

# PREFERRED GENERIC AND BRANDED MEDICATIONS

Marketplace Drug List  
**Effective April 1, 2026**

This **Preferred Drug List** is regularly updated, but it may not reflect your specific plan coverage. Please contact **Prescriptive Member Services** at the number on your Member ID card for the most up to date drug benefit or coverage information.

## Prescription Coverage

Your plan covers drugs on the Marketplace Drug List. This list of covered medications provides a guide for plan members and their healthcare providers to finding more cost effective, FDA approved medications

## Choosing Your Pharmacy

### Filling your prescription at a network pharmacy

You have access to Prescriptive's nationwide network with thousands of participating pharmacies. To have your medication covered, you will need to use a participating pharmacy and show your Member ID card before purchasing your prescription. If you go to a pharmacy not in the network, the cost of your prescription may be higher and not fully covered, and you may need to pay for the prescription in full, and then manually submit for reimbursement using the **Direct Member Reimbursement Form**.

Log-in to your member account at [www.myprescriptive.com](http://www.myprescriptive.com) to use the searchable pharmacy tool to find a pharmacy that is part of the Prescriptive nationwide network. Or, call Prescriptive Member Services at the number on the back of your Member ID for assistance.

### Home Delivery/Mail Order

Most retail pharmacies can fill up to a 90-day supply of maintenance medications. It is your choice to use home delivery as a convenient way to ensure you maintain your supply of any maintenance medications you are taking. For more information about our home delivery or mail order service visit our website or call Prescriptive Member Services at the number on the back of your Member ID for assistance.

## What is a Four Tier Drug List?

Please refer to your benefit plan summary for more information about your specific benefit. With the Four Tier Drug List, the covered prescription medications fall into one of four cost levels or tiers, as outlined below. What you pay will depend on which tier your medication is in. Your benefit summary documents will provide the cost to you for each of the four tiers. **To help you save money, ask your healthcare provider to consider the following when selecting a course of treatment:**

- **Consider prescribing a generic medication (Tier 1 or 2) as a first option.**
- If there is no generic available, there may be more than one brand name medication to treat a condition. When clinically appropriate, consider one of the **preferred** medications (Tier 3) identified on this list for a more cost-effective choice.

Tier Level	Description
<b>Tier 1 and 2</b> Lowest Member Cost	Generic drugs
<b>Tier 3</b> Lower Member Cost	Preferred brand drugs
<b>Tier 4</b> Highest Member Cost	Non-preferred brand drugs

## Covered Drug List: Definitions For Terms Within the Notes Column

Before you review the Covered Drug List below, it is helpful to understand the information in the Notes column. The Notes column shows any extra coverage or clinical requirements that may apply to a medication.

The sections below explain what you may see in the Notes column and what each term means.

### **Prior Authorization (PA)**

You may see PA Required in the Notes section. PA means Prior Authorization, which supports coverage of safe, effective, and high value medications. The PA process helps you and your doctor choose quality medications that provide the most value for improving your health.

Medications identified as PA Required on this list require approval prior to your health plan covering the medication. Only a written prior authorization approval will guarantee coverage for such products, and quantity limits may apply. Read on to learn more about the Prior Authorization process.

### **How do I get approval for a medication that is identified as PA required on this list?**

Step 1. You and your healthcare provider consider all treatment options and decide a medication on the list below is the correct treatment for you.

Step 2. Your healthcare provider fills out a Prior Authorization Request Form. This form can be found at [www.prescriptive.com/resources](http://www.prescriptive.com/resources).

Step 3. Questions? Call Member Services at the phone number on the back of your Member ID card.

## **How will I be informed of the outcome of the Prior Authorization process?**

You will be notified of your approval or denial through the mail. We will send a letter by mail to the address we have on file for you. Letters are sent to both you and your requesting provider.

The notice will include:

- Rationale for the approval or denial.
- Detailed review criteria or benefit provisions used in the determination, and instructions for how to obtain a copy of the review criteria.
- Details about how to initiate a member appeal.
- Information about how a provider can contact the reviewer regarding how the decision was made.

## **Quantity Limit (QL)**

Some medications have a limit on the amount that can be covered within a set time period. This is called a quantity limit. These limits are based on safe and effective dosing guidelines.

If a medication has a quantity limit, it will be shown in the Notes column (for example: “Quantity Limit (60 EA per 30 days)”). This means the plan will cover up to a set number of units (such as tablets, capsules, or milliliters) within a specified time period.

