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

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

- Take the formulary to your doctor and ask him or her to prescribe a similar drug that is covered by FHCP.
- You can ask FHCP to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Formulary?
You can ask FHCP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, FHCP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, FHCP will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition, and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you must submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 14 days of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 14 days for a decision. If your request to expedite is granted, we must give you a decision no later than 24 to 72 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?
As a new or continuing Member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a Member of our plan. For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to an FHCP pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a Member of the plan less than 90-days.

Drug transition for new FHCP members
FHCP pharmacies will dispense a one-time 31-day supply of the current transition drug, excluding specialty drugs, to allow you and our physician(s) to discuss possible formulary alternatives, request a prior authorization, or, in the event the physician(s) deems the non-formulary drug to be medically necessary, request a formulary exception. Specialty drugs will require review and authorization through the Referral Department prior to coverage.

How much will my prescriptions cost?
Your pharmacy benefit and the drugs listed in the formulary are assigned a "TIER." There are five (5) Tiers in the Formulary. Generally, the higher the "Tier," the higher your cost will be. Carefully review your Summary of Benefits Coverage to ascertain if you have a pharmacy benefit and/or any pharmacy benefit limitations.

For more information
For more detailed information about your FHCP prescription drug coverage, please review your Certificate of Coverage, your Summary of Benefits Coverage and other plan materials for your cost sharing and any benefit limitations (such as "Generic Only" option). If you have questions, please contact us.

Note:
FHCP's Formulary can also be found on our website at https://fm.formularynavigator.com/FBO/126/2026_QHP_Standard_Formulary.pdf. If you are unable to find a certain drug within this booklet, please check out our website.

How to search for a drug in the Florida Health Care Plan preferred drug list (formulary)
Go to https://fm.formularynavigator.com/FBO/126/2026_QHP_Standard_Formulary.pdf. When the PDF file comes up, press Control F. A pop-up search text box will appear at the top of the page. Type the drug name for which you are searching and click the right arrow in the pop-up search text box to begin the search.
To close the pop-up search text box, click on the "x" in the pop-up search text box.

Affordable Care Act - Preventive drugs available for $0 cost-sharing

The Affordable Care Act (ACA) requires coverage of certain preventive drugs without any patient cost-sharing to ACA compliant and non-grandfathered plans. “ACA compliant” and “non-grandfathered” plan means any health plan available to subscribers created by FHCP on or after March 23, 2010. For more information call Member Services at 1-877-615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

The products listed below are available for $0 cost-sharing when applicable requirements are met. Some products may have restrictions such as age or gender limits.

In order for $0 cost-sharing to apply, all products in the following tables must be filled at an FHCP pharmacy and require a prescription for coverage, including over the counter items.

Category	Example of Covered Product
Antidiabetics	Metformin 500MG, 850MG, 1000MG Oral Tablet Metformin ER 24 Hour 500MG Oral, 750MG Oral Tablet
Antihyperlipidemics	Lovastatin Tablet 10 MG, 20MG, 40MG Oral Tablet
Antineoplastics	Anastrozole 1MG Oral Tablet
Aspirin *Covered for ages 79 and under*	Aspirin 81 MG Delayed Release Oral Tablet Aspirin 81 MG Chewable Oral Tablet
Bowel Prep	PEG-3350/Electrolytes Solution Reconstituted 236GM Oral
Multivitamins w/ Fluoride *Covered for ages 12 months and under*	Multivitamin/Fluoride 0.25 MG/ML, 0.5 MG/ML Oral Solution Multivitamin/Fluoride/Iron 0.25-10 MG/ML Oral Solution Multivitamin/Fluoride 0.25 MG Chewable Tablet
PrEP (pre-exposure prophylaxis) *$0 cost-sharing applies only when used for PrEP*	Emtricitabine-Tenofovir DF Oral Tablet 200-300 MG
Fluoride *Covered for ages 6 months to 6 years*	Sodium Fluoride 0.55 MG, 1.1 MG, 2.2 MG Chewable Tablet Sodium Fluoride 1.1 (0.5 F) MG/ML Oral Solution
Folic Acid *Covered for ages 11 to 49 years*	Folic Acid 400 MCG, 800 MCG Oral Tablet
Smoking Cessation *Quantity limit of 90 days per 1 year*	Bupropion ER (Smoking Det) 150 MG Oral Tablet Nicotine 14 MG/24HR, 21 MG/24HR, 7 MG/24HR Transdermal Patch Nicotine Polacrilex 2 MG, 4 MG Gum Nicotine Polacrilex 2 MG, 4 MG Lozenge
Vitamin D Supplements *Covered for ages 65 years and up*	Vitamin D3 1000 UNIT, 400 UNIT Oral Capsule

Affordable Care Act - Preventive drugs available for $0 cost-sharing (continued)

Contraceptives

Below are the 16 FDA-approved contraceptive methods and a covered example of each.

Oral contraceptives may be obtained at non-preferred pharmacies; however a Tier 2 copay will apply.

Cervical Cap	
	FemCap Device 22 MM, 26 MM, 30 MM Vaginal
Contraceptive Sponge	
	Today Sponge 1000 MG Vaginal
Diaphragm	
	Caya Diaphragm Vaginal
Emergency Contraceptives	
Levonorgestrel	Levonorgestrel Tablet 1.5 MG Oral
Ulipristal Acetate	Ella Tablet 30 MG Oral
Female Condom	
	FC2 Female Condom
Implantable Rods	
Etonogestrel	Nexplanon Implant 68 MG Subcutaneous
Injectable	
Medroxyprogesterone	Medroxyprogesterone Acetate Suspension 150 MG/ML Intramuscular
IUD	
Copper	Paragard Copper Intrauterine Device
Levonorgestrel	Kyleena Intrauterine Device 19.5 MG Mirena (52 MG) Intrauterine Device 20 MCG/24HR Skyla Intrauterine Device 13.5 MG

Contraceptives (Continued)

Oral-Combination	
Desogestrel-Ethinyl Estradiol	Apri Tablet 0.15-30 MG-MCG
Drospirenone-Ethinyl Estradiol	Nikki Tablet 3-0.02 MG
Ethynodiol Diacetate-Ethinyl Estradiol	Ethynodiol Diacetate-Ethinyl Estradiol Tablet 1-50 MG-MCG Kelnor 1/35 Tablet 1-35 MG-MCG Zovia 1/35E (28) Tablet 1-35 MG-MCG
Levonorgestrel-Ethinyl Estradiol	Levonorgestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Orsythia Tablet 0.1-20 MG-MCG
Levonorg-Ethinyl Estradiol Triphasic	Enpresse-28 Tablet
Norethindrone Ace-Ethinyl Estradiol-FE	Junel FE 1.5/30 Tablet 1.5-30 MG-MCG Junel FE 1/20 Tablet 1-20 MG-MCG Junel FE 24 Tablet 1-20 MG-MCG
Norethindrone-Ethinyl Estradiol	Nortrel 0.5/35 (28) Tablet 0.5-35 MG-MCG Nortrel 1/35 (28) Tablet 1-35 MG-MCG
Norethindrone-Mestranol	Necon 1/50 (28) Tablet 1-50 MG-MCG
Norethin-Ethinyl Estradiol Biphasic	Necon 10/11 (28) Tablet 35 MCG
Norgestimate-Ethinyl Estradiol	Sprintec 28 Tablet 0.25-35 MG-MCG
Norgestim-Ethinyl Estradiol Triphasic	Tri-Lo-Sprintec Tablet 0.18/0.215/0.25 MG-25 MCG Tri-Sprintec Tablet 0.18/0.215/0.25 MG-35 MCG
Norgestrel-Ethinyl Estradiol	Cryselle-28 Tablet 0.3-30 MG-MCG Ogestrel Tablet 0.5-50 MG-MCG
Oral-Extended/ Continuous Use	
Levonorgestrel-Ethinyl Estradiol	Levonorgestrel-Ethinyl Estradiol 91-Day Tablet 0.1-0.02 & 0.01 MG Levonorgestrel-Ethinyl Estradiol 91-Day Tablet 0.15-0.03 &0.01 MG Levonorgestrel-Ethinyl Estradiol 91-Day Tablet 0.15-0.03 MG
Oral-Progestin Only	
Norethindrone	Camila Tablet 0.35 MG
Spermicides	
Nonoxynol-9	Encare Suppository 100 MG VCF Vaginal Contraceptive Gel 4 % Options Gynol II Contraceptive Gel 3 % VCF Vaginal Contraceptive Foam 12.5 %
Transdermal Patch	
Norelgestromin-Ethinyl Estradiol	Xulane Patch Weekly 150-35 MCG/24HR
Vaginal Ring	
Etonogestrel-Ethinyl Estradiol	Etonogestrel-Eth Estrad. 0.12-0.015MG/24hr

Our Plan's Formulary

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Usage Rules

- **75% Usage Rule:** Prescription refills will not be covered unless at least 75% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).

- **90% Usage Rule:** Prescription refills for narcotics or controlled substances will not be covered unless at least 90% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).

List of Abbreviations

Tier 1: Preventive ($0) – Except flu vaccines, in order for $0 cost sharing to apply, all products in this tier must be filled at an FHCP pharmacy and require a prescription for coverage, including over the counter items. Additionally, some products may have restrictions such as age or gender limits.

Tier 2: Generic

Tier 3: Preferred Brand, some high-cost generic

Tier 4: Non-Preferred Brand, some high-cost generic

Tier 5: Specialty

(AL) Age Limit: This drug is covered only if member satisfies age requirements for coverage.

(DL) Dispensing Limit: Cannot be dispensed for more than a 31-day supply.

(FHCP) FHCP Only: Must be filled at an FHCP pharmacy.

(PA) Prior Authorization: Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug. **Prior authorization drugs must be obtained from FHCP pharmacies.**

List of Abbreviations (Continued)

(PrEP) Pre-exposure prophylaxis: This drug is covered at $0 cost-sharing when used for PrEP. For all other uses, cost-sharing is based on tier.

(QL) Quantity Limit: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 31 tablets per prescription for Januvia 50mg. This appears on the formulary as "31 EA per 31 days" which means coverage is limited to 31 tablets every 31 days, or 1 tablet per day.

(SH) Safe Harbor Drug: Copays for anti-retroviral drugs follow OIR guidelines and may be different from the copays assigned to each tier in your summary of benefits. Applicable deductibles must be met before Safe Harbor copays apply. To view the 2026 Safe Harbor Guidelines for HIV/AIDS Drugs, go to: https://floir.com/docs-sf/life-health-libraries/federal-health-insurance/2026-plan-year/hiv-aids-formulary-instructions-2026-revisions.pdf?sfvrsn=7c88539e_3

(ST) Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B. **Step therapy drugs must be obtained from FHCP pharmacies.**

Distribution Types

- **(RM) Retail and Mail:** May be filled at a retail pharmacy or the FHCP mail order pharmacy.
- **(RO) Retail Only:** Must be filled at a retail pharmacy. Mail order delivery not available.
- **(SP) Specialty Pharmacy Only:** Certain drugs can only be filled via specialty pharmacies. In most cases, the name of the specialty pharmacy that must be used will be listed in the Requirements/Limits column on the formulary. The contact information for those pharmacies is listed below.

Specialty Pharmacy	Phone
Biologics - Biologics, Inc.	1-800-850-4306
CVS Caremark - CVS Caremark Specialty	1-866-278-5108
Diplomat - Diplomat Specialty Pharmacy	1-954-527-0440
Dohmen - Dohmen Life Science Services, LLC	1-866-849-4481
Express Scripts - Express Scripts Specialty	1-866-997-3688
Optime - Optime Care, Inc.	1-610-597-4421

Some Specialty Pharmacy Only drugs will not have a specialty pharmacy name listed. For more information about where to fill those drugs, please contact Pharmacy Services at 1-888-676-7173

Medical Pharmacy

Medical pharmacy includes those drugs /medications that require administration by a health care provider. These types of medications are listed in the "Medical Pharmacy Formulary" and are covered under your Group Plan's medical services benefits.

The Medical Pharmacy Formulary can be accessed by going to:
www.fhcp.com/Medical-Rx

Members with Diabetes
Covered services include all medically appropriate and necessary insulin, equipment and supplies, when used to treat diabetes, if the Member's Primary Care Physician, or a Contracted Specialist who specializes in the treatment of diabetes, certifies that such services are necessary.

Insulin and Insulin syringes/needles that are included on this formulary are available through your prescription drug coverage when filled at an FHCP Pharmacy and are subject to the appropriate co-payment, co-insurance and/or deductible.

The additional diabetic supplies below are covered under your plan's medical benefit and can be found in the Medical Pharmacy Formulary.

All item listed below must be obtained from FHCP pharmacies.

- **Contour Glucometer** - $0

- **Test Strips -** $10 per box of 50 strips
  - No Prior Authorization Required:
    - Contour Test Strips
    - Contour Next Test Strips

  - Prior Authorization Required:
    - Accu-Chek Aviva Plus Strip
    - FreeStyle Lite Test Strip
    - FreeStyle Test Strip
    - Nova Max Glucose Test Strip
    - OneTouch Ultra Blue Strip
    - OneTouch Verio Strip
    - Prodigy No Coding Blood Glucose Strip

- **Lancets** - $4 per box of 100

- **Continuous Blood Glucose Monitoring** - See Medical Pharmacy Formulary for limits and restrictions. www.fhcp.com/Medical-Rx

Freestyle Libre (all models)
- Reader - $40
- Sensor - $20 (per sensor)

Dexcom (all models)
- Receiver - $40
- Transmitter - $40 (per 90 day supply)
- Sensor – $40 (per 30 day supply)

Note: Specialized Diabetic Supplies such as insulin pumps, and pump supplies require Prior Authorization and are subject to the applicable DME or Medical Pharmacy cost-sharing.

Table of Contents

Drug Name	Drug Tier	Requirements/Limits
ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Amphetamine Sulfate Oral Tablet 10 MG, 5 MG	Tier 2	RM
Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 5 MG	Tier 2	RM; QL (31 EA per 31 days)
Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 20 MG, 25 MG, 30 MG	Tier 2	RM; QL (62 EA per 31 days)
Armodafinil Oral Tablet 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	RM; FHCP
Atomoxetine HCl Oral Capsule 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Tier 2	RM
cloNIDine HCl ER Oral Tablet Extended Release 12 Hour 0.1 MG	Tier 2	RM
Dexmethylphenidate HCl Oral Tablet 10 MG, 2.5 MG, 5 MG	Tier 2	RM; QL (60 EA per 30 days)
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 5 MG	Tier 2	RM
Dextroamphetamine Sulfate Oral Tablet 10 MG, 5 MG	Tier 2	RM
Guanfacine HCl ER Oral Tablet Extended Release 24 Hour 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	RM
Lisdexamfetamine Dimesylate Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	RM; QL (30 EA per 30 days)
Lisdexamfetamine Dimesylate Oral Tablet Chewable 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	RM; QL (30 EA per 30 days)
Methamphetamine HCl Oral Tablet 5 MG	Tier 2	RM
Methylphenidate HCl ER (CD) Oral Capsule Extended Release 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	RM; QL (31 EA per 31 days)
Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 18 MG, 27 MG, 54 MG	Tier 2	RM; QL (31 EA per 31 days)
Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 36 MG	Tier 2	RM; QL (62 EA per 31 days)
Methylphenidate HCl ER Oral Tablet Extended Release 20 MG	Tier 2	RM; QL (93 EA per 31 days)
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 18 MG, 27 MG, 54 MG	Tier 2	RM; QL (31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 36 MG	Tier 2	RM; QL (62 EA per 31 days)
Methylphenidate HCl Oral Solution 10 MG/5ML, 5 MG/5ML	Tier 2	RO; DL
Methylphenidate HCl Oral Tablet 10 MG, 20 MG, 5 MG	Tier 2	RM
Modafinil Oral Tablet 100 MG, 200 MG	Tier 2	RM
Sunosi Oral Tablet 150 MG	Tier 5	PA; RO; DL
Sunosi Oral Tablet 75 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
Aminoglycosides		
Neomycin Sulfate Oral Tablet 500 MG	Tier 2	RO; DL
Tobramycin Sulfate Injection Solution 10 MG/ML, 80 MG/2ML	Tier 2	RO
Analgesics - Anti-Inflammatory		
Arcalyst Subcutaneous Solution Reconstituted 220 MG	Tier 5	PA; SP; DL
Celecoxib Oral Capsule 100 MG, 200 MG, 400 MG, 50 MG	Tier 2	RM
Diclofenac Sodium Oral Tablet Delayed Release 25 MG, 50 MG, 75 MG	Tier 2	RM
Diclofenac-miSOPROStol Oral Tablet Delayed Release 50-0.2 MG, 75-0.2 MG	Tier 2	RM
Etodolac ER Oral Tablet Extended Release 24 Hour 400 MG, 500 MG, 600 MG	Tier 2	RM
Etodolac Oral Capsule 200 MG, 300 MG	Tier 2	RM
Etodolac Oral Tablet 400 MG, 500 MG	Tier 2	RM
Fenoprofen Calcium Oral Tablet 600 MG	Tier 2	RM
Flurbiprofen Oral Tablet 100 MG, 50 MG	Tier 2	RM
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.4ML, 40 MG/0.8ML	Tier 3	PA; RO; DL
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML, 40 MG/0.8ML	Tier 3	PA; RO; DL
Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG	Tier 2	RM
Indomethacin ER Oral Capsule Extended Release 75 MG	Tier 2	RM
Indomethacin Oral Capsule 25 MG, 50 MG	Tier 2	RM
Ketoprofen Oral Capsule 50 MG, 75 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Ketorolac Tromethamine Injection Solution 15 MG/ML, 30 MG/ML	Tier 2	RM
Ketorolac Tromethamine Oral Tablet 10 MG	Tier 2	RM; QL (20 EA per 31 days)
Kevzara Subcutaneous Solution Auto-Injector 150 MG/1.14ML, 200 MG/1.14ML	Tier 5	PA; RO; DL
Kevzara Subcutaneous Solution Prefilled Syringe 150 MG/1.14ML, 200 MG/1.14ML	Tier 5	PA; RO; DL
Kineret Subcutaneous Solution Prefilled Syringe 100 MG/0.67ML	Tier 5	PA; RO; DL
Leflunomide Oral Tablet 10 MG, 20 MG	Tier 2	RM
Mefenamic Acid Oral Capsule 250 MG	Tier 2	RM; QL (30 EA per 30 days)
Meloxicam Oral Tablet 15 MG, 7.5 MG	Tier 2	RM
Nabumetone Oral Tablet 500 MG, 750 MG	Tier 2	RM
Naproxen Oral Suspension 125 MG/5ML	Tier 2	RO; DL
Naproxen Oral Tablet 250 MG, 375 MG, 500 MG	Tier 2	RM
Orencia Intravenous Solution Reconstituted 250 MG	Tier 5	PA; RO; DL
Oxaprozin Oral Tablet 600 MG	Tier 2	RM
Piroxicam Oral Capsule 10 MG, 20 MG	Tier 2	RM
Simponi Subcutaneous Solution Auto-Injector 100 MG/ML, 50 MG/0.5ML	Tier 5	PA; RO; DL
Simponi Subcutaneous Solution Prefilled Syringe 100 MG/ML, 50 MG/0.5ML	Tier 5	PA; RO; DL
Sulindac Oral Tablet 150 MG, 200 MG	Tier 2	RM
Xeljanz Oral Solution 1 MG/ML	Tier 3	PA; RO; QL (240 ML per 30 days); DL
Xeljanz Oral Tablet 10 MG, 5 MG	Tier 3	PA; RO; DL
Xeljanz XR Oral Tablet Extended Release 24 Hour 11 MG, 22 MG	Tier 3	PA; RO; DL
Analgesics - Nonnarcotic		
Adult Aspirin EC Low Strength Oral Tablet Delayed Release 81 MG	Tier 1	RM; (Prescription Required); AL (Max 79 Years)
Aspirin Adult Low Strength Oral Tablet Chewable 81 MG	Tier 1	RM; (Prescription Required); AL (Max 79 Years)
Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Butalbital-Aspirin-Caffeine Oral Capsule 50-325-40 MG	Tier 2	RM
Diflunisal Oral Tablet 500 MG	Tier 2	RM
Salsalate Oral Tablet 500 MG, 750 MG	Tier 2	RM
Analgesics - Opioid		
Acetaminophen-Codeine #3 Oral Tablet 300-30 MG	Tier 2	RM
Acetaminophen-Codeine Oral Solution 120-12 MG/5ML	Tier 2	RO; DL
Acetaminophen-Codeine Oral Tablet 300-15 MG, 300-60 MG	Tier 2	RM
Buprenorphine HCl Injection Solution 0.3 MG/ML	Tier 2	RO; DL
Buprenorphine HCl Sublingual Tablet Sublingual 2 MG, 8 MG	Tier 2	RO; DL
Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual 2-0.5 MG, 8-2 MG	Tier 2	RO; DL
Butalbital-ASA-Caff-Codeine Oral Capsule 50-325-40-30 MG	Tier 2	RM
Butorphanol Tartrate Nasal Solution 10 MG/ML	Tier 2	RO; QL (5 ML per 30 days); DL
Codeine Sulfate Oral Tablet 15 MG, 30 MG	Tier 2	RM
fentaNYL Citrate Buccal Lozenge On A Handle 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA; SP; DL
Fentanyl Transdermal Patch 72 Hour 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	Tier 2	PA; RO; DL
HYDROcodone Bitartrate ER Oral Capsule Extended Release 12 Hour 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 4	RM; QL (60 EA per 30 days)
Hydrocodone-Acetaminophen Oral Solution 7.5-325 MG/15ML	Tier 2	RO; QL (2700 ML per 30 days); DL
Hydrocodone-Acetaminophen Oral Tablet 10-325 MG, 5-325 MG, 7.5-325 MG	Tier 2	RM
Hydrocodone-Ibuprofen Oral Tablet 7.5-200 MG	Tier 2	RM
HYDROmorphone HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 16 MG, 32 MG, 8 MG	Tier 5	RO; DL
Hydromorphone HCl Oral Liquid 1 MG/ML	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Hydromorphone HCl Oral Tablet 2 MG, 4 MG, 8 MG	Tier 2	RM
Levorphanol Tartrate Oral Tablet 2 MG	Tier 5	RO; DL
Meperidine HCl Oral Tablet 50 MG	Tier 2	RM
Methadone HCl Oral Solution 5 MG/5ML	Tier 2	RO; DL
Methadone HCl Oral Tablet 10 MG, 5 MG	Tier 2	RM
Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML	Tier 2	RO; DL
Morphine Sulfate ER Oral Tablet Extended Release 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	Tier 2	RM
Morphine Sulfate Oral Solution 10 MG/5ML, 20 MG/5ML	Tier 2	RO; DL
Morphine Sulfate Oral Tablet 15 MG, 30 MG	Tier 2	RM
Oxycodone HCl Oral Solution 5 MG/5ML	Tier 2	RO; DL
Oxycodone HCl Oral Tablet 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	Tier 2	RM
Oxycodone-Acetaminophen Oral Solution 5-325 MG/5ML	Tier 2	RO; DL
Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 2	RM
oxyCODONE-Aspirin Oral Tablet 4.8355-325 MG	Tier 2	RM
Oxycodone-Ibuprofen Oral Tablet 5-400 MG	Tier 2	RM
Oxymorphone HCl ER Oral Tablet Extended Release 12 Hour 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG	Tier 2	PA; RM
Oxymorphone HCl Oral Tablet 10 MG, 5 MG	Tier 2	RM
Pentazocine-Naloxone HCl Oral Tablet 50-0.5 MG	Tier 2	RM
Tapentadol HCl ER Oral Tablet Extended Release 12 Hour 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 4	PA; RM
Tramadol HCl ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 300 MG	Tier 2	PA; RM
Tramadol HCl Oral Tablet 50 MG	Tier 2	RM
traMADol-Acetaminophen Oral Tablet 37.5-325 MG	Tier 2	RM
Xartemis XR Oral Tablet Extended Release 7.5-325 MG	Tier 4	PA; RM

