Excellus BlueCross BlueShield Medicare Employer Group Plans

2024 Formulary (List of Covered Drugs)

Please Read: This document contains information about the drugs we cover in this plan.

This formulary was updated on 04/19/2024. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577 (TTY users should call 711), Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit ExcellusMedicare.com/Formulary.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Excellus BlueCross BlueShield is an HMO plan and PPO with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Excellus BlueCross BlueShield. When it refers to “plan” or “our plan,” it means Excellus BlueCross BlueShield.

This document includes a list of the drugs (formulary) for our plan which is current as of 04/19/2024.
For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Excellus BlueCross BlueShield Medicare Employer Group Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Excellus BlueCross BlueShield Medicare Employer Group Formulary?”.
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Excellus BlueCross BlueShield Medicare Employer Group Formulary?".

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/19/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. An updated copy of the formulary book will be on our website and a printed copy can be requested on our website or by calling us at the telephone numbers found on the front and back covers of this book.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** 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.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 60 tablets per prescription for ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **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.

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

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Excellus BlueCross BlueShield Medicare Employer Group Formulary?" on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Excellus BlueCross BlueShield Medicare Employer Group Formulary?

You can ask our plan 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, unless the drug is 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, our plan 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, our plan will only approve your request for an exception if the alternative drugs 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 should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours 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 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Any member experiencing a level of care change, such as a change in their treatment setting, will be provided a one time, up to 31-day supply of medication. This includes emergency supplies of non-formulary drugs and most Part D drugs which require prior authorization or step therapy, or that have an approved quantity limit lower than the beneficiary's current dose.

For more information

For more detailed information about your Excellus BlueCross BlueShield prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Excellus BlueCross BlueShield Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 87 .

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

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

EXPLANATION OF REQUIREMENTS/LIMITS	
QUANTITY LIMITS (QL)	For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 60 tablets per 30-day prescription for ENTRESTO.
PRIOR AUTHORIZATION (PA)	Certain medications require prior authorization. This means that you need approval before you fill your prescription. If you don't get approval, the drug may not be covered.
STEP THERAPY (ST)	In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
VERIFICATION FOR PART B OR PART D (B/D PA)	These medications require prior authorization only to determine whether they qualify for payment under Part B or Part D.
EXCLUDED PART D DRUGS (EX)	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
RECOMMENDED VACCINE (RV)	Our plan covers all Part D adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no member cost, regardless of tier.
INSULIN (I)	Member cost is no more than $35 for a 30-day supply of each insulin product covered by our plan, regardless of tier.