If your provider determines that you need more than the allowed amount, they can request an exception for review.

## **ACA Drugs**

ACA stands for Affordable Care Act. Medications with ACA in the Notes column are covered at no cost to members (\$0 copay).

## **Healthy Value Drugs**

These are maintenance and preventive medications that can help prevent many illnesses and conditions for people who have certain risk factors. These medications are different from the list of preventive medications mandated by ACA (previous definition) to be covered by health plans at no cost to members. Some benefit plans may provide different coverage for Healthy Values Drugs. Under some plans you may not need to pay a copay, coinsurance and/or deductible for these medications. Check your plan documents to determine your benefit coverage. If your prescription benefit plan provides coverage of maintenance or preventive medications prior to meeting your deductible, you may pay less or perhaps nothing for the medications on this list, which may help you save money and stay on your treatment plan.

## **Specialty Drugs**

Specialty medications are also identified in the Notes column. All specialty medications are managed and dispensed by the Specialty Pharmacy network and will require a Prior Authorization before these medications are covered under your benefit plan. With written approval, your plan will cover a portion of

the cost of these medications as detailed in your benefit plan document, along with the support services provided by the Specialty Pharmacy care team to help with your treatment success.

## Covered Drug List

The following list provides the tier coverage of each drug, along with any prior authorization requirements and step therapy requirements. Refer to your Benefit Plan Summary to understand how much your cost will be for each medication based upon its Tier classification.

### **Please note:**

- Pharmacy products and services covered by your benefit plan may change from time to time. Some products and services may not be covered under a specific member's plan design. The information provided here is for general information purposes only and does not guarantee coverage. Some pharmacy products and services require Prior Authorization or Step Therapy before they are covered. Only a written authorization approval will guarantee coverage for such products and services. To confirm your coverage, please contact Prescriptive Member Services at the number on your Member ID card.
- Over-the-counter (OTC) drugs and OTC equivalents are excluded from your benefit plan. If there is a dosage of an OTC medication not available over the counter, it may be covered and included in this Covered Drug List.
- The information provided in this document is not intended to, and does not modify or replace, any terms of your prescription drug benefit plan as recorded in your official plan documents. In the event of any conflict between this document and your official plan documents, the latter shall be controlling.