Drug Name	Drug Tier	Requirements/Limits
Androgens-Anabolic		
Anadrol-50 Oral Tablet 50 MG	Tier 5	PA; RO; DL
Androxy Oral Tablet 10 MG	Tier 4	RM
Danazol Oral Capsule 100 MG, 200 MG, 50 MG	Tier 2	RM
Oxandrolone Oral Tablet 10 MG, 2.5 MG	Tier 2	PA; RM
Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML	Tier 2	RM
Testosterone Enanthate Intramuscular Solution 200 MG/ML	Tier 2	RM
Testosterone Transdermal Gel 25 MG/2.5GM (1%)	Tier 3	RM; QL (75 GM per 30 days)
Testosterone Transdermal Gel 50 MG/5GM (1%)	Tier 3	RM; QL (300 GM per 30 days)
Anorectal Agents		
Hydrocortisone Acetate Rectal Suppository 25 MG	Tier 2	RO; DL
Hydrocortisone Rectal Enema 100 MG/60ML	Tier 2	RO; QL (1680 ML per 28 days); DL
Proctozone-HC External Cream 2.5 %	Tier 2	RO; QL (30 GM per 30 days); DL
Anthelmintics		
Albendazole Oral Tablet 200 MG	Tier 4	RO; DL
Ivermectin Oral Tablet 3 MG	Tier 2	RO; DL
Praziquantel Oral Tablet 600 MG	Tier 2	RO; QL (6 EA per 30 days); DL
Antianginal Agents		
Isosorbide Dinitrate Oral Tablet 10 MG, 20 MG, 30 MG, 5 MG	Tier 2	RM
Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 120 MG, 30 MG, 60 MG	Tier 2	RM
Nitro-Bid Transdermal Ointment 2 %	Tier 3	RO; DL
Nitroglycerin ER Oral Capsule Extended Release 2.5 MG, 6.5 MG, 9 MG	Tier 2	RM
Nitroglycerin Sublingual Tablet Sublingual 0.3 MG, 0.4 MG, 0.6 MG	Tier 2	RM
Nitroglycerin Transdermal Patch 24 Hour 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 2	RM
Ranolazine ER Oral Tablet Extended Release 12 Hour 1000 MG, 500 MG	Tier 2	RM; FHCP

Drug Name	Drug Tier	Requirements/Limits
Antianxiety Agents		
Alprazolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 2	RM
Buspirone HCl Oral Tablet 10 MG, 15 MG, 30 MG, 5 MG	Tier 2	RM
Chlordiazepoxide HCl Oral Capsule 10 MG, 25 MG, 5 MG	Tier 2	RM
Clorazepate Dipotassium Oral Tablet 15 MG, 3.75 MG, 7.5 MG	Tier 2	RM
Diazepam Oral Solution 5 MG/5ML	Tier 2	RO; DL
Diazepam Oral Tablet 10 MG, 2 MG, 5 MG	Tier 2	RM
Hydroxyzine HCl Oral Syrup 10 MG/5ML	Tier 2	RO; DL
Hydroxyzine HCl Oral Tablet 10 MG, 25 MG, 50 MG	Tier 2	RM
Hydroxyzine Pamoate Oral Capsule 100 MG, 25 MG, 50 MG	Tier 2	RM
LORazepam Intensol Oral Concentrate 2 MG/ML	Tier 2	RO; DL
Lorazepam Oral Tablet 0.5 MG, 1 MG, 2 MG	Tier 2	RM
Meprobamate Oral Tablet 200 MG, 400 MG	Tier 2	RM
Oxazepam Oral Capsule 10 MG, 15 MG, 30 MG	Tier 2	RM
Antiarrhythmics		
Amiodarone HCl Oral Tablet 100 MG, 200 MG, 400 MG	Tier 2	RM
Disopyramide Phosphate Oral Capsule 100 MG, 150 MG	Tier 2	RM
Dofetilide Oral Capsule 125 MCG, 250 MCG, 500 MCG	Tier 2	RM
Flecainide Acetate Oral Tablet 100 MG, 150 MG, 50 MG	Tier 2	RM
Mexiletine HCl Oral Capsule 150 MG, 200 MG, 250 MG	Tier 2	RM
Multaq Oral Tablet 400 MG	Tier 4	PA; RM
Norpace CR Oral Capsule Extended Release 12 Hour 100 MG, 150 MG	Tier 4	RM
Propafenone HCl Oral Tablet 150 MG, 225 MG, 300 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Quinidine Gluconate ER Oral Tablet Extended Release 324 MG	Tier 2	RM
Quinidine Sulfate Oral Tablet 200 MG, 300 MG	Tier 2	RM
Antiasthmatic And Bronchodilator Agents		
Aerobid Inhalation Aerosol, Solution 250 MCG/ACT	Tier 4	RM
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT	Tier 2	RM
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML	Tier 2	RM; QL (1 BOX Max Qty Per Fill Retail)
Albuterol Sulfate Oral Syrup 2 MG/5ML	Tier 2	RO; DL
Albuterol Sulfate Oral Tablet 2 MG, 4 MG	Tier 2	RM
Alvesco Inhalation Aerosol Solution 160 MCG/ACT, 80 MCG/ACT	Tier 4	RM
Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT	Tier 3	RM
Arcapta Neohaler Inhalation Capsule 75 MCG	Tier 4	RM
Arformoterol Tartrate Inhalation Nebulization Solution 15 MCG/2ML	Tier 2	RO; DL
Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 3	RM
Asmanex (120 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/ACT	Tier 3	RM; QL (1 EA per 30 days)
Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated 110 MCG/ACT, 220 MCG/ACT	Tier 3	RM; QL (1 EA per 30 days)
Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/ACT	Tier 3	RM; QL (1 EA per 30 days)
Asmanex HFA Inhalation Aerosol 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 3	RM; QL (13 GM per 30 days)
Atrovent HFA Inhalation Aerosol Solution 17 MCG/ACT	Tier 3	RM
Breo Ellipta Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 3	RM
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 2	RM
Cromolyn Sodium Inhalation Nebulization Solution 20 MG/2ML	Tier 2	RM; QL (1 BOX Max Qty Per Fill Retail)
Fluticasone Propionate HFA Inhalation Aerosol 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	Tier 4	RM
Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1	RM
Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Tier 2	RM
Incruse Ellipta Inhalation Aerosol Powder Breath Activated 62.5 MCG/ACT	Tier 3	RM
Ipratropium Bromide Inhalation Solution 0.02 %	Tier 2	RM; QL (1 BOX Max Qty Per Fill Retail)
Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML	Tier 2	RM; QL (1 BOX Max Qty Per Fill Retail)
Levalbuterol Tartrate Inhalation Aerosol 45 MCG/ACT	Tier 2	RM
Metaproterenol Sulfate Oral Syrup 10 MG/5ML	Tier 2	RO
Metaproterenol Sulfate Oral Tablet 10 MG, 20 MG	Tier 2	RM
Montelukast Sodium Oral Packet 4 MG	Tier 2	RM
Montelukast Sodium Oral Tablet 10 MG	Tier 2	RM
Montelukast Sodium Oral Tablet Chewable 4 MG, 5 MG	Tier 2	RM
Nucala Subcutaneous Solution Auto-Injector 100 MG/ML	Tier 5	PA; RO; DL
Nucala Subcutaneous Solution Prefilled Syringe 100 MG/ML, 40 MG/0.4ML	Tier 5	PA; RO; DL
Nucala Subcutaneous Solution Reconstituted 100 MG	Tier 5	PA; RO; DL
Qvar RediHaler Inhalation Aerosol Breath Activated 40 MCG/ACT	Tier 4	PA; RM; QL (10.6 GM per 30 days)
Qvar RediHaler Inhalation Aerosol Breath Activated 80 MCG/ACT	Tier 4	PA; RM; QL (21.2 GM per 30 days)
Roflumilast Oral Tablet 250 MCG, 500 MCG	Tier 2	RM; QL (31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
Serevent Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/ACT	Tier 3	RM
Striverdi Respimat Inhalation Aerosol Solution 2.5 MCG/ACT	Tier 3	RM
Terbutaline Sulfate Oral Tablet 2.5 MG, 5 MG	Tier 2	RM
Theophylline ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG, 300 MG, 450 MG	Tier 2	RM
Theophylline ER Oral Tablet Extended Release 24 Hour 400 MG, 600 MG	Tier 2	RM
Theophylline Oral Solution 80 MG/15ML	Tier 2	RO; DL
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3	ST; RM
Utibron Neohaler Inhalation Capsule 27.5-15.6 MCG	Tier 4	RM
Xolair Subcutaneous Solution Auto-Injector 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 5	PA; RO; DL
Xolair Subcutaneous Solution Prefilled Syringe 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 5	PA; RO; DL
Xolair Subcutaneous Solution Reconstituted 150 MG	Tier 5	PA; RO; DL
Zafirlukast Oral Tablet 10 MG, 20 MG	Tier 2	RM
Zileuton ER Oral Tablet Extended Release 12 Hour 600 MG	Tier 5	PA; RO; DL
Anticoagulants		
Dabigatran Etexilate Mesylate Oral Capsule 110 MG, 150 MG, 75 MG	Tier 1	RM
Eliquis DVT/PE Starter Pack Oral Tablet 5 MG	Tier 3	RO; DL
Eliquis DVT/PE Starter Pack Oral Tablet Therapy Pack 5 MG	Tier 3	RO; DL
Eliquis Oral Tablet 2.5 MG, 5 MG	Tier 3	RM
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	Tier 2	RO; DL
Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML	Tier 2	RO; DL
Rivaroxaban Oral Suspension Reconstituted 1 MG/ML	Tier 3	RM
Rivaroxaban Oral Tablet 2.5 MG	Tier 2	RM; QL (60 EA per 30 days)
Warfarin Sodium Oral Tablet 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	RM
Xarelto Oral Tablet 10 MG, 15 MG, 20 MG	Tier 3	RM
Xarelto Starter Pack Oral Tablet Therapy Pack 15 & 20 MG	Tier 3	RO; DL
Anticonvulsants		
Carbamazepine ER Oral Capsule Extended Release 12 Hour 100 MG, 200 MG, 300 MG	Tier 2	RM
Carbamazepine ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG, 400 MG	Tier 2	RM
Carbamazepine Oral Suspension 100 MG/5ML	Tier 2	RO; DL
Carbamazepine Oral Tablet 200 MG	Tier 2	RM
Carbamazepine Oral Tablet Chewable 100 MG	Tier 2	RM
Clobazam Oral Suspension 2.5 MG/ML	Tier 2	PA; RO; DL
Clobazam Oral Tablet 10 MG, 20 MG	Tier 2	PA; RM
Clonazepam Oral Tablet 0.5 MG, 1 MG, 2 MG	Tier 2	RM
Clonazepam Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 2	RM
Diazepam Rectal Gel 10 MG, 2.5 MG, 20 MG	Tier 2	RO; QL (4 EA per 30 days); DL
Dilantin Oral Capsule 30 MG	Tier 3	RM
Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG, 500 MG	Tier 2	RM
Divalproex Sodium Oral Capsule Delayed Release Sprinkle 125 MG	Tier 2	RM
Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG, 500 MG	Tier 2	RM
Eslicarbazepine Acetate Oral Tablet 200 MG, 400 MG, 600 MG, 800 MG	Tier 2	RM; FHCP
Ethosuximide Oral Capsule 250 MG	Tier 2	RM
Ethosuximide Oral Solution 250 MG/5ML	Tier 2	RO; DL
Felbamate Oral Suspension 600 MG/5ML	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Felbamate Oral Tablet 400 MG, 600 MG	Tier 2	RM
Gabapentin Oral Capsule 100 MG, 300 MG, 400 MG	Tier 2	RM
Gabapentin Oral Solution 250 MG/5ML	Tier 2	RO; DL
Gabapentin Oral Tablet 600 MG, 800 MG	Tier 2	RM
Lacosamide Oral Solution 10 MG/ML	Tier 2	PA; RO; QL (1200 ML per 30 days); DL
Lacosamide Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	RM
lamoTRIgine ER Oral Tablet Extended Release 24 Hour 100 MG, 25 MG, 250 MG, 300 MG, 50 MG	Tier 2	RM; QL (30 EA per 30 days)
lamoTRIgine ER Oral Tablet Extended Release 24 Hour 200 MG	Tier 2	RM; QL (60 EA per 30 days)
Lamotrigine Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	RM
Lamotrigine Oral Tablet Chewable 25 MG, 5 MG	Tier 2	RM
Lamotrigine Starter Kit-Blue Oral Kit 35 x 25 MG	Tier 2	RO; DL
Lamotrigine Starter Kit-Green Oral Kit 84 x 25 MG & 14x100 MG	Tier 2	RO; DL
Lamotrigine Starter Kit-Orange Oral Kit 42 x 25 MG & 7 x 100 MG	Tier 2	RO; DL
Levetiracetam ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG	Tier 2	RM
Levetiracetam Oral Solution 100 MG/ML	Tier 2	RO; DL
Levetiracetam Oral Tablet 1000 MG, 250 MG, 500 MG, 750 MG	Tier 2	RM
Methsuximide Oral Capsule 300 MG	Tier 4	RM
Nayzilam Nasal Solution 5 MG/0.1ML	Tier 5	PA; RO; QL (10 EA per 30 days); DL
Oxcarbazepine Oral Suspension 300 MG/5ML	Tier 2	RO
Oxcarbazepine Oral Tablet 150 MG, 300 MG, 600 MG	Tier 2	RM
Peganone Oral Tablet 250 MG	Tier 4	RO; DL
Perampanel Oral Tablet 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	PA; RM; QL (31 EA per 31 days)
Phenytoin Oral Suspension 125 MG/5ML	Tier 2	RO; DL
Phenytoin Oral Tablet Chewable 50 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Phenytoin Sodium Extended Oral Capsule 100 MG	Tier 2	RM
Potiga Oral Tablet 200 MG, 300 MG, 400 MG, 50 MG	Tier 4	SP
Pregabalin Oral Capsule 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 2	RM; FHCP
Primidone Oral Tablet 250 MG, 50 MG	Tier 2	RM
Rufinamide Oral Suspension 40 MG/ML	Tier 4	PA; RO; DL
Rufinamide Oral Tablet 200 MG, 400 MG	Tier 2	PA; RM
Tiagabine HCl Oral Tablet 12 MG, 16 MG, 2 MG, 4 MG	Tier 2	RM
Topiramate Oral Capsule Sprinkle 15 MG, 25 MG	Tier 2	RM
Topiramate Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	RM
Valproic Acid Oral Capsule 250 MG	Tier 2	RM
Valproic Acid Oral Solution 250 MG/5ML	Tier 2	RO; DL
Zonisamide Oral Capsule 100 MG, 25 MG, 50 MG	Tier 2	RM
Antidepressants		
Amitriptyline HCl Oral Tablet 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	Tier 2	RM
Amoxapine Oral Tablet 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	RM
Bupropion HCl ER (SR) Oral Tablet Extended Release 12 Hour 100 MG, 150 MG, 200 MG	Tier 2	RM
Bupropion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG	Tier 2	RM
Bupropion HCl Oral Tablet 100 MG, 75 MG	Tier 2	RM
Citalopram Hydrobromide Oral Solution 10 MG/5ML	Tier 2	RO; DL
Citalopram Hydrobromide Oral Tablet 10 MG, 20 MG, 40 MG	Tier 2	RM
Clomipramine HCl Oral Capsule 25 MG, 50 MG, 75 MG	Tier 2	RM
Desipramine HCl Oral Tablet 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	Tier 2	RM
Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 25 MG, 50 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Doxepin HCl Oral Capsule 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	Tier 2	RM
Doxepin HCl Oral Concentrate 10 MG/ML	Tier 2	RO; DL
Duloxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG	Tier 2	RM
Emsam Transdermal Patch 24 Hour 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 5	RO; DL
Escitalopram Oxalate Oral Solution 5 MG/5ML	Tier 2	RO; DL
Escitalopram Oxalate Oral Tablet 10 MG, 20 MG, 5 MG	Tier 2	RM
Fetzima Oral Capsule Extended Release 24 Hour 120 MG, 20 MG, 40 MG, 80 MG	Tier 4	PA; RM
Fetzima Titration Oral Capsule ER 24 Hour Therapy Pack 20 & 40 MG	Tier 4	PA; RO; DL
Fluoxetine HCl Oral Capsule 10 MG, 20 MG, 40 MG	Tier 2	RM
Fluoxetine HCl Oral Solution 20 MG/5ML	Tier 2	RO; DL
Fluvoxamine Maleate Oral Tablet 100 MG, 25 MG, 50 MG	Tier 2	RM
Imipramine HCl Oral Tablet 10 MG, 25 MG, 50 MG	Tier 2	RM
Maprotiline HCl Oral Tablet 25 MG, 50 MG, 75 MG	Tier 2	RM
Marplan Oral Tablet 10 MG	Tier 4	RM
Mirtazapine Oral Tablet 15 MG, 30 MG, 45 MG, 7.5 MG	Tier 2	RM
Mirtazapine Oral Tablet Dispersible 15 MG, 30 MG, 45 MG	Tier 2	RM
Nefazodone HCl Oral Tablet 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	RM
Nortriptyline HCl Oral Capsule 10 MG, 25 MG, 50 MG, 75 MG	Tier 2	RM
Nortriptyline HCl Oral Solution 10 MG/5ML	Tier 2	RO; DL
Paroxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG, 37.5 MG	Tier 2	RM
Paroxetine HCl Oral Suspension 10 MG/5ML	Tier 2	RO; DL
Paroxetine HCl Oral Tablet 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Phenelzine Sulfate Oral Tablet 15 MG	Tier 2	RM
Protriptyline HCl Oral Tablet 10 MG, 5 MG	Tier 2	RM
Sertraline HCl Oral Concentrate 20 MG/ML	Tier 2	RO; DL
Sertraline HCl Oral Tablet 100 MG, 25 MG, 50 MG	Tier 2	RM
Tranylcypromine Sulfate Oral Tablet 10 MG	Tier 2	RM
Trazodone HCl Oral Tablet 100 MG, 150 MG, 50 MG	Tier 2	RM
Trimipramine Maleate Oral Capsule 100 MG, 25 MG, 50 MG	Tier 2	RM
Trintellix Oral Tablet 10 MG, 20 MG, 5 MG	Tier 4	PA; RM
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 150 MG, 37.5 MG, 75 MG	Tier 2	RM
Venlafaxine HCl Oral Tablet 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG	Tier 2	RM
Viibryd Starter Pack Oral Kit 10 & 20 MG	Tier 4	RO; DL
Vilazodone HCl Oral Tablet 10 MG, 20 MG, 40 MG	Tier 2	RM
Antidiabetics		
Acarbose Oral Tablet 100 MG, 25 MG, 50 MG	Tier 2	RM
Apidra Injection Solution 100 UNIT/ML	Tier 3	RM
Apidra SoloStar Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	RM
Baqsimi One Pack Nasal Powder 3 MG/DOSE	Tier 3	RO; QL (1 EA per 30 days); DL
Bydureon BCise Subcutaneous Auto-Injector 2 MG/0.85ML	Tier 3	ST; RM
Bydureon Subcutaneous Pen-Injector 2 MG	Tier 3	ST; RM
Dapagliflozin Base-metFORMIN ER Oral Tablet Extended Release 24 Hour 10-1000 MG, 10-500 MG	Tier 2	RM
Dapagliflozin Base-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG, 5-500 MG	Tier 3	RM
Dapagliflozin Propanediol Oral Tablet 10 MG, 5 MG	Tier 2	RO; QL (31 EA per 31 days)
Diazoxide Oral Suspension 50 MG/ML	Tier 4	RO; DL
Glimepiride Oral Tablet 1 MG, 2 MG, 4 MG	Tier 2	RM
Glipizide ER Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Glipizide Oral Tablet 10 MG, 5 MG	Tier 2	RM
Glucagon Emergency Injection Kit 1 MG	Tier 3	RM; QL (1 EA per 15 days); DL
Glyburide Micronized Oral Tablet 1.5 MG, 3 MG, 6 MG	Tier 2	RM
Glyburide Oral Tablet 1.25 MG, 2.5 MG, 5 MG	Tier 2	RM
HumaLOG Mix 50/50 KwikPen Subcutaneous Suspension Pen-Injector (50-50) 100 UNIT/ML	Tier 3	RM
HumaLOG Mix 75/25 Subcutaneous Suspension (75-25) 100 UNIT/ML	Tier 3	RM
HumuLIN 70/30 KwikPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 4	RM
HumuLIN 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 1	RM
HumuLIN N KwikPen Subcutaneous Suspension Pen-Injector 100 UNIT/ML	Tier 4	RM
HumuLIN N Subcutaneous Suspension 100 UNIT/ML	Tier 1	RM
HumuLIN R Injection Solution 100 UNIT/ML	Tier 1	RM
Humulin R U-500 (Concentrated) Subcutaneous Solution 500 UNIT/ML	Tier 5	PA; RO
Humulin R U-500 KwikPen Subcutaneous Solution Pen-Injector 500 UNIT/ML	Tier 5	PA; RO
Insulin Glargine-yfgn Subcutaneous Solution 100 UNIT/ML	Tier 1	RM
Insulin Glargine-yfgn Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 1	RM
Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	RM
Insulin Lispro Injection Solution 100 UNIT/ML	Tier 1	RM
Insulin Lispro Prot & Lispro Subcutaneous Suspension Pen-Injector (75-25) 100 UNIT/ML	Tier 3	RM
Januvia Oral Tablet 100 MG, 25 MG, 50 MG	Tier 4	PA; RM; QL (31 EA per 31 days)
Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML	Tier 2	PA; RM; QL (9 ML per 30 days)
Metformin HCl ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG	Tier 1	RM
Metformin HCl Oral Tablet 1000 MG, 500 MG, 850 MG	Tier 1	RM