DESCRIPTION OF TIERS	
TIER 1	Most generic drugs on our formulary. Includes many of the preventive vaccines recommended for adult immunization.
TIER 2	Preferred brand-name drugs that have unique, significant clinical advantages and offer overall greater value over the other products in the same drug class. Certain generic drugs may appear in Tier 2 due to the high cost of the drug or the potential safety concerns for our Part D members.
TIER 3	Non-preferred or higher cost drugs. Certain generic drugs may appear in Tier 3 due to the high cost of the drug or the potential safety concerns for our Part D members.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib	Tier 1	QL (60 per 30 days)
diclofenac epolamine 1.3% patch	Tier 3	PA, QL (60 per 30 days)
diclofenac pot 50 mg tablet	Tier 1	
diclofenac sodium (1% gel, 1.5% topical soln, sod dr 25 mg tab, sod dr 50 mg tab, sod dr 75 mg tab, sod ec 25 mg tab, sod ec 50 mg tab, sod ec 75 mg tab)	Tier 1	
diclofenac sodium er	Tier 1	
diclofenac sodium-misoprostol	Tier 2	
diflunisal	Tier 1	
ec-naproxen	Tier 3	
etodolac	Tier 1	
etodolac er	Tier 1	
fenoprofen 600 mg tablet	Tier 3	
flurbiprofen	Tier 1	
IBU	Tier 1	
ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)	Tier 1	
indomethacin (25 mg capsule, 50 mg capsule)	Tier 1	
indomethacin er	Tier 1	
ketoprofen 50 mg capsule	Tier 3	
ketoprofen 75 mg capsule	Tier 2	
ketoprofen er 200 mg capsule	Tier 3	QL (30 per 30 days)
ketorolac 10 mg tablet	Tier 1	QL (20 per 30 days)
meclofenamate sodium	Tier 1	
meloxicam 15 mg tablet	Tier 1	QL (30 per 30 days)
meloxicam 7.5 mg tablet	Tier 1	QL (60 per 30 days)
nabumetone	Tier 1	
naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)	Tier 1	
naproxen (dr 375 mg tablet, dr 500 mg tablet)	Tier 3	
naproxen sodium (275 mg tab, 550 mg tab)	Tier 1	
naproxen sodium ds	Tier 1	
naproxen-esomeprazole mag	Tier 3	PA, QL (60 per 30 days)
oxaprozin (600 mg caplet, 600 mg tablet)	Tier 1	
piroxicam	Tier 1	
sulindac	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA (600 MCG FILM, 750 MCG FILM, 900 MCG FILM)	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM)	Tier 3	QL (60 per 30 days)
buprenorphine patch	Tier 2	
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)	Tier 1	
fentanyl (37.5 mcg/hr patch, 62.5 mcg/hr patch, 87.5 mcg/hr patch)	Tier 3	
hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)	Tier 3	
hydromorphone er	Tier 3	
levorphanol tartrate	Tier 3	
methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc)	Tier 1	
METHADONE INTENSOL	Tier 1	
METHADOSE (10 MG/ML ORAL CONC, 40 MG TABLET DISPR)	Tier 1	
morphine sulfate er (10 mg cap, 20 mg cap, 30 mg cap, 50 mg cap, 60 mg cap, 75 mg cap, 80 mg cap, 90 mg cap, 100 mg cap, sulf er 100 mg tablet, sulf er 200 mg tablet)	Tier 3	
morphine sulfate er (40 mg cap, 45 mg cap, 120 mg cap)	Tier 2	
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)	Tier 1	
oxycodone hcl er	Tier 3	
oxymorphone hcl er	Tier 3	
tramadol hcl er (100 mg capsule, 100 mg tablet, er 100 mg tablet, 200 mg capsule, 200 mg tablet, er 200 mg tablet, 300 mg capsule, 300 mg tablet, er 300 mg tablet)	Tier 2	
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)	Tier 1	
asa-butalb-caffeine-codeine	Tier 3	
ASCOMP WITH CODEINE	Tier 3	
butalb-acetamin-caff 50-325-40 tab	Tier 3	
butalb-apap-caf-cod 50-325-40-30 cap	Tier 3	
butalbital compound-codeine	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
butalbital-acetaminophen 50-325 tab	Tier 3	
butalbital-aspirin-caffeine	Tier 3	
butorphanol 10 mg/ml spray	Tier 3	
codeine sulfate (15 mg tablet, 30 mg tablet)	Tier 1	
codeine sulfate 60 mg tablet	Tier 2	
ENDOCET	Tier 1	
fentanyl citrate (cit 100 mcg buccal tb, cit 200 mcg buccal tb, cit 400 mcg buccal tb, cit 600 mcg buccal tb, cit 800 mcg buccal tb, cit otfc 1,200 mcg, cit otfc 1,600 mcg, otfc 200 mcg, otfc 400 mcg, otfc 600 mcg, otfc 800 mcg)	Tier 3	PA
hydrocodone-acetaminophen (5-300 mg, 7.5-300, 10-300 mg)	Tier 2	
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-325 mg, hydrocodone-acetamin 10-325/15, hydrocodone-acetamn 7.5-325/15)	Tier 1	
hydrocodone-ibuprofen (5-200 mg, 7.5-200)	Tier 2	
hydrocodone-ibuprofen 10-200	Tier 3	
hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml amp, 1 mg/ml carpujct, 1 mg/ml solution, 1 mg/ml syringe, 2 mg tablet, 2 mg/ml amp, 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg tablet, 4 mg/ml amp, 4 mg/ml carpujct, 5 mg/5 ml soln, 8 mg tablet)	Tier 1	
LAZANDA (100 MCG NASAL SPRAY, 400 MCG NASAL SPRAY)	Tier 3	PA
morphine sulfate (2 mg/ml carpuject, 2 mg/ml syringe, 4 mg/ml carpuject, 4 mg/ml syringe, 4 mg/ml vial, 5 mg/10 ml vial, 5 mg/ml syringe, 8 mg/ml vial, 10 mg/10 ml vial, 10 mg/ml carpuject, 10 mg/ml syringe, 10 mg/ml vial)	Tier 2	
morphine sulfate (ir 15 mg tab, ir 30 mg tab, sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc)	Tier 1	
nalbuphine hcl	Tier 1	
oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet, 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln, (ir) 10 mg tab, (ir) 15 mg tab, 15 mg tablet, (ir) 20 mg tab, 20 mg tablet, (ir) 30 mg tab, 30 mg tablet)	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
oxycodone hcl 100 mg/5 ml conc	Tier 3	
oxycodone-acetaminophen (oxycodon-acetaminophen 2.5-325, oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 2.5-325, oxycodone-acetaminophn 7.5-325)	Tier 1	
oxymorphone hcl	Tier 2	
pentazocine-naloxone hcl	Tier 2	
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY)	Tier 3	PA
tramadol hcl 100 mg tablet	Tier 2	
tramadol hcl 50 mg tablet	Tier 1	
tramadol hcl-acetaminophen	Tier 1	
ANESTHETICS (CONTINUED)		
LOCAL ANESTHETICS		
lidocaine 5% ointment	Tier 2	
lidocaine 5% patch	Tier 2	PA, QL (90 per 30 days)
lidocaine hcl (0.5% vial, 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% abboject, 1% ampul, 1% syringe, 1% vial, 1.5% ampul, 2% 100 mg/5 ml, 2% 200 mg/10 ml, 2% 40 mg/2 ml, 2% 40 mg/2 ml vl, 2% abboject, 2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 2% luer-jet, 2% syringe, 2% vial, 4% ampul, 4% solution, 100 mg/5 ml (2%) syr)	Tier 1	
lidocaine hcl viscous	Tier 1	
lidocaine-prilocaine	Tier 1	
PLIAGLIS	Tier 3	
SYNERA	Tier 3	
ZTLIDO	Tier 3	PA, QL (90per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (CONTINUED)		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium	Tier 2	
disulfiram	Tier 2	
naltrexone hcl	Tier 1	
OPIOID DEPENDENCE		
buprenorphine hcl (2 mg tablet sl, 8 mg tablet sl)	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (CONTINUED)		
buprenorphine-naloxone	Tier 1	
LUCEMYRA	Tier 3	
VIVITROL	Tier 3	
OPIOID REVERSAL AGENTS		
KLOXXADO	Tier 2	QL (2 per 30 days)
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)	Tier 1	
NARCAN	Tier 2	
OPVEE	Tier 2	
ZIMHI	Tier 2	
SMOKING CESSATION AGENTS		
bupropion hcl sr 150 mg tablet	Tier 1	
NICOTROL	Tier 3	
NICOTROL NS	Tier 3	
varenicline starting month box	Tier 3	QL (336 per 365 days)
varenicline starting month box	Tier 3	QL (336 per 365 days)
varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)	Tier 2	QL (336 per 365 days)
ANTIBACTERIALS (CONTINUED)		
AMINOGLYCOSIDES		
amikacin sulfate	Tier 1	
ARIKAYCE	Tier 3	PA, QL (236 per 28 days)
gentamicin sulfate (0.1% cream, 0.1% ointment, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)	Tier 1	
gentamicin sulfate in ns (isoton 60 mg/50 ml, 80 mg/ns 100 ml pb, 80 mg/ns 50 ml pb, iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml, 100 mg/ns 100 ml, isoton 100 mg/50 ml)	Tier 1	
neomycin sulfate	Tier 1	
paromomycin sulfate	Tier 1	
streptomycin sulfate	Tier 3	
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	Tier 2	
ANTIBACTERIALS, OTHER		
acetic acid 0.25% irrig soln	Tier 3	
acetic acid 2% ear solution	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
aztreonam	Tier 1	
CLEOCIN 100 MG VAGINAL OVULE	Tier 3	
CLINDACIN ETZ 1% PLEDGET	Tier 3	
CLINDACIN P	Tier 3	
clindamycin (pediatric)	Tier 1	
clindamycin hcl	Tier 1	
clindamycin pediatric	Tier 1	
clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget)	Tier 1	
clindamycin phosphate-d5w	Tier 1	
colistimethate	Tier 3	
DALVANCE	Tier 3	
daptomycin	Tier 3	
daptomycin-0.9% nacl	Tier 3	
FIRVANQ (25 MG/ML SOLUTION, 50 MG/ML SOLUTION)	Tier 2	
fosfomycin tromethamine	Tier 2	
linezolid 100 mg/5 ml susp	Tier 3	
linezolid 600 mg tablet	Tier 3	QL (60 per 30 days)
linezolid-0.9% nacl	Tier 3	
linezolid-d5w	Tier 3	
methenamine hippurate	Tier 1	
METRO IV	Tier 1	
metronidazole (0.75% cream, topical 0.75% gl, vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)	Tier 1	
metronidazole (0.75% lotion, top 1% gel pump, topical 1% gel)	Tier 2	
metronidazole 375 mg capsule	Tier 3	
nitrofurantoin (50 mg cap, 100 mg cap)	Tier 1	
nitrofurantoin mcr 25 mg cap	Tier 2	
nitrofurantoin mono-macro	Tier 1	
NUVESSA	Tier 3	
PRIMSOL	Tier 3	
ROSADAN (CREAM, GEL)	Tier 1	
SIVEXTRO	Tier 3	PA, QL (6 per 6 days)
SOLOSEC	Tier 3	
tigecycline	Tier 3	
tinidazole	Tier 1	
trimethoprim	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
vancomycin 750 mg/150 ml bag	Tier 1	
vancomycin hcl (1 gm add-van vial, 1 gm vial, 1.25 gm/250 ml bag, 1.75 gm/350 ml bag, 5 gm vial, 10 gm vial, 25 mg/ml oral soln, 100 gm smartpak)	Tier 2	
vancomycin hcl (1 gram/200 ml bag, 1g/200 ml bag, 1.25 gram vial, 1.5 gram vial, 250 mg vial, 500 mg a-v vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)	Tier 1	
vancomycin hcl (125 mg capsule, 250 mg capsule)	Tier 3	
vancomycin in 0.9 % sodium chloride	Tier 1	
vancomycin-d5w 500 mg/100 ml	Tier 1	
XENLETA 600 MG TABLET	Tier 3	PA, QL (14 per 7 days)
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)	Tier 1	
cefaclor er	Tier 2	
cefadroxil (250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	Tier 1	
cefadroxil 1 gm tablet	Tier 2	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)	Tier 1	
cefazolin sodium-dextrose (1 g/50, 2 g/100, 2 g/50)	Tier 1	
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	Tier 1	
cefepime	Tier 3	
cefepime hcl	Tier 3	
cefepime-dextrose	Tier 3	
cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)	Tier 2	
CEFOTAN 2 GM VIAL	Tier 1	
cefotaxime sodium	Tier 1	
cefotetan & dextrose	Tier 1	
cefotetan 10 gm vial	Tier 1	
cefoxitin	Tier 1	
cefoxitin sodium	Tier 1	
cefpodoxime proxetil (100 mg tablet, 200 mg tablet)	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
cefpodoxime proxetil (50 mg/5 ml susp, 100 mg/5 ml susp)	Tier 2	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	Tier 1	
ceftazidime	Tier 1	
ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)	Tier 1	
cefuroxime	Tier 1	
cefuroxime sodium	Tier 1	
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)	Tier 1	
cephalexin 750 mg capsule	Tier 3	
FETROJA	Tier 3	
TEFLARO	Tier 3	
ZERBAXA	Tier 3	
BETA-LACTAM, PENICILLINS		
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)	Tier 1	
amoxicillin-clavulanate pot er	Tier 2	
amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 600-42.9 mg/5 ml sus)	Tier 2	
amoxicillin-clavulanate potass (250-125 mg tablet, 500-125 mg tablet, 875-125 mg tablet)	Tier 1	
ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial)	Tier 2	
ampicillin sodium (2 gm add-vantage vl, 2 gm vial, 250 mg vial, 500 mg vial)	Tier 1	
ampicillin trihydrate	Tier 1	
ampicillin-sulbactam	Tier 2	
BICILLIN C-R	Tier 3	
BICILLIN L-A	Tier 3	
dicloxacillin sodium	Tier 1	
nafcillin	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
nafcillin sodium	Tier 3	
oxacillin	Tier 3	
oxacillin sodium	Tier 3	
pen g 1.2 million unit/2 ml	Tier 3	
penicillin g 600,000 unit/1 ml	Tier 1	
penicillin g sodium	Tier 3	
penicillin gk-iso-osm dextrose	Tier 3	
penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	Tier 1	
PFIZERPEN	Tier 3	
piperacillin-tazobactam	Tier 2	
CARBAPENEMS		
ertapenem	Tier 3	
imipenem-cilastatin 500 mg vl	Tier 3	
meropenem iv 1 gm vial	Tier 3	
meropenem iv 500 mg vial	Tier 2	
meropenem-0.9% nacl 1 gram/50	Tier 3	
meropenem-0.9% nacl 500 mg/50	Tier 2	
RECARBRIO	Tier 3	
VABOMERE	Tier 3	
MACROLIDES		
azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)	Tier 1	
clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)	Tier 3	
clarithromycin (250 mg tablet, 500 mg tablet)	Tier 1	
clarithromycin er	Tier 2	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	Tier 3	
E.E.S. 400	Tier 2	
ERYTHROCIN STEARATE	Tier 3	
erythromycin (250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)	Tier 2	
erythromycin es 400 mg tab	Tier 2	
QUINOLONES		
BAXDELA	Tier 3	QL (28 per 14 days)
ciprofloxacin (250 mg/5 ml susp, 400 mg/40 ml vl)	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	Tier 1	
ciprofloxacin hcl 100 mg tab	Tier 3	
ciprofloxacin-d5w	Tier 1	
levofloxacin (25 mg/ml solution, 250 mg/10 ml soln, 500 mg/20 ml soln)	Tier 2	
levofloxacin (250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)	Tier 1	
levofloxacin-d5w (250 mg/50, 500 mg/100)	Tier 1	
moxifloxacin 400 mg/250 ml bag	Tier 3	
moxifloxacin hcl	Tier 1	
ofloxacin (300 mg tablet, 400 mg tablet)	Tier 2	
SULFONAMIDES		
sodium sulfacetamide 10% lot	Tier 1	
sulfacetamide sodium (sod top susp, sodium lotn)	Tier 1	
sulfadiazine	Tier 1	
sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)	Tier 1	
SULFATRIM	Tier 1	
TETRACYCLINES		
demeclocycline hcl	Tier 2	
DOXY 100	Tier 3	
doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)	Tier 1	
doxycycline hyclate (50 mg tablet, hyc dr 50 mg tab, 75 mg tab, 100 mg vl, 150 mg tab)	Tier 3	
doxycycline hyclate (dr 75 mg tab, dr 100 mg tab, dr 150 mg tab, dr 200 mg tab)	Tier 2	
doxycycline ir-dr	Tier 3	
doxycycline mono 150 mg tablet	Tier 2	
doxycycline mono 75 mg capsule	Tier 3	
doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet)	Tier 1	
minocycline er (105 mg tablet, 135 mg tablet)	Tier 3	
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	Tier 1	
minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)	Tier 2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
minocycline hcl er	Tier 3	
NUZYRA (150 MG TABLET, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD)	Tier 3	PA, QL (30 per 14 days)
ORACEA	Tier 3	
tetracycline hcl (250 mg capsule, 500 mg capsule)	Tier 1	
VIBRAMYCIN 50 MG/5 ML SYRUP	Tier 3	
ANTICONVULSANTS (CONTINUED)		
ANTICONVULSANTS, OTHER		
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	Tier 3	QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLN	Tier 3	QL (600 per 30 days)
DIACOMIT	Tier 3	
EPIDIOLEX	Tier 3	PA
EPRONTIA	Tier 3	
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)	Tier 3	
FINTEPLA	Tier 3	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Tier 3	
lamotrigine (green)	Tier 3	
lamotrigine (orange)	Tier 3	
lamotrigine er	Tier 3	
levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)	Tier 1	
levetiracetam er 500 mg tablet	Tier 1	QL (180 per 30 days)
levetiracetam er 750 mg tablet	Tier 1	QL (120 per 30 days)
SPRITAM (250 MG TABLET, 500 MG TABLET, 1,000 MG TABLET)	Tier 3	QL (60 per 30 days)
SPRITAM 750 MG TABLET	Tier 3	QL (120 per 30 days)
SUBVENITE (GREEN)	Tier 3	
SUBVENITE (ORANGE)	Tier 3	
topiramate er (25 mg capsule, 50 mg capsule, 100 mg capsule)	Tier 3	QL (30 per 30 days)
topiramate er 150 mg capsule	Tier 3	
topiramate er 200 mg capsule (generic qudexy xr)	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS (CONTINUED)		
valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)	Tier 1	
XCOPRI (150 MG TABLET, 200 MG TABLET)	Tier 3	QL (60 per 30 days)
XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)	Tier 3	QL (56 per 28 days)
XCOPRI (50 MG TABLET, 100 MG TABLET)	Tier 3	QL (30 per 30 days)
XCOPRI (50-100 MG PAK, 150-200 MG PK)	Tier 3	QL (28 per 28 days)
XCOPRI 12.5-25 MG TITRATION PK	Tier 2	QL (28 per 28 days)
ZTALMY	Tier 3	PA
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	Tier 1	
methsuximide	Tier 3	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)	Tier 2	
clonazepam	Tier 1	
clorazepate dipotassium	Tier 2	
DIASTAT	Tier 3	
DIASTAT ACUDIAL	Tier 3	
diazepam (10 mg/2 ml carpuject, 50 mg/10 ml vial)	Tier 1	
diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)	Tier 3	
gabapentin (100 mg capsule, 600 mg tablet)	Tier 1	
NAYZILAM	Tier 3	
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)	Tier 1	
pregabalin 20 mg/ml solution	Tier 2	
pregabalin 200 mg capsule	Tier 2	QL (90per 30 days)
pregabalin 300 mg capsule	Tier 2	QL (60 per 30 days)
primidone (50 mg tablet, 250 mg tablet)	Tier 1	
primidone 125 mg tablet	Tier 3	
SYMPAZAN (5 MG FILM, 10 MG FILM)	Tier 3	QL (60 per 30 days)
SYMPAZAN 20 MG FILM	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS (CONTINUED)		
tiagabine hcl	Tier 3	
VALTOCO	Tier 3	
vigabatrin	Tier 3	
VIGADRONE	Tier 3	
VIGPODER	Tier 3	
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TABLET, 400 MG TABLET, 800 MG TABLET)	Tier 3	QL (30 per 30 days)
APTIOM 600 MG TABLET	Tier 3	QL (60 per 30 days)
carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)	Tier 1	
carbamazepine er (100 mg cap, 200 mg cap, 200 mg tablet, 300 mg cap, 400 mg tablet)	Tier 1	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	Tier 3	
EPITOL	Tier 1	
EQUETRO	Tier 3	
lacosamide (10 mg/ml solution, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup)	Tier 3	
lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	Tier 2	QL (60 per 30 days)
MOTPOLY XR 100 MG CAPSULE	Tier 3	PA, QL (30 per 30 days)
MOTPOLY XR 150 MG CAPSULE	Tier 3	PA, QL (60 per 30 days)
MOTPOLY XR 200 MG CAPSULE	Tier 3	PA
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)	Tier 1	
phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)	Tier 1	
phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)	Tier 1	
rufinamide 200 mg tablet	Tier 3	QL (480 per 30 days)
rufinamide 40 mg/ml suspension	Tier 3	QL (2400 per 30 days)
rufinamide 400 mg tablet	Tier 3	QL (240 per 30 days)
TEGRETOL 200 MG TABLET	Tier 3	
TEGRETOL XR	Tier 3	
ZONISADE	Tier 3	
zonisamide	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEMENTIA AGENTS (CONTINUED)		
ANTIDEMENTIA AGENTS, OTHER		
ergoloid mesylates	Tier 2	
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	Tier 3	PA, QL (30 per 30 days)
NAMZARIC TITRATION PACK	Tier 3	PA, QL (28 per 28 days)
CHOLINESTERASE INHIBITORS		
ADLARITY 10MG/DAY WEEKLY PATCH	Tier 3	ST
ADLARITY 5 MG/DAY WEEKLY PATCH	Tier 3	ST, QL (4 per 28 days)
donepezil hcl (5 mg tablet, 10 mg tablet)	Tier 1	
donepezil hcl 23 mg tablet	Tier 2	QL (30 per 30 days)
donepezil hcl odt	Tier 1	
galantamine 4 mg/ml oral soln	Tier 1	
galantamine er	Tier 1	QL (30 per 30 days)
galantamine hbr	Tier 1	QL (60 per 30 days)
rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)	Tier 1	QL (60 per 30 days)
rivastigmine (9.5 mg/24hr patch, 13.3 mg/24hr ptch)	Tier 2	
rivastigmine 4.6 mg/24hr patch	Tier 2	QL (30 per 30 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine 5-10 mg titration pk	Tier 1	QL (49 per 28 days)
memantine hcl (5 mg tablet, 10 mg tablet)	Tier 1	QL (60 per 30 days)
memantine hcl 2 mg/ml solution	Tier 2	QL (300 per 30 days)
memantine hcl er	Tier 2	QL (30 per 30 days)
ANTIDEPRESSANTS (CONTINUED)		
ANTIDEPRESSANTS, OTHER		
ABILIFY MAINTENA (ER 300 MG VL, ER 400 MG SYR)	Tier 3	
ABILIFY MYCITE (15 MG KIT, 15 MG MAINT KIT, 15 MG START KIT)	Tier 3	PA
APLENZIN	Tier 3	QL (30 per 30 days)
aripiprazole (5 mg tablet, 10 mg tablet)	Tier 1	
aripiprazole odt 15 mg tablet	Tier 2	
AUVELITY	Tier 3	PA, QL (60 per 30 days)
bupropion hcl	Tier 1	
bupropion hcl sr (100 mg tablet, 200 mg tablet)	Tier 1	
bupropion hcl xl 450 mg tablet	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANTS (CONTINUED)		
bupropion xl (150 mg tablet, 300 mg tablet)	Tier 1	
chlordiazepoxide-amitriptyline	Tier 3	
mirtazapine	Tier 1	
olanzapine-fluoxetine hcl	Tier 3	
perphenazine-amitriptyline	Tier 2	
quetiapine er 400 mg tablet	Tier 2	QL (60 per 30 days)
quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet)	Tier 2	QL (30 per 30 days)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	Tier 3	PA, QL (28 per 365 days)
ZURZUVAE 30 MG CAPSULE	Tier 3	PA, QL (14 per 365 days)
MONOAMINE OXIDASE INHIBITORS		
EMSAM	Tier 3	QL (30 per 30 days)
MARPLAN	Tier 3	
phenelzine sulfate	Tier 1	
tranylcypromine sulfate	Tier 1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS		
citalopram hbr (10 mg tablet, 10 mg/5 ml soln, 20 mg tablet, 20 mg/10 ml cup, 40 mg tablet)	Tier 1	
desvenlafaxine er	Tier 3	QL (30 per 30 days)
desvenlafaxine succinate er	Tier 1	QL (30 per 30 days)
DRIZALMA SPRINKLE	Tier 3	
duloxetine hcl dr 40 mg cap	Tier 3	QL (60 per 30 days)
escitalopram 10 mg tablet	Tier 1	
escitalopram oxalate 5 mg/5 ml	Tier 3	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	Tier 3	QL (30 per 30 days)
FETZIMA 20-40 MG TITRATION PAK	Tier 3	QL (28 per 28 days)
fluoxetine dr 90 mg capsule (weekly)	Tier 3	QL (8 per 28 days)
fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)	Tier 1	
fluoxetine hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln cup, 20 mg/5 ml solution, 60 mg tablet)	Tier 3	
fluvoxamine maleate	Tier 1	
fluvoxamine maleate er	Tier 2	
nefazodone hcl	Tier 1	
paroxetine cr 37.5 mg tablet	Tier 2	
paroxetine er 37.5 mg tablet	Tier 2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANTS (CONTINUED)		
paroxetine hcl 10 mg/5 ml susp	Tier 3	
paroxetine hcl 40 mg tablet	Tier 1	
PEXEVA (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	Tier 3	
sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)	Tier 1	
trazodone hcl	Tier 1	
TRINTELLIX	Tier 3	QL (30 per 30 days)
venlafaxine hcl	Tier 1	
venlafaxine hcl er (37.5 mg cap, 150 mg cap)	Tier 1	QL (90 per 30 days)
vilazodone hcl	Tier 1	QL (30 per 30 days)
TRICYCLICS		
amitriptyline hcl	Tier 2	
amoxapine	Tier 2	
clomipramine hcl	Tier 2	
desipramine hcl	Tier 2	
doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	Tier 1	
imipramine hcl	Tier 2	
imipramine pamoate	Tier 3	
nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 20 mg/10 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)	Tier 2	
protriptyline hcl	Tier 2	
trimipramine maleate	Tier 2	
ANTIEMETICS (CONTINUED)		
ANTIEMETICS, OTHER		
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	Tier 3	
COMPRO	Tier 1	
meclizine hcl (12.5 mg tablet, 25 mg tablet)	Tier 1	
metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)	Tier 1	
perphenazine	Tier 1	
PHENADOZ	Tier 3	
prochlorperazine	Tier 1	
prochlorperazine maleate	Tier 1	
promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 25 mg/ml ampul, 25 mg/ml vial, 50 mg tablet, 50 mg/ml ampul, 50 mg/ml vial)	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIEMETICS (CONTINUED)		
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	Tier 3	
scopolamine	Tier 2	
trimethobenzamide hcl	Tier 2	B/D PA
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO 300-0.5 MG CAPSULE	Tier 3	B/D PA
ANZEMET	Tier 3	B/D PA
aprepitant	Tier 3	B/D PA
CINVANTI	Tier 3	
dronabinol	Tier 3	PA
granisetron hcl 1 mg tablet	Tier 1	B/D PA
ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)	Tier 1	B/D PA
ondansetron hcl (4 mg/2 ml amp, 4 mg/2 ml vial, 40 mg/20 ml vial)	Tier 1	
ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)	Tier 2	B/D PA
ondansetron odt	Tier 1	B/D PA
palonosetron hcl	Tier 3	
SANCUSO	Tier 3	QL (4 per 28 days)
SYNDROS	Tier 3	PA
VARUBI (90 MG TABLET, 180 MG DOSE(2X 90MG TB))	Tier 3	B/D PA
VARUBI 166.5 MG/92.5 ML VIAL	Tier 3	
ANTIFUNGALS (CONTINUED)		
ANTIFUNGALS		
ABELCET	Tier 3	B/D PA
amphotericin b	Tier 1	B/D PA
caspofungin acetate	Tier 3	
CICLODAN 0.77% CREAM	Tier 3	
ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo, 8% solution)	Tier 1	
clotrimazole (1% solution, 1% topical cream, 10 mg troche)	Tier 1	
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	Tier 3	
econazole nitrate	Tier 1	
ERAXIS	Tier 3	
fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIFUNGALS (CONTINUED)		
fluconazole in saline	Tier 3	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	Tier 3	
flucytosine	Tier 3	
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	Tier 2	
griseofulvin ultramicrosize	Tier 2	
itraconazole (10 mg/ml solution, 100 mg/10 ml cup)	Tier 3	
itraconazole 100 mg capsule	Tier 2	
JUBLIA	Tier 3	PA
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	Tier 1	
ketoconazole 2% foam	Tier 3	
KETODAN 2% FOAM	Tier 3	
KLAYESTA	Tier 1	
miconazole 3 200 mg vag supp	Tier 1	
naftifine hcl (1% cream, 1% gel, 2% cream)	Tier 3	
NOXAFIL 300 MG/16.7 ML VIAL	Tier 3	
NYAMYC	Tier 1	
nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)	Tier 1	
NYSTOP	Tier 1	
oxiconazole nitrate	Tier 3	
posaconazole (dr 100 mg tablet, 200 mg/5 ml susp, 300 mg/16.7 ml vl)	Tier 3	
tavaborole	Tier 3	PA
terbinafine hcl	Tier 1	
terconazole (0.4% cream, 0.8% cream)	Tier 1	
terconazole 80 mg suppository	Tier 3	
VIVJOA	Tier 3	PA
voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet)	Tier 3	
voriconazole 200 mg vial	Tier 3	PA
ANTIGOUT AGENTS (CONTINUED)		
ANTIGOUT AGENTS		
allopurinol (100 mg tablet, 300 mg tablet)	Tier 1	
colchicine 0.6 mg capsule	Tier 2	QL (60 per 30 days)
colchicine 0.6 mg tablet	Tier 1	QL (120 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIGOUT AGENTS (CONTINUED)		
febuxostat 40 mg tablet	Tier 2	QL (30 per 30 days)
febuxostat 80 mg tablet	Tier 2	
probenecid	Tier 1	
probenecid-colchicine	Tier 1	
ANTIMIGRAINE AGENTS (CONTINUED)		
ERGOT ALKALOIDS		
dihydroergotamine 4 mg/ml spry	Tier 3	PA, QL (8 per 28 days)
ERGOMAR	Tier 3	QL (20 per 28 days)
ergotamine-caffeine	Tier 2	QL (40 per 30 days)
MIGERGOT	Tier 3	QL (20 per 28 days)
PROPHYLACTIC		
AIMOVIG AUTOINJECTOR (1-PACK)	Tier 2	PA, QL (1 per 28 days)
AJOVY AUTOINJECTOR	Tier 2	PA, QL (1.5 per 28 days)
AJOVY SYRINGE	Tier 2	PA, QL (1.5 per 28 days)
BOTOX	Tier 3	PA
divalproex sodium	Tier 1	
divalproex sodium er	Tier 1	
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	Tier 1	
topiramate	Tier 1	
topiramate er 200 mg capsule (generic trokendi xr)	Tier 3	QL (90per 30 days)
SEROTONIN (5-HT) RECEPTOR AGONISTS		
naratriptan hcl	Tier 1	QL (18 per 30 days)
rizatriptan	Tier 1	QL (24 per 30 days)
sumatriptan 20 mg nasal spray	Tier 3	QL (12 per 30 days)
sumatriptan 5 mg nasal spray	Tier 3	QL (18 per 30 days)
sumatriptan succ-naproxen sod	Tier 3	QL (9 per 30 days)
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	Tier 1	QL (18 per 30 days)
sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)	Tier 3	QL (10 per 30 days)
zolmitriptan (2.5 mg tablet, 5 mg tablet)	Tier 1	QL (12 per 30 days)
zolmitriptan odt	Tier 1	QL (12 per 30 days)
ANTIMYASTHENIC AGENTS (CONTINUED)		
PARASYMPATHOMIMETICS		
pyridostigmine br 30 mg tablet	Tier 2	
pyridostigmine br 60 mg tablet	Tier 1	
pyridostigmine bromide er	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIMYCOBACTERIALS (CONTINUED)		
ANTIMYCOBACTERIALS, OTHER		
dapsone (25 mg tablet, 100 mg tablet)	Tier 1	
rifabutin	Tier 3	
ANTITUBERCULARS		
cycloserine	Tier 3	
ethambutol hcl	Tier 1	
isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)	Tier 1	
PRIFTIN	Tier 3	
pyrazinamide	Tier 1	
rifampin	Tier 1	
SIRTURO	Tier 3	
TRECATOR	Tier 3	
ANTINEOPLASTICS (CONTINUED)		
ALKYLATING AGENTS		
cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)	Tier 2	B/D PA
GLEOSTINE	Tier 3	
LEUKERAN	Tier 3	
MATULANE	Tier 3	
VALCHLOR	Tier 3	PA, QL (60 per 30 days)
ANTIANDROGENS		
abiraterone acetate	Tier 3	
bicalutamide	Tier 1	
ERLEADA 240 MG TABLET	Tier 3	PA
ERLEADA 60 MG TABLET	Tier 3	PA, QL (120 per 30 days)
flutamide	Tier 1	
nilutamide	Tier 3	
NUBEQA	Tier 3	PA
toremifene citrate	Tier 3	
XTANDI (40 MG CAPSULE, 40 MG TABLET)	Tier 3	PA, QL (120 per 30 days)
XTANDI 80 MG TABLET	Tier 3	PA, QL (60 per 30 days)
YONSA	Tier 3	PA, QL (120 per 30 days)
ANTIANGIOGENIC AGENTS		
lenalidomide	Tier 3	QL (30 per 30 days)
POMALYST	Tier 3	PA, QL (21 per 28 days)
REVLIMID	Tier 3	QL (30 per 30 days)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	Tier 3	PA, QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
THALOMID 200 MG CAPSULE	Tier 3	PA, QL (60 per 30 days)
ANTIESTROGENS/MODIFIERS		
EMCYT	Tier 3	
ORSERDU 345 MG TABLET	Tier 3	PA
ORSERDU 86 MG TABLET	Tier 3	PA, QL (90per 30 days)
SOLTAMOX	Tier 3	
tamoxifen citrate	Tier 1	
ANTIMETABOLITES		
BESREMI	Tier 3	PA
DROXIA	Tier 3	
fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial)	Tier 1	B/D PA
hydroxyurea	Tier 1	
melphalan 2mg tablet	Tier 1	B/D PA
mercaptopurine	Tier 1	
ONUREG	Tier 3	PA
PURIXAN	Tier 3	
TABLOID	Tier 3	
ANTINEOPLASTICS, OTHER		
IDHIFA	Tier 3	PA, QL (30 per 30 days)
INQOVI	Tier 3	PA
KISQALI FEMARA 200 MG CO-PACK	Tier 3	PA, QL (49 per 28 days)
KISQALI FEMARA 400 MG CO-PACK	Tier 3	PA, QL (70 per 28 days)
KISQALI FEMARA 600 MG CO-PACK	Tier 3	PA, QL (91 per 28 days)
LONSURF 15 MG-6.14 MG TABLET	Tier 3	PA, QL (100 per 28 days)
LONSURF 20 MG-8.19 MG TABLET	Tier 3	PA, QL (80 per 28 days)
methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)	Tier 1	
NINLARO	Tier 3	PA, QL (3 per 28 days)
SYNRIBO	Tier 3	PA
XPOVIO (40 MG ONCE, 60 MG ONCE, 60 MG TWICE, 80 MG TWICE, 100 MG ONCE)	Tier 3	PA
XPOVIO (40 MG TWICE, 80 MG ONCE)	Tier 3	PA, QL (16 per 28 days)
ZOLINZA	Tier 3	PA, QL (120 per 30 days)
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole	Tier 1	
exemestane	Tier 2	
letrozole	Tier 1	
ENZYME INHIBITORS		
IWILFIN	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
MOLECULAR TARGET INHIBITORS		
AKEEGA	Tier 3	PA
ALECENSA	Tier 3	PA, QL (240 per 30 days)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	Tier 3	PA, QL (30 per 30 days)
ALUNBRIG 30 MG TABLET	Tier 3	PA, QL (60 per 30 days)
AUGTYRO	Tier 3	PA, QL (240 per 30 days)
AYVAKIT (200 MG TABLET, 300 MG TABLET)	Tier 3	PA
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 3	PA, QL (30 per 30 days)
BALVERSA 3 MG TABLET	Tier 3	PA, QL (84 per 28 days)
BALVERSA 4 MG TABLET	Tier 3	PA, QL (56 per 28 days)
BALVERSA 5 MG TABLET	Tier 3	PA
BOSULIF (50 MG CAPSULE, 400 MG TABLET, 500 MG TABLET)	Tier 3	QL (30 per 30 days)
BOSULIF 100 MG CAPSULE	Tier 3	QL (150 per 30 days)
BOSULIF 100 MG TABLET	Tier 3	QL (120 per 30 days)
BRAFTOVI 50 MG CAPSULE	Tier 3	PA, QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE	Tier 3	PA, QL (180 per 30 days)
BRUKINSA	Tier 3	PA, QL (120 per 30 days)
CABOMETYX	Tier 3	PA, QL (30 per 30 days)
CALQUENCE	Tier 3	PA, QL (60 per 30 days)
CAPRELSA 100 MG TABLET	Tier 3	PA, QL (60 per 30 days)
CAPRELSA 300 MG TABLET	Tier 3	PA, QL (30 per 30 days)
COMETRIQ	Tier 3	PA
COPIKTRA	Tier 3	PA, QL (60 per 30 days)
COTELLIC	Tier 3	PA, QL (63 per 28 days)
DAURISMO 100 MG TABLET	Tier 3	PA, QL (30 per 30 days)
DAURISMO 25 MG TABLET	Tier 3	PA, QL (60 per 30 days)
ELREXFIO	Tier 3	PA
EPKINLY	Tier 3	PA
ERIVEDGE	Tier 3	PA, QL (30 per 30 days)
erlotinib hcl (100 mg tablet, 150 mg tablet)	Tier 3	
erlotinib hcl 25 mg tablet	Tier 3	QL (30 per 30 days)
everolimus (2 mg tab susp, 3 mg tab susp)	Tier 3	PA
everolimus (2.5 mg tablet, 5 mg tablet)	Tier 3	PA, QL (30 per 30 days)
everolimus (7.5 mg tablet, 10 mg tablet)	Tier 3	PA, QL (60 per 30 days)
everolimus 5 mg tab for susp	Tier 3	PA, QL (112 per 28 days)
EXKIVITY	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
FOTIVDA	Tier 3	PA
FRUZAQLA 1 MG CAPSULE	Tier 3	PA, QL (84 per 28 days)
FRUZAQLA 5 MG CAPSULE	Tier 3	PA, QL (21 per 28 days)
GAVRETO	Tier 3	PA
gefitinib	Tier 3	QL (30 per 30 days)
GILOTRIF	Tier 3	PA, QL (30 per 30 days)
IBRANCE	Tier 3	PA, QL (21 per 28 days)
ICLUSIG (10 MG TABLET, 15 MG TABLET)	Tier 3	PA, QL (30 per 30 days)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	Tier 3	PA
imatinib mesylate 100 mg tab	Tier 3	PA, QL (120 per 30 days)
imatinib mesylate 400 mg tab	Tier 3	PA, QL (60 per 30 days)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET, 560 MG TABLET)	Tier 3	PA, QL (30 per 30 days)
IMBRUVICA 140 MG CAPSULE	Tier 3	PA, QL (120 per 30 days)
IMBRUVICA 70 MG/ML SUSPENSION	Tier 3	PA, QL (216 per 27 days)
INLYTA 1 MG TABLET	Tier 3	PA, QL (180 per 30 days)
INLYTA 5 MG TABLET	Tier 3	PA, QL (120 per 30 days)
INREBIC	Tier 3	PA
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	Tier 3	PA, QL (60 per 30 days)
JAKAFI 25 MG TABLET	Tier 3	PA
JAYPIRCA 100 MG TABLET	Tier 3	PA
JAYPIRCA 50 MG TABLET	Tier 3	PA, QL (30 per 30 days)
KISQALI	Tier 3	PA, QL (63 per 28 days)
KOSELUGO	Tier 3	PA
KRAZATI	Tier 3	PA
lapatinib	Tier 3	PA, QL (150 per 30 days)
LENVIMA (18 MG DAILY, 24 MG DAILY)	Tier 3	PA, QL (90 per 30 days)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	Tier 3	PA, QL (30 per 30 days)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	Tier 3	PA, QL (60 per 30 days)
LENVIMA 12 MG DAILY DOSE	Tier 3	PA, QL (90per 30 days)
LORBRENA 100 MG TABLET	Tier 3	PA, QL (30 per 30 days)
LORBRENA 25 MG TABLET	Tier 3	PA, QL (90per 30 days)
LUMAKRAS	Tier 3	PA
LYNPARZA	Tier 3	PA, QL (120 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
LYTGOBI 12 MG DOSE (3X 4MG TB)	Tier 3	PA, QL (84 per 28 days)
LYTGOBI 16 MG DOSE (4X 4MG TB)	Tier 3	PA, QL (112 per 28 days)
LYTGOBI 20 MG DOSE (5X 4MG TB)	Tier 3	PA, QL (140 per 28 days)
MEKINIST 0.05 MG/ML SOLUTION	Tier 3	PA
MEKINIST 0.5 MG TABLET	Tier 3	PA, QL (90 per 30 days)
MEKINIST 2 MG TABLET	Tier 3	PA, QL (30 per 30 days)
MEKTOVI	Tier 3	PA, QL (180 per 30 days)
NERLYNX	Tier 3	PA, QL (180 per 30 days)
ODOMZO	Tier 3	PA, QL (30 per 30 days)
OGSIVEO	Tier 3	PA, QL (180 per 30 days)
OJJAARA (150 MG TABLET, 200 MG TABLET)	Tier 3	PA
OJJAARA 100 MG TABLET	Tier 3	PA, QL (30 per 30 days)
pazopanib hcl	Tier 3	PA, QL (120 per 30 days)
PEMAZYRE	Tier 3	PA, QL (14 per 21 days)
PHESGO	Tier 3	PA
PIQRAY	Tier 3	PA
QINLOCK	Tier 3	PA, QL (90per 30 days)
RETEVMO 40 MG CAPSULE	Tier 3	PA, QL (180 per 30 days)
RETEVMO 80 MG CAPSULE	Tier 3	PA, QL (120 per 30 days)
REZLIDHIA	Tier 3	PA, QL (60 per 30 days)
REZUROCK	Tier 3	PA, QL (60 per 30 days)
ROZLYTREK 100 MG CAPSULE	Tier 3	PA, QL (150 per 30 days)
ROZLYTREK 200 MG CAPSULE	Tier 3	PA
ROZLYTREK 50 MG PELLET PACKET	Tier 3	PA, QL (360 per 30 days)
RUBRACA	Tier 3	PA, QL (120 per 30 days)
RYDAPT	Tier 3	PA, QL (240 per 30 days)
SCEMBLIX 20 MG TABLET	Tier 3	PA, QL (60 per 30 days)
SCEMBLIX 40 MG TABLET	Tier 3	PA
sorafenib	Tier 3	QL (120 per 30 days)
SPRYCEL (20 MG TABLET, 70 MG TABLET)	Tier 3	QL (60 per 30 days)
SPRYCEL (50 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	Tier 3	QL (30 per 30 days)
STIVARGA	Tier 3	PA
sunitinib malate	Tier 3	QL (30 per 30 days)
TABRECTA	Tier 3	PA, QL (112 per 28 days)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	Tier 3	PA, QL (120 per 30 days)
TAFINLAR 10 MG TABLET FOR SUSP	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
TAGRISSO	Tier 3	PA, QL (30 per 30 days)
TALZENNA	Tier 3	PA, QL (30 per 30 days)
TASIGNA	Tier 3	QL (120 per 30 days)
TAZVERIK	Tier 3	PA, QL (240 per 30 days)
TEPMETKO	Tier 3	PA
TIBSOVO	Tier 3	PA, QL (60 per 30 days)
TRUQAP	Tier 3	PA, QL (64 per 28 days)
TRUSELTIQ (50 MG DAILY PK, 125 MG DAILY PK)	Tier 3	PA, QL (42 per 28 days)
TRUSELTIQ 100 MG DAILY DOSE PK	Tier 3	PA, QL (21 per 28 days)
TRUSELTIQ 75 MG DAILY DOSE PK	Tier 3	PA, QL (63 per 28 days)
TUKYSA 150 MG TABLET	Tier 3	PA, QL (120 per 30 days)
TUKYSA 50 MG TABLET	Tier 3	PA, QL (240 per 30 days)
TURALIO	Tier 3	PA
UKONIQ	Tier 3	PA
VANFLYTA	Tier 3	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	Tier 2	PA, QL (42 per 28 days)
VENCLEXTA 100 MG TABLET	Tier 3	PA, QL (224 per 28 days)
VENCLEXTA 50 MG TABLET	Tier 3	PA, QL (28 per 28 days)
VENCLEXTA STARTING PACK	Tier 3	PA, QL (42 per 28 days)
VERZENIO	Tier 3	PA, QL (60 per 30 days)
VIJOICE (50 MG TABLET, 125 MG TABLET)	Tier 3	PA, QL (28 per 28 days)
VIJOICE 250 MG DAILY DOSE PACK	Tier 3	PA
VITRAKVI 100 MG CAPSULE	Tier 3	PA, QL (60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION	Tier 3	PA, QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE	Tier 3	PA, QL (90per 30 days)
VIZIMPRO	Tier 3	PA, QL (30 per 30 days)
VONJO	Tier 3	PA
WELIREG	Tier 3	PA
XALKORI	Tier 3	PA
XOSPATA	Tier 3	PA, QL (90per 30 days)
ZEJULA (200 MG TABLET, 300 MG TABLET)	Tier 3	PA
ZEJULA 100 MG CAPSULE	Tier 3	PA, QL (90per 30 days)
ZEJULA 100 MG TABLET	Tier 3	PA, QL (30 per 30 days)
ZELBORAF	Tier 3	PA
ZYDELIG	Tier 3	PA, QL (60 per 30 days)
ZYKADIA	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
RETINOIDS		
bexarotene 1% gel	Tier 3	PA
bexarotene 75 mg capsule	Tier 3	
PANRETIN	Tier 3	
tretinoin 10 mg capsule	Tier 3	
TREATMENT ADJUNCTS		
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab)	Tier 1	
leucovorin calcium 25 mg tab	Tier 2	
MESNEX 400 MG TABLET	Tier 3	
ANTIPARASITICS (CONTINUED)		
ANTHELMINTHICS		
albendazole	Tier 3	
EMVERM	Tier 3	
ivermectin 3 mg tablet	Tier 1	
praziquantel	Tier 2	
ANTIPROTOZOALS		
atovaquone	Tier 3	
atovaquone-proguanil hcl	Tier 3	
chloroquine phosphate	Tier 1	QL (90per 30 days)
COARTEM	Tier 3	
hydroxychloroquine 200 mg tab	Tier 1	QL (90per 30 days)
KRINTAFEL	Tier 2	
mefloquine hcl	Tier 1	
nitazoxanide	Tier 3	
pentamidine 300 mg inhal powdr	Tier 3	B/D PA
pentamidine 300 mg inject vial	Tier 3	
primaquine	Tier 1	
pyrimethamine	Tier 3	
quinine sulfate	Tier 2	PA
ANTIPARKINSON AGENTS (CONTINUED)		
ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	Tier 1	
trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)	Tier 1	
ANTIPARKINSON AGENTS, OTHER		
amantadine (50 mg/5 ml solution, 100 mg/10 ml cup, 100 mg/10 ml soln)	Tier 1	
carbidopa-levodopa-entacapone	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARKINSON AGENTS (CONTINUED)		
entacapone	Tier 1	QL (240 per 30 days)
GOCOVRI ER 137 MG CAPSULE	Tier 3	PA, QL (60 per 30 days)
GOCOVRI ER 68.5 MG CAPSULE	Tier 3	PA, QL (30 per 30 days)
NOURIANZ	Tier 3	PA
ONGENTYS	Tier 3	
tolcapone	Tier 3	
DOPAMINE AGONISTS		
apomorphine hcl	Tier 3	PA
bromocriptine 5 mg capsule	Tier 1	
KYNMOBI (10 MG SL FILM, 15 MG SL FILM, 20 MG SL FILM, 25 MG SL FILM, 30 MG SL FILM)	Tier 3	PA, QL (150 per 30 days)
NEUPRO	Tier 3	QL (30 per 30 days)
pramipexole dihydrochloride	Tier 1	
pramipexole er	Tier 3	QL (30 per 30 days)
ropinirole er	Tier 2	QL (60 per 30 days)
ropinirole hcl	Tier 1	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa	Tier 3	
carbidopa-levodopa (10-100 mg odt, 25-100 mg odt, 25-250 mg odt)	Tier 2	
carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)	Tier 1	
carbidopa-levodopa er	Tier 1	
INBRIJA	Tier 3	PA
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate	Tier 3	QL (30 per 30 days)
selegiline hcl	Tier 1	
XADAGO 100 MG TABLET	Tier 3	ST, QL (30 per 30 days)
XADAGO 50 MG TABLET	Tier 3	ST, QL (46 per 30 days)
ZELAPAR	Tier 3	ST
ANTIPSYCHOTICS (CONTINUED)		
1ST GENERATION/TYPICAL		
fluphenazine decanoate	Tier 2	
fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)	Tier 2	
haloperidol	Tier 1	
haloperidol decanoate	Tier 1	
haloperidol decanoate 100	Tier 1	
haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSYCHOTICS (CONTINUED)		
loxapine	Tier 1	
molindone hcl	Tier 3	
pimozide	Tier 2	
thioridazine hcl	Tier 1	
thiothixene	Tier 1	
trifluoperazine hcl	Tier 1	
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII	Tier 3	
ABILIFY MAINTENA ER 300 MG SYR	Tier 3	
ABILIFY MYCITE (30 MG KIT, 30 MG MAINT KIT, 30 MG START KIT)	Tier 3	PA
aripiprazole (2 mg tablet, 30 mg tablet)	Tier 1	
aripiprazole 1 mg/ml solution	Tier 2	
aripiprazole odt 10 mg tablet	Tier 2	
ARISTADA	Tier 3	
ARISTADA INITIO	Tier 3	QL (2.4 per 180 days)
asenapine 5 mg tablet sl	Tier 3	PA, QL (60 per 30 days)
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)	Tier 3	PA, QL (30 per 30 days)
CAPLYTA 42 MG CAPSULE	Tier 3	PA
FANAPT	Tier 3	PA, QL (60 per 30 days)
INVEGA HAFYERA	Tier 3	
INVEGA SUSTENNA	Tier 3	
INVEGA TRINZA	Tier 3	
lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet)	Tier 3	QL (30 per 30 days)
lurasidone hcl 80 mg tablet	Tier 3	QL (60 per 30 days)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET)	Tier 3	PA, QL (30 per 30 days)
LYBALVI 20-10 MG TABLET	Tier 3	PA
NUPLAZID	Tier 3	PA, QL (30 per 30 days)
olanzapine (2.5 mg tablet, 7.5 mg tablet, 15 mg tablet, 20 mg tablet)	Tier 1	
olanzapine 10 mg vial	Tier 3	
olanzapine odt	Tier 2	
paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)	Tier 3	QL (30 per 30 days)
paliperidone er 6 mg tablet	Tier 3	QL (60 per 30 days)
PERSERIS	Tier 3	
quetiapine fumarate	Tier 1	
REXULTI (0.25 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	Tier 3	PA, QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSYCHOTICS (CONTINUED)		
REXULTI (0.5 MG TABLET, 1 MG TABLET)	Tier 3	PA, QL (120 per 30 days)
RISPERDAL CONSTA	Tier 3	
risperidone (0.25 mg tablet, 3 mg tablet)	Tier 1	
risperidone er	Tier 3	
risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt)	Tier 2	
SECUADO	Tier 3	PA, QL (30 per 30 days)
UZEDY	Tier 3	
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	Tier 3	PA, QL (30 per 30 days)
VRAYLAR 1.5 MG-3 MG PACK	Tier 3	PA
ziprasidone hcl	Tier 1	
ziprasidone mesylate	Tier 3	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT, 300 MG VL KIT, 405 MG VL KIT)	Tier 3	
TREATMENT-RESISTANT		
clozapine	Tier 1	
clozapine odt	Tier 3	
VERSACLOZ	Tier 3	QL (540 per 30 days)
ANTISPASTICITY AGENTS (CONTINUED)		
ANTISPASTICITY AGENTS		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	Tier 1	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	Tier 1	
methylergonovine 0.2 mg tablet	Tier 3	
tizanidine hcl	Tier 1	
ANTIVIRALS (CONTINUED)		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	Tier 3	
PREVYMIS (240 MG TABLET, 480 MG TABLET)	Tier 3	QL (30 per 30 days)
valganciclovir 450 mg tablet	Tier 2	
valganciclovir hcl 50 mg/ml	Tier 3	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil	Tier 3	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 3	QL (600 per 30 days)
entecavir	Tier 1	QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
EPIVIR HBV 25 MG/5 ML SOLN	Tier 3	
lamivudine 100 mg tablet	Tier 3	
lamivudine hbv	Tier 3	
tenofovir disoproxil fumarate	Tier 1	
VEMLIDY	Tier 3	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TABLET	Tier 3	PA, QL (90per 30 days)
MAVYRET 50-20 MG PELLET PACKET	Tier 3	PA, QL (150 per 30 days)
ribavirin (200 mg capsule, 200 mg tablet)	Tier 1	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	Tier 3	QL (30 per 30 days)
CABENUVA	Tier 3	
DOVATO	Tier 3	
GENVOYA	Tier 3	QL (30 per 30 days)
ISENTRESS (100 MG TABLET CHEW, 400 MG TABLET)	Tier 3	QL (60 per 30 days)
ISENTRESS 100 MG POWDER PACKET	Tier 3	
ISENTRESS 25 MG TABLET CHEW	Tier 2	
ISENTRESS HD	Tier 3	QL (60 per 30 days)
JULUCA	Tier 3	QL (30 per 30 days)
STRIBILD	Tier 3	
TIVICAY 10 MG TABLET	Tier 2	QL (30 per 30 days)
TIVICAY 25 MG TABLET	Tier 3	QL (30 per 30 days)
TIVICAY 50 MG TABLET	Tier 3	
TIVICAY PD	Tier 3	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	Tier 3	
DELSTRIGO	Tier 3	QL (30 per 30 days)
EDURANT	Tier 3	
efavirenz	Tier 3	
efavirenz-emtric-tenofov disop	Tier 3	QL (30 per 30 days)
efavirenz-lamivu-tenofov disop	Tier 3	QL (30 per 30 days)
etravirine	Tier 3	QL (60 per 30 days)
INTELENCE 25 MG TABLET	Tier 3	QL (120 per 30 days)
nevirapine (50 mg/5 ml susp, 200 mg tablet)	Tier 1	
nevirapine er	Tier 1	QL (30 per 30 days)
PIFELTRO	Tier 3	QL (60 per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir (20 mg/ml solution, 300 mg tablet)	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
abacavir-lamivudine	Tier 3	
CIMDUO	Tier 3	QL (30 per 30 days)
DESCOVY 120-15 MG TABLET	Tier 3	
DESCOVY 200-25 MG TABLET	Tier 3	QL (30 per 30 days)
emtricitabine	Tier 3	
emtricitabine-tenofovir disop	Tier 3	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	Tier 3	
lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)	Tier 1	
lamivudine-zidovudine	Tier 3	
ODEFSEY	Tier 3	QL (30 per 30 days)
TRIUMEQ	Tier 3	QL (30 per 30 days)
TRIUMEQ PD	Tier 3	
TRIZIVIR	Tier 3	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	Tier 3	
zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)	Tier 1	
ANTI-HIV AGENTS, OTHER		
FUZEON	Tier 3	
maraviroc 150 mg tablet	Tier 3	QL (60 per 30 days)
maraviroc 300 mg tablet	Tier 3	
RUKOBIA	Tier 3	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)	Tier 3	
SUNLENCA 4- 300 MG TABLET	Tier 3	QL (4 per 196 days)
SUNLENCA 463.5 MG/1.5 ML VIAL	Tier 3	
SUNLENCA 5- 300 MG TABLET	Tier 3	QL (5 per 196 days)
TROGARZO	Tier 3	
TYBOST	Tier 2	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAPSULE	Tier 3	
atazanavir sulfate	Tier 3	
CRIXIVAN	Tier 3	
darunavir	Tier 3	
EVOTAZ	Tier 3	QL (30 per 30 days)
fosamprenavir calcium	Tier 3	
LEXIVA 50 MG/ML SUSPENSION	Tier 3	
lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavr 100-25mg tb, lopinavir-ritonavr 200-50mg tb)	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
NORVIR 100 MG POWDER PACKET	Tier 3	
PREZCOBIX	Tier 3	QL (30 per 30 days)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET)	Tier 3	
REYATAZ 50 MG POWDER PACKET	Tier 3	
ritonavir	Tier 2	
SYMTUZA	Tier 3	QL (30 per 30 days)
VIRACEPT	Tier 3	
ANTI-INFLUENZA AGENTS		
amantadine (100 mg capsule, 100 mg tablet)	Tier 1	
oseltamivir phosphate (6 mg/ml suspension, phos 30 mg capsule, phos 45 mg capsule, phos 75 mg capsule)	Tier 1	
RELENZA	Tier 3	
rimantadine hcl	Tier 1	
XOFLUZA	Tier 2	QL (4 per 30 days)
ANTIHERPETIC AGENTS		
acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)	Tier 1	
acyclovir 200 mg/5 ml susp	Tier 3	
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	Tier 1	
famciclovir	Tier 1	QL (90 per 30 days)
trifluridine	Tier 1	
valacyclovir	Tier 1	
ANXIOLYTICS (CONTINUED)		
ANXIOLYTICS, OTHER		
buspirone hcl	Tier 1	
hydroxyzine pamoate	Tier 2	
BENZODIAZEPINES		
alprazolam	Tier 1	
alprazolam er	Tier 1	
alprazolam odt	Tier 2	
alprazolam xr	Tier 1	
chlordiazepoxide hcl	Tier 1	
diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml oral cup, 5 mg/5 ml oral soln, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet, 25 mg/5 ml oral conc)	Tier 1	
lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml carpuject, 2 mg/ml syringe, 2 mg/ml vial, 4 mg/ml carpuject, 4 mg/ml vial, 20 mg/10 ml vial, 40 mg/10 ml vial)	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANXIOLYTICS (CONTINUED)		
oxazepam	Tier 1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS		
duloxetine hcl dr 60 mg cap	Tier 1	QL (60 per 30 days)
escitalopram oxalate (5 mg tablet, 20 mg tablet)	Tier 1	
paroxetine cr (12.5 mg tablet, 25 mg tablet)	Tier 2	
paroxetine er (12.5 mg tablet, 25 mg tablet)	Tier 2	
paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet)	Tier 1	
venlafaxine hcl er 75 mg cap	Tier 1	QL (90 per 30 days)
BIPOLAR AGENTS (CONTINUED)		
BIPOLAR AGENTS, OTHER		
ABILIFY MAINTENA ER 400 MG VL	Tier 3	
ABILIFY MYCITE (2 MG KIT, 2 MG MAINT KIT, 2 MG START KIT, 5 MG KIT, 5 MG MAINT KIT, 5 MG START KIT, 10 MG KIT, 10 MG MAINT KIT, 10 MG START KIT, 20 MG KIT, 20 MG MAINT KIT, 20 MG START KIT)	Tier 3	PA
aripiprazole (15 mg tablet, 20 mg tablet)	Tier 1	
asenapine maleate (2.5 mg tablet sl, 10 mg tablet sl)	Tier 3	PA, QL (60 per 30 days)
lurasidone hcl 120 mg tablet	Tier 3	QL (30 per 30 days)
olanzapine (5 mg tablet, 10 mg tablet)	Tier 1	
quetiapine er 300 mg tablet	Tier 2	QL (60 per 30 days)
risperidone (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet, 4 mg tablet)	Tier 1	
risperidone odt (2 mg odt, 3 mg odt, 4 mg odt)	Tier 2	
MOOD STABILIZERS		
lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	Tier 1	
lamotrigine (5 mg disper tablet, 25 mg disper tab)	Tier 2	
lamotrigine (blue)	Tier 3	
lamotrigine 25 mg tb start kit	Tier 3	
lamotrigine odt	Tier 2	
lamotrigine odt (blue)	Tier 2	
lamotrigine odt (green)	Tier 2	
lamotrigine odt (orange)	Tier 2	
lithium carbonate	Tier 1	
lithium carbonate er	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BIPOLAR AGENTS (CONTINUED)		
lithium citrate	Tier 1	
SUBVENITE	Tier 1	
SUBVENITE (BLUE)	Tier 3	
BLOOD GLUCOSE REGULATORS (CONTINUED)		
ANTIDIABETIC AGENTS		
acarbose	Tier 1	
colesevelam hcl 3.75 g packet	Tier 2	
glimepiride	Tier 1	
glipizide (5 mg tablet, 10 mg tablet)	Tier 1	
glipizide 2.5 mg tablet	Tier 2	QL (60 per 30 days)
glipizide er	Tier 1	
glipizide xl	Tier 1	
glipizide-metformin	Tier 1	
glyburide	Tier 2	
glyburide micronized	Tier 2	
glyburide-metformin hcl	Tier 2	
GLYXAMBI 10 MG-5 MG TABLET	Tier 2	QL (30 per 30 days)
GLYXAMBI 25 MG-5 MG TABLET	Tier 2	
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-500 MG TABLET)	Tier 2	QL (60 per 30 days)
INVOKAMET 150-1,000 MG TABLET	Tier 2	
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-500 MG TABLET)	Tier 2	QL (60 per 30 days)
INVOKAMET XR 150-1,000 MG TAB	Tier 2	
INVOKANA 100 MG TABLET	Tier 2	QL (30 per 30 days)
INVOKANA 300 MG TABLET	Tier 2	
JANUMET 50-1,000 MG TABLET	Tier 2	
JANUMET 50-500 MG TABLET	Tier 2	QL (60 per 30 days)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	Tier 2	QL (60 per 30 days)
JANUMET XR 100-1,000 MG TABLET	Tier 2	
JANUVIA (25 MG TABLET, 50 MG TABLET)	Tier 2	QL (30 per 30 days)
JANUVIA 100 MG TABLET	Tier 2	
JARDIANCE 10 MG TABLET	Tier 2	QL (30 per 30 days)
JARDIANCE 25 MG TABLET	Tier 2	
JENTADUETO	Tier 2	
JENTADUETO XR	Tier 2	
metformin er 1000 mg osmotic tablet (generic for fortamet)	Tier 3	PA
metformin er 500 mg osmotic tablet (generic for fortamet)	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
metformin hcl 1000mg tablet (immediate-release)	Tier 1	
metformin hcl 500 mg tablet (immediate-release)	Tier 1	
metformin hcl 850 mg tablet (immediate-release)	Tier 1	
metformin hcl er 1000 mg tablet (generic for glumetza)	Tier 3	PA
metformin hcl er 500mg (generic for glucophage xr)	Tier 1	
metformin hcl er 500mg (generic for glumetza)	Tier 3	PA
metformin hcl er 750 mg (generic for glucophage xr)	Tier 1	
miglitol	Tier 1	
nateglinide	Tier 1	
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	Tier 2	PA
pioglitazone hcl	Tier 1	
pioglitazone-glimepiride	Tier 1	
pioglitazone-metformin	Tier 1	
repaglinide	Tier 1	
RYBELSUS	Tier 2	PA
SOLIQUA 100-33	Tier 2	I
SYMLINPEN 120	Tier 3	
SYMLINPEN 60	Tier 3	
SYNJARDY (5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-500 MG TABLET)	Tier 2	QL (60 per 30 days)
SYNJARDY 12.5-1,000 MG TABLET	Tier 2	
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	Tier 2	QL (60 per 30 days)
SYNJARDY XR 10-1,000 MG TABLET	Tier 2	QL (30 per 30 days)
SYNJARDY XR 25-1,000 MG TABLET	Tier 2	
tolbutamide	Tier 1	
TRADJENTA	Tier 2	
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	Tier 2	QL (60 per 30 days)
TRIJARDY XR 10-5-1,000 MG TAB	Tier 2	QL (30 per 30 days)
TRIJARDY XR 25-5-1,000 MG TAB	Tier 2	
TRULICITY	Tier 2	PA
VICTOZA 2-PAK	Tier 2	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
VICTOZA 3-PAK	Tier 2	PA
XULTOPHY 100-3.6	Tier 2	I
BLOOD GLUCOSE REGULATORS		
alcohol pads	Tier 2	
autopen	Tier 3	
gauze pads 2 x 2	Tier 2	
inpen (for humalog)	Tier 3	
inpen (for novolog or fiasp)	Tier 3	
INSULIN PEN NEEDLE	Tier 2	
INSULIN SYRINGE	Tier 2	
KORLYM	Tier 3	PA, QL (120 per 30 days)
mifepristone 300 mg tablet	Tier 3	PA, QL (120 per 30 days)
novopen echo	Tier 3	
omnipod 5 g6 intro kit (gen 5)	Tier 3	
omnipod 5 g6 pods (gen 5)	Tier 3	
omnipod 5 g6-g7 intro kt(gen5)	Tier 3	
omnipod 5 g6-g7 pods (gen 5)	Tier 3	
omnipod classic pods (gen 3)	Tier 3	
omnipod dash intro kit (gen 4)	Tier 3	
omnipod dash pdm kit (gen 4)	Tier 3	
omnipod dash pods (gen 4)	Tier 3	
pen needle (pen needle 31g 8mm, pen needle 32g 4mm)	Tier 2	
v-go 20 disposable device	Tier 3	
v-go 30 disposable device	Tier 3	
v-go 40 disposable device	Tier 3	
GLYCEMIC AGENTS		
BAQSIMI	Tier 2	QL (2 per 30 days)
diazoxide	Tier 3	
GLUCAGEN	Tier 2	QL (2 per 30 days)
GLUCAGON EMERGENCY KIT	Tier 2	QL (2 per 30 days)
GVOKE	Tier 2	QL (0.4 per 30 days)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	Tier 2	QL (0.4 per 30 days)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	Tier 2	QL (0.4 per 30 days)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	Tier 2	QL (0.4 per 30 days)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	Tier 2	QL (0.4 per 30 days)
INSULINS		
HUMALOG 100 UNIT/ML CARTRIDGE	Tier 2	I
HUMALOG 100 UNIT/ML VIAL	Tier 2	B/D PA, I
HUMALOG JUNIOR KWIKPEN	Tier 2	I