# Marketplace Drug List

Effective April 1, 2026

Drug Name	Tier	Notes
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* - Drugs For The Nervous System</b>		
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists*** - Drugs For Attention Deficit Disorder</b>		
CloNIDine HCl ER Tablet Extended Release 12 Hour 0.1 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
GuanFACINE HCl ER Tablet Extended Release 24 Hour 1 MG Oral	Tier 1	Quantity Limit (30 EA per 30 days)
GuanFACINE HCl ER Tablet Extended Release 24 Hour 2 MG Oral	Tier 1	Quantity Limit (90 EA per 30 days)
GuanFACINE HCl ER Tablet Extended Release 24 Hour 3 MG Oral	Tier 1	Quantity Limit (60 EA per 30 days)
GuanFACINE HCl ER Tablet Extended Release 24 Hour 4 MG Oral	Tier 1	Quantity Limit (30 EA per 30 days)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*** - Drugs For Attention Deficit Disorder</b>		
Atomoxetine HCl CAPSULE 10 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Atomoxetine HCl CAPSULE 100 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Atomoxetine HCl CAPSULE 18 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
Atomoxetine HCl CAPSULE 25 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
Atomoxetine HCl CAPSULE 40 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Atomoxetine HCl CAPSULE 60 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Atomoxetine HCl CAPSULE 80 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
<b>*Amphetamine Mixtures*** - Drugs For Attention Deficit Disorder</b>		
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Amphetamine-Dextroamphetamine TABLET 10 MG ORAL	Tier 2	
Amphetamine-Dextroamphetamine Tablet 12.5 MG Oral	Tier 2	
Amphetamine-Dextroamphetamine TABLET 15 MG ORAL	Tier 2	
Amphetamine-Dextroamphetamine TABLET 20 MG ORAL	Tier 2	
Amphetamine-Dextroamphetamine Tablet 30 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Amphetamine-Dextroamphetamine Tablet 5 MG Oral	Tier 1	
Amphetamine-Dextroamphetamine Tablet 7.5 MG Oral	Tier 2	
<b>*Amphetamines*** - Drugs For Attention Deficit Disorder</b>		
Dextroamphetamine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Tier 2	Quantity Limit (120 EA per 30 days)
Dextroamphetamine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Tier 2	Quantity Limit (120 EA per 30 days)
Dextroamphetamine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Tier 2	Quantity Limit (90 EA per 30 days)
Dextroamphetamine Sulfate SOLUTION 5 MG/5ML ORAL	Tier 2	Quantity Limit (1800 ML per 30 days)
Dextroamphetamine Sulfate TABLET 10 MG ORAL	Tier 2	
Dextroamphetamine Sulfate TABLET 5 MG ORAL	Tier 2	
Lisdexamfetamine Dimesylate Capsule 10 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Capsule 20 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Capsule 30 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Capsule 40 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Capsule 50 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Capsule 60 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Capsule 70 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Tablet Chewable 10 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Tablet Chewable 20 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Tablet Chewable 30 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Tablet Chewable 40 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Lisdexamfetamine Dimesylate Tablet Chewable 50 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Lisdexamfetamine Dimesylate Tablet Chewable 60 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Methamphetamine HCl TABLET 5 MG ORAL	Tier 2	Quantity Limit (150 EA per 30 days)
ProCentra SOLUTION 5 MG/5ML ORAL	Tier 2	Quantity Limit (1800 ML per 30 days)
Zenzedi Tablet 10 MG Oral	Tier 2	
Zenzedi Tablet 5 MG Oral	Tier 2	
<b>*Analeptics*** - Drugs For The Nervous System</b>		
Caffeine Citrate Solution 20 MG/ML Oral	Tier 2	
Caffeine Citrate SOLUTION 60 MG/3ML ORAL	Tier 2	
<b>*Anorexiant Combinations*** - Drugs For The Nervous System</b>		
Phentermine-Topiramate ER Capsule Extended Release 24 Hour 11.25-69 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
Phentermine-Topiramate ER Capsule Extended Release 24 Hour 15-92 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
Phentermine-Topiramate ER Capsule Extended Release 24 Hour 3.75-23 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
Phentermine-Topiramate ER Capsule Extended Release 24 Hour 7.5-46 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
<b>*Anorexiants Non-Amphetamine*** - Drugs For The Nervous System</b>		
Benzphetamine HCl TABLET 50 MG ORAL	Tier 2	Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Diethylpropion HCl ER Tablet Extended Release 24 Hour 75 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Diethylpropion HCl TABLET 25 MG ORAL	Tier 2	Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Lomaira TABLET 8 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (90 EA per 30 days); Review your Plan's SPD to confirm coverage
Phendimetrazine Tartrate ER Capsule Extended Release 24 Hour 105 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Phendimetrazine Tartrate TABLET 35 MG ORAL	Tier 2	Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Phentermine HCl CAPSULE 15 MG ORAL	Tier 1	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage

Drug Name	Tier	Notes
Phentermine HCl CAPSULE 30 MG ORAL	Tier 1	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
Phentermine HCl CAPSULE 37.5 MG ORAL	Tier 1	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
Phentermine HCl TABLET 37.5 MG ORAL	Tier 1	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
Phentermine HCl Tablet 8 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (90 EA per 30 days); Review your Plan's SPD to confirm coverage
<b>*Anti-Obesity - GIP &amp; GLP-1 Receptor Agonists*** - Drugs For The Nervous System</b>		
Zepbound Solution Auto-Injector 10 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days); Review your Plan's SPD to confirm coverage
Zepbound Solution Auto-Injector 12.5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days); Review your Plan's SPD to confirm coverage
Zepbound Solution Auto-Injector 15 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days); Review your Plan's SPD to confirm coverage
Zepbound Solution Auto-Injector 2.5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days); Review your Plan's SPD to confirm coverage
Zepbound Solution Auto-Injector 5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days); Review your Plan's SPD to confirm coverage
Zepbound Solution Auto-Injector 7.5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days); Review your Plan's SPD to confirm coverage
<b>*Anti-Obesity - GLP-1 Receptor Agonists*** - Drugs For The Nervous System</b>		
Liraglutide -Weight Management Solution Pen-Injector 18 MG/3ML Subcutaneous	Tier 2	Prior Authorization Required; Quantity Limit (15 ML per 30 days); Review your Plan's SPD to confirm coverage
Wegovy Solution Auto-Injector 0.25 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days); MASH/NASH is a covered indication; Review your Plan's SPD to confirm coverage