Drug Name	Drug Tier	Requirements/Limits
Nateglinide Oral Tablet 120 MG, 60 MG	Tier 2	RM
Novolin 70/30 Flexpen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 1	RM; FHCP
Novolin 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 1	RM
NovoLIN N FlexPen Subcutaneous Suspension Pen-Injector 100 UNIT/ML	Tier 1	RM; FHCP
Novolin N Subcutaneous Suspension 100 UNIT/ML	Tier 1	RM
NovoLIN R FlexPen Injection Solution Pen-Injector 100 UNIT/ML	Tier 1	RM; FHCP
Novolin R Injection Solution 100 UNIT/ML	Tier 1	RM
Novolog Flexpen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	RM
Novolog Injection Solution 100 UNIT/ML	Tier 3	RM
Novolog Mix 70/30 Flexpen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 3	RM
Novolog Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 3	RM
Novolog Penfill Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 3	RM
Pioglitazone HCl Oral Tablet 15 MG, 30 MG, 45 MG	Tier 2	RM
Repaglinide Oral Tablet 0.5 MG, 1 MG, 2 MG	Tier 2	RM
sAXagliptin HCl Oral Tablet 2.5 MG, 5 MG	Tier 2	RM
sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 2	RM
SymlinPen 120 Subcutaneous Solution Pen-Injector 2700 MCG/2.7ML	Tier 3	PA; RM
SymlinPen 60 Subcutaneous Solution Pen-Injector 1500 MCG/1.5ML	Tier 3	PA; RM
Tolazamide Oral Tablet 250 MG, 500 MG	Tier 2	RM
Tolbutamide Oral Tablet 500 MG	Tier 2	RM
Tresiba FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML, 200 UNIT/ML	Tier 3	RM
Tresiba Subcutaneous Solution 100 UNIT/ML	Tier 3	RM

Drug Name	Drug Tier	Requirements/Limits
Xigduo XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG	Tier 3	RM
Antidiarrheal/Probiotic Agents		
Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG	Tier 2	RM
Motofen Oral Tablet 1-0.025 MG	Tier 5	RO; DL
Mytesi Oral Tablet Delayed Release 125 MG	Tier 5	PA; RO; DL
Antidiarrheals		
Diphenoxylate-Atropine Oral Liquid 2.5-0.025 MG/5ML	Tier 2	RO; DL
Loperamide HCl Oral Capsule 2 MG	Tier 2	RO; DL
Antidotes		
Chemet Oral Capsule 100 MG	Tier 5	RO; DL
Deferasirox Oral Tablet Soluble 250 MG	Tier 2	PA; RM
Deferiprone Oral Tablet 1000 MG, 500 MG	Tier 5	PA; RO; DL
Opvee Nasal Solution 2.7 MG/0.1ML	Tier 3	RM; QL (2 EA per 365 days)
Radiogardase Oral Capsule 0.5 GM	Tier 5	RO; DL
Antidotes And Specific Antagonists		
Deferasirox Oral Tablet Soluble 125 MG, 500 MG	Tier 2	PA; RM
Naloxone HCl Nasal Liquid 4 MG/0.1ML	Tier 2	RM; QL (2 EA per 365 days)
Naltrexone HCl Oral Tablet 50 MG	Tier 2	RM
Rextovy Nasal Liquid 4 MG/0.25ML	Tier 3	RO
Antiemetics		
Anzemet Intravenous Solution 20 MG/ML	Tier 5	RO; DL
Aprepitant Oral Capsule 125 MG, 40 MG, 80 & 125 MG, 80 MG	Tier 2	RO; DL
Cesamet Oral Capsule 1 MG	Tier 5	PA; RO; DL
Doxylamine-Pyridoxine Oral Tablet Delayed Release 10-10 MG	Tier 2	RO; QL (120 EA per 30 days); DL
Dronabinol Oral Capsule 10 MG, 2.5 MG, 5 MG	Tier 2	RO; FHCP; QL (60 EA per 30 days); DL
Emend Oral Suspension Reconstituted 125 MG/5ML	Tier 4	PA; RO; DL
Granisetron HCl Oral Tablet 1 MG	Tier 2	RM
Meclizine HCl Oral Tablet 25 MG	Tier 2	RM
Ondansetron HCl Oral Solution 4 MG/5ML	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Ondansetron HCl Oral Tablet 4 MG, 8 MG	Tier 2	RM; QL (90 EA per 30 days)
Ondansetron Oral Tablet Dispersible 4 MG, 8 MG	Tier 2	RM; QL (90 EA per 30 days)
Scopolamine Transdermal Patch 72 Hour 1 MG/3DAYS	Tier 2	RO; DL
Trimethobenzamide HCl Oral Capsule 300 MG	Tier 2	RM
Antifungals		
Fluconazole Oral Suspension Reconstituted 10 MG/ML, 40 MG/ML	Tier 2	RO; DL
Fluconazole Oral Tablet 100 MG, 200 MG, 50 MG	Tier 2	RM
Fluconazole Oral Tablet 150 MG	Tier 2	RO; QL (4 EA per 28 days); DL
Flucytosine Oral Capsule 250 MG, 500 MG	Tier 5	RO; DL
Griseofulvin Microsize Oral Suspension 125 MG/5ML	Tier 2	RO; DL
Griseofulvin Ultramicrosize Oral Tablet 125 MG, 250 MG	Tier 2	RO; DL
Itraconazole Oral Capsule 100 MG	Tier 2	RM
Itraconazole Oral Solution 10 MG/ML	Tier 3	RO; DL
Ketoconazole Oral Tablet 200 MG	Tier 2	RM
Micafungin Sodium Intravenous Solution Reconstituted 100 MG, 50 MG	Tier 5	RO; DL
Nystatin Oral Tablet 500000 UNIT	Tier 2	RM
Posaconazole Oral Suspension 40 MG/ML	Tier 5	PA; RO; QL (21 ML per 28 days); DL
Posaconazole Oral Tablet Delayed Release 100 MG	Tier 5	PA; RO; DL
Terbinafine HCl Oral Tablet 250 MG	Tier 2	RM
Voriconazole Oral Suspension Reconstituted 40 MG/ML	Tier 5	RO; DL
Voriconazole Oral Tablet 200 MG, 50 MG	Tier 2	RO; DL
Antihistamines		
Carbinoxamine Maleate Oral Tablet 4 MG	Tier 2	RM
Cyproheptadine HCl Oral Syrup 2 MG/5ML	Tier 2	RO; QL (120 ML per 3 days); DL
Cyproheptadine HCl Oral Tablet 4 MG	Tier 2	RM
Desloratadine Oral Tablet 5 MG	Tier 2	RM
Levocetirizine Dihydrochloride Oral Tablet 5 MG	Tier 2	RM
Promethazine HCl Oral Syrup 6.25 MG/5ML	Tier 2	RO; QL (120 ML per 3 days)

Drug Name	Drug Tier	Requirements/Limits
Promethazine HCl Oral Tablet 12.5 MG, 25 MG, 50 MG	Tier 2	RM
Promethazine HCl Rectal Suppository 12.5 MG, 25 MG, 50 MG	Tier 2	RO; QL (12 EA per 2 days); DL
Antihyperlipidemics		
Atorvastatin Calcium Oral Tablet 10 MG, 20 MG, 40 MG, 80 MG	Tier 1	RM
Cholestyramine Light Oral Powder 4 GM/DOSE	Tier 2	RM
Cholestyramine Oral Powder 4 GM/DOSE	Tier 2	RM
Colesevelam HCl Oral Tablet 625 MG	Tier 2	RM
Colestipol HCl Oral Tablet 1 GM	Tier 2	RM
Ezetimibe Oral Tablet 10 MG	Tier 2	RM
Fenofibrate Oral Tablet 145 MG, 160 MG, 48 MG	Tier 2	RM
Fenofibric Acid Oral Capsule Delayed Release 135 MG, 45 MG	Tier 2	RM
Fluvastatin Sodium Oral Capsule 20 MG, 40 MG	Tier 2	RM
Gemfibrozil Oral Tablet 600 MG	Tier 2	RM
Icosapent Ethyl Oral Capsule 0.5 GM, 1 GM	Tier 4	RM
Kynamro Subcutaneous Solution Prefilled Syringe 200 MG/ML	Tier 5	PA; SP; DL
Lovastatin Oral Tablet 10 MG, 20 MG, 40 MG	Tier 1	RM
Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 1000 MG, 500 MG, 750 MG	Tier 2	RM
Omega-3-acid Ethyl Esters Oral Capsule 1 GM	Tier 2	RM
Pitavastatin Calcium Oral Tablet 1 MG, 2 MG, 4 MG	Tier 1	RM; QL (30 EA per 30 days)
Pravastatin Sodium Oral Tablet 10 MG, 20 MG, 40 MG, 80 MG	Tier 1	RM
Repatha Pushtronex System Subcutaneous Solution Cartridge 420 MG/3.5ML	Tier 4	PA; RO; DL
Repatha Subcutaneous Solution Prefilled Syringe 140 MG/ML	Tier 4	PA; RO; DL
Repatha SureClick Subcutaneous Solution Auto-Injector 140 MG/ML	Tier 4	PA; RO; DL
Rosuvastatin Calcium Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	Tier 1	RM

Drug Name	Drug Tier	Requirements/Limits
Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG, 80 MG	Tier 1	RM
Antihypertensives		
Aliskiren Fumarate Oral Tablet 150 MG, 300 MG	Tier 2	RM
Benazepril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	Tier 1	RM
Candesartan Cilexetil Oral Tablet 16 MG, 32 MG, 4 MG, 8 MG	Tier 2	RM
Clonidine HCl Oral Tablet 0.1 MG, 0.2 MG, 0.3 MG	Tier 2	RM
cloNIDine Transdermal Patch Weekly 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR	Tier 2	RM
Corlopam Intravenous Solution 10 MG/ML, 20 MG/2ML	Tier 5	RO; DL
Doxazosin Mesylate Oral Tablet 1 MG, 2 MG, 4 MG, 8 MG	Tier 2	RM
Enalapril Maleate Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 1	RM
Eplerenone Oral Tablet 25 MG, 50 MG	Tier 2	RM
Fosinopril Sodium Oral Tablet 10 MG, 20 MG, 40 MG	Tier 2	RM
Guanfacine HCl Oral Tablet 1 MG, 2 MG	Tier 2	RM
Hydralazine HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG	Tier 2	RM
Irbesartan Oral Tablet 150 MG, 300 MG, 75 MG	Tier 1	RM
Lisinopril Oral Tablet 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Tier 1	RM
Lisinopril-Hydrochlorothiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 1	RM
Losartan Potassium Oral Tablet 100 MG, 25 MG, 50 MG	Tier 1	RM
Losartan Potassium-HCTZ Oral Tablet 100-12.5 MG, 100-25 MG, 50-12.5 MG	Tier 1	RM
Methyldopa Oral Tablet 250 MG, 500 MG	Tier 2	RM
Minoxidil Oral Tablet 10 MG, 2.5 MG	Tier 2	RM
Moexipril HCl Oral Tablet 15 MG, 7.5 MG	Tier 2	RM
Olmesartan Medoxomil Oral Tablet 20 MG, 40 MG, 5 MG	Tier 1	RM

Drug Name	Drug Tier	Requirements/Limits
Olmesartan Medoxomil-HCTZ Oral Tablet 20-12.5 MG, 40-12.5 MG, 40-25 MG	Tier 1	RM
Perindopril Erbumine Oral Tablet 2 MG, 4 MG, 8 MG	Tier 2	RM
Phenoxybenzamine HCl Oral Capsule 10 MG	Tier 5	PA; RO; DL
Prazosin HCl Oral Capsule 1 MG, 2 MG, 5 MG	Tier 2	RM
Quinapril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	Tier 1	RM
Ramipril Oral Capsule 1.25 MG, 10 MG, 2.5 MG, 5 MG	Tier 1	RM
Telmisartan Oral Tablet 20 MG, 40 MG, 80 MG	Tier 1	RM
Terazosin HCl Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG	Tier 2	RM
Trandolapril Oral Tablet 1 MG, 2 MG, 4 MG	Tier 2	RM
Valsartan Oral Tablet 160 MG, 320 MG, 40 MG, 80 MG	Tier 1	RM
Anti-Infective Agents - Misc.		
Atovaquone Oral Suspension 750 MG/5ML	Tier 2	RO; DL
Cayston Inhalation Solution Reconstituted 75 MG	Tier 5	PA; SP; DL
Clindamycin HCl Oral Capsule 150 MG, 300 MG	Tier 2	RO; DL
Clindamycin Palmitate HCl Oral Solution Reconstituted 75 MG/5ML	Tier 2	RO; DL
Dapsone Oral Tablet 100 MG, 25 MG	Tier 2	RM
Fosfomycin Tromethamine Oral Packet 3 GM	Tier 2	RO; DL
Linezolid Oral Suspension Reconstituted 100 MG/5ML	Tier 2	RO; DL
Linezolid Oral Tablet 600 MG	Tier 2	RO; DL
Methenamine Hippurate Oral Tablet 1 GM	Tier 2	RM
Metronidazole Oral Tablet 250 MG, 500 MG	Tier 2	RO; DL
Nitazoxanide Oral Tablet 500 MG	Tier 5	RO; QL (6 EA per 30 days); DL
Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 25 MG, 50 MG	Tier 2	RM
Nitrofurantoin Monohyd Macro Oral Capsule 100 MG	Tier 2	RM
Pentamidine Isethionate Inhalation Solution Reconstituted 300 MG	Tier 4	PA; RO; DL

Drug Name	Drug Tier	Requirements/Limits
Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML	Tier 2	RO; DL
Sulfamethoxazole-Trimethoprim Oral Tablet 400-80 MG, 800-160 MG	Tier 2	RM
Tinidazole Oral Tablet 250 MG, 500 MG	Tier 2	RO; DL
Trimethoprim Oral Tablet 100 MG	Tier 2	RM
Vancomycin HCl Intravenous Solution Reconstituted 1 GM, 500 MG	Tier 2	RO; DL
Vancomycin HCl Oral Capsule 125 MG, 250 MG	Tier 2	RO; DL
Vancomycin HCl Oral Solution Reconstituted 25 MG/ML, 50 MG/ML	Tier 4	RO; DL
Xifaxan Oral Tablet 200 MG, 550 MG	Tier 5	PA; RO; DL
Antimalarials		
Atovaquone-Proguanil HCl Oral Tablet 250-100 MG, 62.5-25 MG	Tier 2	RM
Chloroquine Phosphate Oral Tablet 250 MG, 500 MG	Tier 2	RM
Coartem Oral Tablet 20-120 MG	Tier 4	RO; DL
Hydroxychloroquine Sulfate Oral Tablet 200 MG	Tier 2	RM
Krintafel Oral Tablet 150 MG	Tier 3	RO; QL (2 EA per 31 days); DL
Mefloquine HCl Oral Tablet 250 MG	Tier 2	RM
Primaquine Phosphate Oral Tablet 26.3 (15 Base) MG	Tier 2	RO; DL
Pyrimethamine Oral Tablet 25 MG	Tier 5	PA; RO; DL
Quinine Sulfate Oral Capsule 324 MG	Tier 2	RM
Antimyasthenic Agents		
Pyridostigmine Bromide ER Oral Tablet Extended Release 180 MG	Tier 2	RM
Pyridostigmine Bromide Oral Tablet 30 MG	Tier 2	RM
Antimyasthenic/Cholinergic Agents		
Guanidine HCl Oral Tablet 125 MG	Tier 2	RM
pyRIDostigmine Bromide Oral Tablet 60 MG	Tier 2	RM
Antimycobacterial Agents		
Ethambutol HCl Oral Tablet 100 MG, 400 MG	Tier 2	RM
Isoniazid Oral Tablet 100 MG, 300 MG	Tier 2	RM
Paser Oral Packet 4 GM	Tier 4	RM

Drug Name	Drug Tier	Requirements/Limits
Priftin Oral Tablet 150 MG	Tier 4	RM
Pyrazinamide Oral Tablet 500 MG	Tier 2	RM
Rifabutin Oral Capsule 150 MG	Tier 2	RM
Rifampin Oral Capsule 150 MG, 300 MG	Tier 2	RM
Rifater Oral Tablet 50-120-300 MG	Tier 5	PA; RO; DL
Sirturo Oral Tablet 100 MG	Tier 4	RM
Trecator Oral Tablet 250 MG	Tier 4	RM
Antineoplastics And Adjunctive Therapies		
Abiraterone Acetate Oral Tablet 250 MG	Tier 2	PA; RO; DL
Actimmune Subcutaneous Solution 100 MCG/0.5ML	Tier 5	PA; SP; DL
Alecensa Oral Capsule 150 MG	Tier 5	PA; RO; DL
Anastrozole Oral Tablet 1 MG	Tier 1	RM
Bicalutamide Oral Tablet 50 MG	Tier 2	RM
Bosulif Oral Tablet 100 MG, 400 MG, 500 MG	Tier 5	PA; RO; DL
Brukinsa Oral Tablet 160 MG	Tier 5	PA; RO; DL
Capecitabine Oral Tablet 150 MG, 500 MG	Tier 2	RM
Caprelsa Oral Tablet 100 MG, 300 MG	Tier 5	PA; RO; DL
Cometriq (100 MG Daily Dose) Oral Kit 80 & 20 MG	Tier 5	PA; RO; DL
Cometriq (140 MG Daily Dose) Oral Kit 3 x 20 MG & 80 MG	Tier 5	PA; RO; DL
Cometriq (60 MG Daily Dose) Oral Kit 20 MG	Tier 5	PA; RO; DL
Cotellic Oral Tablet 20 MG	Tier 5	PA; SP; DL
Cyclophosphamide Oral Capsule 25 MG, 50 MG	Tier 2	RM
Dasatinib Oral Tablet 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 2	PA; RM
Eligard Subcutaneous Kit 22.5 MG, 7.5 MG	Tier 3	RO
Eligard Subcutaneous Kit 30 MG	Tier 3	RO; QL (1 EA per 120 days)
Eligard Subcutaneous Kit 45 MG	Tier 3	RO; QL (1 EA per 180 days)
Emcyt Oral Capsule 140 MG	Tier 5	RO; DL
Erivedge Oral Capsule 150 MG	Tier 5	PA; RO; DL
Erleada Oral Tablet 240 MG, 60 MG	Tier 5	PA; RO; DL
Erlotinib HCl Oral Tablet 100 MG, 150 MG, 25 MG	Tier 2	PA; RM; DL
Etoposide Oral Capsule 50 MG	Tier 5	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Everolimus Oral Tablet 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 2	PA; RO; DL
Exemestane Oral Tablet 25 MG	Tier 2	RM
Farydak Oral Capsule 10 MG, 15 MG, 20 MG	Tier 5	PA; RO; DL
Firmagon Subcutaneous Solution Reconstituted 120 MG	Tier 5	PA; RO; DL
Firmagon Subcutaneous Solution Reconstituted 80 MG	Tier 4	PA; RO; DL
Flutamide Oral Capsule 125 MG	Tier 2	RM
Gefitinib Oral Tablet 250 MG	Tier 5	PA; RO; DL
Gilotrif Oral Tablet 20 MG, 30 MG, 40 MG	Tier 5	PA; RO; DL
Gleostine Oral Capsule 5 MG	Tier 5	RO; DL
Hexalen Oral Capsule 50 MG	Tier 5	RO; DL
Hydroxyurea Oral Capsule 500 MG	Tier 2	RM
Ibrance Oral Capsule 100 MG, 125 MG, 75 MG	Tier 5	PA; SP; CVS Caremark; DL
Ibrance Oral Tablet 100 MG, 125 MG, 75 MG	Tier 5	PA; SP; CVS Caremark; DL
Iclusig Oral Tablet 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA; SP; DL
Idhifa Oral Tablet 100 MG, 50 MG	Tier 5	PA; SP; DL
Imatinib Mesylate Oral Tablet 100 MG, 400 MG	Tier 2	RO; FHCP
Imbruvica Oral Capsule 140 MG, 70 MG	Tier 5	PA; SP; Diplomat; DL
Imbruvica Oral Suspension 70 MG/ML	Tier 5	SP; Diplomat; QL (324 ML per 40 days); DL
Imbruvica Oral Tablet 420 MG	Tier 5	PA; SP; Diplomat; QL (31 EA per 31 days); DL
Imbruvica Oral Tablet 560 MG	Tier 5	PA; SP; Diplomat; DL
Inlyta Oral Tablet 1 MG, 5 MG	Tier 5	PA; SP; DL
Intron A Injection Solution 10000000 UNIT/ML, 6000000 UNIT/ML	Tier 5	RO; DL
Intron A Injection Solution Reconstituted 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	Tier 5	RO; DL
Irinotecan HCl Intravenous Solution 100 MG/5ML, 40 MG/2ML	Tier 2	RO; DL
Jakafi Oral Tablet 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA; SP; CVS Caremark; DL
Kisqali (200 MG Dose) Oral Tablet Therapy Pack 200 MG	Tier 5	PA; RO; DL