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
HUMALOG KWIKPEN U-100	Tier 2	I
HUMALOG KWIKPEN U-200	Tier 2	I
HUMALOG MIX 50-50	Tier 2	I
HUMALOG MIX 50-50 KWIKPEN	Tier 2	I
HUMALOG MIX 75-25	Tier 2	I
HUMALOG MIX 75-25 KWIKPEN	Tier 2	I
HUMALOG TEMPO PEN U-100	Tier 2	I
HUMULIN 70-30	Tier 2	I
HUMULIN 70/30 KWIKPEN	Tier 2	I
HUMULIN N	Tier 2	I
HUMULIN N KWIKPEN	Tier 2	I
HUMULIN R	Tier 2	B/D PA, I
HUMULIN R U-500	Tier 2	B/D PA, I
HUMULIN R U-500 KWIKPEN	Tier 2	I
insulin glargine	Tier 2	I
insulin glargine max solostar	Tier 2	I
insulin glargine solostar	Tier 2	I
insulin lispro	Tier 2	B/D PA, I
insulin lispro junior kwikpen	Tier 2	I
insulin lispro kwikpen u-100	Tier 2	I
insulin lispro protamine mix	Tier 2	I
LANTUS	Tier 2	I
LANTUS SOLOSTAR	Tier 2	I
TOUJEO MAX SOLOSTAR	Tier 2	I
TOUJEO SOLOSTAR	Tier 2	I
BLOOD PRODUCTS AND MODIFIERS (CONTINUED)		
ANTICOAGULANTS		
dabigatran etexilate (75 mg cap, 110 mg cp, 150 mg cp)	Tier 3	QL (60 per 30 days)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	Tier 2	QL (74 per 30 days)
ELIQUIS 2.5 MG TABLET	Tier 2	QL (60 per 30 days)
enoxaparin 300 mg/3 ml vial	Tier 2	
enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe)	Tier 3	
fondaparinux sodium	Tier 3	
FRAGMIN	Tier 3	
heparin sodium	Tier 1	
heparin sodium in 0.45% nacl (heparin-1/2ns units/500, heparin unit/250-1/2 ns)	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD PRODUCTS AND MODIFIERS (CONTINUED)		
heparin sodium-0.45% nacl	Tier 1	
heparin sodium-0.9% nacl (1,000 unit/500 ml-ns, 2,000 unit/1,000 ml-ns)	Tier 1	
JANTOVEN	Tier 1	
PRADAXA 110 MG CAPSULE	Tier 3	QL (60 per 30 days)
warfarin sodium	Tier 1	
XARELTO (10 MG TABLET, 20 MG TABLET)	Tier 2	QL (30 per 30 days)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	Tier 2	QL (60 per 30 days)
XARELTO 1 MG/ML SUSPENSION	Tier 2	QL (900 per 30 days)
XARELTO DVT-PE TREAT START 30D	Tier 2	QL (51 per 30 days)
ZONTIVITY	Tier 3	PA, QL (30 per 30 days)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl	Tier 1	
LEUKINE	Tier 3	
MULPLETA	Tier 3	PA, QL (7 per 30 days)
NEULASTA	Tier 3	QL (2 per 30 days)
NEULASTA ONPRO	Tier 3	QL (2 per 30 days)
PROCRIT	Tier 3	PA
PROMACTA (50 MG TABLET, 75 MG TABLET)	Tier 3	PA, QL (60 per 30 days)
PROMACTA 12.5 MG SUSPEN PACKET	Tier 3	PA
PROMACTA 12.5 MG TABLET	Tier 3	PA, QL (30 per 30 days)
PROMACTA 25 MG SUSPENSION PCKT	Tier 3	PA, QL (90per 30 days)
PROMACTA 25 MG TABLET	Tier 3	PA, QL (90 per 30 days)
protamine sulfate	Tier 3	
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	Tier 3	PA, QL (14 per 28 days)
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	Tier 3	PA, QL (60 per 30 days)
PYRUKYND 5 MG TAPER PACK	Tier 3	PA, QL (7 per 28 days)
RETACRIT	Tier 3	PA
UDENYCA	Tier 3	QL (2 per 30 days)
UDENYCA AUTOINJECTOR	Tier 3	QL (2 per 30 days)
UDENYCA ONBODY	Tier 3	QL (2 per 30 days)
ZARXIO	Tier 3	
HEMOSTASIS AGENTS		
aminocaproic acid (500 mg tab, 1,000 mg tab)	Tier 3	
tranexamic acid 650 mg tablet	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD PRODUCTS AND MODIFIERS (CONTINUED)		
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er	Tier 3	QL (60 per 30 days)
BRILINTA	Tier 2	QL (60 per 30 days)
CABLIVI	Tier 3	PA, QL (31 per 30 days)
cilostazol	Tier 1	
clopidogrel 300 mg tablet	Tier 1	QL (1 per 30 days)
clopidogrel 75 mg tablet	Tier 1	QL (60 per 30 days)
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	Tier 1	
DOPTELET	Tier 3	PA, QL (90per 30 days)
prasugrel hcl	Tier 2	QL (30 per 30 days)
TAVALISSE	Tier 3	PA, QL (60 per 30 days)
CARDIOVASCULAR AGENTS (CONTINUED)		
ALPHA-ADRENERGIC AGONISTS		
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	Tier 1	
clonidine patch	Tier 2	QL (8 per 28 days)
droxidopa	Tier 3	PA, QL (180 per 30 days)
finasteride 5 mg tablet	Tier 1	
guanfacine hcl	Tier 1	
midodrine hcl	Tier 1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (1 mg tab, 2 mg tab, 8 mg tab)	Tier 1	
phenoxybenzamine hcl	Tier 3	
prazosin hcl	Tier 1	
terazosin hcl (1 mg capsule, 5 mg capsule, 10 mg capsule)	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	Tier 1	
EDARBI	Tier 3	ST, QL (30 per 30 days)
FILSPARI 200 MG TABLET	Tier 3	PA, QL (30 per 30 days)
FILSPARI 400 MG TABLET	Tier 3	PA
irbesartan	Tier 1	
losartan potassium	Tier 1	
olmesartan medoxomil	Tier 1	
telmisartan	Tier 1	
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
captopril	Tier 1	
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	Tier 1	
fosinopril sodium	Tier 1	
lisinopril	Tier 1	
moexipril hcl	Tier 1	
perindopril erbumine	Tier 1	
quinapril hcl	Tier 1	
ramipril	Tier 1	
trandolapril	Tier 1	
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	Tier 1	
digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)	Tier 1	
digoxin 0.05 mg/ml solution	Tier 3	
dofetilide	Tier 2	
flecainide acetate	Tier 1	
LANOXIN (125 MCG TABLET, 250 MCG TABLET)	Tier 3	
mexiletine hcl	Tier 1	
MULTAQ	Tier 2	QL (60 per 30 days)
PACERONE	Tier 1	
propafenone hcl	Tier 1	
propafenone hcl er	Tier 2	
propranolol er 120 mg capsule	Tier 1	
quinidine gluconate	Tier 2	
quinidine sulfate	Tier 1	
SORINE	Tier 1	
sotalol	Tier 1	
SOTALOL AF	Tier 1	
SOTYLIZE	Tier 3	
verapamil er (120 mg tablet, 180 mg tablet, 240 mg tablet)	Tier 1	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	Tier 1	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	Tier 1	
atenolol	Tier 1	
betaxolol hcl (10 mg tablet, 20 mg tablet)	Tier 1	
bisoprolol fumarate	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
carvedilol	Tier 1	
carvedilol er	Tier 2	QL (30 per 30 days)
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	Tier 1	
metoprolol succinate er	Tier 1	
metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)	Tier 1	
nadolol	Tier 1	
nebivolol 20 mg tablet	Tier 1	QL (60 per 30 days)
nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	Tier 1	QL (30 per 30 days)
pindolol	Tier 1	
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	Tier 1	
propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 160 mg capsule)	Tier 1	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate	Tier 1	
felodipine er	Tier 1	
isradipine	Tier 1	
nicardipine hcl (20 mg capsule, 30 mg capsule)	Tier 1	
nifedipine er	Tier 1	
nimodipine	Tier 3	
nisoldipine (er 25.5 mg tablet, er 30 mg tablet, er 40 mg tablet)	Tier 1	
nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 20 mg tablet, er 34 mg tablet)	Tier 2	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARTIA XT	Tier 1	
DILT-XR	Tier 1	
diltiazem 12hr er (60 mg cap, 90 mg cap)	Tier 1	
diltiazem 12hr er 120 mg cap	Tier 2	
diltiazem 24h er(cd) 360 mg cp	Tier 2	
diltiazem 24hr er (120 mg cap, 180 mg cap, 240 mg cap, 300 mg cap, 420 mg cap)	Tier 1	
diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp)	Tier 1	
diltiazem 24hr er (la) (24h er(la) 120 mg tb, 24h er(la) 180 mg tb, 24h er(la) 240 mg tb, 24h er(la) 300 mg tb, 24h er(la) 360 mg tb, 24h er(la) 420 mg tb)	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
diltiazem 24hr er (xr)	Tier 1	
diltiazem 24hr er 360 mg cap	Tier 2	
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	Tier 1	
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	
TIADYLT ER	Tier 1	
verapamil er (120 mg capsule, 180 mg capsule, 240 mg capsule)	Tier 1	
verapamil er pm (200 mg capsule, 300 mg capsule)	Tier 2	
verapamil er pm 100 mg capsule	Tier 1	
verapamil sr (120 mg capsule, 180 mg capsule, 240 mg capsule)	Tier 1	
verapamil sr 360 mg capsule	Tier 2	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide 250 mg tablet	Tier 1	
aliskiren 150 mg tablet	Tier 2	QL (30 per 30 days)
aliskiren 300 mg tablet	Tier 2	
amiloride-hydrochlorothiazide	Tier 1	
amlodipine besylate-benazepril	Tier 1	
amlodipine-atorvastatin	Tier 2	QL (30 per 30 days)
amlodipine-olmesartan	Tier 1	QL (30 per 30 days)
amlodipine-valsartan	Tier 1	QL (30 per 30 days)
amlodipine-valsartan-hctz	Tier 1	QL (30 per 30 days)
atenolol-chlorthalidone	Tier 1	
benazepril-hydrochlorothiazide	Tier 1	
bisoprolol-hydrochlorothiazide	Tier 1	
CAMZYOS	Tier 3	PA, QL (30 per 30 days)
candesartan-hydrochlorothiazid	Tier 1	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	Tier 3	QL (60 per 30 days)
CORLANOR 5 MG/5 ML ORAL SOLN	Tier 3	
DIGITEK	Tier 1	
EDARBYCLOR	Tier 3	ST, QL (30 per 30 days)
enalapril-hydrochlorothiazide	Tier 1	
ENTRESTO	Tier 2	QL (60 per 30 days)
fosinopril-hydrochlorothiazide	Tier 1	
irbesartan-hydrochlorothiazide	Tier 1	
isosorbide dinit-hydralazine	Tier 3	QL (180 per 30 days)
lisinopril-hydrochlorothiazide	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
losartan-hydrochlorothiazide	Tier 1	
metoprolol-hydrochlorothiazide	Tier 1	
metyrosine	Tier 3	
olmesartan-amlodipine-hctz	Tier 1	QL (30 per 30 days)
olmesartan-hydrochlorothiazide	Tier 1	
pentoxifylline	Tier 1	
quinapril-hydrochlorothiazide	Tier 1	
ranolazine er	Tier 1	
spironolactone-hctz	Tier 1	
telmisartan-amlodipine	Tier 2	
telmisartan-hydrochlorothiazid	Tier 1	
trandolapril-verapamil er	Tier 2	
triamterene-hydrochlorothiazid	Tier 1	
valsartan-hydrochlorothiazide	Tier 1	
VECAMYL	Tier 3	
VERQUVO (2.5 MG TABLET, 5 MG TABLET)	Tier 3	PA, QL (30 per 30 days)
VERQUVO 10 MG TABLET	Tier 3	PA
DIURETICS, LOOP		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)	Tier 1	
ethacrynic acid	Tier 3	
furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syring, 100 mg/10 ml vial)	Tier 1	
torsemide	Tier 1	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl	Tier 1	
eplerenone	Tier 1	
KERENDIA	Tier 3	
spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)	Tier 1	
triamterene	Tier 3	
DIURETICS, THIAZIDE		
chlorthalidone	Tier 1	
hydrochlorothiazide	Tier 1	
indapamide	Tier 1	
metolazone	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate (40 mg tablet, 90 mg capsule, 120 mg tablet)	Tier 3	QL (30 per 30 days)
fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	Tier 1	QL (30 per 30 days)
fenofibrate (50 mg capsule, 130 mg capsule, 150 mg capsule)	Tier 2	QL (30 per 30 days)
fenofibric acid (35 mg tablet, 105 mg tablet)	Tier 1	
fenofibric acid (dr 45 mg cap, dr 135 mg cap)	Tier 1	QL (30 per 30 days)
gemfibrozil	Tier 1	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium	Tier 1	
fluvastatin er	Tier 1	QL (30 per 30 days)
fluvastatin sodium 20 mg cap	Tier 1	QL (30 per 30 days)
fluvastatin sodium 40 mg cap	Tier 1	QL (60 per 30 days)
LIVALO	Tier 3	QL (30 per 30 days)
lovastatin	Tier 1	
pitavastatin calcium	Tier 1	QL (30 per 30 days)
pravastatin sodium	Tier 1	
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	Tier 1	QL (45 per 30 days)
rosuvastatin calcium 40 mg tab	Tier 1	QL (30 per 30 days)
simvastatin	Tier 1	
DYSLIPIDEMICS, OTHER		
cholestyramine (packet, powder)	Tier 1	
cholestyramine light (packet, powder)	Tier 1	
colesevelam 625 mg tablet	Tier 2	
colestipol hcl (1 gm tablet, granules, granules packet)	Tier 1	
ezetimibe	Tier 1	QL (30 per 30 days)
ezetimibe-simvastatin	Tier 1	QL (30 per 30 days)
icosapent ethyl	Tier 2	QL (120 per 30 days)
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE)	Tier 3	PA, QL (60 per 30 days)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	Tier 3	PA, QL (30 per 30 days)
niacin 500 mg tablet (rx version only)	Tier 2	
niacin er (750 mg tablet, 1,000 mg tablet)	Tier 1	QL (60 per 30 days)
niacin er 500 mg tablet	Tier 1	QL (90 per 30 days)
omega-3 acid ethyl esters	Tier 1	QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
PREVALITE (PACKET, POWDER)	Tier 1	
REPATHA PUSHTRONEX	Tier 2	QL (4 per 30 days)
REPATHA SURECLICK	Tier 2	QL (2 per 28 days)
REPATHA SYRINGE	Tier 2	QL (2 per 28 days)
rosuvastatin-ezetimibe	Tier 1	
VASCEPA	Tier 2	QL (120 per 30 days)
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	Tier 1	
minoxidil (2.5 mg tablet, 10 mg tablet)	Tier 1	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	Tier 1	
isosorbide dinitrate 40 mg tab	Tier 3	
isosorbide mononitrate	Tier 1	
isosorbide mononitrate er	Tier 1	
NITRO-BID	Tier 3	
nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.6 mg tablet sl)	Tier 1	
nitroglycerin 0.4% ointment	Tier 3	
nitroglycerin 400 mcg lingual spray	Tier 3	
nitroglycerin patch	Tier 1	
NITROMIST	Tier 3	
RECTIV	Tier 3	
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine sulfate	Tier 3	PA
dextroamp-amphet er 30 mg cap	Tier 2	QL (60 per 30 days)
dextroamphetamine sulfate (5 mg tab, 5 mg/5 ml, 10 mg tab)	Tier 3	
dextroamphetamine sulfate er	Tier 3	
dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap)	Tier 2	QL (90 per 30 days)
dextroamphetamine-amphetamine	Tier 2	
lisdexamfetamine dimesylate	Tier 3	QL (30 per 30 days)
methamphetamine hcl	Tier 3	PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl	Tier 2	
clonidine hcl er 0.1 mg tablet	Tier 2	QL (120 per 30 days)
DAYTRANA	Tier 3	QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
dexmethylphenidate hcl	Tier 2	
dexmethylphenidate hcl er (er 15 mg cp, er 20 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)	Tier 2	QL (30 per 30 days)
dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp)	Tier 2	QL (60 per 30 days)
guanfacine hcl er (1 mg tablet, 2 mg tablet)	Tier 2	QL (60 per 30 days)
guanfacine hcl er (3 mg tablet, 4 mg tablet)	Tier 2	QL (30 per 30 days)
methylphenidate	Tier 3	QL (30 per 30 days)
methylphenidate cd 30 mg cap	Tier 2	QL (60 per 30 days)
methylphenidate er (10 mg cap, 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)	Tier 3	QL (30 per 30 days)
methylphenidate er (10 mg tab, 20 mg tab)	Tier 1	
methylphenidate er (18 mg tab, 27 mg tab)	Tier 2	QL (90 per 30 days)
methylphenidate er (36 mg tab, 54 mg tab)	Tier 2	QL (60 per 30 days)
methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp)	Tier 2	QL (90per 30 days)
methylphenidate er 72 mg tab	Tier 2	QL (30 per 30 days)
methylphenidate er(cd) 30mg cp	Tier 2	QL (60 per 30 days)
methylphenidate er(la) 30mg cp	Tier 2	QL (60 per 30 days)
methylphenidate er(la) 40mg cp	Tier 2	QL (30 per 30 days)
methylphenidate hcl (2.5 mg chew tb, 5 mg chew tab, 10 mg chew tab)	Tier 2	
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	Tier 1	
methylphenidate hcl cd (10 mg cap, 20 mg cap)	Tier 2	QL (90 per 30 days)
methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)	Tier 2	QL (30 per 30 days)
methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp)	Tier 2	QL (90 per 30 days)
methylphenidate hcl er (cd) (er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)	Tier 2	QL (30 per 30 days)
methylphenidate la (10 mg cap, 20 mg cap)	Tier 2	QL (90per 30 days)
methylphenidate la (40 mg cap, 60 mg cap)	Tier 2	QL (30 per 30 days)
methylphenidate la 30 mg cap	Tier 2	QL (60 per 30 days)
RELEXXII ER 72 MG TABLET	Tier 3	QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	Tier 3	PA, QL (120 per 30 days)
AUSTEDO 6 MG TABLET	Tier 3	PA, QL (60 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
AUSTEDO XR (6 MG TABLET, 12 MG TABLET)	Tier 3	PA, QL (30 per 30 days)
AUSTEDO XR 24 MG TABLET	Tier 3	PA, QL (60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4)	Tier 3	PA
carbamazepine er 100 mg tablet	Tier 1	
EXSERVAN	Tier 3	
FIRDAPSE	Tier 3	PA
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)	Tier 2	
gabapentin (300 mg capsule, 400 mg capsule, 800 mg tablet)	Tier 1	
gabapentin er 300 mg tablet	Tier 3	PA, QL (60 per 30 days)
gabapentin er 600 mg tablet	Tier 3	PA, QL (90 per 30 days)
GRALISE (ER 300 MG TABLET, ER 750 MG TABLET, ER 900 MG TABLET)	Tier 3	PA, QL (60 per 30 days)
GRALISE 30-DAY STARTER PACK	Tier 3	PA
GRALISE ER 450 MG TABLET	Tier 3	PA, QL (30 per 30 days)
GRALISE ER 600 MG TABLET	Tier 3	PA, QL (90per 30 days)
HORIZANT ER 300 MG TABLET	Tier 3	PA, QL (90per 30 days)
HORIZANT ER 600 MG TABLET	Tier 3	PA, QL (60 per 30 days)
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	Tier 3	PA
INGREZZA 40 MG CAPSULE	Tier 3	PA, QL (30 per 30 days)
INGREZZA INITIATION PACK	Tier 3	PA
NUEDEXTA	Tier 3	PA, QL (60 per 30 days)
NURTEC ODT	Tier 3	PA, QL (18 per 30 days)
phentermine hcl	Tier 1	QL (84 per 365 days), (capped benefit), EX
RADICAVA ORS	Tier 3	PA, QL (70 per 28 days)
RELYVRIO	Tier 3	PA, QL (56 per 28 days)
riluzole	Tier 1	
TEGLUTIK	Tier 3	
tetrabenazine 12.5 mg tablet	Tier 3	PA, QL (240 per 30 days)
tetrabenazine 25 mg tablet	Tier 3	PA, QL (120 per 30 days)
TIGLUTIK	Tier 3	
UBRELVY	Tier 3	PA, QL (16 per 30 days)
FIBROMYALGIA AGENTS		
duloxetine hcl dr 20 mg cap	Tier 1	QL (120 per 30 days)
duloxetine hcl dr 30 mg cap	Tier 1	QL (90 per 30 days)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 150 mg capsule)	Tier 2	QL (120 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
pregabalin 100 mg capsule	Tier 2	QL (180 per 30 days)
pregabalin 225 mg capsule	Tier 2	QL (90per 30 days)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 3	ST, QL (60 per 30 days)
SAVELLA TITRATION PACK	Tier 3	ST
MULTIPLE SCLEROSIS AGENTS		
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	Tier 3	QL (4 per 28 days)
AVONEX PEN	Tier 3	QL (4 per 30 days)
COPAXONE 40 MG/ML SYRINGE	Tier 3	QL (12 per 28 days)
dalfampridine er	Tier 2	QL (60 per 30 days)
dimethyl fumarate	Tier 3	QL (60 per 30 days)
fingolimod	Tier 3	QL (30 per 30 days)
glatiramer 20 mg/ml syringe	Tier 3	QL (30 per 30 days)
glatiramer 40 mg/ml syringe	Tier 3	QL (12 per 28 days)
GLATOPA 20 MG/ML SYRINGE	Tier 3	QL (30 per 30 days)
GLATOPA 40 MG/ML SYRINGE	Tier 3	QL (12 per 28 days)
KESIMPTA PEN	Tier 3	
PLEGRIDY	Tier 3	QL (1 per 28 days)
PLEGRIDY PEN	Tier 3	QL (1 per 28 days)
REBIF	Tier 3	QL (12 per 28 days)
REBIF REBIDOSE	Tier 3	QL (12 per 28 days)
teriflunomide	Tier 1	QL (30 per 30 days)
DENTAL AND ORAL AGENTS (CONTINUED)		
DENTAL AND ORAL AGENTS		
cevimeline hcl	Tier 2	
chlorhexidine gluconate (15 ml cup, rinse)	Tier 1	
DENTA 5000 PLUS	Tier 1	
DENTAGEL	Tier 1	
doxycycline hyclate 20 mg tab	Tier 1	
FLUORIMAX 5000	Tier 3	
JUST RIGHT 5000	Tier 3	
KOURZEQ	Tier 1	
ORALONE	Tier 1	
PERIOGARD	Tier 1	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	Tier 2	
PREVIDENT 5000 1.1% DRY MOUTH	Tier 3	
PREVIDENT 5000 BOOSTER PLUS	Tier 3	
PREVIDENT 5000 ENAMEL PROTECT	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DENTAL AND ORAL AGENTS (CONTINUED)		
PREVIDENT 5000 ORTHO DEFENSE	Tier 3	
PREVIDENT 5000 SENSITIVE	Tier 3	
SF 1.1% GEL	Tier 1	
SF 5000 PLUS	Tier 1	
sodium fluoride (0.2% rinse, 1.1% cream, 1.1% gel, 5000 ppm cream, 5000 ppm paste)	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
sodium fluoride enamel protect	Tier 1	
sodium fluoride sensitive	Tier 1	
triamcinolone 0.1% paste	Tier 1	
DERMATOLOGICAL AGENTS (CONTINUED)		
ACNE AND ROSACEA AGENTS		
acitretin	Tier 3	
adapalene (0.1% cream, 0.1% solution, 0.1% swab, 0.3% gel, 0.3% gel pump)	Tier 3	PA
adapalene-bnzyl perox 0.1-2.5%	Tier 2	
adapalene-bnzyl perox 0.3-2.5%	Tier 3	
ALTRENO	Tier 3	PA
AMNESTEEM	Tier 2	
ARAZLO	Tier 3	PA
AVITA 0.025% CREAM	Tier 3	PA
azelaic acid	Tier 2	
AZELEX	Tier 3	
CLARAVIS	Tier 2	
clind ph-benzoyl pero 1.2-2.5%	Tier 3	
clind ph-benzoyl perox 1.2-5%	Tier 2	
clindamyc-bnz perox 1.2-3.75%	Tier 3	
clindamycin-benzoyl perox 1-5%	Tier 2	
DIFFERIN 0.1% LOTION	Tier 3	PA
erythromycin-benzoyl peroxide	Tier 2	
FABIOR	Tier 3	PA
FINACEA 15% FOAM	Tier 3	
isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	Tier 2	
isotretinoin (25 mg capsule, 35 mg capsule)	Tier 3	
MYORISAN	Tier 2	
ONEXTON (1.2%-3.75% GEL, GEL PUMP)	Tier 3	
sod sulfacet-sulfur 10-5% clsr	Tier 3	EX