Drug Name	Tier	Notes
Wegovy Solution Auto-Injector 0.5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days); MASH/NASH is a covered indication; Review your Plan's SPD to confirm coverage
Wegovy Solution Auto-Injector 1 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days); MASH/NASH is a covered indication; Review your Plan's SPD to confirm coverage
Wegovy Solution Auto-Injector 1.7 MG/0.75ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (3 ML per 28 days); MASH/NASH is a covered indication; Review your Plan's SPD to confirm coverage
Wegovy Solution Auto-Injector 2.4 MG/0.75ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (3 ML per 28 days); MASH/NASH is a covered indication; Review your Plan's SPD to confirm coverage
Wegovy Tablet 1.5 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
Wegovy Tablet 25 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
Wegovy Tablet 4 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
Wegovy Tablet 9 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
<b>*Anti-Obesity Agent Combinations** - Drugs For The Nervous System</b>		
Contrave Tablet Extended Release 12 Hour 8-90 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (120 EA per 30 days); Review your Plan's SPD to confirm coverage
<b>*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*** - Drugs For Sleep Disorder</b>		
Sunosi Tablet 150 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Sunosi Tablet 75 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Histamine H3-Receptor Antagonist/Inverse Agonists*** - Drugs For Sleep Disorder</b>		

Drug Name	Tier	Notes
Wakix Tablet 17.8 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Wakix Tablet 4.45 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Stimulant Combinations*** - Drugs For Attention Deficit Disorder</b>		
Azstarys Capsule 26.1-5.2 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Azstarys Capsule 39.2-7.8 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Azstarys Capsule 52.3-10.4 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Stimulants - Misc.*** - Drugs For Attention Deficit Disorder</b>		
Armodafinil TABLET 150 MG ORAL	Tier 2	
Armodafinil TABLET 200 MG ORAL	Tier 2	
Armodafinil TABLET 250 MG ORAL	Tier 2	
Armodafinil TABLET 50 MG ORAL	Tier 1	
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 25 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 35 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Dexmethylphenidate HCl TABLET 10 MG ORAL	Tier 2	
Dexmethylphenidate HCl TABLET 2.5 MG ORAL	Tier 1	
Dexmethylphenidate HCl TABLET 5 MG ORAL	Tier 1	
Jornay PM Capsule Extended Release 24 Hour 100 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Jornay PM Capsule Extended Release 24 Hour 20 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Jornay PM Capsule Extended Release 24 Hour 40 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Jornay PM Capsule Extended Release 24 Hour 60 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Jornay PM Capsule Extended Release 24 Hour 80 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER (CD) Capsule Extended Release 10 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Methylphenidate HCl ER (CD) Capsule Extended Release 20 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Methylphenidate HCl ER (CD) Capsule Extended Release 30 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Methylphenidate HCl ER (CD) Capsule Extended Release 40 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER (CD) Capsule Extended Release 50 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER (CD) Capsule Extended Release 60 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER (LA) Capsule Extended Release 24 Hour 10 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER (LA) Capsule Extended Release 24 Hour 20 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Methylphenidate HCl ER (LA) Capsule Extended Release 24 Hour 30 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER (LA) Capsule Extended Release 24 Hour 40 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER (OSM) Tablet Extended Release 18 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Methylphenidate HCl ER (OSM) Tablet Extended Release 27 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Methylphenidate HCl ER (OSM) Tablet Extended Release 36 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Methylphenidate HCl ER (OSM) Tablet Extended Release 54 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER Tablet Extended Release 10 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
Methylphenidate HCl ER Tablet Extended Release 20 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
Methylphenidate HCl ER Tablet Extended Release 24 Hour 18 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER Tablet Extended Release 24 Hour 27 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Methylphenidate HCl ER Tablet Extended Release 24 Hour 36 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
Methylphenidate HCl ER Tablet Extended Release 24 Hour 54 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER(Diffus) Tablet Extended Release 27 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl ER(Diffus) Tablet Extended Release 36 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Methylphenidate HCl ER(Diffus) Tablet Extended Release 54 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Methylphenidate HCl SOLUTION 10 MG/5ML Oral	Tier 2	Quantity Limit (900 ML per 30 days)
Methylphenidate HCl SOLUTION 5 MG/5ML Oral	Tier 2	Quantity Limit (450 ML per 30 days)
Methylphenidate HCl TABLET 10 MG ORAL	Tier 1	
Methylphenidate HCl TABLET 20 MG ORAL	Tier 2	
Methylphenidate HCl TABLET 5 MG ORAL	Tier 1	
Methylphenidate HCl Tablet Chewable 10 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Methylphenidate HCl Tablet Chewable 2.5 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Methylphenidate HCl Tablet Chewable 5 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Modafinil Tablet 100 MG Oral	Tier 2	
Modafinil Tablet 200 MG Oral	Tier 2	
QuilliChew ER Tablet Chewable Extended Release 20 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
QuilliChew ER Tablet Chewable Extended Release 30 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
QuilliChew ER Tablet Chewable Extended Release 40 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Quillivant XR Suspension Reconstituted ER 25 MG/5ML Oral	Tier 3	Quantity Limit (360 ML per 30 days)
<b>*Allergenic Extracts/Biologicals Misc* - Biological Agents</b>		
<b>*Allergenic Extracts*** - Biological Agents</b>		
Grastek TABLET SUBLINGUAL 2800 BAU Sublingual	Tier 4	
Palforzia (1 MG Daily Dose) 1 x 1 MG Oral	Tier 4	Specialty
Palforzia (12 MG Daily Dose) 2 x 1 MG & 10 MG Oral	Tier 4	Specialty
Palforzia (120 MG Daily Dose) 20 MG & 100 MG Oral	Tier 4	Specialty
Palforzia (160 MG Daily Dose) 3 x 20 MG & 100 MG Oral	Tier 4	Specialty
Palforzia (20 MG Daily Dose) 20 MG Oral	Tier 4	Specialty
Palforzia (200 MG Daily Dose) 2 x 100 MG Oral	Tier 4	Specialty