Drug Name	Drug Tier	Requirements/Limits
Kisqali (400 MG Dose) Oral Tablet Therapy Pack 200 MG	Tier 5	PA; RO; DL
Kisqali (600 MG Dose) Oral Tablet Therapy Pack 200 MG	Tier 5	PA; RO; DL
Kisqali 200 Dose Oral Tablet 200 MG	Tier 5	PA; RO; DL
Kisqali 400 Dose Oral Tablet 200 MG	Tier 5	PA; RO; DL
Kisqali 600 Dose Oral Tablet 200 MG	Tier 5	PA; RO; DL
Kisqali Femara (200 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG	Tier 5	PA; RO; DL
Kisqali Femara (400 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG	Tier 5	PA; RO; DL
Kisqali Femara (600 MG Dose) Oral Tablet Therapy Pack 200 & 2.5 MG	Tier 5	PA; RO; DL
Lapatinib Ditosylate Oral Tablet 250 MG	Tier 5	PA; RO; DL
Lenvima (10 MG Daily Dose) Oral Capsule Therapy Pack 10 MG	Tier 5	PA; SP; DL
Lenvima (12 MG Daily Dose) Oral Capsule Therapy Pack 3 x 4 MG	Tier 5	PA; SP; DL
Lenvima (14 MG Daily Dose) Oral Capsule Therapy Pack 10 & 4 MG	Tier 5	PA; SP; DL
Lenvima (18 MG Daily Dose) Oral Capsule Therapy Pack 10 MG & 2 x 4 MG	Tier 5	PA; SP; DL
Lenvima (20 MG Daily Dose) Oral Capsule Therapy Pack 2 x 10 MG	Tier 5	PA; SP; DL
Lenvima (24 MG Daily Dose) Oral Capsule Therapy Pack 2 x 10 MG & 4 MG	Tier 5	PA; SP; DL
Lenvima (4 MG Daily Dose) Oral Capsule Therapy Pack 4 MG	Tier 5	PA; SP; DL
Lenvima (8 MG Daily Dose) Oral Capsule Therapy Pack 2 x 4 MG	Tier 5	PA; SP; DL
Letrozole Oral Tablet 2.5 MG	Tier 2	RM
Leucovorin Calcium Oral Tablet 10 MG, 15 MG, 25 MG, 5 MG	Tier 2	RM
Leukeran Oral Tablet 2 MG	Tier 3	RM
Leuprolide Acetate Injection Kit 1 MG/0.2ML	Tier 5	RO; DL
Lomustine Oral Capsule 10 MG, 100 MG, 40 MG	Tier 5	RO; DL
Lonsurf Oral Tablet 15-6.14 MG, 20-8.19 MG	Tier 5	PA; RO; DL

Drug Name	Drug Tier	Requirements/Limits
Lynparza Oral Tablet 100 MG, 150 MG	Tier 5	PA; RO; DL
Lysodren Oral Tablet 500 MG	Tier 3	RM
Matulane Oral Capsule 50 MG	Tier 3	RM
Megestrol Acetate Oral Suspension 40 MG/ML	Tier 2	RO; DL
Megestrol Acetate Oral Tablet 20 MG, 40 MG	Tier 2	RM
Mekinist Oral Tablet 0.5 MG, 2 MG	Tier 5	PA; RO; DL
Melphalan Oral Tablet 2 MG	Tier 5	RO; DL
Mercaptopurine Oral Tablet 50 MG	Tier 2	RM
Mesna Oral Tablet 400 MG	Tier 4	RM
Methotrexate Sodium (PF) Injection Solution 50 MG/2ML	Tier 2	RM
Methotrexate Sodium Injection Solution 50 MG/2ML	Tier 2	RM
Methotrexate Sodium Oral Tablet 2.5 MG	Tier 2	RM
Nerlynx Oral Tablet 40 MG	Tier 5	PA; SP; CVS Caremark; DL
Nilotinib HCl Oral Capsule 150 MG, 200 MG, 50 MG	Tier 5	PA; RO; DL
Nilutamide Oral Tablet 150 MG	Tier 5	RO; DL
Ninlaro Oral Capsule 2.3 MG, 3 MG, 4 MG	Tier 5	PA; RO; DL
Nubeqa Oral Tablet 300 MG	Tier 5	PA; RO; DL
Odomzo Oral Capsule 200 MG	Tier 5	PA; RO; DL
PAZOPanib HCl Oral Tablet 200 MG	Tier 5	PA; RO; DL
Pomalidomide Oral Capsule 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA; RO; QL (21 EA per 28 days); DL
Rozlytrek Oral Capsule 100 MG, 200 MG	Tier 5	PA; RO; DL
Rydapt Oral Capsule 25 MG	Tier 5	PA; RO; DL
SORAfenib Tosylate Oral Tablet 200 MG	Tier 5	PA; RO; DL
Stivarga Oral Tablet 40 MG	Tier 5	PA; SP; CVS Caremark; DL
SUNItinib Malate Oral Capsule 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 5	PA; SP; CVS Caremark; DL
Sylatron Subcutaneous Kit 200 MCG, 300 MCG, 600 MCG	Tier 5	PA; RO; DL
Tafinlar Oral Capsule 50 MG, 75 MG	Tier 5	PA; RO; DL
Tagrisso Oral Tablet 40 MG, 80 MG	Tier 5	PA; RO; DL
Tamoxifen Citrate Oral Tablet 10 MG, 20 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Temozolomide Oral Capsule 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	Tier 5	RO; DL
Toremifene Citrate Oral Tablet 60 MG	Tier 5	RO; DL
Tretinoin Oral Capsule 10 MG	Tier 5	PA; RO; DL
Venclexta Oral Tablet 10 MG, 100 MG, 50 MG	Tier 5	PA; RO; DL
Venclexta Starting Pack Oral Tablet Therapy Pack 10 & 50 & 100 MG	Tier 5	PA; RO; DL
Verzenio Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; RO; DL
Xalkori Oral Capsule 200 MG, 250 MG	Tier 5	PA; SP; CVS Caremark; DL
Xtandi Oral Capsule 40 MG	Tier 5	PA; RO; DL
Xtandi Oral Tablet 40 MG, 80 MG	Tier 5	PA; RO; DL
Zejula Oral Capsule 100 MG	Tier 5	PA; RO; DL
Zelboraf Oral Tablet 240 MG	Tier 5	PA; SP; CVS Caremark; DL
Zolinza Oral Capsule 100 MG	Tier 5	PA; RO; DL
Zydelig Oral Tablet 100 MG, 150 MG	Tier 5	PA; RO; DL
Zykadia Oral Tablet 150 MG	Tier 5	PA; RO; DL
Antiparkinson Agents		
Amantadine HCl Oral Capsule 100 MG	Tier 2	RM
Amantadine HCl Oral Solution 50 MG/5ML	Tier 2	RO; DL
Benztropine Mesylate Injection Solution 1 MG/ML	Tier 2	RO; DL
Benztropine Mesylate Oral Tablet 1 MG, 2 MG	Tier 2	RM
Carbidopa Oral Tablet 25 MG	Tier 2	RO; DL
Carbidopa-Levodopa Oral Tablet 25-250 MG	Tier 2	RM
Carbidopa-Levodopa-Entacapone Oral Tablet 12.5-50-200 MG, 25-100-200 MG, 37.5-150-200 MG, 50-200-200 MG	Tier 2	RM
Entacapone Oral Tablet 200 MG	Tier 2	RM
Neupro Transdermal Patch 24 Hour 2 MG/24HR, 4 MG/24HR, 6 MG/24HR	Tier 4	PA; RM
Pramipexole Dihydrochloride Oral Tablet 0.25 MG, 0.5 MG	Tier 2	RM
Rasagiline Mesylate Oral Tablet 0.5 MG	Tier 2	RM
Ropinirole HCl ER Oral Tablet Extended Release 24 Hour 4 MG, 6 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Ropinirole HCl Oral Tablet 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	RM
Selegiline HCl Oral Capsule 5 MG	Tier 2	RM
Tolcapone Oral Tablet 100 MG	Tier 5	PA; RO; DL
Trihexyphenidyl HCl Oral Tablet 5 MG	Tier 2	RM
Antiparkinson And Related Therapy Agents		
Benztropine Mesylate Oral Tablet 0.5 MG	Tier 2	RM
Bromocriptine Mesylate Oral Capsule 5 MG	Tier 2	RM
Bromocriptine Mesylate Oral Tablet 2.5 MG	Tier 2	RM
Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG	Tier 2	RM
Carbidopa-Levodopa Oral Tablet 10-100 MG, 25-100 MG	Tier 2	RM
Carbidopa-Levodopa-Entacapone Oral Tablet 18.75-75-200 MG, 31.25-125-200 MG	Tier 2	RM
Neupro Transdermal Patch 24 Hour 1 MG/24HR, 3 MG/24HR, 8 MG/24HR	Tier 4	PA; RM
Pramipexole Dihydrochloride Oral Tablet 0.125 MG, 0.75 MG, 1 MG, 1.5 MG	Tier 2	RM
Rasagiline Mesylate Oral Tablet 1 MG	Tier 2	RM
Ropinirole HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 2 MG, 8 MG	Tier 2	RM
Ropinirole HCl Oral Tablet 0.25 MG, 0.5 MG, 5 MG	Tier 2	RM
Selegiline HCl Oral Tablet 5 MG	Tier 2	RM
Trihexyphenidyl HCl Oral Solution 0.4 MG/ML	Tier 2	RO; DL
Trihexyphenidyl HCl Oral Tablet 2 MG	Tier 2	RM
Antipsychotics/Antimanic Agents		
Abilify Maintena Intramuscular Prefilled Syringe 300 MG, 400 MG	Tier 5	PA; RO; DL
Aripiprazole Oral Solution 1 MG/ML	Tier 2	RO; DL
Aripiprazole Oral Tablet 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 2	RM
Asenapine Maleate Sublingual Tablet Sublingual 10 MG, 2.5 MG, 5 MG	Tier 2	RM; QL (60 EA per 30 days)
Chlorpromazine HCl Oral Tablet 10 MG, 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Clozapine Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	RM
Clozapine Oral Tablet Dispersible 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	Tier 2	RM
Fanapt Oral Tablet 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 5	PA; RO; QL (60 EA per 30 days); DL
Fanapt Titration Pack Oral Tablet 1 & 2 & 4 & 6 MG	Tier 4	PA; RO; DL
Fluphenazine Decanoate Injection Solution 25 MG/ML	Tier 2	RM
Fluphenazine HCl Injection Solution 2.5 MG/ML	Tier 2	RM
Fluphenazine HCl Oral Concentrate 5 MG/ML	Tier 2	RO; DL
Fluphenazine HCl Oral Elixir 2.5 MG/5ML	Tier 2	RO; DL
Fluphenazine HCl Oral Tablet 1 MG, 10 MG, 2.5 MG, 5 MG	Tier 2	RM
Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML	Tier 2	RM
Haloperidol Lactate Injection Solution 5 MG/ML	Tier 2	RM
Haloperidol Lactate Oral Concentrate 2 MG/ML	Tier 2	RO; DL
Haloperidol Oral Tablet 0.5 MG, 1 MG, 10 MG, 2 MG, 20 MG, 5 MG	Tier 2	RM
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	Tier 5	PA; RO; DL
Lithium Carbonate ER Oral Tablet Extended Release 300 MG, 450 MG	Tier 2	RM
Lithium Carbonate Oral Capsule 150 MG, 300 MG	Tier 2	RM
Lithium Oral Solution 8 MEQ/5ML	Tier 2	RO; DL
Loxapine Succinate Oral Capsule 10 MG, 25 MG, 5 MG, 50 MG	Tier 2	RM
Lurasidone HCl Oral Tablet 120 MG, 20 MG, 40 MG, 60 MG	Tier 2	RM; FHCP; QL (30 EA per 30 days)
Lurasidone HCl Oral Tablet 80 MG	Tier 2	RM; FHCP; QL (60 EA per 30 days)
Olanzapine Intramuscular Solution Reconstituted 10 MG	Tier 2	RO; DL
Olanzapine Oral Tablet 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Olanzapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	RM
Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 6 MG, 9 MG	Tier 2	RM
Perphenazine Oral Tablet 16 MG, 2 MG, 4 MG, 8 MG	Tier 2	RM
Prochlorperazine Maleate Oral Tablet 10 MG, 5 MG	Tier 2	RM
Prochlorperazine Rectal Suppository 25 MG	Tier 2	RO; DL
Quetiapine Fumarate ER Oral Tablet Extended Release 24 Hour 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 2	RM; FHCP
Quetiapine Fumarate Oral Tablet 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 2	RM
risperiDONE Microspheres ER Intramuscular Suspension Reconstituted ER 12.5 MG, 25 MG	Tier 4	PA; RO; DL
risperiDONE Microspheres ER Intramuscular Suspension Reconstituted ER 37.5 MG, 50 MG	Tier 5	PA; RO; DL
Risperidone Oral Solution 1 MG/ML	Tier 2	RO; DL
Risperidone Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	RM
Risperidone Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	RM
Thioridazine HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG	Tier 2	RM
Thiothixene Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG	Tier 2	RM
Trifluoperazine HCl Oral Tablet 1 MG, 10 MG, 2 MG, 5 MG	Tier 2	RM
Ziprasidone HCl Oral Capsule 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	RM
Ziprasidone Mesylate Intramuscular Solution Reconstituted 20 MG	Tier 2	RO; DL
Zyprexa Relprevv Intramuscular Suspension Reconstituted 210 MG, 300 MG, 405 MG	Tier 5	PA; RO; DL
Antivirals		
Abacavir Sulfate Oral Solution 20 MG/ML	Tier 2	RO; SH; DL
Abacavir Sulfate Oral Tablet 300 MG	Tier 2	RM; SH

Drug Name	Drug Tier	Requirements/Limits
Abacavir Sulfate-lamiVUDine Oral Tablet 600-300 MG	Tier 2	RM; SH
Abacavir-lamiVUDine-Zidovudine Oral Tablet 300-150-300 MG	Tier 2	RM; SH
Acyclovir Oral Capsule 200 MG	Tier 2	RM
Acyclovir Oral Suspension 200 MG/5ML	Tier 2	RO; DL
Acyclovir Oral Tablet 400 MG, 800 MG	Tier 2	RM
Adefovir Dipivoxil Oral Tablet 10 MG	Tier 5	RO; DL
Aptivus Oral Capsule 250 MG	Tier 4	RM; SH
Aptivus Oral Solution 100 MG/ML	Tier 4	RO; SH; DL
Atazanavir Sulfate Oral Capsule 150 MG, 200 MG, 300 MG	Tier 2	RM; SH
Atripla Oral Tablet 600-200-300 MG	Tier 5	RO; SH; DL
Biktarvy Oral Tablet 30-120-15 MG	Tier 4	RM
Biktarvy Oral Tablet 50-200-25 MG	Tier 4	RM; SH
Cimduo Oral Tablet 300-300 MG	Tier 4	RM; SH
Combivir Oral Tablet 150-300 MG	Tier 5	RO; SH; DL
Complera Oral Tablet 200-25-300 MG	Tier 3	RM
Crixivan Oral Capsule 200 MG, 400 MG	Tier 3	RM; SH
Darunavir Oral Tablet 600 MG, 800 MG	Tier 4	RM; SH
Delstrigo Oral Tablet 100-300-300 MG	Tier 4	RM; SH
Descovy Oral Tablet 200-25 MG	Tier 4	RM; SH; For PrEP: $0 at FHCP Pharmacies Only
Didanosine Oral Capsule Delayed Release 125 MG, 200 MG, 250 MG, 400 MG	Tier 2	RM; SH
Dovato Oral Tablet 50-300 MG	Tier 4	RM; SH
Efavirenz Oral Capsule 200 MG, 50 MG	Tier 2	RM; SH
Efavirenz Oral Tablet 600 MG	Tier 2	RM; SH
Efavirenz-Emtricitab-Tenofo DF Oral Tablet 600-200-300 MG	Tier 2	RM
Efavirenz-Lamivudine-Tenofovir Oral Tablet 400-300-300 MG, 600-300-300 MG	Tier 2	RM; SH
Emtricitabine Oral Capsule 200 MG	Tier 2	RM; SH
Emtricitabine-Tenofovir DF Oral Tablet 100-150 MG, 133-200 MG, 167-250 MG	Tier 2	RM; SH

Drug Name	Drug Tier	Requirements/Limits
Emtricitabine-Tenofovir DF Oral Tablet 200-300 MG	Tier 2	RM; SH; PrEP
Emtricitab-Rilpivir-Tenofov DF Oral Tablet 200-25-300 MG	Tier 3	RM
Emtriva Oral Capsule 200 MG	Tier 5	RO; SH; DL
Emtriva Oral Solution 10 MG/ML	Tier 3	RO; SH; DL
Entecavir Oral Tablet 0.5 MG, 1 MG	Tier 2	RM
Epivir HBV Oral Solution 5 MG/ML	Tier 3	RO; SH; DL
Epivir Oral Solution 10 MG/ML	Tier 5	RO; SH; DL
Epivir Oral Tablet 150 MG, 300 MG	Tier 5	RO; SH; DL
Epzicom Oral Tablet 600-300 MG	Tier 5	RO; SH; DL
Etravirine Oral Tablet 100 MG, 200 MG	Tier 2	RM
Evotaz Oral Tablet 300-150 MG	Tier 4	RM; SH
Famciclovir Oral Tablet 125 MG, 250 MG, 500 MG	Tier 2	RM
Fosamprenavir Calcium Oral Tablet 700 MG	Tier 2	RM; SH
Fuzeon Subcutaneous Solution Reconstituted 90 MG	Tier 5	RO; SH; DL
Genvoya Oral Tablet 150-150-200-10 MG	Tier 4	RM; SH
Intelence Oral Tablet 100 MG, 200 MG	Tier 5	RO; SH; DL
Intelence Oral Tablet 25 MG	Tier 3	RM; SH
Invirase Oral Tablet 500 MG	Tier 4	RM; SH
Isentress HD Oral Tablet 600 MG	Tier 4	RM; SH
Isentress Oral Packet 100 MG	Tier 4	RM; SH
Isentress Oral Tablet 400 MG	Tier 4	RM; SH
Isentress Oral Tablet Chewable 100 MG, 25 MG	Tier 4	RM; SH
Juluca Oral Tablet 50-25 MG	Tier 4	RM; SH
Kaletra Oral Solution 400-100 MG/5ML	Tier 5	RO; SH; DL
Kaletra Oral Tablet 100-25 MG, 200-50 MG	Tier 3	RO; SH; DL
Lagevrio Oral Capsule 200 MG	Tier 5	PA; RO; DL
Lamivudine Oral Solution 10 MG/ML	Tier 2	RO; SH; DL
Lamivudine Oral Tablet 100 MG, 150 MG, 300 MG	Tier 2	RM; SH
Lamivudine-Zidovudine Oral Tablet 150-300 MG	Tier 2	RM; SH
Lexiva Oral Suspension 50 MG/ML	Tier 4	RO; SH; DL

Drug Name	Drug Tier	Requirements/Limits
Lexiva Oral Tablet 700 MG	Tier 5	RO; SH; DL
Lopinavir-Ritonavir Oral Solution 400-100 MG/5ML	Tier 2	RO; SH; DL
Lopinavir-Ritonavir Oral Tablet 100-25 MG, 200-50 MG	Tier 2	RM
Maraviroc Oral Tablet 150 MG, 300 MG	Tier 2	RM
Mavyret Oral Tablet 100-40 MG	Tier 5	PA; RO; DL
Nevirapine ER Oral Tablet Extended Release 24 Hour 100 MG, 400 MG	Tier 2	RM; SH
Nevirapine Oral Suspension 50 MG/5ML	Tier 2	RO; SH; DL
Nevirapine Oral Tablet 200 MG	Tier 2	RM; SH
Norvir Oral Packet 100 MG	Tier 4	RM; SH
Norvir Oral Solution 80 MG/ML	Tier 4	RO; SH; DL
Norvir Oral Tablet 100 MG	Tier 5	RO; SH; DL
Odefsey Oral Tablet 200-25-25 MG	Tier 4	RM; SH
Oseltamivir Phosphate Oral Capsule 30 MG, 45 MG, 75 MG	Tier 2	RO; DL
Oseltamivir Phosphate Oral Suspension Reconstituted 6 MG/ML	Tier 2	RO; DL
Pegasys Subcutaneous Solution 180 MCG/ML	Tier 5	RO; DL
Pegasys Subcutaneous Solution Prefilled Syringe 180 MCG/0.5ML	Tier 5	RO; DL
PegIntron Subcutaneous Kit 50 MCG/0.5ML	Tier 2	RO; DL
Pifeltro Oral Tablet 100 MG	Tier 4	RM; SH
Prezcobix Oral Tablet 800-150 MG	Tier 4	RM; SH
Prezista Oral Suspension 100 MG/ML	Tier 4	RO; SH; DL
Prezista Oral Tablet 150 MG, 75 MG	Tier 4	RM; SH
Prezista Oral Tablet 600 MG, 800 MG	Tier 4	RO; SH; DL
Relenza Diskhaler Inhalation Aerosol Powder Breath Activated 5 MG/ACT	Tier 3	RO; DL
Rescriptor Oral Tablet 200 MG	Tier 3	RO; SH; DL
Retrovir Oral Capsule 100 MG	Tier 5	RO; SH; DL
Retrovir Oral Syrup 50 MG/5ML	Tier 5	RO; SH; DL
Reyataz Oral Capsule 150 MG, 200 MG, 300 MG	Tier 5	RO; SH; DL
Reyataz Oral Packet 50 MG	Tier 4	RM; SH
Ribavirin Oral Capsule 200 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Rilpivirine HCl Oral Tablet 25 MG	Tier 2	RM
riMANTAdine HCl Oral Tablet 100 MG	Tier 2	RM
Ritonavir Oral Tablet 100 MG	Tier 2	RM; SH
Rukobia Oral Tablet Extended Release 12 Hour 600 MG	Tier 4	RM
Selzentry Oral Solution 20 MG/ML	Tier 3	RO; SH; DL
Selzentry Oral Tablet 150 MG, 300 MG	Tier 3	RO; SH; DL
Selzentry Oral Tablet 25 MG, 75 MG	Tier 3	RM; SH
Stavudine Oral Capsule 15 MG, 20 MG, 30 MG, 40 MG	Tier 2	RM; SH
Stribild Oral Tablet 150-150-200-300 MG	Tier 4	RM; SH
Sunlenca Oral Tablet Therapy Pack 4 x 300 MG, 5 x 300 MG	Tier 4	RM
Sustiva Oral Capsule 200 MG, 50 MG	Tier 5	RO; SH; DL
Sustiva Oral Tablet 600 MG	Tier 5	RO; SH; DL
Symfi Lo Oral Tablet 400-300-300 MG	Tier 5	RO; SH; DL
Symfi Oral Tablet 600-300-300 MG	Tier 5	RO; SH; DL
Symtuza Oral Tablet 800-150-200-10 MG	Tier 4	RM; SH
Temixys Oral Tablet 300-300 MG	Tier 4	RM; SH
Tenofovir Disoproxil Fumarate Oral Tablet 300 MG	Tier 2	RM; SH
Tivicay Oral Tablet 10 MG, 25 MG, 50 MG	Tier 4	RM; SH
Tivicay PD Oral Tablet Soluble 5 MG	Tier 4	RM
Triumeq Oral Tablet 600-50-300 MG	Tier 4	RM; SH
Triumeq PD Oral Tablet Soluble 60-5-30 MG	Tier 4	RM
Trizivir Oral Tablet 300-150-300 MG	Tier 5	RO; SH; DL
Truvada Oral Tablet 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 5	RO; SH; DL
Tybost Oral Tablet 150 MG	Tier 4	RM; SH
Tyzeka Oral Tablet 600 MG	Tier 5	PA; RO; DL
Valacyclovir HCl Oral Tablet 1 GM, 500 MG	Tier 2	RM
Valganciclovir HCl Oral Solution Reconstituted 50 MG/ML	Tier 5	RO; DL
Valganciclovir HCl Oral Tablet 450 MG	Tier 2	RM
Victrelis Oral Capsule 200 MG	Tier 5	PA; RO; DL