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
sodium sulfacetamide (sod sulfacetam clnsng gel, wash)	Tier 3	EX
tazarotene (0.05% gel, 0.1% foam, 0.1% gel)	Tier 3	PA
tazarotene 0.1% cream	Tier 2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	Tier 3	PA
tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)	Tier 2	PA
tretinoin 0.05% gel	Tier 3	PA
ZENATANE	Tier 2	
DERMATITIS AND PRURITUS AGENTS		
ALA-CORT	Tier 1	
alclometasone dipropionate	Tier 1	
amcinonide (lotion, ointment)	Tier 3	
amcinonide 0.1% cream	Tier 2	
ammonium lactate	Tier 1	
betamethasone diprop augmented (crm, gel, lot, oin)	Tier 1	
betamethasone dipropionate (crm, lot, oint)	Tier 1	
betamethasone valer 0.12% foam	Tier 2	
betamethasone valerate (va cream, va lotion, valer ointm)	Tier 1	
clobetasol emollient 0.05% crm	Tier 1	
clobetasol emollnt 0.05% foam	Tier 3	
clobetasol emulsion	Tier 3	
clobetasol propionate (cream, gel, ointment, solution)	Tier 1	
clobetasol propionate (prop foam, prop spray, shampoo, topical lotn)	Tier 3	
desonide (gel, lotion, ointment)	Tier 3	
desonide 0.05% cream	Tier 2	
desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment, 0.25% spray)	Tier 3	
DESRX	Tier 3	
diflorasone diacetate	Tier 3	
doxepin 5% cream	Tier 3	PA, QL (90 per 30 days)
DUOBRII	Tier 3	PA, QL (200 per 28 days)
fluocinolone acetonide (0.01% body oil, 0.01% scalp oil, 0.025% cream)	Tier 1	
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% ointment)	Tier 2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution, 0.1% cream)	Tier 2	
fluocinonide-e	Tier 2	
flurandrenolide (cream, lotion)	Tier 3	
fluticasone prop 0.05% lotion	Tier 3	
fluticasone propionate (0.005% oint, 0.05% cream)	Tier 1	
halcinonide	Tier 3	
halobetasol prop 0.05% cream	Tier 1	
halobetasol prop 0.05% ointmnt	Tier 2	
hydrocortisone (1% cream, 2.5% cream, 2.5% lotion, 2.5% ointment)	Tier 1	
hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint, hydrocortisone butyr soln)	Tier 1	
hydrocortisone val 0.2% cream	Tier 1	
hydrocortisone val 0.2% ointmt	Tier 2	
mometasone furoate (cream, oint, soln)	Tier 1	
OPZELURA	Tier 3	PA
pimecrolimus	Tier 3	QL (100 per 30 days)
PRAMOSONE 1% LOTION	Tier 1	
prednicarbate 0.1% ointment	Tier 1	
PRUDOXIN	Tier 3	
selenium sulfide 2.5% lotion	Tier 1	
SERNIVO	Tier 3	
tacrolimus (0.03% ointment, 0.1% ointment)	Tier 3	QL (100 per 30 days)
triamcinolone 0.05% ointment	Tier 3	
triamcinolone 0.147 mg/g topical spray	Tier 3	QL (100 per 30 days)
triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)	Tier 1	
TRIANEX	Tier 3	
TRIDERM	Tier 1	
TRITOCIN	Tier 3	
DERMATOLOGICAL AGENTS, OTHER		
ANALPRAM HC (1% CREAM, 2.5%-1% LOTION)	Tier 1	
calcipotriene (cream, ointment, solution)	Tier 3	
calcipotriene-betamethasone	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
calcipotriene-betamethasone dp	Tier 3	PA
calcitriol 3 mcg/g ointment	Tier 3	
CARAC	Tier 3	
clotrimazole-betamethasone (crm, lot)	Tier 1	
CONDYLOX	Tier 3	
CORTIFOAM	Tier 3	
diclofenac sodium 3% gel	Tier 3	PA, QL (100 per 30 days)
ENSTILAR	Tier 3	PA
fluorouracil (2% topical soln, 5% cream, 5% topical soln)	Tier 1	
fluorouracil 0.5% cream	Tier 3	
hydrocort-pramoxine 1%-1% crm	Tier 2	
HYFTOR	Tier 3	PA
imiquimod 5% cream packet	Tier 1	
KLISYRI	Tier 3	PA
methoxsalen	Tier 3	
NEO-SYNALAR 0.5%-0.025% CREAM	Tier 3	
nystatin-triamcinolone	Tier 1	
OTEZLA	Tier 3	PA, QL (60 per 30 days)
PICATO	Tier 3	
podofilox 0.5% gel	Tier 3	
podofilox 0.5% topical soln	Tier 1	
PRAMOSONE (1%-1% CREAM, 2.5%-1% LOTION)	Tier 1	
REGRANEX	Tier 3	
SANTYL	Tier 3	
silver sulfadiazine	Tier 1	
SSD	Tier 1	
sterile water for irrigation	Tier 1	
TIS-U-SOL PENTALYTE	Tier 1	
XERESE	Tier 3	
PEDICULICIDES/SCABICIDES		
CROTAN	Tier 3	
ivermectin 1% cream	Tier 3	
malathion	Tier 2	
permethrin	Tier 2	
TOPICAL ANTI-INFECTIVES		
acyclovir 5% ointment	Tier 2	QL (30 per 30 days)
CICLODAN 8% SOLUTION	Tier 3	
CLINDACIN	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
clindamycin phosphate (ph solution, phosp lotion)	Tier 1	
clindamycin phosphate 1% foam	Tier 3	
clindamycin phosphate 1% gel (alternative to clindagel)	Tier 3	
clindamycin phosphate 1% gel (generic for cleocin t)	Tier 3	
CLINDESSE	Tier 3	
dapsone (5% gel, 7.5% gel pump)	Tier 3	
ERY 2% PADS	Tier 1	
erythromycin (gel, solution)	Tier 1	
mupirocin 2% ointment	Tier 1	
SULFAMYLON 8.5% CREAM	Tier 3	
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
ELECTROLYTE/MINERAL REPLACEMENT		
carglumic acid	Tier 3	PA
CLINISOL	Tier 3	B/D PA
CLINOLIPID	Tier 3	B/D PA
dextrose 10%-0.2% nacl	Tier 1	
dextrose 10%-0.45% nacl	Tier 1	
dextrose 2.5%-0.45% nacl	Tier 1	
dextrose 5%-0.2% nacl	Tier 1	
dextrose 5%-0.225% nacl	Tier 1	
dextrose 5%-0.3% nacl	Tier 1	
dextrose 5%-0.33% nacl	Tier 1	
dextrose 5%-0.45% nacl	Tier 1	
dextrose 5%-0.9% nacl	Tier 1	
dextrose 5%-electrolyte #48	Tier 1	
dextrose in lactated ringers	Tier 1	
dextrose in water	Tier 1	
EFFER-K 25 MEQ TABLET EFF	Tier 1	
fluoride	Tier 1	
glucose in water	Tier 1	
INTRALIPID	Tier 3	B/D PA
IONOSOL MB-DEXTROSE 5%	Tier 3	
ISOLYTE P WITH DEXTROSE	Tier 3	
ISOLYTE S	Tier 3	
KABIVEN	Tier 3	B/D PA
kcl 30 meq/l in d5w solution	Tier 1	
kcl 40 meq in d5w-lact ringer	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
kcl-d5w-0.2% nacl	Tier 1	
kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl, 30 meq/l-d5w-0.225% nacl, 40 meq/l-d5w-0.225% nacl)	Tier 1	
kcl-d5w-0.3% nacl	Tier 1	
kcl-d5w-0.45% nacl	Tier 1	
kcl-d5w-0.9% nacl	Tier 1	
KLOR-CON 10	Tier 1	
KLOR-CON 20 MEQ PACKET (SELECT MANUFACTURERS ONLY)	Tier 3	
KLOR-CON 8	Tier 1	
KLOR-CON M10	Tier 1	
KLOR-CON M15	Tier 1	
KLOR-CON M20	Tier 1	
KLOR-CON-EF	Tier 1	
lactated ringers	Tier 1	
levocarnitine 330 mg tablet	Tier 3	
magnesium chl 200 mg/ml vial	Tier 3	
magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)	Tier 1	
magnesium sulfate (4 g/100 ml bag, 4 g/50 ml bag, 20 g/500 ml bag, 40 g/1,000 ml)	Tier 3	
multiple electrolytes t1 ph5.5	Tier 1	
multiple electrolytes t1 ph7.4	Tier 1	
OMEGAVEN	Tier 3	B/D PA
PERIKABIVEN	Tier 3	B/D PA
PLASMA-LYTE 148	Tier 3	
PLASMA-LYTE A PH 7.4	Tier 3	
potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20% (40 meq/15ml))	Tier 3	
potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 15 tablet, er 20 tablet)	Tier 1	
potassium citrate er	Tier 1	
potassium cl 20 meq packet (select manufacturers only)	Tier 3	
PREMASOL	Tier 3	B/D PA
PROSOL	Tier 3	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
RENACIDIN	Tier 3	
ringers injection	Tier 1	
ringers irrigation	Tier 1	
SMOFLIPID	Tier 3	B/D PA
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial, sodium chloride 3% iv soln, sodium chloride 4 meq/ml vl, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml, sodium chloride 120 meq/30 ml, sodium chloride 200 meq/50 ml, sodium chloride 400 meq/100 ml, sodium chloride 800 meq/200 ml)	Tier 1	
sodium chloride-water	Tier 1	
sodium fluoride oral tablet	Tier 1	
TRAVASOL	Tier 3	B/D PA
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	Tier 3	
CUVRIOR	Tier 3	PA, QL (300 per 30 days)
deferasirox	Tier 3	
deferiprone	Tier 3	
deferiprone (3 times a day)	Tier 3	
deferoxamine mesylate	Tier 1	
FERRIPROX (100 MG/ML SOLUTION, 1,000 MG TABLET)	Tier 3	
FERRIPROX (2 TIMES A DAY)	Tier 3	
FERRIPROX (3 TIMES A DAY)	Tier 3	
JYNARQUE (15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	Tier 3	PA, QL (56 per 28 days)
JYNARQUE 15 MG TABLET	Tier 3	PA, QL (120 per 30 days)
JYNARQUE 30 MG TABLET	Tier 3	PA
penicillamine 250 mg capsule	Tier 3	ST
penicillamine 250 mg tablet	Tier 3	
tolvaptan 15 mg tablet	Tier 3	PA, QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
tolvaptan 30 mg tablet	Tier 3	PA
trientine hcl 250 mg capsule	Tier 3	ST
trientine hcl 500 mg capsule	Tier 3	ST, QL (120 per 30 days)
PHOSPHATE BINDERS		
AURYXIA	Tier 3	PA
calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)	Tier 1	
lanthanum carbonate	Tier 3	
sevelamer 0.8 gm powder packet (generic for renvela)	Tier 3	QL (180 per 30 days)
sevelamer 2.4 gm powder packet (generic for renvela)	Tier 3	
sevelamer carbonate 800 mg tab (generic for renvela)	Tier 2	
sevelamer hcl 400 mg tab (generic for renagel)	Tier 3	
sevelamer hcl 800 mg tab (generic for renagel)	Tier 3	
VELPHORO	Tier 3	
POTASSIUM BINDERS		
LOKELMA	Tier 2	QL (90per 30 days)
sodium polystyrene sulf powder	Tier 1	
SPS	Tier 1	
VELTASSA	Tier 3	QL (30 per 30 days)
VITAMINS		
CADEAU DHA	Tier 3	
COMPLETENATE	Tier 3	
CONCEPT DHA	Tier 3	
CONCEPT OB	Tier 3	
cyanocobalamin injection	Tier 1	EX
ELITE-OB	Tier 3	
ENBRACE HR	Tier 3	
folic acid 1 mg tablet	Tier 1	EX
FOLIVANE-OB	Tier 3	
NEEVODHA	Tier 3	
NESTABS ONE	Tier 3	
OB COMPLETE	Tier 3	
phytonadione 5 mg tablet	Tier 3	EX
PNV-DHA	Tier 3	
PNV-OMEGA	Tier 3	
PRENATAL VITAMIN ORAL TABLET	Tier 3	
prenatal-u	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
PRENATE AM	Tier 3	
PRENATE CHEWABLE	Tier 3	
PRENATE DHA	Tier 3	
PRENATE ESSENTIAL	Tier 3	
TARON-C DHA	Tier 3	
VIRT-C DHA	Tier 3	
VIRT-PN DHA	Tier 3	
vitamin d2 1.25mg(50,000 unit)	Tier 1	EX
ZATEAN-PN DHA	Tier 3	
ZATEAN-PN PLUS	Tier 3	
GASTROINTESTINAL AGENTS (CONTINUED)		
ANTI-CONSTIPATION AGENTS		
CONSTULOSE	Tier 1	
ENULOSE	Tier 1	
GENERLAC	Tier 1	
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	Tier 3	
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	Tier 1	
lactulose 10 gm packet	Tier 3	
LINZESS	Tier 2	QL (30 per 30 days)
lubiprostone	Tier 1	QL (60 per 30 days)
MOVANTIK	Tier 2	QL (30 per 30 days)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	Tier 3	PA, QL (18 per 30 days)
RELISTOR 150 MG TABLET	Tier 3	PA, QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE	Tier 3	PA, QL (12 per 30 days)
SYMPROIC	Tier 3	PA, QL (30 per 30 days)
ANTI-DIARRHEAL AGENTS		
alosetron hcl	Tier 3	QL (60 per 30 days)
diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)	Tier 1	
loperamide 2 mg capsule	Tier 1	
MYTESI	Tier 3	PA
VIBERZI	Tier 3	QL (60 per 30 days)
XERMELO	Tier 3	PA, QL (90 per 30 days)
ANTISPASMODICS, GASTROINTESTINAL		
chlordiazepoxide-clidinium	Tier 3	
chlordiazepoxide/clidinium (select manufacturers only)	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS (CONTINUED)		
dicyclomine 10 mg/5 ml soln	Tier 2	
dicyclomine hcl (10 mg capsule, 20 mg tablet)	Tier 1	
glycopyrrolate (1 mg tablet, 2 mg tablet)	Tier 1	
hyoscyamine sulfate (0.125 mg odt, 0.125 mg tab sl, 0.125 mg/5 ml elix, 0.125 mg/ml drop, sulf 0.125 mg tab)	Tier 1	EX
hyoscyamine sulfate er	Tier 1	EX
hyoscyamine sulfate sr	Tier 1	EX
methscopolamine bromide	Tier 1	
GASTROINTESTINAL AGENTS, OTHER		
bismuth-metronidazole-tetracyc	Tier 3	
BYLVAY	Tier 3	PA
CHENODAL	Tier 3	
CLENPIQ	Tier 3	
GATTEX	Tier 3	PA
GAVILYTE-C	Tier 1	
GAVILYTE-G	Tier 1	
GAVILYTE-N	Tier 1	
lansoprazol-amoxicil-clarithro	Tier 3	QL (112 per 30 days)
LIVMARLI	Tier 3	PA
metoclopramide 10 mg tablet	Tier 1	
MOVIPREP	Tier 3	
MYALEPT	Tier 3	PA
OCALIVA	Tier 3	PA, QL (30 per 30 days)
peg 3350 electrolyte soln (4000 ml package)	Tier 1	
peg-3350 and electrolytes soln (4000 ml package)	Tier 1	
peg3350-sod sul-nacl-kcl-asb-c	Tier 1	
PLENVU	Tier 3	
PYLERA	Tier 3	
RELTONE 200 MG CAPSULE	Tier 3	PA, QL (30 per 30 days)
RELTONE 400 MG CAPSULE	Tier 3	PA
SEROSTIM 6 MG VIAL	Tier 3	PA
sod sulf-potass sulf-mag sulf	Tier 1	
SUPREP	Tier 3	
SUTAB	Tier 3	
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	Tier 2	
ursodiol 200 mg capsule	Tier 3	PA, QL (30 per 30 days)
ursodiol 400 mg capsule	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS (CONTINUED)		
XIFAXAN	Tier 3	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 400 mg/6.67 ml soln, 800 mg tablet)	Tier 1	
famotidine (20 mg tablet, 40 mg tablet)	Tier 1	
nizatidine (150 mg capsule, 300 mg capsule)	Tier 1	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	Tier 3	
misoprostol	Tier 1	
sucralfate (1 gm/10 ml susp, 1 gm/10 ml susp cup)	Tier 3	
sucralfate 1 gm tablet	Tier 1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)	Tier 1	QL (60 per 30 days)
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	Tier 1	QL (60 per 30 days)
omeprazole (dr 10 mg capsule, dr 40 mg capsule)	Tier 1	QL (60 per 30 days)
omeprazole dr 20 mg capsule	Tier 1	QL (120 per 30 days)
pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)	Tier 1	QL (60 per 30 days)
rabeprazole sod dr 20 mg tab	Tier 1	QL (60 per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (CONTINUED)		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP	Tier 3	PA
betaine anhydrous	Tier 3	
CERDELGA	Tier 3	PA, QL (56 per 28 days)
CHOLBAM	Tier 3	PA
CREON	Tier 2	
cromolyn 100 mg/5 ml oral conc	Tier 3	
CYSTADANE	Tier 3	
CYSTADROPS	Tier 3	
CYSTAGON	Tier 3	
CYSTARAN	Tier 3	
DAYBUE	Tier 3	PA, QL (3600 per 30 days)
dichlorphenamide	Tier 3	PA, QL (120 per 30 days)
DOJOLVI	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (CONTINUED)		
ENDARI	Tier 3	PA, QL (180 per 30 days)
EVRYSDI	Tier 3	PA, QL (160 per 24 days)
GALAFOLD	Tier 3	PA, QL (14 per 28 days)
GLASSIA	Tier 3	PA
JOENJA	Tier 3	PA, QL (60 per 30 days)
KEVEYIS	Tier 3	PA, QL (120 per 30 days)
miglustat	Tier 3	PA
nitisinone	Tier 3	PA
NITYR	Tier 3	PA
OPFOLDA	Tier 3	QL (8 per 28 days)
OXBRYTA	Tier 3	PA, QL (150 per 30 days)
PALYNZIQ	Tier 3	PA
PROCYSBI	Tier 3	PA
PROLASTIN C	Tier 3	PA
RAVICTI	Tier 3	PA
REVCOVI	Tier 3	PA
sapropterin dihydrochloride	Tier 3	PA
SKYCLARYS	Tier 3	PA
sodium phenylbutyrate (500mg tb, powder)	Tier 3	
SUCRAID	Tier 3	
TEGSEDI	Tier 3	PA, QL (6 per 28 days)
VYNDAMAX	Tier 3	PA
VYNDAQEL	Tier 3	PA
ZEMAIRA	Tier 3	PA
ZENPEP	Tier 2	
ZOKINVY	Tier 3	PA
GENITOURINARY AGENTS (CONTINUED)		
ANTISPASMODICS, URINARY		
darifenacin er	Tier 2	QL (30 per 30 days)
fesoterodine er 4 mg tablet	Tier 1	QL (30 per 30 days)
fesoterodine er 8 mg tablet	Tier 1	
flavoxate hcl	Tier 1	
GEMTESA	Tier 2	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	Tier 2	QL (30 per 30 days)
MYRBETRIQ ER 8 MG/ML SUSP	Tier 2	
oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)	Tier 1	
oxybutynin chloride er	Tier 1	QL (60 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENITOURINARY AGENTS (CONTINUED)		
solifenacin 10 mg tablet	Tier 1	
solifenacin 5 mg tablet	Tier 1	QL (30 per 30 days)
tolterodine tartrate	Tier 1	
tolterodine tartrate er	Tier 1	QL (30 per 30 days)
trospium chloride	Tier 1	
trospium chloride er	Tier 2	QL (30 per 30 days)
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	Tier 1	QL (60 per 30 days)
CARDURA XL	Tier 3	
doxazosin mesylate 4 mg tab	Tier 1	
dutasteride	Tier 1	QL (30 per 30 days)
dutasteride-tamsulosin	Tier 1	QL (30 per 30 days)
ENTADFI	Tier 2	QL (30 per 30 days)
silodosin	Tier 2	
tadalafil 2.5 mg tablet (generic for cialis)	Tier 2	PA, QL (30 per 30 days)
tadalafil 5 mg tablet (generic for cialis)	Tier 2	PA, QL (30 per 30 days)
tamsulosin hcl	Tier 1	
terazosin 2 mg capsule	Tier 1	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride	Tier 1	
ELMIRON	Tier 3	
HYOPHEN	Tier 2	EX
LITHOSTAT	Tier 3	
me-naphos-mb-hyo 1	Tier 2	EX
phenazopyridine hcl (100 mg tab, 200 mg tab)	Tier 1	EX
sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)	Tier 2	QL (6 per 30 days), (capped benefit), EX
STENDRA	Tier 3	QL (6 per 30 days), (capped benefit), EX
tadalafil 10 mg tablet (generic for cialis)	Tier 2	QL (6 per 30 days), (capped benefit), EX
tadalafil 20 mg tablet (generic for cialis)	Tier 2	QL (6 per 30 days), (capped benefit), EX
THIOLA EC	Tier 3	
tiopronin (100 mg tablet, dr 100 mg tablet, dr 300 mg tablet)	Tier 3	
URETRON D-S	Tier 2	EX
URIBEL	Tier 3	EX
URIBEL TABS	Tier 2	EX
URO-MP	Tier 2	EX
URO-SP	Tier 2	EX