Drug Name	Tier	Notes
Palforzia (240 MG Daily Dose) 2 x 20 MG & 2 x 100 MG Oral	Tier 4	Specialty
Palforzia (3 MG Daily Dose) 3 x 1 MG Oral	Tier 4	Specialty
Palforzia (300 MG Maintenance) Packet 300 MG Oral	Tier 4	Specialty
Palforzia (300 MG Titration) Packet 300 MG Oral	Tier 4	Specialty
Palforzia (40 MG Daily Dose) 2 x 20 MG Oral	Tier 4	Specialty
Palforzia (6 MG Daily Dose) 6 x 1 MG Oral	Tier 4	Specialty
Palforzia (80 MG Daily Dose) 4 x 20 MG Oral	Tier 4	Specialty
Palforzia Initial Dose 1-3yrs 0.5 & 1 & 1.5 & 3 MG Oral	Tier 4	Specialty
Palforzia Initial Dose 4-17yrs 0.5 & 1 & 1.5 & 3 & 6 MG Oral	Tier 4	Specialty
Palforzia Initial Escalation 0.5 & 1 & 1.5 & 3 & 6 MG Oral	Tier 4	Specialty
Ragwitek TABLET SUBLINGUAL 12 AMB A 1-U Sublingual	Tier 4	
<b>*Mixed Allergenic Extracts*** - Biological Agents</b>		
Odactra TABLET SUBLINGUAL 12 SQ-HDM Sublingual	Tier 4	
Oralair TABLET SUBLINGUAL 300 IR SUBLINGUAL	Tier 4	
<b>*Amebicides* - Drugs For Infections</b>		
<b>*Amebicides*** - Drugs For Parasites</b>		
Solosec Packet 2 GM Oral	Tier 3	
<b>*Aminoglycosides* - Drugs For Infections</b>		
<b>*Aminoglycosides*** - Antibiotics</b>		
Arikayce Suspension 590 MG/8.4ML Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (235.2 ML per 28 days)
Humatin Capsule 250 MG Oral	Tier 3	
Kitabis Pak (w/ nebulizer) Nebulization Solution 300 MG/5ML Inhalation	Tier 4	
Neomycin Sulfate TABLET 500 MG ORAL	Tier 1	
Tobi Podhaler Capsule 28 MG Inhalation	Tier 4	
Tobramycin Nebulization Solution 300 MG/4ML Inhalation	Tier 2	
Tobramycin NEBULIZATION SOLUTION 300 MG/5ML INHALATION	Tier 2	
<b>*Analgesics - Anti-Inflammatory* - Drugs For Pain And Fever</b>		