Drug Name	Drug Tier	Requirements/Limits
Videx EC Oral Capsule Delayed Release 125 MG	Tier 3	RO; SH; DL
Videx Oral Solution Reconstituted 2 GM	Tier 3	RO; SH; DL
Viracept Oral Tablet 250 MG, 625 MG	Tier 4	RM; SH
Viramune Oral Suspension 50 MG/5ML	Tier 5	RO; SH; DL
Viramune XR Oral Tablet Extended Release 24 Hour 400 MG	Tier 5	RO; SH; DL
Viread Oral Powder 40 MG/GM	Tier 4	RO; SH; DL
Viread Oral Tablet 150 MG, 200 MG, 250 MG	Tier 4	RM; SH
Viread Oral Tablet 300 MG	Tier 5	RO; SH; DL
Zepatier Oral Tablet 50-100 MG	Tier 4	PA; RO; DL
Ziagen Oral Solution 20 MG/ML	Tier 5	RO; SH; DL
Ziagen Oral Tablet 300 MG	Tier 5	RO; SH; DL
Zidovudine Oral Capsule 100 MG	Tier 2	RM; SH
Zidovudine Oral Syrup 50 MG/5ML	Tier 2	RO; SH; DL
Zidovudine Oral Tablet 300 MG	Tier 2	RM; SH
Assorted Classes		
Atgam Intravenous Injectable 50 MG/ML	Tier 5	PA; RO; DL
Azathioprine Oral Tablet 50 MG	Tier 2	RM
Cyclosporine Modified Oral Capsule 100 MG, 25 MG	Tier 2	RM
Cyclosporine Modified Oral Solution 100 MG/ML	Tier 2	RO; DL
Cyclosporine Oral Capsule 25 MG	Tier 2	RM
Everolimus Oral Tablet 0.25 MG, 1 MG	Tier 5	PA; RO; DL
Lenalidomide Oral Capsule 10 MG, 15 MG, 25 MG	Tier 5	PA; SP; QL (31 EA per 31 days); DL
Mycophenolate Mofetil Oral Capsule 250 MG	Tier 2	RM
Penicillamine Oral Capsule 250 MG	Tier 5	PA; RO; DL
Sirolimus Oral Solution 1 MG/ML	Tier 5	RO; DL
Sirolimus Oral Tablet 0.5 MG	Tier 2	RM; FHCP
Tacrolimus Oral Capsule 0.5 MG, 5 MG	Tier 2	RM
Thalomid Oral Capsule 100 MG, 150 MG, 50 MG	Tier 5	PA; SP; CVS Caremark; DL
Beta Blockers		
Acebutolol HCl Oral Capsule 200 MG, 400 MG	Tier 2	RM
Atenolol Oral Tablet 100 MG, 25 MG, 50 MG	Tier 1	RM
Betaxolol HCl Oral Tablet 10 MG, 20 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG	Tier 2	RM
Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Tier 1	RM
Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG	Tier 2	RM
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG	Tier 1	RM
Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG	Tier 1	RM
Nadolol Oral Tablet 20 MG, 40 MG, 80 MG	Tier 2	RM
Nebivolol HCl Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 1	RM
Pindolol Oral Tablet 10 MG, 5 MG	Tier 2	RM
Propranolol HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 160 MG, 60 MG, 80 MG	Tier 2	RM
Propranolol HCl Oral Solution 20 MG/5ML, 40 MG/5ML	Tier 2	RO; DL
Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	RM
Sotalol HCl Oral Tablet 120 MG, 160 MG, 240 MG, 80 MG	Tier 2	RM
Timolol Maleate Oral Tablet 10 MG, 20 MG, 5 MG	Tier 2	RM
Calcium Channel Blockers		
Amlodipine Besylate Oral Tablet 10 MG, 2.5 MG, 5 MG	Tier 1	RM
Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG	Tier 2	RM
dilTIAZem HCl Oral Tablet 120 MG, 30 MG, 60 MG, 90 MG	Tier 2	RM
Felodipine ER Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG	Tier 2	RM
Isradipine Oral Capsule 2.5 MG, 5 MG	Tier 2	RM
Nicardipine HCl Oral Capsule 20 MG, 30 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Nifedipine ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG	Tier 2	RM
Nifedipine Oral Capsule 10 MG, 20 MG	Tier 2	RM
Nimodipine Oral Capsule 30 MG	Tier 4	RO; DL
Nisoldipine ER Oral Tablet Extended Release 24 Hour 17 MG, 25.5 MG, 34 MG, 8.5 MG	Tier 2	PA; RM
Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG	Tier 2	RM
Verapamil HCl Oral Tablet 120 MG, 40 MG, 80 MG	Tier 2	RM
Cardiotonics		
Digoxin Oral Solution 0.05 MG/ML	Tier 2	RO; DL
Digoxin Oral Tablet 125 MCG, 250 MCG	Tier 2	RM
Cardiovascular Agents - Misc.		
Adempas Oral Tablet 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA; SP; DL
Ambrisentan Oral Tablet 10 MG, 5 MG	Tier 2	PA; SP; FHCP Specialty
Bosentan Oral Tablet 125 MG, 62.5 MG	Tier 5	PA; SP; DL
Opsumit Oral Tablet 10 MG	Tier 5	PA; SP; CVS Caremark; DL
Orenitram Oral Tablet Extended Release 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; SP; CVS Caremark; DL
Sacubitril-Valsartan Oral Tablet 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	PA; RM; QL (60 EA per 30 days)
Sildenafil Citrate Oral Tablet 20 MG	Tier 2	PA; RM
Tadalafil (PAH) Oral Tablet 20 MG	Tier 2	PA; RM
Tadalafil Oral Tablet 2.5 MG, 5 MG	Tier 2	RM; QL (30 EA per 30 days)
Ventavis Inhalation Solution 10 MCG/ML, 20 MCG/ML	Tier 5	PA; RO; DL
Cephalosporins		
Cefaclor Oral Capsule 250 MG, 500 MG	Tier 2	RO; DL
Cefadroxil Oral Capsule 500 MG	Tier 2	RM
Cefadroxil Oral Suspension Reconstituted 250 MG/5ML, 500 MG/5ML	Tier 2	RO; DL
Cefadroxil Oral Tablet 1 GM	Tier 2	RM
Cefdinir Oral Capsule 300 MG	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Cefdinir Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	Tier 2	RO; DL
Cefditoren Pivoxil Oral Tablet 200 MG, 400 MG	Tier 2	RO; DL
Cefixime Oral Capsule 400 MG	Tier 2	RO; DL
Cefixime Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML	Tier 2	RO; DL
Cefpodoxime Proxetil Oral Suspension Reconstituted 100 MG/5ML, 50 MG/5ML	Tier 2	RO; DL
Cefpodoxime Proxetil Oral Tablet 100 MG, 200 MG	Tier 2	RO; DL
Cefprozil Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	Tier 2	RO; DL
Cefprozil Oral Tablet 250 MG, 500 MG	Tier 2	RO; DL
Ceftriaxone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG	Tier 2	RO; DL
Cefuroxime Axetil Oral Tablet 250 MG, 500 MG	Tier 2	RO; DL
Cephalexin Oral Capsule 250 MG, 500 MG	Tier 2	RO; DL
Cephalexin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	Tier 2	RO; DL
Contraceptives		
Annovera Vaginal Ring 0.013-0.15 MG/24HR	Tier 1	RO
Apri Oral Tablet 0.15-30 MG-MCG	Tier 1	RM
Aranelle Oral Tablet 0.5/1/0.5-35 MG-MCG	Tier 1	RM
Briellyn Oral Tablet 0.4-35 MG-MCG	Tier 1	RM
Cryselle-28 Oral Tablet 0.3-30 MG-MCG	Tier 1	RM
Depo-SubQ Provera 104 Subcutaneous Suspension Prefilled Syringe 104 MG/0.65ML	Tier 1	RO
Desogestrel-Ethinyl Estradiol Oral Tablet 0.15-0.02/0.01 MG (21/5)	Tier 1	RM
Drospiren-Eth Estrad-Levomefol Oral Tablet 3-0.02-0.451 MG, 3-0.03-0.451 MG	Tier 1	RM
Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.02 MG, 3-0.03 MG	Tier 1	RM
Ella Oral Tablet 30 MG	Tier 1	RO; (Prescription Required)
Ethynodiol Diac-Eth Estradiol Oral Tablet 1-35 MG-MCG, 1-50 MG-MCG	Tier 1	RM

Drug Name	Drug Tier	Requirements/Limits
Etonogestrel-Ethinyl Estradiol Vaginal Ring 0.12-0.015 MG/24HR	Tier 1	RM
Junel FE 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	RM
Junel Fe 24 Oral Tablet 1-20 MG-MCG(24)	Tier 1	RM
Kyleena Intrauterine Intrauterine Device 19.5 MG	Tier 1	SP; CVS Caremark
Levonorgest-Eth Est & Eth Est Oral Tablet 42-21-21-7 DAYS	Tier 1	RM
Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 MG, 0.15-0.03 &0.01 MG, 0.15-0.03 MG	Tier 1	RM
Levonorgest-Eth Estradiol-Iron Oral Tablet 0.1-20 MG-MCG(21)	Tier 1	RM
Levonorgestrel Oral Tablet 1.5 MG	Tier 1	RO; (Prescription Required)
Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG, 90-20 MCG	Tier 1	RM
Levonorg-Eth Estrad Triphasic Oral Tablet 50-30/75-40/ 125-30 MCG	Tier 1	RM
Liletta (52 MG) Intrauterine Intrauterine Device 20.1 MCG/DAY	Tier 1	SP
Lo Loestrin Fe Oral Tablet 1 MG-10 MCG / 10 MCG	Tier 1	RM
Medroxyprogesterone Acetate Intramuscular Suspension 150 MG/ML	Tier 1	RM
Medroxyprogesterone Acetate Intramuscular Suspension Prefilled Syringe 150 MG/ML	Tier 1	RO
Mirena (52 MG) Intrauterine Intrauterine Device 20 MCG/24HR, 20 MCG/DAY	Tier 1	SP; CVS Caremark
Natazia Oral Tablet 3/2-2/2-3/1 MG	Tier 1	RM
Necon 0.5/35 (28) Oral Tablet 0.5-35 MG-MCG	Tier 1	RM
Necon 1/50 (28) Oral Tablet 1-50 MG-MCG	Tier 1	RM
Necon 10/11 (28) Oral Tablet 35 MCG	Tier 1	RM
Nexplanon Subcutaneous Implant 68 MG	Tier 1	SP; CVS Caremark
Nextstellis Oral Tablet 3-14.2 MG	Tier 1	RM
Norethin Ace-Eth Estrad-FE Oral Capsule 1-20 MG-MCG(24)	Tier 1	RM
Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG	Tier 1	RM

Drug Name	Drug Tier	Requirements/Limits
Norethin Ace-Eth Estrad-FE Oral Tablet Chewable 1-20 MG-MCG(24)	Tier 1	RM
Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG, 1.5-30 MG-MCG	Tier 1	RM
Norethindrone Oral Tablet 0.35 MG	Tier 1	RM
Norethindron-Ethinyl Estrad-Fe Oral Tablet 1-20/1-30/1-35 MG-MCG	Tier 1	RM
Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.4-35 MG-MCG, 0.8-25 MG-MCG	Tier 1	RM
Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG	Tier 1	RM
Norgestim-Eth Estrad Triphasic Oral Tablet 0.18/0.215/0.25 MG-35 MCG	Tier 1	RM
Nortrel 1/35 (28) Oral Tablet 1-35 MG-MCG	Tier 1	RM
Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG	Tier 1	RM
Ogestrel Oral Tablet 0.5-50 MG-MCG	Tier 1	RM
Opill Oral Tablet 0.075 MG	Tier 1	RM
Paragard Intrauterine Copper Intrauterine Intrauterine Device	Tier 1	SP; Biologics
Skyla Intrauterine Intrauterine Device 13.5 MG	Tier 1	SP; CVS Caremark
Slynd Oral Tablet 4 MG	Tier 1	RM
Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 MG-25 MCG	Tier 1	RM
Twirla Transdermal Patch Weekly 120-30 MCG/24HR	Tier 1	RM
Tyblume Oral Tablet Chewable 0.1-20 MG-MCG	Tier 1	RM
Velivet Oral Tablet 0.1/0.125/0.15 -0.025 MG	Tier 1	RM
Xulane Transdermal Patch Weekly 150-35 MCG/24HR	Tier 1	RM
Corticosteroids		
Budesonide Oral Capsule Delayed Release Particles 3 MG	Tier 2	RM; FHCP
Cortisone Acetate Oral Tablet 25 MG	Tier 2	RM
Dexamethasone Intensol Oral Concentrate 1 MG/ML	Tier 2	RO; DL
Dexamethasone Oral Elixir 0.5 MG/5ML	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Dexamethasone Oral Solution 0.5 MG/5ML	Tier 2	RO; DL
Dexamethasone Oral Tablet 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	Tier 2	RM
Dexamethasone Sodium Phosphate Injection Solution 10 MG/ML, 4 MG/ML	Tier 2	RO; DL
Fludrocortisone Acetate Oral Tablet 0.1 MG	Tier 2	RM
Hydrocortisone Oral Tablet 10 MG, 20 MG, 5 MG	Tier 2	RM
Kenalog Injection Suspension 10 MG/ML	Tier 4	RO; DL
Kenalog-80 Injection Suspension 80 MG/ML	Tier 4	RO; DL
Methylprednisolone Acetate Injection Suspension 40 MG/ML, 80 MG/ML	Tier 2	RO; DL
Methylprednisolone Oral Tablet 16 MG, 32 MG, 4 MG, 8 MG	Tier 2	RM
Methylprednisolone Oral Tablet Therapy Pack 4 MG	Tier 2	RO; DL
Prednisolone Oral Solution 15 MG/5ML	Tier 2	RO; DL
Prednisolone Sodium Phosphate Oral Solution 15 MG/5ML, 5 MG/5ML	Tier 2	RO; DL
Prednisone Oral Solution 5 MG/5ML	Tier 2	RO; DL
Prednisone Oral Tablet 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG	Tier 2	RM
Prednisone Oral Tablet Therapy Pack 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48)	Tier 2	RO; DL
Triamcinolone Acetonide Injection Suspension 40 MG/ML	Tier 2	RO; DL
Cough/Cold/Allergy		
Acetylcysteine Inhalation Solution 10 %, 20 %	Tier 2	RO
Benzonatate Oral Capsule 100 MG, 200 MG	Tier 2	RO; DL
Flowtuss Oral Solution 2.5-200 MG/5ML	Tier 4	RO; QL (120 ML per 3 days)
Guaifenesin DAC Oral Solution 30-10-100 MG/5ML	Tier 2	RO; QL (120 ML per 3 days)
guaiFENesin-Codeine Oral Solution 100-10 MG/5ML	Tier 2	RO; QL (120 ML per 3 days)
Hydrocod Polst-CPM Polst ER Oral Suspension Extended Release 10-8 MG/5ML	Tier 2	RO; QL (60 ML per 30 days); DL
HYDROcodone Bit-Homatrop MBr Oral Solution 5-1.5 MG/5ML	Tier 2	RO; QL (120 ML per 3 days)