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENITOURINARY AGENTS (CONTINUED)		
USTELL	Tier 2	EX
vardenafil hcl (generic for levitra)	Tier 2	QL (6 per 30 days), (capped benefit), EX
vardenafil hcl odt (generic for staxyn)	Tier 2	QL (6 per 30 days), (capped benefit), EX
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (CONTINUED)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR	Tier 3	PA
cortisone acetate	Tier 1	
CORTROPHIN	Tier 3	PA
deflazacort (30 mg tablet, 36 mg tablet)	Tier 3	PA
deflazacort 18 mg tablet	Tier 3	PA, QL (30 per 30 days)
deflazacort 6 mg tablet	Tier 3	PA, QL (60 per 30 days)
DEPO-MEDROL 100 MG/5 ML VIAL	Tier 3	
dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 6 mg tablet)	Tier 1	
dexamethasone (6 1.5 mg tab, 13 1.5 mg tb)	Tier 3	
dexamethasone 20 mg/2 ml-water	Tier 1	
dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml syring, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)	Tier 1	
EMFLAZA (22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	Tier 3	PA
EMFLAZA 18 MG TABLET	Tier 3	PA, QL (30 per 30 days)
EMFLAZA 6 MG TABLET	Tier 3	PA, QL (60 per 30 days)
fludrocortisone acetate	Tier 1	
HEMADY	Tier 3	
KENALOG-10	Tier 3	
KENALOG-40	Tier 3	
KENALOG-80	Tier 3	
MEDROL 2 MG TABLET	Tier 3	B/D PA
methylprednisolone (4 mg tablet, 16 mg tab)	Tier 2	B/D PA
methylprednisolone 4 mg dosepk	Tier 1	
methylprednisolone acetate (40 mg/ml vl, 80 mg/ml vl, 200 mg/5 ml, 400 mg/10ml, 400 mg/5 ml, 800 mg/10ml)	Tier 1	
methylprednisolone sodium succ (1 gm vl, 40 mg vl, 125 mg, 500 mg)	Tier 1	
prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup)	Tier 2	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (CONTINUED)		
prednisolone sodium phos odt	Tier 3	
prednisolone sodium phosphate (15mg/5ml soln cup, sod ph 25 mg/5 ml)	Tier 2	B/D PA
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet, 50 mg tablet)	Tier 1	B/D PA
prednisone 10 mg tab dose pack	Tier 1	
PREDNISONE INTENSOL	Tier 1	B/D PA
RAYOS	Tier 3	B/D PA
SOLU-CORTEF	Tier 3	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	Tier 3	
TARPEYO	Tier 3	PA, QL (120 per 30 days)
triamcinolone acetonide (40 mg/ml vl, 40mg/ml vl, 50mg/5ml vl, 200 mg/5 ml, 400 mg/10ml)	Tier 1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (CONTINUED)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
chorionic gonad 10,000 unit vl	Tier 3	PA
desmopressin acetate (0.01% solution, 0.01% spray, 10 mcg/0.1 ml spr)	Tier 2	
desmopressin acetate (0.1 mg tb, 0.2 mg tb)	Tier 1	
EGRIFTA SV	Tier 3	PA
GENOTROPIN	Tier 3	PA
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	Tier 3	PA
HUMATROPE 5 MG VIAL	Tier 3	
INCRELEX	Tier 3	PA
NOCDURNA	Tier 3	QL (30 per 30 days)
NORDITROPIN FLEXPRO	Tier 3	PA
NUTROPIN AQ NUSPIN	Tier 3	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	Tier 3	PA
PREGNYL	Tier 3	PA
SAIZEN	Tier 3	PA
SAIZEN-SAIZENPREP	Tier 3	PA
SEROSTIM (4 MG VIAL, 5 MG VIAL)	Tier 3	PA
ZOMACTON	Tier 3	PA
ZORBTIVE	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
ANABOLIC STEROIDS		
oxandrolone 10 mg tablet	Tier 3	
oxandrolone 2.5 mg tablet	Tier 2	
ANDROGENS		
ANDRODERM	Tier 2	QL (30 per 30 days)
danazol	Tier 1	
METHITEST	Tier 3	
methyltestosterone	Tier 3	
testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 25 mg/2.5 gm pkt, 50 mg/5 gram gel, 50 mg/5 gram pkt)	Tier 3	QL (300 per 30 days)
testosterone 1.62% (2.5 g) pkt	Tier 3	QL (150 per 30 days)
testosterone 1.62% gel pump	Tier 2	QL (150 per 30 days)
testosterone 1.62%(1.25 g) pkt	Tier 3	QL (38 per 30 days)
testosterone 10 mg gel pump	Tier 3	QL (120 per 30 days)
testosterone 12.5 mg/1.25 gram	Tier 2	QL (300 per 30 days)
testosterone 30 mg/1.5 ml pump	Tier 3	QL (180 per 30 days)
testosterone cypionate	Tier 1	
testosterone enanthate	Tier 1	
ESTROGENS		
ANNOVERA	Tier 3	QL (1 per 365 days)
CLIMARA PRO	Tier 3	QL (4 per 28 days)
DEPO-ESTRADIOL	Tier 3	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	Tier 3	
DOTTI	Tier 1	QL (8 per 28 days)
drospirenone-ethinyl estradiol	Tier 1	
ELESTRIN	Tier 3	
ELURYNG	Tier 2	
ENILLORING	Tier 2	
estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)	Tier 1	
estradiol twice weekly patch	Tier 1	QL (8 per 28 days)
estradiol valerate (50 mg/5 ml, 100 mg/5 ml)	Tier 1	
estradiol valerate 200 mg/5 ml	Tier 2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
estradiol weekly patch	Tier 1	QL (4 per 28 days)
ESTRING	Tier 2	QL (1 per 90 days)
ESTROGEL	Tier 2	
ethynodiol-ethinyl estradiol	Tier 1	
etonogestrel-ethinyl estradiol	Tier 2	
EVAMIST	Tier 3	
GIANVI	Tier 1	
HALOETTE	Tier 2	
JASMIEL	Tier 1	
KELNOR 1-35	Tier 1	
KELNOR 1-50	Tier 1	
LORYNA	Tier 1	
MENEST	Tier 3	
NATAZIA	Tier 3	
NIKKI	Tier 1	
OCELLA	Tier 1	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	Tier 2	
PREMARIN VAGINAL CREAM-APPL	Tier 3	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
SYEDA	Tier 3	
VESTURA	Tier 1	
YUVAFEM	Tier 1	
ZARAH	Tier 1	
ZOVIA 1-35	Tier 1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
AMABELZ	Tier 1	
clomiphene citrate	Tier 3	PA
COMBIPATCH	Tier 3	QL (8 per 28 days)
estradiol-norethindrone acetat	Tier 1	
PREFEST	Tier 3	
PROGESTINS		
ALTAVERA	Tier 1	
ALYACEN	Tier 1	
AMETHIA	Tier 1	
AMETHIA LO	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
ANGELIQ	Tier 3	
APRI	Tier 1	
ARANELLE	Tier 1	
ASHLYNA	Tier 1	
AUBRA	Tier 1	
AUBRA EQ	Tier 1	
AUROVELA	Tier 1	
AUROVELA 24 FE	Tier 1	
AUROVELA FE	Tier 1	
AVIANE	Tier 1	
AZURETTE	Tier 1	
BALZIVA	Tier 1	
BEKYREE	Tier 1	
BLISOVI 24 FE	Tier 1	
BLISOVI FE	Tier 1	
BRIELLYN	Tier 1	
CAMILA	Tier 1	
CAMRESE	Tier 1	
CAMRESE LO	Tier 1	
CHATEAL	Tier 1	
CRYSELLE	Tier 1	
CYRED	Tier 1	
CYRED EQ	Tier 1	
DASETTA	Tier 1	
DAYSEE	Tier 1	
DEBLITANE	Tier 1	
DELYLA	Tier 1	
DEPO-SUBQ PROVERA 104	Tier 3	
desogestr-eth estrad eth estra	Tier 1	
desogestrel-ethinyl estradiol	Tier 1	
DOLISHALE	Tier 1	
drospirenone-eth estra-levomef (3-0.02-0.451, 3-0.03-0.451)	Tier 3	
ELINEST	Tier 1	
ELLA	Tier 2	
EMOQUETTE	Tier 1	
ENPRESSE	Tier 1	
ENSKYCE	Tier 1	
ERRIN	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
ESTARYLLA	Tier 1	
FALMINA	Tier 1	
FAYOSIM	Tier 3	
FEMYNOR	Tier 1	
FYAVOLV	Tier 1	
GEMMILY	Tier 3	
HAILEY	Tier 1	
HAILEY 24 FE	Tier 1	
HAILEY FE	Tier 1	
HEATHER	Tier 1	
ICLEVIA	Tier 1	
INCASSIA	Tier 1	
INTROVALE	Tier 1	
ISIBLOOM	Tier 1	
JENCYCLA	Tier 1	
JINTELI	Tier 1	
JOLESSA	Tier 1	
JULEBER	Tier 1	
JUNEL	Tier 1	
JUNEL FE	Tier 1	
JUNEL FE 24	Tier 1	
KAITLIB FE	Tier 1	
KARIVA	Tier 1	
KURVELO	Tier 1	
LARIN	Tier 1	
LARIN 24 FE	Tier 1	
LARIN FE	Tier 1	
LEENA	Tier 1	
LESSINA	Tier 1	
LEVONEST	Tier 1	
levonorg 0.15mg-ee 20-25-30mcg	Tier 3	
levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)	Tier 1	
levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03)	Tier 1	
LEVORA-28	Tier 1	
LO LOESTRIN FE	Tier 3	
LOMEDIA 24 FE	Tier 1	
LOW-OGESTREL	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
LUTERA	Tier 1	
LYLEQ	Tier 1	
LYZA	Tier 1	
MARLISSA	Tier 1	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)	Tier 1	
megestrol 625 mg/5 ml susp	Tier 3	
megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)	Tier 1	
MELODETTA 24 FE	Tier 1	
MERZEE	Tier 3	
MIBELAS 24 FE	Tier 3	
MICROGESTIN	Tier 1	
MICROGESTIN FE	Tier 1	
MILI	Tier 1	
MONO-LINYAH	Tier 1	
NECON	Tier 1	
NORA-BE	Tier 1	
norelgestromin-eth estradiol	Tier 1	
noreth-estrad-fe 1-0.02(24)-75	Tier 3	
norethin-eth estra-ferrous fum	Tier 1	
norethindron-ethinyl estradiol	Tier 1	
norethindrone	Tier 1	
norethindrone ac (lupaneta)	Tier 1	
norethindrone acetate	Tier 1	
norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1.5-0.03mg(21)-75)	Tier 1	
norethindrone-e.estradiol-iron (1-0.02(24)-75 cap, 1-0.02(24)-75 tab)	Tier 3	
norgestimate-ethinyl estradiol	Tier 1	
NORLYROC	Tier 1	
NORTREL	Tier 1	
NYLIA	Tier 1	
NYMYO	Tier 1	
ORSYTHIA	Tier 1	
PHILITH	Tier 1	
PIMTREA	Tier 1	
PIRMELLA (1-35 28 TABLET, 1-35-28 TABLET)	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
PORTIA	Tier 1	
progesterone (100 mg capsule, 200 mg capsule)	Tier 1	
RECLIPSEN	Tier 1	
RIVELSA	Tier 3	
SETLAKIN	Tier 1	
SHAROBEL	Tier 1	
SLYND	Tier 3	
SPRINTEC	Tier 1	
SRONYX	Tier 1	
TARINA 24 FE	Tier 1	
TARINA FE	Tier 1	
TARINA FE 1-20 EQ	Tier 1	
TAYSOFY	Tier 3	
TAYTULLA	Tier 3	
TILIA FE	Tier 1	
TRI-ESTARYLLA	Tier 1	
TRI-LEGEST FE	Tier 1	
TRI-LINYAH	Tier 1	
TRI-LO-ESTARYLLA	Tier 1	
TRI-LO-MARZIA	Tier 1	
TRI-LO-SPRINTEC	Tier 1	
TRI-MILI	Tier 1	
TRI-NYMYO	Tier 1	
TRI-PREVIFEM	Tier 1	
TRI-SPRINTEC	Tier 1	
TRI-VYLIBRA	Tier 1	
TRI-VYLIBRA LO	Tier 1	
TRIVORA-28	Tier 1	
TURQOZ	Tier 1	
TYDEMY	Tier 3	
VELIVET	Tier 1	
VIENVA	Tier 1	
VIORELE	Tier 1	
VYFEMLA	Tier 1	
VYLIBRA	Tier 1	
WERA	Tier 1	
WYMZYA FE	Tier 1	
XULANE	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
ZAFEMY	Tier 1	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	Tier 3	
raloxifene hcl	Tier 1	QL (30 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (CONTINUED)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID	Tier 3	EX
CYTOMEL	Tier 3	
EUTHYROX	Tier 1	
levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)	Tier 1	
LEVOXYL	Tier 1	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	Tier 1	
NP THYROID	Tier 1	EX
SYNTHROID	Tier 2	
UNITHROID	Tier 1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) (CONTINUED)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
ISTURISA 1 MG TABLET	Tier 3	PA, QL (240 per 30 days)
ISTURISA 10 MG TABLET	Tier 3	PA, QL (180 per 30 days)
ISTURISA 5 MG TABLET	Tier 3	PA, QL (60 per 30 days)
LYSODREN	Tier 3	
RECORLEV	Tier 3	PA, QL (240 per 30 days)
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (CONTINUED)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
bromocriptine 2.5 mg tablet	Tier 1	
BYNFEZIA	Tier 3	
cabergoline	Tier 1	
ELIGARD	Tier 3	PA
FIRMAGON	Tier 3	
leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)	Tier 3	PA
leuprolide depot	Tier 3	PA
LUPRON DEPOT	Tier 3	PA
LUPRON DEPOT (LUPANETA)	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (CONTINUED)		
LUPRON DEPOT-PED	Tier 3	PA
METOPIRONE	Tier 3	PA
octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial)	Tier 2	
octreotide acetate (acet 500 mcg/ml syr, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)	Tier 3	
ORGOVYX	Tier 3	PA
ORIAHNN	Tier 3	PA, QL (56 per 28 days)
ORILISSA 150 MG TABLET	Tier 3	PA, QL (28 per 28 days)
ORILISSA 200 MG TABLET	Tier 3	PA, QL (56 per 28 days)
SIGNIFOR	Tier 3	PA
SOMATULINE DEPOT	Tier 3	
SOMAVERT	Tier 3	PA
SYNAREL	Tier 3	
TRELSTAR	Tier 3	PA
TRIPTODUR	Tier 3	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) (CONTINUED)		
ANTITHYROID AGENTS		
methimazole	Tier 1	
propylthiouracil	Tier 1	
IMMUNOLOGICAL AGENTS (CONTINUED)		
ANGIOEDEMA AGENTS		
BERINERT	Tier 3	PA
CINRYZE	Tier 3	PA
HAEGARDA	Tier 3	PA, QL (16 per 28 days)
icatibant	Tier 3	PA
ORLADEYO	Tier 3	PA
RUCONEST	Tier 3	PA
SAJAZIR	Tier 3	PA
TAKHZYRO (300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	Tier 3	PA, QL (4 per 28 days)
TAKHZYRO 150 MG/ML SYRINGE	Tier 3	PA, QL (2 per 28 days)
IMMUNOGLOBULINS		
ASCENIV	Tier 3	PA
BIVIGAM	Tier 3	PA
CUTAQUIG	Tier 3	PA
CUVITRU	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
FLEBOGAMMA DIF	Tier 3	PA
GAMMAGARD LIQUID	Tier 3	PA
GAMMAGARD S-D	Tier 3	PA
GAMMAKED (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	Tier 3	PA
GAMMAPLEX	Tier 3	PA
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	Tier 3	PA
HIZENTRA	Tier 3	PA
HYQVIA	Tier 3	PA
OCTAGAM	Tier 3	PA
PANZYGA	Tier 3	PA
PRIVIGEN	Tier 3	PA
XEMBIFY	Tier 3	PA
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9 ML SYRINGE	Tier 3	PA
ACTEMRA ACTPEN	Tier 3	PA
ARCALYST	Tier 3	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	Tier 3	PA, QL (8 per 28 days)
COSENTYX (2 SYRINGES)	Tier 3	PA, QL (10 per 28 days)
COSENTYX 150 MG/ML SYRINGE	Tier 3	PA, QL (10 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE	Tier 3	PA, QL (2.5 per 28 days)
COSENTYX SENSOREADY (2 PENS)	Tier 3	PA, QL (10 per 28 days)
COSENTYX SENSOREADY PEN	Tier 3	PA, QL (10 per 28 days)
COSENTYX UNOREADY PEN	Tier 3	PA, QL (10 per 28 days)
DUPIXENT 100 MG/0.67 ML SYRING	Tier 3	PA, QL (1.34 per 28 days)
DUPIXENT 200 MG/1.14 ML PEN	Tier 3	PA, QL (4.6 per 28 days)
DUPIXENT 200 MG/1.14 ML SYRING	Tier 3	PA, QL (4.6 per 28 days)
DUPIXENT 300 MG/2 ML PEN	Tier 3	PA, QL (8 per 28 days)
DUPIXENT 300 MG/2 ML SYRINGE	Tier 3	PA, QL (8 per 28 days)
ENSPRYNG	Tier 3	PA
GRASTEK	Tier 3	
ILUMYA	Tier 3	PA, QL (3 per 28 days)
KEVZARA	Tier 3	PA, QL (3 per 28 days)
KINERET	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
LAGEVRIO (EUA)	Tier 3	QL (40 per 90 days)
ODACTRA	Tier 3	
OLUMIANT	Tier 3	PA, QL (30 per 30 days)
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	Tier 3	
ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL)	Tier 3	PA
ORENCIA 50 MG/0.4 ML SYRINGE	Tier 3	PA, QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE	Tier 3	PA, QL (2.8 per 28 days)
ORENCIA CLICKJECT	Tier 3	PA, QL (4 per 28 days)
PAXLOVID 150-100 MG DOSE PACK	Tier 3	QL (20 per 90 days)
PAXLOVID 300-100 MG DOSE PACK	Tier 3	QL (30 per 90 days)
RIDAURA	Tier 3	
RINVOQ ER 15 MG TABLET	Tier 3	PA, QL (30 per 30 days)
RINVOQ ER 30 MG TABLET	Tier 3	PA
RINVOQ ER 45 MG TABLET	Tier 3	PA, QL (168 per 365 days)
SILIQ	Tier 3	PA, QL (6 per 28 days)
SKYRIZI 150 MG/ML SYRINGE	Tier 3	PA, QL (1 per 28 days)
SKYRIZI 180 MG/1.2 ML ON-BODY	Tier 3	PA, QL (1.2 per 56 days)
SKYRIZI 360 MG/2.4 ML ON-BODY	Tier 3	PA, QL (2.4 per 56 days)
SKYRIZI PEN	Tier 3	PA, QL (1 per 28 days)
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	Tier 3	PA
TALTZ AUTOINJECTOR	Tier 3	PA, QL (4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	Tier 3	PA, QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	Tier 3	PA, QL (4 per 28 days)
TALTZ SYRINGE	Tier 3	PA, QL (4 per 28 days)
TAVNEOS	Tier 3	PA
TREMFYA	Tier 3	PA
XELJANZ (5 MG TABLET, 10 MG TABLET)	Tier 3	PA, QL (60 per 30 days)
XELJANZ 1 MG/ML SOLUTION	Tier 3	PA
XELJANZ XR	Tier 3	PA, QL (30 per 30 days)
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	Tier 3	PA
IMMUNOSTIMULANTS		
ACTIMMUNE	Tier 3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
INTRON A	Tier 3	
PEGASYS 180 MCG/0.5 ML SYRINGE	Tier 3	QL (2 per 28 days)
PEGASYS 180 MCG/ML VIAL	Tier 3	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	Tier 3	B/D PA
azathioprine (75 mg tablet, 100 mg tablet)	Tier 3	B/D PA
azathioprine 50 mg tablet	Tier 1	B/D PA
CELLCEPT (250 MG CAPSULE, 500 MG TABLET)	Tier 3	B/D PA
CIMZIA	Tier 3	PA, QL (6 per 28 days)
cyclosporine (25 mg capsule, 100 mg capsule)	Tier 2	B/D PA
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	Tier 2	B/D PA
CYLTEZO(CF) (20 MG/0.4 ML, 40 MG/0.8 ML)	Tier 3	PA, QL (6 per 28 days)
CYLTEZO(CF) 10 MG/0.2 ML SYRNG	Tier 3	PA, QL (2 per 28 days)
CYLTEZO(CF) PEN	Tier 3	PA, QL (6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	Tier 3	PA, QL (6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV	Tier 3	PA, QL (4 per 28 days)
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	Tier 3	PA, QL (8 per 28 days)
ENBREL 25 MG KIT	Tier 3	PA, QL (16 per 28 days)
ENBREL MINI	Tier 3	PA, QL (8 per 28 days)
ENBREL SURECLICK	Tier 3	PA, QL (8 per 28 days)
ENVARSUS XR	Tier 3	B/D PA
everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)	Tier 3	B/D PA
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	Tier 1	B/D PA
HADLIMA	Tier 3	PA, QL (4.8 per 28 days)
HADLIMA PUSHTOUCH	Tier 3	PA, QL (4.8 per 28 days)
HADLIMA(CF)	Tier 3	PA, QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	Tier 3	PA, QL (2.4 per 28 days)
HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	Tier 3	PA, QL (6 per 28 days)
HUMIRA 10 MG/0.2 ML SYRINGE	Tier 3	PA, QL (2 per 28 days)
HUMIRA PEN 40 MG/0.8 ML	Tier 3	PA, QL (6 per 28 days)
HUMIRA PEN CROHN'S-UC-HS	Tier 3	PA, QL (6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	Tier 3	PA, QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYR (ABBVIE NDC STARTING WITH 00074-)	Tier 3	PA, QL (2 per 28 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
HUMIRA(CF) 20 MG/0.2 ML SYR (ABBVIE NDC STARTING WITH 00074-)	Tier 3	PA, QL (6 per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SYR (ABBVIE NDC STARTING WITH 00074-)	Tier 3	PA, QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN 80-40 MG	Tier 3	PA, QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN 80MG/0.8	Tier 3	PA, QL (3 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML (ABBVIE NDC STARTING WITH 00074-)	Tier 3	PA, QL (6 per 28 days)
HUMIRA(CF) PEN 80 MG/0.8 ML (ABBVIE NDC STARTING WITH 00074-)	Tier 3	PA, QL (3 per 28 days)
HUMIRA(CF) PEN CROHN'S-UC-HS	Tier 3	PA, QL (3 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 3	PA, QL (4 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 3	PA, QL (3 per 28 days)
leflunomide	Tier 1	
LUPKYNIS	Tier 3	PA
methotrexate (1 gm vial, 2.5 mg tablet)	Tier 1	
methotrexate sodium	Tier 1	
mycophenolate 200 mg/ml susp	Tier 3	B/D PA
mycophenolate mofetil (250 mg capsule, 500 mg tablet)	Tier 1	B/D PA
mycophenolic acid	Tier 3	B/D PA
MYFORTIC	Tier 3	B/D PA
NEORAL (25 MG CAPSULE, 100 MG CAPSULE)	Tier 3	B/D PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE)	Tier 3	B/D PA
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	Tier 3	B/D PA
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	Tier 3	B/D PA
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	Tier 3	PA, QL (1 per 28 days)
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE)	Tier 3	PA, QL (0.5 per 28 days)
sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	Tier 2	B/D PA
sirolimus 1 mg/ml solution	Tier 3	B/D PA
tacrolimus (0.5 mg capsule, 0.5 mg capsule (ir), 1 mg capsule, 1 mg capsule (ir), 5 mg capsule, 5 mg capsule (ir))	Tier 2	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
XATMEP	Tier 3	
VACCINES		
ABRYSVO	Tier 3	RV
ACTHIB	Tier 2	
ADACEL TDAP	Tier 1	RV
AREXVY	Tier 3	RV
bcg (tice strain)	Tier 3	
bcg vaccine (tice strain)	Tier 3	RV
BEXSERO	Tier 3	RV
BOOSTRIX TDAP	Tier 1	RV
DAPTACEL DTAP	Tier 3	
diphtheria-tetanus toxoids-ped	Tier 3	
ENGERIX-B ADULT	Tier 2	B/D PA, RV
ENGERIX-B PEDIATRIC-ADOLESCENT	Tier 2	B/D PA, RV
GARDASIL 9	Tier 1	RV
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	Tier 2	RV
HEPLISAV-B	Tier 2	B/D PA, RV
HIBERIX	Tier 2	
IMOVAX RABIES VACCINE	Tier 3	B/D PA, RV
INFANRIX DTAP	Tier 3	
IPOL	Tier 3	RV
IXCHIQ	Tier 3	RV
IXIARO	Tier 3	RV
JYNNEOS	Tier 3	RV
JYNNEOS (NATIONAL STOCKPILE)	Tier 3	RV
KINRIX	Tier 3	
M-M-R II VACCINE	Tier 1	RV
MENACTRA	Tier 3	RV
MENQUADFI	Tier 3	RV
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	Tier 2	RV
PEDIARIX	Tier 3	
PEDVAXHIB	Tier 2	
PENBRAYA	Tier 3	RV
PENTACEL	Tier 3	
PENTACEL ACTHIB COMPONENT	Tier 3	
PREHEVBRIO	Tier 2	B/D PA, RV
PRIORIX	Tier 1	RV
PROQUAD	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
QUADRACEL DTAP-IPV	Tier 3	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	Tier 3	B/D PA
RECOMBIVAX HB	Tier 2	B/D PA, RV
ROTARIX	Tier 3	
ROTATEQ	Tier 3	
SHINGRIX	Tier 1	RV
STAMARIL	Tier 3	RV
tdvax	Tier 1	RV
TENIVAC	Tier 1	RV
TICOVAC	Tier 3	
TRUMENBA	Tier 2	RV
TWINRIX	Tier 2	RV
TYPHIM VI	Tier 3	RV
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	Tier 2	
VARIVAX VACCINE	Tier 1	RV
YF-VAX	Tier 3	RV
INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)		
AMINOSALICYLATES		
balsalazide disodium	Tier 2	
mesalamine (800 mg dr tablet, 1,000 mg supp)	Tier 3	
mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit)	Tier 2	
mesalamine dr 400 mg capsule	Tier 2	
mesalamine er 0.375 gram cap	Tier 3	
sulfasalazine	Tier 1	
sulfasalazine dr	Tier 1	
GLUCOCORTICOIDS		
budesonide 2 mg rectal foam	Tier 3	PA
budesonide ec/dr capsule	Tier 3	
budesonide er	Tier 3	QL (30 per 30 days)
DEXABLISS	Tier 3	
dexamethasone 10 day 1.5 mg tb	Tier 3	
dexamethasone 4 mg tablet	Tier 1	
DXEVO	Tier 3	
hydrocort-pramoxine 2.5-1% crm	Tier 3	EX
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg/60 ml)	Tier 1	
hydrocortisone ac 25 mg supp	Tier 3	EX

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)		
methylprednisolone (8 mg tablet, 32 mg tab)	Tier 2	B/D PA
prednisolone 5 mg/5 ml soln	Tier 2	B/D PA
prednisolone sodium phosphate (10 mg/5 ml soln, 20 mg/5 ml soln)	Tier 3	B/D PA
prednisone 5 mg tab dose pack	Tier 1	
PROCTO-MED HC	Tier 1	
PROCTO-PAK	Tier 1	
PROCTOFOAM-HC	Tier 3	
PROCTOSOL-HC	Tier 1	
PROCTOZONE-HC	Tier 1	
TAPERDEX (6 1.5 MG TABLET, 7 1.5 MG TAB PACK, 12 1.5 MG TABLET)	Tier 3	
METABOLIC BONE DISEASE AGENTS (CONTINUED)		
METABOLIC BONE DISEASE AGENTS		
alendronate sod 70 mg/75 ml	Tier 2	QL (300 per 28 days)
alendronate sodium (35 mg tab, 70 mg tab)	Tier 1	QL (4 per 28 days)
alendronate sodium (5 mg tablet, 10 mg tab, 40 mg tab)	Tier 1	QL (30 per 30 days)
calcitonin-salmon (200 unit spr, 200 units sp)	Tier 1	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)	Tier 1	
cinacalcet hcl	Tier 3	
doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)	Tier 2	
etidronate disodium 200 mg tab	Tier 1	
EVENITY	Tier 3	PA, QL (2.4 per 28 days)
EVENITY (2 SYRINGES)	Tier 3	PA, QL (2.4 per 28 days)
ibandronate sodium 150 mg tab	Tier 1	
NATPARA	Tier 3	PA, QL (30 per 30 days)
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	Tier 2	
PROLIA	Tier 3	PA
risedronate sodium (5 mg tablet, 30 mg tab)	Tier 1	QL (30 per 30 days)
risedronate sodium 150 mg tab	Tier 1	QL (1 per 28 days)
risedronate sodium 35 mg tab	Tier 1	QL (4 per 28 days)
risedronate sodium dr	Tier 1	QL (4 per 28 days)
teriparatide	Tier 3	PA, QL (3 per 28 days)
XGEVA	Tier 3	PA
OPHTHALMIC AGENTS (CONTINUED)		
OPHTHALMIC AGENTS, OTHER		
atropine 1% eye drops	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
BLEPHAMIDE S.O.P.	Tier 3	
brimonidine tartrate-timolol	Tier 2	
cyclosporine 0.05% eye emuls	Tier 2	
dorzolamide-timolol (preservative free)	Tier 1	
dorzolamide-timolol eye drops	Tier 1	
LACRISERT	Tier 3	
NEO-POLYCIN HC	Tier 1	
neomycin-bacitracin-poly-hc	Tier 1	
neomycin-bacitracin-polymyxin	Tier 1	
neomycin-poly-hc eye drops	Tier 1	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	Tier 1	
neomycin-polymyxin-gramicidin	Tier 1	
OXERVATE	Tier 3	PA
polymyxin b sul-trimethoprim	Tier 1	
PRED-G S.O.P. EYE OINTMENT	Tier 3	
ROCKLATAN	Tier 2	
sulfacetamide-prednisolone	Tier 1	
TOBRADEX EYE OINTMENT	Tier 3	
TOBRADEX ST	Tier 3	
tobramycin-dexamethasone	Tier 1	
VERKAZIA	Tier 3	PA
ZYLET	Tier 3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	Tier 3	
ALOMIDE	Tier 3	
azelastine hcl 0.05% drops	Tier 1	
bepotastine besilate	Tier 3	
cromolyn 4% eye drops	Tier 1	
epinastine hcl	Tier 1	
olopatadine hcl (0.1% drops, 0.2% drop)	Tier 1	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	Tier 3	
bacitracin 500 unit/gm ophth	Tier 1	
bacitracin-polymyxin	Tier 1	
BESIVANCE	Tier 3	
CILOXAN 0.3% OINTMENT	Tier 3	
ciprofloxacin 0.3% eye drop	Tier 1	
erythromycin 0.5% eye ointment	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
gatifloxacin	Tier 1	
GENTAK	Tier 1	
gentamicin sulfate (drop, ointment)	Tier 1	
levofloxacin (0.5% drops, 1.5% drops)	Tier 1	
moxifloxacin 0.5% eye drops	Tier 2	QL (12 per 28 days)
moxifloxacin 0.5% eye drp-visc	Tier 2	QL (12 per 28 days)
NATACYN	Tier 3	
NEO-POLYCIN	Tier 1	
ofloxacin 0.3% eye drops	Tier 1	
POLYCIN	Tier 1	
sulfacetamide sodium (drops, ointment)	Tier 1	
tobramycin 0.3% eye drop	Tier 1	
TOBREX 0.3% EYE OINTMENT	Tier 3	
ZIRGAN	Tier 3	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	Tier 3	
bromfenac sodium 0.09% eye drp	Tier 1	
dexamethasone 0.1% eye drop	Tier 1	
diclofenac 0.1% eye drops	Tier 1	
difluprednate	Tier 2	
fluorometholone	Tier 1	
flurbiprofen sodium	Tier 1	
ketorolac tromethamine (0.4% solution, 0.5% solution)	Tier 1	
loteprednol etabonate (drp, ophthalmc gel)	Tier 2	
loteprednol etabonate 0.2% drp	Tier 3	
prednisolone ac 1% eye drop	Tier 2	
prednisolone sod 1% eye drop	Tier 2	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl 0.5% eye drop	Tier 1	
carteolol hcl	Tier 1	
levobunolol hcl	Tier 1	
timolol eye drops (generic for timoptic)	Tier 1	
timolol gel solution (generic for timoptic-xe eye gel)	Tier 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide 125 mg tablet	Tier 1	
acetazolamide er	Tier 1	
ALPHAGAN P 0.1% DROPS	Tier 2	
apraclonidine hcl	Tier 1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
brimonidine 0.2% eye drop	Tier 1	
brimonidine tartrate (0.1% drop, 0.15% drp)	Tier 2	
brinzolamide	Tier 3	
dorzolamide hcl	Tier 1	
IOPIDINE	Tier 3	
methazolamide	Tier 2	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	Tier 1	
RHOPRESSA	Tier 2	
SIMBRINZA	Tier 3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.03% eye drops	Tier 1	QL (7.5 per 25 days)
latanoprost 0.005% eye drops	Tier 1	
LUMIGAN	Tier 2	QL (7.5 per 25 days)
travoprost	Tier 2	
OTIC AGENTS (CONTINUED)		
OTIC AGENTS		
CIPRO HC	Tier 3	
ciprofloxacin 0.2% otic soln	Tier 1	
ciprofloxacin-dexamethasone	Tier 2	
COLY-MYCIN S	Tier 3	
fluocinolone acetonide oil	Tier 1	
hydrocortisone-acetic acid	Tier 2	
neomycin-polymyxin-hc ear susp	Tier 1	
neomycin-polymyxin-hydrocort	Tier 1	
ofloxacin 0.3% ear drops	Tier 1	
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA	Tier 2	QL (30 per 30 days)
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	Tier 2	B/D PA
flunisolide	Tier 1	QL (50 per 30 days)
fluticasone prop 50 mcg spray	Tier 1	
mometasone furoate 50 mcg spry	Tier 1	QL (34 per 30 days)
QVAR REDIHALER 40 MCG	Tier 2	QL (10.6 per 30 days)
QVAR REDIHALER 80 MCG	Tier 2	QL (21.2 per 30 days)
XHANCE	Tier 3	PA
ANTIHISTAMINES		
azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)	Tier 1	QL (30 per 25 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
azelastine-fluticasone	Tier 2	QL (23 per 30 days)
carbinoxamine maleate 4 mg tab	Tier 1	
clemastine fum 2.68 mg tab	Tier 1	
cyproheptadine 4 mg tablet	Tier 1	
desloratadine	Tier 1	QL (30 per 30 days)
diphenhydramine 50 mg/ml vial	Tier 1	
hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)	Tier 2	
levocetirizine 2.5 mg/5 ml sol	Tier 1	
levocetirizine 5 mg tablet	Tier 1	QL (60 per 30 days)
olopatadine 665 mcg nasal spry	Tier 2	QL (31 per 30 days)
RYALTRIS	Tier 3	
ANTILEUKOTRIENES		
montelukast sod 4 mg granules	Tier 1	
montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)	Tier 1	QL (30 per 30 days)
zafirlukast	Tier 1	QL (60 per 30 days)
zileuton er	Tier 3	ST, QL (120 per 30 days)
ZYFLO	Tier 3	ST
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	Tier 3	QL (25.8 per 30 days)
INCRUSE ELLIPTA	Tier 2	QL (30 per 30 days)
ipratropium br 0.02% soln	Tier 1	B/D PA
ipratropium bromide (0.03% spray, 0.06% spray)	Tier 1	
tiotropium bromide	Tier 2	QL (30 per 30 days)
YUPELRI	Tier 3	B/D PA
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol hfa 90 mcg inhaler (alternative to proair hfa)	Tier 1	QL (17 per 30 days)
albuterol hfa 90 mcg inhaler (alternative to proventil hfa)	Tier 1	QL (14 per 30 days)
ALBUTEROL HFA 90 MCG INHALER (ALTERNATIVE TO VENTOLIN HFA)	Tier 2	QL (36 per 30 days)
albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)	Tier 3	
albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)	Tier 1	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
arformoterol tartrate	Tier 3	B/D PA
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	Tier 2	QL (2 per 30 days)
formoterol fumarate	Tier 3	B/D PA
levalbuterol 0.31 mg/3 ml sol	Tier 2	B/D PA
levalbuterol concentrate hcl vial-neb	Tier 2	B/D PA
levalbuterol hcl vial-neb	Tier 2	B/D PA
levalbuterol tar hfa 45mcg inhaler	Tier 2	QL (30 per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (5 per 30 days)
SYMJEPI	Tier 2	QL (2 per 30 days)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	Tier 1	
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	Tier 3	
CAYSTON	Tier 3	
KALYDECO	Tier 3	PA, QL (60 per 30 days)
KITABIS PAK	Tier 3	B/D PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	Tier 3	PA, QL (120 per 30 days)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	Tier 3	PA, QL (56 per 28 days)
PULMOZYME	Tier 3	B/D PA
SYMDEKO 100/150 MG-150 MG TABS	Tier 3	PA
SYMDEKO 50/75 MG-75 MG TABLETS	Tier 3	PA, QL (56 per 28 days)
TOBI PODHALER	Tier 3	
tobramycin (300 mg/4 ml, 300 mg/5 ml)	Tier 3	B/D PA
TRIKAFTA 100-50-75 MG/150 MG	Tier 3	PA
TRIKAFTA 50-25-37.5 MG/75 MG	Tier 3	PA, QL (84 per 28 days)
MAST CELL STABILIZERS		
cromolyn 20 mg/2 ml neb soln	Tier 2	B/D PA
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP 250 MCG TABLET	Tier 3	QL (28 per 28 days)
DALIRESP 500 MCG TABLET	Tier 3	QL (30 per 30 days)
ELIXOPHYLLIN	Tier 3	
roflumilast	Tier 3	QL (30 per 30 days)
THEO-24	Tier 3	
theophylline anhydrous (er 300 mg tab, er 450 mg tab)	Tier 1	
theophylline er	Tier 1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	Tier 3	PA, QL (90 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
alyq 20 mg tablet (generic for adcirca)	Tier 3	PA, QL (60 per 30 days)
ambrisentan 10 mg tablet	Tier 3	PA
ambrisentan 5 mg tablet	Tier 3	PA, QL (30 per 30 days)
bosentan 125 mg tablet	Tier 3	PA
bosentan 62.5 mg tablet	Tier 3	PA, QL (60 per 30 days)
OPSUMIT	Tier 3	PA, QL (30 per 30 days)
ORENITRAM ER	Tier 3	PA
ORENITRAM MONTH 1 TITRATION KT	Tier 3	PA
ORENITRAM MONTH 2 TITRATION KT	Tier 3	PA
ORENITRAM MONTH 3 TITRATION KT	Tier 3	PA
sildenafil 20mg tablet (generic for revatio)	Tier 2	PA, QL (90 per 30 days)
tadalafil 20mg tablet (generic for adcirca)	Tier 3	PA, QL (60 per 30 days)
TADLIQ	Tier 3	PA, QL (300 per 30 days)
TRACLEER 32 MG TABLET FOR SUSP	Tier 3	PA, QL (120 per 30 days)
TYVASO	Tier 3	PA, QL (87 per 30 days)
TYVASO INSTITUTIONAL START KIT	Tier 3	PA, QL (87 per 30 days)
TYVASO REFILL KIT	Tier 3	PA, QL (87 per 30 days)
TYVASO STARTER KIT	Tier 3	PA, QL (87 per 30 days)
UPTRAVI (400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	Tier 3	PA, QL (60 per 30 days)
UPTRAVI 200 MCG TABLET	Tier 3	PA, QL (140 per 28 days)
UPTRAVI 200-800 TITRATION PACK	Tier 3	PA, QL (200 per 30 days)
PULMONARY FIBROSIS AGENTS		
OFEV	Tier 3	PA, QL (60 per 30 days)
pirfenidone (267 mg capsule, 267 mg tablet)	Tier 3	PA, QL (270 per 30 days)
pirfenidone (534 mg tablet, 801 mg tablet)	Tier 3	PA, QL (90per 30 days)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine	Tier 1	B/D PA
ANORO ELLIPTA	Tier 2	QL (60 per 30 days)
benzonatate (100 mg capsule, 200 mg capsule)	Tier 1	EX
BREO ELLIPTA	Tier 2	QL (60 per 30 days)
BREYNA	Tier 2	QL (11 per 30 days)
BREZTRI AEROSPHERE	Tier 2	
budesonide-formoterol fumarate	Tier 2	QL (11 per 30 days)
codeine-guaifenesin	Tier 1	EX
CODITUSSIN AC	Tier 1	EX