Drug Name	Drug Tier	Requirements/Limits
Hydrocodone-Homatropine Oral Syrup 5-1.5 MG/5ML	Tier 2	RO; QL (120 ML per 3 days)
Promethazine VC Oral Syrup 6.25-5 MG/5ML	Tier 2	RO; QL (120 ML per 3 days)
Promethazine VC/Codeine Oral Syrup 6.25-5-10 MG/5ML	Tier 2	RO; QL (120 ML per 3 days)
Promethazine-Codeine Oral Syrup 6.25-10 MG/5ML	Tier 2	RO; QL (120 ML per 3 days)
Promethazine-DM Oral Syrup 6.25-15 MG/5ML	Tier 2	RO; QL (120 ML per 3 days)
Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML	Tier 2	RO; QL (120 ML per 3 days); AL (Min 2 Years)
Tuxarin ER Oral Tablet Extended Release 12 Hour 54.3-8 MG	Tier 4	RO; QL (10 EA per 5 days)
Dermatologicals		
Acitretin Oral Capsule 10 MG, 17.5 MG, 25 MG	Tier 2	RO; FHCP; DL
Acyclovir External Ointment 5 %	Tier 2	RO; QL (30 GM per 30 days); DL
Adapalene External Gel 0.3 %	Tier 2	RO; QL (45 GM per 30 days); DL
Adapalene-Benzoyl Peroxide External Gel 0.1-2.5 %	Tier 2	RO; QL (45 GM per 30 days); DL
Adbry Subcutaneous Solution Auto-Injector 300 MG/2ML	Tier 5	PA; RO; DL
Adbry Subcutaneous Solution Prefilled Syringe 150 MG/ML	Tier 5	PA; RO; DL
Alclometasone Dipropionate External Cream 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Alclometasone Dipropionate External Ointment 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Altabax External Ointment 1 %	Tier 4	RO; QL (15 GM per 30 days); DL
Amcinonide External Cream 0.1 %	Tier 2	RO; QL (120 GM per 30 days); DL
Amcinonide External Lotion 0.1 %	Tier 2	RO; QL (60 ML per 30 days); DL
Amcinonide External Ointment 0.1 %	Tier 2	RO; QL (120 GM per 30 days); DL
Ammonium Lactate External Cream 12 %	Tier 2	RO; QL (140 GM per 30 days); DL
Azelaic Acid External Gel 15 %	Tier 2	RO; QL (50 GM per 30 days); DL
Benzoyl Peroxide-Erythromycin External Gel 5-3 %	Tier 2	RO; QL (23.3 GM per 30 days)
Betamethasone Dipropionate External Cream 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
Betamethasone Dipropionate External Lotion 0.05 %	Tier 2	RO; QL (60 ML per 30 days); DL
Betamethasone Dipropionate External Ointment 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Betamethasone Valerate External Cream 0.1 %	Tier 2	RO; QL (120 GM per 30 days); DL
Betamethasone Valerate External Lotion 0.1 %	Tier 2	RO; QL (60 ML per 30 days); DL
Betamethasone Valerate External Ointment 0.1 %	Tier 2	RO; QL (120 GM per 30 days); DL
Butenafine HCl External Cream 1 %	Tier 4	RO; QL (120 GM per 30 days); DL
Calcipotriene External Cream 0.005 %	Tier 2	RO; QL (60 GM per 30 days); DL
Calcipotriene External Ointment 0.005 %	Tier 2	RO; QL (60 GM per 30 days); DL
Calcipotriene External Solution 0.005 %	Tier 2	RO; QL (60 ML per 30 days); DL
Ciclopirox External Gel 0.77 %	Tier 2	RO; QL (120 GM per 30 days); DL
Ciclopirox External Shampoo 1 %	Tier 2	RO; QL (120 ML per 30 days)
Ciclopirox External Solution 8 %	Tier 2	RO; QL (6.6 ML per 30 days); DL
Ciclopirox Olamine External Cream 0.77 %	Tier 2	RO; QL (120 GM per 30 days); DL
Ciclopirox Olamine External Suspension 0.77 %	Tier 2	RO; QL (60 ML per 30 days); DL
Clindamycin Phos-Benzoyl Perox External Gel 1-5 %	Tier 2	RM; QL (25 GM per 30 days)
Clindamycin Phosphate External Gel 1 %	Tier 2	RO; DL
Clindamycin Phosphate External Swab 1 %	Tier 2	RO; DL
Clobetasol Propionate E External Cream 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Clobetasol Propionate External Cream 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Clobetasol Propionate External Foam 0.05 %	Tier 2	RO; FHCP; QL (100 GM per 28 days); DL
Clobetasol Propionate External Gel 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Clobetasol Propionate External Lotion 0.05 %	Tier 2	RO; QL (60 ML per 30 days); DL
Clobetasol Propionate External Ointment 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Clobetasol Propionate External Shampoo 0.05 %	Tier 2	RO; QL (118 ML per 30 days); DL
Clobetasol Propionate External Solution 0.05 %	Tier 2	RO; QL (60 ML per 30 days); DL
Clotrimazole-Betamethasone External Cream 1-0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Clotrimazole-Betamethasone External Lotion 1-0.05 %	Tier 2	RO; QL (60 ML per 30 days); DL
Cordran External Tape 4 MCG/SQCM	Tier 5	RO; QL (1 EA per 30 days); DL
Cortisporin External Cream 3.5-10000-0.5	Tier 3	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Cortisporin External Ointment 1 %	Tier 3	RO; DL
Crotan External Lotion 10 %	Tier 5	RO; QL (60 GM per 30 days); DL
Desonide External Cream 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Desonide External Lotion 0.05 %	Tier 2	RO; QL (60 ML per 30 days); DL
Desonide External Ointment 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Desoximetasone External Cream 0.05 %, 0.25 %	Tier 2	RO; QL (120 GM per 30 days); DL
Desoximetasone External Gel 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Desoximetasone External Liquid 0.25 %	Tier 2	RO; QL (200 ML per 30 days); DL
Desoximetasone External Ointment 0.05 %, 0.25 %	Tier 2	RO; QL (120 GM per 30 days); DL
Diclofenac Sodium External Gel 1 %, 3 %	Tier 2	RO; DL
Diflorasone Diacetate External Cream 0.05 %	Tier 2	RO; DL
Diflorasone Diacetate External Ointment 0.05 %	Tier 2	RO; DL
Doxepin HCl External Cream 5 %	Tier 5	PA; RO; QL (45 GM per 30 days); DL
Econazole Nitrate External Cream 1 %	Tier 2	RO; QL (120 GM per 30 days); DL
Erythromycin External Solution 2 %	Tier 2	RO; DL
Eucrisa External Ointment 2 %	Tier 3	ST; RO; QL (60 GM per 30 days); DL
Eurax External Cream 10 %	Tier 4	RO; QL (60 GM per 30 days); DL
Exelderm External Cream 1 %	Tier 4	PA; RO; QL (120 GM per 30 days); DL
Exelderm External Solution 1 %	Tier 4	PA; RO; QL (60 ML per 30 days); DL
Finasteride Oral Tablet 1 MG	Tier 2	RM
Fluocinolone Acetonide Body External Oil 0.01 %	Tier 2	RO; DL
Fluocinolone Acetonide External Cream 0.01 %, 0.025 %	Tier 2	RO; QL (120 GM per 30 days); DL
Fluocinolone Acetonide External Ointment 0.025 %	Tier 2	RO; QL (120 GM per 30 days); DL
Fluocinolone Acetonide External Solution 0.01 %	Tier 2	RO; QL (60 ML per 30 days); DL
Fluocinolone Acetonide Scalp External Oil 0.01 %	Tier 2	RO; DL
Fluocinonide Emulsified Base External Cream 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Fluocinonide External Cream 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Fluocinonide External Gel 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
Fluocinonide External Ointment 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Fluocinonide External Solution 0.05 %	Tier 2	RO; QL (60 ML per 30 days); DL
Fluorouracil External Cream 5 %	Tier 2	RO; QL (40 GM per 15 days); DL
Fluorouracil External Solution 2 %	Tier 2	RO; QL (60 ML per 30 days); DL
Fluorouracil External Solution 5 %	Tier 2	RO; QL (40 ML per 30 days); DL
Fluticasone Propionate External Cream 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Fluticasone Propionate External Lotion 0.05 %	Tier 2	RO; QL (60 ML per 30 days); DL
Fluticasone Propionate External Ointment 0.005 %	Tier 2	RO; QL (120 GM per 30 days); DL
Gentamicin Sulfate External Cream 0.1 %	Tier 2	RO; DL
Gentamicin Sulfate External Ointment 0.1 %	Tier 2	RO; DL
Halobetasol Propionate External Cream 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Halobetasol Propionate External Ointment 0.05 %	Tier 2	RO; QL (120 GM per 30 days); DL
Hydrocortisone External Cream 2.5 %	Tier 2	RO; DL
Hydrocortisone External Lotion 2.5 %	Tier 2	RO; DL
Hydrocortisone External Ointment 2.5 %	Tier 2	RO; DL
Imiquimod External Cream 5 %	Tier 2	RO; DL
Isotretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	RO; DL
Ivermectin External Cream 1 %	Tier 4	RO; QL (45 GM per 30 days); DL
Ivermectin External Lotion 0.5 %	Tier 2	RO; QL (120 GM per 30 days); DL
Ketoconazole External Cream 2 %	Tier 2	RO; DL
Ketoconazole External Shampoo 2 %	Tier 2	RO; QL (120 ML per 30 days); DL
Lidocaine External Ointment 5 %	Tier 2	RO; QL (120 GM per 30 days); DL
Lidocaine External Patch 5 %	Tier 2	RO; QL (60 EA per 30 days); DL
Lidocaine-Prilocaine External Cream 2.5-2.5 %	Tier 2	RO; QL (30 GM per 30 days); DL
Lindane External Shampoo 1 %	Tier 2	RO; QL (60 ML per 7 days); DL
Luliconazole External Cream 1 %	Tier 4	RO; QL (120 GM per 30 days); DL
Malathion External Lotion 0.5 %	Tier 2	RO; QL (60 ML per 7 days); DL
Methoxsalen Rapid Oral Capsule 10 MG	Tier 5	RO; DL
Metronidazole External Cream 0.75 %	Tier 2	RO; QL (45 GM per 30 days); DL
Metronidazole External Gel 0.75 %, 1 %	Tier 2	RO; QL (60 GM per 30 days); DL
Metronidazole External Lotion 0.75 %	Tier 2	RO; QL (60 ML per 30 days); DL
Mometasone Furoate External Cream 0.1 %	Tier 2	RO; QL (120 GM per 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
Mometasone Furoate External Ointment 0.1 %	Tier 2	RO; QL (120 GM per 30 days); DL
Mometasone Furoate External Solution 0.1 %	Tier 2	RO; QL (60 ML per 30 days); DL
Mupirocin External Ointment 2 %	Tier 2	RO; QL (44 GM per 30 days); DL
Naftifine HCl External Cream 1 %, 2 %	Tier 2	RO; QL (120 GM per 30 days); DL
Naftifine HCl External Gel 1 %	Tier 2	RO; DL
Nystatin External Cream 100000 UNIT/GM	Tier 2	RO; DL
Nystatin External Ointment 100000 UNIT/GM	Tier 2	RO; DL
Nystatin-Triamcinolone External Cream 100000-0.1 UNIT/GM-%	Tier 2	RO; DL
Nystatin-Triamcinolone External Ointment 100000-0.1 UNIT/GM-%	Tier 2	RO; DL
Oxiconazole Nitrate External Cream 1 %	Tier 2	RO; QL (120 GM per 30 days); DL
Oxistat External Lotion 1 %	Tier 4	RO; QL (30 ML per 30 days); DL
Panretin External Gel 0.1 %	Tier 5	PA; SP; QL (60 GM per 30 days); DL
Permethrin External Cream 5 %	Tier 2	RO; QL (60 GM per 7 days); DL
Pimecrolimus External Cream 1 %	Tier 2	RO; QL (30 GM per 30 days); DL
Podofilox External Solution 0.5 %	Tier 2	RO; DL
Prednicarbate External Cream 0.1 %	Tier 2	RO; QL (120 GM per 30 days); DL
Prednicarbate External Ointment 0.1 %	Tier 2	RO; QL (120 GM per 30 days); DL
Regranex External Gel 0.01 %	Tier 5	RO; QL (15 GM per 30 days); DL
Santyl External Ointment 250 UNIT/GM	Tier 4	RO; QL (60 GM per 30 days); DL
Selenium Sulfide External Lotion 2.5 %	Tier 2	RO; QL (120 ML per 30 days); DL
Silver sulfADIAZINE External Cream 1 %	Tier 2	RO; DL
Spinosad External Suspension 0.9 %	Tier 2	RO; QL (120 ML per 30 days); DL
Sulfamylon External Cream 85 MG/GM	Tier 4	RO; QL (113.4 GM per 30 days); DL
Tacrolimus External Ointment 0.03 %, 0.1 %	Tier 2	RO; QL (30 GM per 30 days); DL
Tavaborole External Solution 5 %	Tier 2	RO; FHCP; QL (10 ML per 30 days)
Tazarotene External Cream 0.05 %	Tier 4	PA; RO; QL (30 GM per 30 days); DL
Tazarotene External Cream 0.1 %	Tier 2	PA; RO; QL (30 GM per 30 days); DL
Tazarotene External Gel 0.05 %, 0.1 %	Tier 4	PA; RO; QL (30 GM per 30 days); DL
Tretinoin External Cream 0.025 %, 0.05 %, 0.1 %	Tier 2	PA; RO; QL (20 GM per 30 days); AL (Max 30 Years); DL

Drug Name	Drug Tier	Requirements/Limits
Tretinoin External Gel 0.01 %, 0.025 %	Tier 2	PA; RO; QL (15 GM per 30 days); AL (Max 30 Years); DL
Triamcinolone Acetonide External Cream 0.025 %, 0.1 %, 0.5 %	Tier 2	RO; DL
Triamcinolone Acetonide External Lotion 0.025 %, 0.1 %	Tier 2	RO; DL
Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %	Tier 2	RO; DL
Urea External Cream 40 %	Tier 2	RO; QL (85 GM per 30 days); DL
Yesintek Subcutaneous Solution 45 MG/0.5ML	Tier 4	PA; RO; DL
Yesintek Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML, 90 MG/ML	Tier 4	PA; RO; DL
Digestive Aids		
Creon Oral Capsule Delayed Release Particles 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 5	RM
Pancreaze Oral Capsule Delayed Release Particles 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	Tier 3	RM
Pertzye Oral Capsule Delayed Release Particles 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	Tier 5	RM
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	Tier 4	RM
Diuretics		
Acetazolamide ER Oral Capsule Extended Release 12 Hour 500 MG	Tier 2	RM
Acetazolamide Oral Tablet 125 MG, 250 MG	Tier 2	RM
Amiloride HCl Oral Tablet 5 MG	Tier 2	RM
Bumetanide Oral Tablet 0.5 MG, 1 MG, 2 MG	Tier 2	RM
Chlorthalidone Oral Tablet 25 MG, 50 MG	Tier 2	RM
Diuril Oral Suspension 250 MG/5ML	Tier 4	RO; DL
Ethacrynic Acid Oral Tablet 25 MG	Tier 2	RM
Furosemide Oral Solution 10 MG/ML	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Furosemide Oral Tablet 20 MG, 40 MG, 80 MG	Tier 2	RM
Hydrochlorothiazide Oral Capsule 12.5 MG	Tier 1	RM
Hydrochlorothiazide Oral Tablet 12.5 MG, 25 MG, 50 MG	Tier 1	RM
Methazolamide Oral Tablet 25 MG, 50 MG	Tier 2	RM
Metolazone Oral Tablet 10 MG, 2.5 MG, 5 MG	Tier 2	RM
Spironolactone Oral Tablet 100 MG, 25 MG, 50 MG	Tier 2	RM
Spironolactone-HCTZ Oral Tablet 25-25 MG	Tier 2	RM
Torsemide Oral Tablet 10 MG, 100 MG, 20 MG, 5 MG	Tier 2	RM
Triamterene-HCTZ Oral Capsule 37.5-25 MG	Tier 2	RM
Triamterene-HCTZ Oral Tablet 37.5-25 MG, 75-50 MG	Tier 2	RM
Endocrine And Metabolic Agents - Misc.		
Alendronate Sodium Oral Tablet 10 MG, 35 MG, 5 MG, 70 MG	Tier 2	RM
Cabergoline Oral Tablet 0.5 MG	Tier 2	RM
Calcitonin (Salmon) Nasal Solution 200 UNIT/ACT	Tier 2	RM
Calcitriol Oral Capsule 0.25 MCG, 0.5 MCG	Tier 2	RM
Calcitriol Oral Solution 1 MCG/ML	Tier 2	RO; DL
Carglumic Acid Oral Tablet Soluble 200 MG	Tier 5	PA; RO; DL
Cinacalcet HCl Oral Tablet 30 MG, 60 MG, 90 MG	Tier 2	PA; RM
Desmopressin Acetate Oral Tablet 0.1 MG, 0.2 MG	Tier 2	RM
Desmopressin Acetate Spray Nasal Solution 0.01 %	Tier 2	RM
Doxercalciferol Oral Capsule 0.5 MCG, 1 MCG, 2.5 MCG	Tier 5	RO; DL
Enoby Subcutaneous Solution Prefilled Syringe 60 MG/ML	Tier 3	PA; RM; QL (1 ML per 180 days)
Etidronate Disodium Oral Tablet 200 MG, 400 MG	Tier 2	RM
Ibandronate Sodium Intravenous Solution 3 MG/3ML	Tier 4	PA; RO; DL
Ibandronate Sodium Oral Tablet 150 MG	Tier 2	RM; QL (1 EA per 28 days)
Increlex Subcutaneous Solution 40 MG/4ML	Tier 5	PA; RO; DL

Drug Name	Drug Tier	Requirements/Limits
Lanreotide Acetate Subcutaneous Solution 120 MG/0.5ML	Tier 5	PA; RO; DL
Nitisinone Oral Capsule 10 MG, 2 MG, 5 MG	Tier 5	PA; SP; DL
Octreotide Acetate Injection Solution 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 2	RO; DL
Omnitrope Subcutaneous Solution Cartridge 10 MG/1.5ML, 5 MG/1.5ML	Tier 5	PA; RO; DL
Omnitrope Subcutaneous Solution Reconstituted 5.8 MG	Tier 5	PA; RO; DL
Orilissa Oral Tablet 150 MG, 200 MG	Tier 3	PA; RM
Paricalcitol Oral Capsule 1 MCG, 2 MCG, 4 MCG	Tier 2	RM
Prolia Subcutaneous Solution Prefilled Syringe 60 MG/ML	Tier 4	PA; RO
Raloxifene HCl Oral Tablet 60 MG	Tier 2	RM
Risedronate Sodium Oral Tablet 35 MG	Tier 2	RM
Sapropterin Dihydrochloride Oral Packet 100 MG, 500 MG	Tier 5	PA; RO; DL
Sapropterin Dihydrochloride Oral Tablet 100 MG	Tier 5	PA; RO; DL
Sapropterin Dihydrochloride Oral Tablet Soluble 100 MG	Tier 5	PA; RO; DL
Somatuline Depot Subcutaneous Solution 60 MG/0.2ML, 90 MG/0.3ML	Tier 5	PA; RO; DL
Stimate Nasal Solution 1.5 MG/ML	Tier 5	RO; DL
Strensiq Subcutaneous Solution 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 5	PA; RO; DL
Synarel Nasal Solution 2 MG/ML	Tier 5	PA; RO; DL
Teriparatide Subcutaneous Solution Pen-Injector 560 MCG/2.24ML	Tier 5	PA; RO; DL
Xtrenbo Subcutaneous Solution 120 MG/1.7ML	Tier 4	PA; RM; QL (1.7 ML per 28 days)
Zoledronic Acid Intravenous Solution 5 MG/100ML	Tier 2	RO
Estrogens		
Depo-Estradiol Intramuscular Oil 5 MG/ML	Tier 4	RO
Duavee Oral Tablet 0.45-20 MG	Tier 3	RM
Enjuvia Oral Tablet 0.3 MG	Tier 4	RM

Drug Name	Drug Tier	Requirements/Limits
Est Estrogens-Methyltest HS Oral Tablet 0.625-1.25 MG	Tier 2	RM
Est Estrogens-Methyltest Oral Tablet 1.25-2.5 MG	Tier 2	RM
Estradiol Oral Tablet 0.5 MG, 1 MG, 2 MG	Tier 2	RM
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	Tier 2	RM
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	Tier 2	RM; QL (8 EA per 28 days)
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	Tier 2	RM; QL (4 EA per 28 days)
Estradiol Valerate Intramuscular Oil 10 MG/ML	Tier 2	RM
Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML	Tier 2	RO
Estrogens Conjugated Oral Tablet 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 3	RM
Menest Oral Tablet 0.3 MG, 0.625 MG, 1.25 MG	Tier 4	PA; RM
Oriahnn Oral Capsule Therapy Pack 300-1-0.5 & 300 MG	Tier 3	PA; RM
Premphase Oral Tablet 0.625-5 MG	Tier 3	RM
Prempro Oral Tablet 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	RM
Fluoroquinolones		
Baxdela Intravenous Solution Reconstituted 300 MG	Tier 5	RO; DL
Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG	Tier 2	RO; DL
Factive Oral Tablet 320 MG	Tier 4	RO; DL
Levofloxacin Oral Solution 25 MG/ML	Tier 2	RO; DL
Levofloxacin Oral Tablet 250 MG, 500 MG, 750 MG	Tier 2	RO; DL
Moxifloxacin HCl Oral Tablet 400 MG	Tier 2	RO; DL
Gastrointestinal Agents - Misc.		
Alosetron HCl Oral Tablet 0.5 MG, 1 MG	Tier 2	RM
Balsalazide Disodium Oral Capsule 750 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Calcium Acetate (Phos Binder) Oral Capsule 667 MG	Tier 2	RM
Cromolyn Sodium Oral Concentrate 100 MG/5ML	Tier 2	RO
Enulose Oral Solution 10 GM/15ML	Tier 2	RM
Ferric Citrate Oral Tablet 1 GM 210 MG(Fe)	Tier 2	RM
Lanthanum Carbonate Oral Tablet Chewable 1000 MG, 500 MG, 750 MG	Tier 2	PA; RO; DL
Linzess Oral Capsule 145 MCG, 290 MCG, 72 MCG	Tier 3	ST; RM; QL (31 EA per 31 days)
Lubiprostone Oral Capsule 24 MCG, 8 MCG	Tier 2	RM
Mesalamine ER Oral Capsule Extended Release 24 Hour 0.375 GM	Tier 2	RM
Mesalamine Oral Tablet Delayed Release 1.2 GM	Tier 2	RM; FHCP
Mesalamine Oral Tablet Delayed Release 800 MG	Tier 3	RM
Mesalamine Rectal Enema 4 GM	Tier 2	RO; QL (1680 ML per 28 days); DL
Mesalamine Rectal Suppository 1000 MG	Tier 2	RO; QL (30 EA per 30 days); DL
Metoclopramide HCl Oral Solution 5 MG/5ML	Tier 2	RO; DL
Metoclopramide HCl Oral Tablet 10 MG, 5 MG	Tier 2	RM
Movantik Oral Tablet 12.5 MG, 25 MG	Tier 3	PA; RM; QL (31 EA per 31 days)
Prucalopride Succinate Oral Tablet 1 MG, 2 MG	Tier 2	RM; FHCP
Sevelamer Carbonate Oral Tablet 800 MG	Tier 2	RM; FHCP
Sulfasalazine Oral Tablet 500 MG	Tier 2	RM
Sulfasalazine Oral Tablet Delayed Release 500 MG	Tier 2	RM
Ursodiol Oral Capsule 300 MG	Tier 2	RM
Ursodiol Oral Tablet 250 MG, 500 MG	Tier 2	RM
Velphoro Oral Tablet Chewable 500 MG	Tier 5	PA; RO; DL
Genitourinary Agents - Miscellaneous		
Alfuzosin HCl ER Oral Tablet Extended Release 24 Hour 10 MG	Tier 2	RM
Cystagon Oral Capsule 150 MG, 50 MG	Tier 4	SP; DL
Cytra K Crystals Oral Packet 3300-1002 MG	Tier 2	RM
Dutasteride Oral Capsule 0.5 MG	Tier 2	RM
Dutasteride-Tamsulosin HCl Oral Capsule 0.5-0.4 MG	Tier 2	RM
Elmiron Oral Capsule 100 MG	Tier 4	RM

Drug Name	Drug Tier	Requirements/Limits
Finasteride Oral Tablet 5 MG	Tier 2	RM
Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)	Tier 2	RM
Potassium Citrate-Citric Acid Oral Solution 1100-334 MG/5ML	Tier 2	RM
Silodosin Oral Capsule 4 MG, 8 MG	Tier 2	RM; FHCP
Tamsulosin HCl Oral Capsule 0.4 MG	Tier 2	RM
Gout Agents		
Allopurinol Oral Tablet 100 MG, 300 MG	Tier 2	RM
Colchicine Oral Tablet 0.6 MG	Tier 2	RM; QL (120 EA per 30 days)
Colchicine-Probenecid Oral Tablet 0.5-500 MG	Tier 2	RM
Febuxostat Oral Tablet 40 MG, 80 MG	Tier 2	RM
Probenecid Oral Tablet 500 MG	Tier 2	RM
Hematological Agents - Misc.		
Anagrelide HCl Oral Capsule 0.5 MG, 1 MG	Tier 2	RM
Aspirin-Dipyridamole ER Oral Capsule Extended Release 12 Hour 25-200 MG	Tier 2	RM
Benefix Intravenous Kit 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 5	PA; RO; DL
Berinert Intravenous Kit 500 UNIT	Tier 5	PA; SP; DL
Cilostazol Oral Tablet 100 MG, 50 MG	Tier 2	RM
Clopidogrel Bisulfate Oral Tablet 75 MG	Tier 1	RM
Dipyridamole Oral Tablet 25 MG, 50 MG, 75 MG	Tier 2	RM
Icatibant Acetate Subcutaneous Solution Prefilled Syringe 30 MG/3ML	Tier 5	PA; RO; DL
Pentoxifylline ER Oral Tablet Extended Release 400 MG	Tier 2	RM
Prasugrel HCl Oral Tablet 10 MG, 5 MG	Tier 2	RM
Ticagrelor Oral Tablet 60 MG, 90 MG	Tier 2	RM
Zontivity Oral Tablet 2.08 MG	Tier 4	RM
Hematopoietic Agents		
Cyanocobalamin Injection Solution 1000 MCG/ML	Tier 2	RM
Eltrombopag Olamine Oral Packet 12.5 MG, 25 MG	Tier 5	PA; RO; DL

Drug Name	Drug Tier	Requirements/Limits
Eltrombopag Olamine Oral Tablet 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA; RO; DL
Ferocon Oral Capsule	Tier 2	RM
Folic Acid Oral Tablet 1 MG	Tier 2	RM
Folic Acid Oral Tablet 400 MCG, 800 MCG	Tier 1	RM; (Prescription Required); AL (Min 11 Years and Max 49 Years)
Fulphila Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML	Tier 5	PA; RO; DL
L-Glutamine Oral Packet 5 GM	Tier 5	RO; DL
migLUstat Oral Capsule 100 MG	Tier 5	PA; SP; DL
Nivestym Injection Solution 300 MCG/ML, 480 MCG/1.6ML	Tier 5	RO; DL
Nivestym Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5	RO; DL
Retacrit Injection Solution 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA; RO; DL
Retacrit Injection Solution 20000 UNIT/ML, 40000 UNIT/ML	Tier 5	PA; RO; DL
Udenyca Onbody Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML	Tier 5	PA; RO; DL
Udenyca Subcutaneous Solution Auto-Injector 6 MG/0.6ML	Tier 5	PA; RO; DL
Udenyca Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML	Tier 5	PA; RO; DL
Zarxio Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5	PA; RO; DL
Hemostatics		
Aminocaproic Acid Oral Tablet 1000 MG, 500 MG	Tier 5	RO; DL
Tranexamic Acid Oral Tablet 650 MG	Tier 2	RO; DL
Hypnotics		
Doxepin HCl Oral Tablet 3 MG	Tier 4	PA; RM
Eszopiclone Oral Tablet 3 MG	Tier 2	RM
Flurazepam HCl Oral Capsule 15 MG, 30 MG	Tier 2	RM
Phenobarbital Oral Elixir 20 MG/5ML	Tier 2	RO; DL
Phenobarbital Oral Tablet 16.2 MG, 32.4 MG, 97.2 MG	Tier 2	RM
Ramelteon Oral Tablet 8 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Temazepam Oral Capsule 15 MG, 30 MG	Tier 2	RM
Zaleplon Oral Capsule 10 MG, 5 MG	Tier 2	RM
Zolpidem Tartrate ER Oral Tablet Extended Release 6.25 MG	Tier 2	RM
Zolpidem Tartrate Oral Tablet 5 MG	Tier 2	RM
Hypnotics/Sedatives/Sleep Disorder Agents		
Doxepin HCl Oral Tablet 6 MG	Tier 4	PA; RM
Estazolam Oral Tablet 2 MG	Tier 2	RM
Eszopiclone Oral Tablet 1 MG, 2 MG	Tier 2	RM
Phenobarbital Oral Tablet 64.8 MG	Tier 2	RM
Triazolam Oral Tablet 0.125 MG, 0.25 MG	Tier 2	RM
Zolpidem Tartrate ER Oral Tablet Extended Release 12.5 MG	Tier 2	RM
Zolpidem Tartrate Oral Tablet 10 MG	Tier 2	RM
Laxatives		
Clenpiq Oral Solution 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	Tier 4	RO; DL
Lactulose Oral Solution 10 GM/15ML	Tier 2	RM
Na Sulfate-K Sulfate-Mg Sulf Oral Solution 17.5-3.13-1.6 GM/177ML	Tier 3	RO; DL
OsmoPrep Oral Tablet 1.102-0.398 GM	Tier 4	RO; DL
PEG 3350-KCl-Na Bicarb-NaCl Oral Solution Reconstituted 420 GM	Tier 2	RO; DL
PEG-3350/Electrolytes Oral Solution Reconstituted 236 GM	Tier 1	RO; DL
Plenvu Oral Solution Reconstituted 140 GM	Tier 3	RO; DL
Prepopik Oral Packet 10-3.5-12 MG-GM-GM	Tier 4	RO; DL
Suflave Oral Solution Reconstituted 178.7 GM	Tier 4	RO; DL
Visicol Oral Tablet 1.102-0.398 GM	Tier 4	RO; DL
Macrolides		
Azithromycin Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML	Tier 2	RO; DL
Azithromycin Oral Tablet 250 MG, 500 MG, 600 MG	Tier 2	RO; DL
Clarithromycin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Clarithromycin Oral Tablet 250 MG, 500 MG	Tier 2	RO; DL
Erythrocin Stearate Oral Tablet 250 MG	Tier 2	RO; DL
Erythromycin Base Oral Capsule Delayed Release Particles 250 MG	Tier 2	RM
Erythromycin Ethylsuccinate Oral Tablet 400 MG	Tier 2	RO; DL
Erythromycin Oral Tablet Delayed Release 250 MG, 333 MG, 500 MG	Tier 2	RM
Fidaxomicin Oral Tablet 200 MG	Tier 5	PA; RO; DL
Medical Devices		
BD Safety-Lok Insulin Syringe 29G X 1/2" 1 ML	Tier 3	RM
Caya Vaginal Diaphragm	Tier 1	RO; QL (1 EA per 1 Year)
Condoms	Tier 1	RO; FHCP; QL (12 EA per 31 days); DL
FC2 Female Condom	Tier 1	RO; (Prescription Required); QL (12 EA per 30 days)
FemCap Vaginal Device 30 MM	Tier 1	RO; QL (1 EA per 1 Year)
Insulin Syringe 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	RM
Omnipod 5 G7 Pods (Gen 5)	Tier 3	PA; RM
Omnipod Classic Pods (Gen 3)	Tier 3	PA; RM
Omnipod DASH Pods (Gen 4)	Tier 3	PA; RM
Pen Needle 31G X 8 MM	Tier 3	RM
Medical Devices And Supplies		
BD Insulin Syringe U-500 31G X 6MM 0.5 ML	Tier 3	RM
FemCap Vaginal Device 22 MM, 26 MM	Tier 1	RO; QL (1 EA per 1 Year)
Insulin Syringe 29G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML	Tier 2	RM
Omnipod 5 DexG7G6 Intro Gen 5 Kit	Tier 3	PA; RO; QL (1 EA per 5 Years)
Omnipod 5 DexG7G6 Pods Gen 5	Tier 3	PA; RM
Omnipod 5 G7 Intro (Gen 5) Kit	Tier 3	PA; RO; QL (1 EA per 5 days)
Pen Needle 31G X 5 MM , 31G X 6 MM	Tier 3	RM
Migraine Products		
Aimovig Subcutaneous Solution Auto-Injector 140 MG/ML, 70 MG/ML	Tier 5	PA; RO; QL (1 ML per 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
Almotriptan Malate Oral Tablet 12.5 MG, 6.25 MG	Tier 2	PA; RM; FHCP; QL (6 EA per 31 days)
Dihydroergotamine Mesylate Injection Solution 1 MG/ML	Tier 5	RO; DL
Eletriptan Hydrobromide Oral Tablet 20 MG, 40 MG	Tier 2	RM; FHCP; QL (6 EA per 31 days)
Emgality (300 MG Dose) Subcutaneous Solution Prefilled Syringe 100 MG/ML	Tier 5	PA; RO; DL
Emgality Subcutaneous Solution Auto-Injector 120 MG/ML	Tier 5	PA; RO; DL
Emgality Subcutaneous Solution Prefilled Syringe 120 MG/ML	Tier 5	PA; RO; DL
Ergomar Sublingual Tablet Sublingual 2 MG	Tier 5	PA; RO; QL (20 EA per 28 days); DL
Frovatriptan Succinate Oral Tablet 2.5 MG	Tier 2	RM; FHCP; QL (9 EA per 31 days)
Isometheptene-Dichloral-APAP Oral Capsule 65-100-325 MG	Tier 2	RM
Migergot Rectal Suppository 2-100 MG	Tier 5	RO; QL (12 EA per 14 days); DL
Naratriptan HCl Oral Tablet 1 MG, 2.5 MG	Tier 2	RM; FHCP; QL (9 EA per 31 days)
Rizatriptan Benzoate Oral Tablet 10 MG, 5 MG	Tier 2	RM; QL (18 EA per 31 days)
Rizatriptan Benzoate Oral Tablet Dispersible 10 MG, 5 MG	Tier 2	RM; QL (18 EA per 31 days)
Sumatriptan Nasal Solution 20 MG/ACT, 5 MG/ACT	Tier 2	RM; QL (6 EA per 31 days)
Sumatriptan Succinate Oral Tablet 100 MG, 25 MG, 50 MG	Tier 2	RM; QL (12 EA per 31 days)
Sumatriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML, 6 MG/0.5ML	Tier 2	RM; QL (4 ML per 31 days)
Zolmitriptan Oral Tablet 2.5 MG, 5 MG	Tier 2	RM; QL (6 EA per 31 days)
Zolmitriptan Oral Tablet Dispersible 2.5 MG, 5 MG	Tier 2	RM; QL (6 EA per 31 days)
Minerals & Electrolytes		
Phospha 250 Neutral Oral Tablet 155-852-130 MG	Tier 2	RM
Phospho-Trin K500 Oral Tablet 500 MG	Tier 2	RM
Potassium Bicarbonate Oral Tablet Effervescent 25 MEQ	Tier 2	RM
Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ, 8 MEQ	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Potassium Chloride Oral Packet 20 MEQ	Tier 2	RM
Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)	Tier 2	RO
Sodium Fluoride Oral Solution 1.1 (0.5 F) MG/ML	Tier 1	RM; AL (Min 6 Months and Max 6 Years)
Sodium Fluoride Oral Tablet Chewable 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	Tier 1	RM; AL (Min 6 Months and Max 6 Years)
Miscellaneous Therapeutic Classes		
Cyclosporine Modified Oral Capsule 50 MG	Tier 2	RM
Cyclosporine Oral Capsule 100 MG	Tier 2	RM
Everolimus Oral Tablet 0.5 MG, 0.75 MG	Tier 5	PA; RO; DL
Lenalidomide Oral Capsule 2.5 MG, 20 MG, 5 MG	Tier 5	PA; SP; QL (31 EA per 31 days); DL
Lokelma Oral Packet 10 GM, 5 GM	Tier 4	PA; RO; DL
Mycophenolate Mofetil Oral Suspension Reconstituted 200 MG/ML	Tier 2	RO; DL
Mycophenolate Mofetil Oral Tablet 500 MG	Tier 2	RM
Mycophenolate Sodium Oral Tablet Delayed Release 180 MG, 360 MG	Tier 2	RM
Sirolimus Oral Tablet 1 MG, 2 MG	Tier 2	RM; FHCP
Sodium Polystyrene Sulfonate Oral Powder	Tier 2	RO; DL
SPS Oral Suspension 15 GM/60ML	Tier 2	RO; DL
Tacrolimus Oral Capsule 1 MG	Tier 2	RM
Thalomid Oral Capsule 200 MG	Tier 5	PA; SP; CVS Caremark; DL
Mouth/Throat/Dental Agents		
Cevimeline HCl Oral Capsule 30 MG	Tier 2	RM
Chlorhexidine Gluconate Mouth/Throat Solution 0.12 %	Tier 2	RM
Clotrimazole Mouth/Throat Troche 10 MG	Tier 2	RO; DL
Lidocaine Viscous HCl Mouth/Throat Solution 2 %	Tier 2	RO; DL
Nystatin Mouth/Throat Suspension 100000 UNIT/ML	Tier 2	RO; DL
Pilocarpine HCl Oral Tablet 5 MG, 7.5 MG	Tier 2	RM
SF Dental Gel 1.1 %	Tier 2	RM; QL (56 GM per 30 days)
Triamcinolone Acetonide Mouth/Throat Paste 0.1 %	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Multivitamins		
Multi-Vit/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML	Tier 1	RM; AL (Max 12 Months)
Multi-Vit/Fluoride/Iron Oral Solution 0.25-10 MG/ML	Tier 1	RM; AL (Max 12 Months)
Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG	Tier 1	RM; AL (Max 12 Months)
PNV Prenatal Plus Multivitamin Oral Tablet 27-1 MG	Tier 2	RM
Trinate Oral Tablet	Tier 2	RM
Musculoskeletal Therapy Agents		
Baclofen Oral Tablet 10 MG, 20 MG	Tier 2	RM
Carisoprodol Oral Tablet 350 MG	Tier 2	RM
Carisoprodol-Aspirin-Codeine Oral Tablet 200-325-16 MG	Tier 4	RM
Chlorzoxazone Oral Tablet 500 MG	Tier 2	RM
Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG	Tier 2	RM
Dantrolene Sodium Oral Capsule 100 MG, 25 MG, 50 MG	Tier 2	RM
Metaxalone Oral Tablet 800 MG	Tier 2	RM
Methocarbamol Oral Tablet 500 MG, 750 MG	Tier 2	RM
Orphenadrine Citrate ER Oral Tablet Extended Release 12 Hour 100 MG	Tier 2	RM
Tizanidine HCl Oral Tablet 2 MG, 4 MG	Tier 2	RM
Nasal Agents - Systemic And Topical		
Azelastine HCl Nasal Solution 0.1 %	Tier 2	RM
Flunisolide Nasal Solution 25 MCG/ACT (0.025%)	Tier 2	RM
Fluticasone Propionate Nasal Suspension 50 MCG/ACT	Tier 2	RM
Ipratropium Bromide Nasal Solution 0.03 %, 0.06 %	Tier 2	RM
Mometasone Furoate Nasal Suspension 50 MCG/ACT	Tier 2	RM
Olopatadine HCl Nasal Solution 0.6 %	Tier 2	RM
Neuromuscular Agents		
Botox Injection Solution Reconstituted 100 UNIT, 200 UNIT	Tier 5	PA; RO

This formulary is effective 01/01/2027

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page vii.

Drug Name	Drug Tier	Requirements/Limits
Riluzole Oral Tablet 50 MG	Tier 2	RM
Xeomin Intramuscular Solution Reconstituted 100 UNIT, 200 UNIT, 50 UNIT	Tier 5	PA; RO
Ophthalmic Agents		
Alocril Ophthalmic Solution 2 %	Tier 4	RM; QL (5 ML per 25 days)
Alomide Ophthalmic Solution 0.1 %	Tier 3	RO; DL
Apraclonidine HCl Ophthalmic Solution 0.5 %	Tier 2	RM
Atropine Sulfate Ophthalmic Ointment 1 %	Tier 2	RO; DL
Atropine Sulfate Ophthalmic Solution 1 %	Tier 2	RO; DL
AzaSite Ophthalmic Solution 1 %	Tier 3	RO; DL
Azelastine HCl Ophthalmic Solution 0.05 %	Tier 2	RO; DL
Bacitracin Ophthalmic Ointment 500 UNIT/GM	Tier 2	RO; DL
Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM	Tier 2	RO; DL
Bacitra-Neomycin-Polymyxin-HC Ophthalmic Ointment 1 %	Tier 2	RO; DL
Bepotastine Besilate Ophthalmic Solution 1.5 %	Tier 2	RO; QL (5 ML per 25 days); DL
Betaxolol HCl Ophthalmic Solution 0.5 %	Tier 2	RM
Betoptic-S Ophthalmic Suspension 0.25 %	Tier 3	RM
Bimatoprost Ophthalmic Solution 0.01 %	Tier 2	RM; QL (2.5 ML per 25 days)
Blephamide Ophthalmic Suspension 10-0.2 %	Tier 3	RO; DL
Blephamide S.O.P. Ophthalmic Ointment 10-0.2 %	Tier 3	RO; DL
Brimonidine Tartrate Ophthalmic Solution 0.2 %	Tier 2	RM
Brimonidine Tartrate-Timolol Ophthalmic Solution 0.2-0.5 %	Tier 2	RM
Brinzolamide Ophthalmic Suspension 1 %	Tier 2	RM
Bromfenac Sodium (Once-Daily) Ophthalmic Solution 0.09 %	Tier 2	RO; QL (1.7 ML per 15 days); DL
Carteolol HCl Ophthalmic Solution 1 %	Tier 2	RM
Ciloxan Ophthalmic Ointment 0.3 %	Tier 3	RO; DL
Ciprofloxacin HCl Ophthalmic Solution 0.3 %	Tier 2	RO; DL
Cromolyn Sodium Ophthalmic Solution 4 %	Tier 2	RO; DL
Cyclopentolate HCl Ophthalmic Solution 0.5 %, 1 %, 2 %	Tier 2	RM
Cyclosporine Ophthalmic Emulsion 0.05 %	Tier 2	RM; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Dexamethasone Sodium Phosphate Ophthalmic Solution 0.1 %	Tier 2	RO; DL
Diclofenac Sodium Ophthalmic Solution 0.1 %	Tier 2	RO; DL
Difluprednate Ophthalmic Emulsion 0.05 %	Tier 2	RO; DL
Dorzolamide HCl Ophthalmic Solution 2 %	Tier 2	RM
Dorzolamide HCl-Timolol Mal Ophthalmic Solution 2-0.5 %	Tier 2	RM
Emadine Ophthalmic Solution 0.05 %	Tier 4	RM; QL (5 ML per 25 days)
Epinastine HCl Ophthalmic Solution 0.05 %	Tier 2	RO; DL
Erythromycin Ophthalmic Ointment 5 MG/GM	Tier 2	RO; DL
Fluorometholone Ophthalmic Suspension 0.1 %	Tier 2	RO; DL
Flurbiprofen Sodium Ophthalmic Solution 0.03 %	Tier 2	RO; DL
FML Forte Ophthalmic Suspension 0.25 %	Tier 3	RO; DL
FML Ophthalmic Ointment 0.1 %	Tier 3	RO; DL
Gatifloxacin Ophthalmic Solution 0.5 %	Tier 2	RO; DL
Gentak Ophthalmic Ointment 0.3 %	Tier 2	RO; DL
Gentamicin Sulfate Ophthalmic Solution 0.3 %	Tier 2	RO; DL
Homatropine HBr Ophthalmic Solution 5 %	Tier 2	RO; DL
Ilevro Ophthalmic Suspension 0.3 %	Tier 3	RO; DL
Ketorolac Tromethamine Ophthalmic Solution 0.4 %, 0.5 %	Tier 2	RO; DL
Lastacaft Ophthalmic Solution 0.25 %	Tier 4	RM; QL (3 ML per 30 days)
Latanoprost Ophthalmic Solution 0.005 %	Tier 2	RM
Levobunolol HCl Ophthalmic Solution 0.5 %	Tier 2	RM
Levofloxacin Ophthalmic Solution 0.5 %	Tier 2	RO; DL
Lotemax Ophthalmic Ointment 0.5 %	Tier 4	RO; QL (3.5 GM per 3 days); DL
Loteprednol Etabonate Ophthalmic Suspension 0.2 %, 0.5 %	Tier 2	RO; DL
Loteprednol-Tobramycin Ophthalmic Suspension 0.5-0.3 %	Tier 4	RO; DL
Metipranolol Ophthalmic Solution 0.3 %	Tier 2	RO; DL
Moxifloxacin HCl Ophthalmic Solution 0.5 %	Tier 2	RO; DL
Natacyn Ophthalmic Suspension 5 %	Tier 3	RO; DL
Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment 5-400-10000	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Neomycin-Polymyxin-Dexameth Ophthalmic Ointment 3.5-10000-0.1	Tier 2	RO; DL
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1	Tier 2	RO; DL
Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025	Tier 2	RO; DL
Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1	Tier 2	RO; DL
Nevanac Ophthalmic Suspension 0.1 %	Tier 3	RO; DL
Ofloxacin Ophthalmic Solution 0.3 %	Tier 2	RO; DL
Phospholine Iodide Ophthalmic Solution Reconstituted 0.125 %	Tier 3	RO; DL
Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %	Tier 2	RM
Polymyxin B-Trimethoprim Ophthalmic Solution 10000-0.1 UNIT/ML-%	Tier 2	RO; DL
Pred Mild Ophthalmic Suspension 0.12 %	Tier 3	RO; DL
Pred-G Ophthalmic Suspension 0.3-1 %	Tier 3	RO; DL
Pred-G S.O.P. Ophthalmic Ointment 0.3-0.6 %	Tier 3	RO; DL
Prednisolone Acetate Ophthalmic Suspension 1 %	Tier 2	RO; DL
Prednisolone Sodium Phosphate Ophthalmic Solution 1 %	Tier 2	RO; DL
Proparacaine HCl Ophthalmic Solution 0.5 %	Tier 2	RO; DL
Sulfacetamide Sodium Ophthalmic Solution 10 %	Tier 2	RO; DL
Sulfacetamide-prednisoLONE Ophthalmic Solution 10-0.23 %	Tier 2	RO; DL
Tetracaine HCl Ophthalmic Solution 0.5 %	Tier 2	RO; DL
Timolol Maleate Ophthalmic Solution 0.25 %, 0.5 %	Tier 2	RM
TobraDex Ophthalmic Ointment 0.3-0.1 %	Tier 3	RO; DL
Tobramycin Ophthalmic Solution 0.3 %	Tier 2	RO; DL
Tobramycin-Dexamethasone Ophthalmic Suspension 0.3-0.1 %	Tier 2	RO; DL
Tobrex Ophthalmic Ointment 0.3 %	Tier 3	RO; DL
Travoprost (BAK Free) Ophthalmic Solution 0.004 %	Tier 2	RM
Trifluridine Ophthalmic Solution 1 %	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Tropicamide Ophthalmic Solution 0.5 %, 1 %	Tier 2	RO; DL
Vexol Ophthalmic Suspension 1 %	Tier 4	RM
Zirgan Ophthalmic Gel 0.15 %	Tier 4	RO; DL
Otic Agents		
Acetic Acid Otic Solution 2 %	Tier 2	RO; DL
Acetic Acid-Aluminum Acetate Otic Solution 2 %	Tier 2	RO; DL
Ciprofloxacin HCl Otic Solution 0.2 %	Tier 2	RO; DL
Ciprofloxacin-Dexamethasone Otic Suspension 0.3-0.1 %	Tier 2	RO; DL
Ciprofloxacin-Hydrocortisone Otic Suspension 0.2-1 %	Tier 2	RO; QL (7 ML per 10 days); DL
Coly-Mycin S Otic Suspension 3.3-3-10-0.5 MG/ML	Tier 4	RO; DL
Cortisporin-TC Otic Suspension 3.3-3-10-0.5 MG/ML	Tier 4	RO; DL
Fluocinolone Acetonide Otic Oil 0.01 %	Tier 2	RO; DL
Hydrocortisone-Acetic Acid Otic Solution 1-2 %	Tier 2	RO; DL
Neomycin-Polymyxin-HC Otic Solution 1 %	Tier 2	RO; DL
Neomycin-Polymyxin-HC Otic Suspension 3.5-10000-1	Tier 2	RO; DL
Ofloxacin Otic Solution 0.3 %	Tier 2	RO; DL
Oxytocics		
Methergine Oral Tablet 0.2 MG	Tier 5	RO; DL
Penicillins		
Amoxicillin Oral Capsule 250 MG, 500 MG	Tier 2	RO; DL
Amoxicillin Oral Suspension Reconstituted 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	Tier 2	RO; DL
Amoxicillin Oral Tablet 875 MG	Tier 2	RO; DL
Amoxicillin Oral Tablet Chewable 125 MG, 250 MG	Tier 2	RO; DL
Amoxicillin-Pot Clavulanate ER Oral Tablet Extended Release 12 Hour 1000-62.5 MG	Tier 2	RO; DL
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	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Amoxicillin-Pot Clavulanate Oral Tablet 250-125 MG, 500-125 MG, 875-125 MG	Tier 2	RO; DL
Amoxicillin-Pot Clavulanate Oral Tablet Chewable 200-28.5 MG, 400-57 MG	Tier 2	RO; DL
Ampicillin Oral Capsule 500 MG	Tier 2	RO; DL
Dicloxacillin Sodium Oral Capsule 250 MG, 500 MG	Tier 2	RO; DL
Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML, 250 MG/5ML	Tier 2	RO; DL
Penicillin V Potassium Oral Tablet 250 MG, 500 MG	Tier 2	RO; DL
Progestins		
Medroxyprogesterone Acetate Oral Tablet 10 MG, 2.5 MG, 5 MG	Tier 2	RM
Norethindrone Acetate Oral Tablet 5 MG	Tier 2	RM
Progesterone Intramuscular Oil 50 MG/ML	Tier 2	RM
Progesterone Micronized Oral Capsule 100 MG, 200 MG	Tier 2	RM
Progesterone Oral Capsule 100 MG, 200 MG	Tier 2	RM
Psychotherapeutic And Neurological Agents - Misc.		
Acamprosate Calcium Oral Tablet Delayed Release 333 MG	Tier 2	RM
Avonex Pen Intramuscular Auto-Injector Kit 30 MCG/0.5ML	Tier 5	PA; RO; DL
Avonex Prefilled Intramuscular Prefilled Syringe Kit 30 MCG/0.5ML	Tier 5	PA; RO; DL
Betaseron Subcutaneous Kit 0.3 MG	Tier 5	PA; RO; DL
Bupropion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour 150 MG	Tier 1	RM; QL (90 DAYS per 1 Year)
Chlordiazepoxide-Amitriptyline Oral Tablet 10-25 MG, 5-12.5 MG	Tier 2	RM
Dalfampridine ER Oral Tablet Extended Release 12 Hour 10 MG	Tier 2	PA; RO; FHCP
Dimethyl Fumarate Oral Capsule Delayed Release 120 MG, 240 MG	Tier 2	PA; RM
Dimethyl Fumarate Starter Pack Oral 120 & 240 MG	Tier 2	PA; RM; DL