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
COMBIVENT RESPIMAT	Tier 3	QL (8 per 30 days)
DULERA	Tier 2	QL (13 per 30 days)
FASENRA	Tier 3	PA, QL (1 per 28 days)
FASENRA PEN	Tier 3	PA, QL (1 per 28 days)
fluticasone-salmeterol 100-50 (generic for advair)	Tier 1	QL (60 per 30 days)
fluticasone-salmeterol 113-14 (alternative to airduo respiclick)	Tier 2	QL (1 per 30 days)
fluticasone-salmeterol 232-14 (alternative to airduo respiclick)	Tier 2	QL (1 per 30 days)
fluticasone-salmeterol 250-50 (generic for advair)	Tier 1	QL (60 per 30 days)
fluticasone-salmeterol 500-50 (generic for advair)	Tier 1	QL (60 per 30 days)
fluticasone-salmeterol 55-14 (alternative to airduo respiclick)	Tier 2	QL (1 per 30 days)
G TUSSIN AC	Tier 1	EX
GUAIATUSSIN AC	Tier 1	EX
GUAIFENESIN AC	Tier 1	EX
guaifenesin-codeine	Tier 1	EX
hydrocodone-homatropine mbr (5-1.5, soln)	Tier 1	EX
HYDROMET	Tier 1	EX
ipratropium-albuterol	Tier 1	B/D PA
M-CLEAR WC	Tier 1	EX
MAR-COF CG	Tier 1	EX
MAXI-TUSS AC	Tier 1	EX
NINJACOF-XG	Tier 1	EX
NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	Tier 3	PA
promethazine-codeine	Tier 1	EX
TRELEGY ELLIPTA	Tier 2	QL (60 per 30 days)
VIRTUSSIN AC	Tier 1	EX
wixela 100-50 inhub (generic for advair)	Tier 1	QL (60 per 30 days)
wixela 250-50 inhub (generic for advair)	Tier 1	QL (60 per 30 days)
wixela 500-50 inhub(generic for advair)	Tier 1	QL (60 per 30 days)
SKELETAL MUSCLE RELAXANTS (CONTINUED)		
SKELETAL MUSCLE RELAXANTS		
carisoprodol	Tier 3	QL (120 per 30 days)
chlorzoxazone (250 mg tablet, 375 mg tablet, 750 mg tablet)	Tier 3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SKELETAL MUSCLE RELAXANTS (CONTINUED)		
chlorzoxazone 500 mg tablet	Tier 1	
cyclobenzaprine 7.5 mg tablet	Tier 3	
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	Tier 1	
metaxalone	Tier 3	
methocarbamol (500 mg tablet, 750 mg tablet)	Tier 1	
orphenadrine citrate er	Tier 1	
SLEEP DISORDER AGENTS (CONTINUED)		
SLEEP PROMOTING AGENTS		
BELSOMRA	Tier 3	QL (30 per 30 days)
doxepin hcl (3 mg tablet, 6 mg tablet)	Tier 2	QL (30 per 30 days)
EDLUAR	Tier 3	QL (30 per 30 days)
eszopiclone	Tier 2	QL (30 per 30 days)
HETLIOZ	Tier 3	PA, QL (30 per 30 days)
HETLIOZ LQ	Tier 3	PA, QL (158 per 30 days)
ramelteon	Tier 2	
tasimelteon	Tier 3	PA, QL (30 per 30 days)
temazepam (15 mg capsule, 30 mg capsule)	Tier 1	
temazepam (7.5 mg capsule, 22.5 mg capsule)	Tier 2	
zaleplon 10 mg capsule	Tier 1	
zaleplon 5 mg capsule	Tier 1	QL (30 per 30 days)
zolpidem tartrate (1.75 mg tab sl, 3.5 mg tablet sl)	Tier 2	QL (30 per 30 days)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	Tier 1	QL (30 per 30 days)
zolpidem tartrate er	Tier 2	QL (30 per 30 days)
WAKEFULLNESS PROMOTING AGENTS		
armodafinil	Tier 2	PA, QL (30 per 30 days)
modafinil	Tier 2	PA, QL (60 per 30 days)
sodium oxybate	Tier 3	PA, QL (540 per 30 days)
SUNOSI 150 MG TABLET	Tier 3	PA
SUNOSI 75 MG TABLET	Tier 3	PA, QL (30 per 30 days)
WAKIX 17.8 MG TABLET	Tier 3	PA
WAKIX 4.45 MG TABLET	Tier 3	PA, QL (60 per 30 days)
XYREM	Tier 3	PA, QL (540 per 30 days)
XYWAV	Tier 3	PA, QL (540 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