Drug Name	Drug Tier	Requirements/Limits
Disulfiram Oral Tablet 250 MG, 500 MG	Tier 2	RM
Donepezil HCl Oral Tablet 10 MG, 5 MG	Tier 2	RM
Donepezil HCl Oral Tablet Dispersible 10 MG, 5 MG	Tier 2	RM
Ergoloid Mesylates Oral Tablet 1 MG	Tier 2	RM
Fingolimod HCl Oral Capsule 0.5 MG	Tier 2	PA; RM; QL (28 EA per 28 days)
Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 16 MG, 24 MG, 8 MG	Tier 2	RM
Galantamine Hydrobromide Oral Solution 4 MG/ML	Tier 2	RM
Galantamine Hydrobromide Oral Tablet 12 MG, 4 MG, 8 MG	Tier 2	RM
Glatopa Subcutaneous Solution Prefilled Syringe 20 MG/ML, 40 MG/ML	Tier 5	RO; DL
Memantine HCl Oral Solution 2 MG/ML	Tier 2	RO; DL
Memantine HCl Oral Tablet 10 MG, 5 MG	Tier 2	RM
Memantine HCl Oral Tablet 28 x 5 MG & 21 x 10 MG	Tier 2	RO; DL
Milnacipran HCl Oral 12.5 & 25 & 50 MG	Tier 2	RM
Milnacipran HCl Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	RM
Nicotine Polacrilex Mouth/Throat Gum 2 MG, 4 MG	Tier 1	RO; (Prescription Required); QL (90 Days per 1 Year)
Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG	Tier 1	RO; (Prescription Required); QL (90 Days per 1 Year)
Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	Tier 1	RO; (Prescription Required); QL (90 Days per 1 Year)
Nicotrol Inhalation Inhaler 10 MG	Tier 3	PA; RO; QL (168 EA per 10 days); DL
Nuedexta Oral Capsule 20-10 MG	Tier 5	PA; RO; DL
Ocrevus Intravenous Solution 300 MG/10ML	Tier 5	PA; RO; DL
Perphenazine-Amitriptyline Oral Tablet 2-10 MG, 2-25 MG, 4-10 MG, 4-25 MG, 4-50 MG	Tier 2	RM
Pimozide Oral Tablet 1 MG, 2 MG	Tier 2	RM
Rebif Rebidose Subcutaneous Solution Auto-Injector 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5	PA; RO; DL

Drug Name	Drug Tier	Requirements/Limits
Rebif Rebidose Titration Pack Subcutaneous Solution Auto-Injector 6X8.8 & 6X22 MCG	Tier 5	PA; RO; DL
Rebif Subcutaneous Solution Prefilled Syringe 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5	PA; RO; DL
Rebif Titration Pack Subcutaneous Solution Prefilled Syringe 6X8.8 & 6X22 MCG	Tier 5	PA; RO; DL
Rivastigmine Tartrate Oral Capsule 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	RM
Rivastigmine Transdermal Patch 24 Hour 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	Tier 2	RM
Sodium Oxybate Oral Solution 500 MG/ML	Tier 5	PA; SP; Express Scripts; DL
Teriflunomide Oral Tablet 14 MG, 7 MG	Tier 2	PA; RM
Tetrabenazine Oral Tablet 12.5 MG, 25 MG	Tier 2	PA; RO; DL
Varenicline Tartrate Oral Tablet 0.5 MG, 1 MG	Tier 3	RM; QL (6 Fills per 1 Year)
Varenicline Tartrate Oral Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42	Tier 3	RM; QL (6 fills per 1 year)
Zinbryta Subcutaneous Solution Prefilled Syringe 150 MG/ML	Tier 5	RO; DL
Respiratory Agents - Misc.		
Kalydeco Oral Packet 25 MG, 50 MG, 75 MG	Tier 5	PA; SP; DL
Kalydeco Oral Tablet 150 MG	Tier 5	PA; SP; DL
Pirfenidone Oral Capsule 267 MG	Tier 2	PA; RO; DL
Pirfenidone Oral Tablet 267 MG, 534 MG, 801 MG	Tier 2	PA; RO; DL
Pulmozyme Inhalation Solution 2.5 MG/2.5ML	Tier 5	PA; RO; DL
Sulfonamides		
Sulfadiazine Oral Tablet 500 MG	Tier 2	RM
Tetracyclines		
Demeclocycline HCl Oral Tablet 150 MG, 300 MG	Tier 2	RM; FHCP
Doxycycline Hyclate Oral Capsule 100 MG, 50 MG	Tier 2	RM
Doxycycline Hyclate Oral Tablet 100 MG, 20 MG	Tier 2	RM
Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG	Tier 2	RM
Doxycycline Monohydrate Oral Suspension Reconstituted 25 MG/5ML	Tier 2	RO; DL
Minocycline HCl Oral Capsule 100 MG, 50 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Tetracycline HCl Oral Capsule 250 MG, 500 MG	Tier 2	RM
Thyroid Agents		
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	Tier 2	RM
Liothyronine Sodium Oral Tablet 25 MCG, 5 MCG, 50 MCG	Tier 2	RM
Methimazole Oral Tablet 10 MG, 5 MG	Tier 2	RM
Propylthiouracil Oral Tablet 50 MG	Tier 2	RM
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	Tier 4	RM
Thyrolar-1 Oral Tablet 60 (12.5-50) MG (MCG)	Tier 4	RM
Thyrolar-1/2 Oral Tablet 30 (6.25-25) MG (MCG)	Tier 4	RM
Thyrolar-1/4 Oral Tablet 15 (3.1-12.5) MG (MCG)	Tier 4	RM
Thyrolar-2 Oral Tablet 120 (25-100) MG (MCG)	Tier 4	RM
Thyrolar-3 Oral Tablet 180 (37.5-150) MG (MCG)	Tier 4	RM
Toxoids		
Adacel Intramuscular Suspension 5-2-15.5 LF-MCG/0.5	Tier 3	RO
Boostrix Intramuscular Suspension 5-2.5-18.5 LF-MCG/0.5	Tier 3	RO
Boostrix Intramuscular Suspension Prefilled Syringe 5-2.5-18.5 LF-MCG/0.5	Tier 3	RO
TDVax Intramuscular Suspension 2-2 LF/0.5ML	Tier 2	RO
Tenivac Intramuscular Injectable 5-2 LFU	Tier 3	RO
Ulcer Drugs		
Bis Subcit-Metronid-Tetracyc Oral Capsule 140-125-125 MG	Tier 4	RO; DL
Chlordiazepoxide-Clidinium Oral Capsule 5-2.5 MG	Tier 2	RM
Cimetidine HCl Oral Solution 300 MG/5ML	Tier 2	RO; DL
Cimetidine Oral Tablet 300 MG, 400 MG, 800 MG	Tier 2	RM
Dicyclomine HCl Oral Capsule 10 MG	Tier 2	RM
Dicyclomine HCl Oral Solution 10 MG/5ML	Tier 2	RO; DL

Drug Name	Drug Tier	Requirements/Limits
Dicyclomine HCl Oral Tablet 20 MG	Tier 2	RM
Esomeprazole Magnesium Oral Capsule Delayed Release 20 MG, 40 MG	Tier 2	RM
Famotidine Oral Suspension Reconstituted 40 MG/5ML	Tier 2	RO; DL
Famotidine Oral Tablet 20 MG, 40 MG	Tier 2	RM
Glycopyrrolate Oral Tablet 1 MG, 2 MG	Tier 2	RM
Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour 0.375 MG	Tier 2	RM
Hyoscyamine Sulfate Oral Elixir 0.125 MG/5ML	Tier 2	RO; DL
Hyoscyamine Sulfate Oral Solution 0.125 MG/ML	Tier 2	RO; DL
Hyoscyamine Sulfate Oral Tablet 0.125 MG	Tier 2	RM
Hyoscyamine Sulfate Sublingual Tablet Sublingual 0.125 MG	Tier 2	RM
Lansoprazole Oral Capsule Delayed Release 15 MG, 30 MG	Tier 2	RM
Methscopolamine Bromide Oral Tablet 2.5 MG, 5 MG	Tier 2	RM
miSOPROStol Oral Tablet 100 MCG, 200 MCG	Tier 2	RM
Nizatidine Oral Capsule 150 MG, 300 MG	Tier 2	RM
Omeprazole Oral Capsule Delayed Release 10 MG, 20 MG, 40 MG	Tier 2	RM
Pantoprazole Sodium Oral Tablet Delayed Release 20 MG, 40 MG	Tier 2	RM
Propantheline Bromide Oral Tablet 15 MG	Tier 2	RM
Rabeprazole Sodium Oral Tablet Delayed Release 20 MG	Tier 2	RM
Sucralfate Oral Suspension 1 GM/10ML	Tier 2	RO; DL
Sucralfate Oral Tablet 1 GM	Tier 2	RM
Urinary Antispasmodics		
Bethanechol Chloride Oral Tablet 10 MG, 25 MG, 5 MG, 50 MG	Tier 2	RM
Fesoterodine Fumarate ER Oral Tablet Extended Release 24 Hour 4 MG, 8 MG	Tier 2	RM
Flavoxate HCl Oral Tablet 100 MG	Tier 2	RM
Mirabegron ER Oral Tablet Extended Release 24 Hour 25 MG, 50 MG	Tier 4	PA; RM

This formulary is effective 01/01/2027

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page vii.

Drug Name	Drug Tier	Requirements/Limits
Oxybutynin Chloride ER Oral Tablet Extended Release 24 Hour 10 MG, 15 MG, 5 MG	Tier 2	RM
Oxybutynin Chloride Oral Syrup 5 MG/5ML	Tier 2	RO; DL
Oxybutynin Chloride Oral Tablet 5 MG	Tier 2	RM
Solifenacin Succinate Oral Tablet 10 MG, 5 MG	Tier 2	RM
Tolterodine Tartrate ER Oral Capsule Extended Release 24 Hour 2 MG, 4 MG	Tier 2	RM; FHCP
Tolterodine Tartrate Oral Tablet 1 MG, 2 MG	Tier 2	RM
Trospium Chloride ER Oral Capsule Extended Release 24 Hour 60 MG	Tier 2	RM; FHCP
Trospium Chloride Oral Tablet 20 MG	Tier 2	RM
Vaccines		
Abrysvo Intramuscular Solution Reconstituted 120 MCG/0.5ML	Tier 3	RO; QL (1 EA per 365 days); DL
Afluria Intramuscular Suspension	Tier 1	RO
Afluria Quadrivalent Intramuscular Suspension	Tier 1	RO
Afluria Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 1	RO
Arexvy Intramuscular Suspension Reconstituted 120 MCG/0.5ML	Tier 3	RO; QL (1 EA per 365 days); DL
BCG Vaccine Injection Solution Reconstituted 50 MG	Tier 3	RO
Bexsero Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	RO; AL (Max 25 Years)
Capvaxive Intramuscular Solution Prefilled Syringe 0.5 ML	Tier 3	RO
Comirnaty 5-11 Years Intramuscular Suspension 10 MCG/0.3ML	Tier 3	RO; DL
Comirnaty Intramuscular Suspension 30 MCG/0.3ML	Tier 3	RO
Comirnaty Intramuscular Suspension Prefilled Syringe 30 MCG/0.3ML	Tier 3	RO
Engerix-B Injection Suspension 10 MCG/0.5ML	Tier 3	RO; AL (Max 19 Years)
Engerix-B Injection Suspension 20 MCG/ML	Tier 3	RO; AL (Min 20 Years)
Engerix-B Injection Suspension Prefilled Syringe 10 MCG/0.5ML, 20 MCG/ML	Tier 3	RO

Drug Name	Drug Tier	Requirements/Limits
Fluad Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 1	RO; AL (Min 65 Years)
Fluad Quadrivalent Intramuscular Prefilled Syringe 0.5 ML	Tier 1	RO; AL (Min 65 Years)
Fluarix Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 1	RO
Flublok Intramuscular Solution Prefilled Syringe 0.5 ML	Tier 1	RO
Flublok Quadrivalent Intramuscular Solution Prefilled Syringe 0.5 ML	Tier 1	RO
Flucelvax Intramuscular Suspension	Tier 1	RO
Flucelvax Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 1	RO
Flucelvax Quadrivalent Intramuscular Suspension	Tier 1	RO
Flucelvax Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 1	RO
Flulaval Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 1	RO
Fluzone High-Dose Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 1	RO
Fluzone High-Dose Quadrivalent Intramuscular Suspension Prefilled Syringe 0.7 ML	Tier 1	RO; AL (Min 65 Years)
Fluzone Intramuscular Suspension	Tier 1	RO
Fluzone Quadrivalent Intramuscular Suspension , 0.5 ML	Tier 1	RO
Fluzone Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 1	RO
Gardasil 9 Intramuscular Suspension 0.5 ML	Tier 3	RO; AL (Max 46 Years)
Gardasil 9 Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	RO; AL (Max 46 Years)
Havrix Intramuscular Suspension 1440 EL U/ML	Tier 3	RO; AL (Min 19 Years)
Havrix Intramuscular Suspension 720 EL U/0.5ML	Tier 3	RO; AL (Max 18 Years)
Imovax Rabies Intramuscular Suspension Reconstituted 2.5 UNIT/ML	Tier 3	RO
Ipol Injection Injectable	Tier 3	RO
Jynneos Subcutaneous Suspension 0.5 ML	Tier 3	RO

Drug Name	Drug Tier	Requirements/Limits
Menactra Intramuscular Injectable	Tier 3	RO
Menactra Intramuscular Solution	Tier 3	RO
MenQuadfi Intramuscular Solution 0.5 ML	Tier 3	RO
Menveo Intramuscular Solution	Tier 3	RO
Menveo Intramuscular Solution Reconstituted	Tier 3	RO
M-M-R II Injection Solution Reconstituted	Tier 3	RO
mNexspike Intramuscular Suspension Prefilled Syringe 10 MCG/0.2ML	Tier 3	RO
Moderna COVID-19 Vac 6m-11y Intramuscular Suspension Prefilled Syringe 25 MCG/0.25ML	Tier 3	RO
MResvia Intramuscular Suspension Prefilled Syringe 50 MCG/0.5ML	Tier 3	RO
Novavax COVID-19 Vaccine Intramuscular Suspension 5 MCG/0.5ML	Tier 3	RO
Penbraya Intramuscular Suspension Reconstituted	Tier 3	RO
Pfizer COVID-19 Vac-TriS 5-11y Intramuscular Suspension 10 MCG/0.3ML	Tier 3	RO
Pfizer COVID-19 Vac-TriS 6m-4y Intramuscular Suspension 3 MCG/0.3ML	Tier 3	RO
Pneumovax 23 Injection Injectable 25 MCG/0.5ML	Tier 3	RO
PreHevbrio Intramuscular Suspension 10 MCG/ML	Tier 3	RO
Prevnar 13 Intramuscular Suspension	Tier 3	RO; AL (Min 65 Years)
Priorix Subcutaneous Suspension Reconstituted	Tier 3	RO
RabAvert Intramuscular Suspension Reconstituted	Tier 3	RO
Recombivax HB Injection Suspension 10 MCG/ML	Tier 3	RO; AL (Min 20 Years)
Recombivax HB Injection Suspension 40 MCG/ML	Tier 3	RO; DL
Recombivax HB Injection Suspension 5 MCG/0.5ML	Tier 3	RO; AL (Max 19 Years)
Recombivax HB Injection Suspension Prefilled Syringe 10 MCG/ML, 5 MCG/0.5ML	Tier 3	RO
Shingrix Intramuscular Suspension Reconstituted 50 MCG/0.5ML	Tier 3	RO

Drug Name	Drug Tier	Requirements/Limits
Spikevax Intramuscular Suspension 50 MCG/0.5ML	Tier 3	RO
Spikevax Intramuscular Suspension Prefilled Syringe 50 MCG/0.5ML	Tier 3	RO
Trumenba Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	RO; AL (Max 25 Years)
Twinrix Intramuscular Suspension Prefilled Syringe 720-20 ELU-MCG/ML	Tier 3	RO
Vaqta Intramuscular Suspension 25 UNIT/0.5ML	Tier 3	RO; AL (Max 18 Years)
Vaqta Intramuscular Suspension 50 UNIT/ML	Tier 3	RO; AL (Min 19 Years)
Varivax Subcutaneous Injectable 1350 PFU/0.5ML	Tier 3	RO
Vaginal Products		
Clindamycin Phosphate Vaginal Cream 2 %	Tier 2	RO; DL
Encare Vaginal Suppository 100 MG	Tier 1	RO; (Prescription Required); QL (12 EA per 30 days)
Estradiol Vaginal Cream 0.1 MG/GM	Tier 2	RM
Estradiol Vaginal Tablet 10 MCG	Tier 2	RM
Gynazole-1 Vaginal Cream 2 %	Tier 4	RO; QL (5.8 GM per 7 days)
Intrarosa Vaginal Insert 6.5 MG	Tier 4	RM
Metronidazole Vaginal Gel 0.75 %	Tier 2	RO; DL
Options Gynol II Contraceptive Vaginal Gel 3 %	Tier 1	RO; (Prescription Required); QL (81 GM per 30 days)
Phexxi Vaginal Gel 1.8-1-0.4 %	Tier 1	RO; FHCP; QL (60 GM per 31 days); DL
Premarin Vaginal Cream 0.625 MG/GM	Tier 3	RM
Terconazole Vaginal Cream 0.4 %, 0.8 %	Tier 2	RO; DL
Terconazole Vaginal Suppository 80 MG	Tier 2	RO; DL
Today Sponge Vaginal 1000 MG	Tier 1	RO; (Prescription Required); QL (12 EA per 30 days)
VCF Vaginal Contraceptive Vaginal Film 28 %	Tier 1	RO; QL (25.5 EA per 30 days); DL
VCF Vaginal Contraceptive Vaginal Gel 4 %	Tier 1	RO; (Prescription Required); QL (2.55 GM per 30 days)
Vasopressors		
Epinephrine Injection Solution Auto-Injector 0.15 MG/0.3ML, 0.3 MG/0.3ML	Tier 2	RM; QL (2 EA per 30 days)
Midodrine HCl Oral Tablet 10 MG, 2.5 MG, 5 MG	Tier 2	RM

Drug Name	Drug Tier	Requirements/Limits
Symjepi Injection Solution Prefilled Syringe 0.15 MG/0.3ML, 0.3 MG/0.3ML	Tier 4	RM; QL (2 EA per 30 days)
Vitamins		
Phytonadione Oral Tablet 5 MG	Tier 2	RO; QL (3 EA per 31 days); DL
Vitamin D (Ergocalciferol) Oral Capsule 1.25 MG (50000 UT)	Tier 2	RM
Vitamin D3 Oral Capsule 10 MCG (400 UNIT), 25 MCG (1000 UT)	Tier 1	RM; (Prescription Required); AL (Min 65 Years)

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TTY: 1-800-955-8770
Fax: 386-676-7149,
Email: rights@fhcp.com.

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-615-4022 (TTY: 1-800-955-8770).

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