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Discrimination is Against the Law

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

Our Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-662-1220). Monday - Friday, 8 a.m. - 8 p.m.
From October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week.

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

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone Number: 1-800-614-6575 (TTY: 1-800-662-1220)
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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)

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

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-883-9577 (TTY: 1-800-662-1220). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-883-9577 (TTY: 1-800-662-1220). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如您需要此翻译服务，请致电 1-877-883-9577 (TTY: 1-800-662-1220)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-877-883-9577 (TTY: 1-800-662-1220)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-883-9577 (TTY: 1-800-662-1220). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-883-9577 (TTY: 1-800-662-1220). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-883-9577 (TTY: 1-800-662-1220) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-883-9577 (TTY: 1-800-662-1220). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-883-9577 (TTY: 1-800-662-1220)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-883-9577 (TTY: 1-800-662-1220). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-883-9577 (TTY: 1-800-662-1220). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-883-9577 (TTY: 1-800-662-1220)पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-883-9577 (TTY: 1-800-662-1220). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-883-9577 (TTY: 1-800-662-1220). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-883-9577 (TTY: 1-800-662-1220). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-883-9577 (TTY: 1-800-662-1220). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-877-883-9577 (TTY: 1-800-662-1220)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Excellus

165 Court Street
Rochester, NY 14647

Important Excellus BlueCross BlueShield Information

This formulary was updated on 04/19/2024. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577, (TTY users should call 711) Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit ExcellusMedicare.com/Formulary.