Drug Name	Tier	Notes
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors*** - Arthritis And Pain Drugs</b>		
Olumiant Tablet 1 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Olumiant Tablet 2 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Olumiant Tablet 4 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Rinvoq LQ Solution 1 MG/ML Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (360 ML per 30 days)
Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Rinvoq Tablet Extended Release 24 Hour 30 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Rinvoq Tablet Extended Release 24 Hour 45 MG Oral	Tier 3	Specialty; Prior Authorization Required
Xeljanz Solution 1 MG/ML Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (240 ML per 30 days)
Xeljanz Tablet 10 MG Oral	Tier 3	Specialty; Prior Authorization Required
Xeljanz TABLET 5 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Xeljanz XR Tablet Extended Release 24 Hour 11 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	Tier 3	Specialty; Prior Authorization Required
<b>*Antirheumatic Antimetabolites*** - Arthritis And Pain Drugs</b>		
Rasuvo Solution Auto-Injector 10 MG/0.2ML Subcutaneous	Tier 3	
Rasuvo Solution Auto-Injector 12.5 MG/0.25ML Subcutaneous	Tier 3	
Rasuvo Solution Auto-injector 15 MG/0.3ML Subcutaneous	Tier 3	
Rasuvo Solution Auto-injector 17.5 MG/0.35ML Subcutaneous	Tier 3	

Drug Name	Tier	Notes
Rasuvo Solution Auto-injector 20 MG/0.4ML Subcutaneous	Tier 3	
Rasuvo Solution Auto-Injector 22.5 MG/0.45ML Subcutaneous	Tier 3	
Rasuvo Solution Auto-Injector 25 MG/0.5ML Subcutaneous	Tier 3	
Rasuvo Solution Auto-Injector 30 MG/0.6ML Subcutaneous	Tier 3	
Rasuvo Solution Auto-Injector 7.5 MG/0.15ML Subcutaneous	Tier 3	
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies*** - Arthritis And Pain Drugs</b>		
Hadlima PushTouch Solution Auto-Injector 40 MG/0.4ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.8 ML per 28 days)
Hadlima PushTouch Solution Auto-Injector 40 MG/0.8ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1.6 ML per 28 days)
Hadlima Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.8 ML per 28 days)
Hadlima Solution Prefilled Syringe 40 MG/0.8ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1.6 ML per 28 days)
Simlandi (1 Pen) Auto-Injector Kit 40 MG/0.4ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Simlandi (1 Pen) Auto-Injector Kit 80 MG/0.8ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Simlandi (2 Pen) Auto-Injector Kit 40 MG/0.4ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Simlandi (2 Syringe) Prefilled Syringe Kit 20 MG/0.2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Simlandi (2 Syringe) Prefilled Syringe Kit 40 MG/0.4ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Simponi Solution Auto-injector 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Simponi Solution Prefilled Syringe 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)

Drug Name	Tier	Notes
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors*** - Arthritis And Pain Drugs</b>		
Celecoxib CAPSULE 100 MG ORAL	Tier 1	
Celecoxib CAPSULE 200 MG ORAL	Tier 1	
Celecoxib CAPSULE 400 MG ORAL	Tier 2	
Celecoxib CAPSULE 50 MG ORAL	Tier 1	
<b>*Gold Compounds*** - Arthritis And Pain Drugs</b>		
Auranofin Capsule 3 MG Oral	Tier 4	
Ridaura CAPSULE 3 MG Oral	Tier 4	
<b>*Interleukin-1 Blockers*** - Arthritis And Pain Drugs</b>		
Aralyst Solution Reconstituted 220 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
<b>*Interleukin-6 Receptor Inhibitors*** - Arthritis And Pain Drugs</b>		
Kevzara Solution Auto-Injector 150 MG/1.14ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2.28 ML per 28 days)
Kevzara Solution Auto-Injector 200 MG/1.14ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2.28 ML per 28 days)
Kevzara Solution Prefilled Syringe 200 MG/1.14ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2.28 ML per 28 days)
Tyenne Solution Auto-Injector 162 MG/0.9ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3.6 ML per 28 days)
Tyenne Solution Prefilled Syringe 162 MG/0.9ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3.6 ML per 28 days)
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations*** - Arthritis And Pain Drugs</b>		
Combogesic Tablet 325-97.5 MG Oral	Tier 4	
Diclofenac-Misoprostol TABLET DELAYED RELEASE 50-0.2 MG ORAL	Tier 2	
Diclofenac-Misoprostol TABLET DELAYED RELEASE 75-0.2 MG ORAL	Tier 2	
Ibuprofen-Famotidine Tablet 800-26.6 MG Oral	Tier 4	
Naproxen-Esomeprazole Mg Tablet Delayed Release 375-20 MG Oral	Tier 4	

Drug Name	Tier	Notes
Naproxen-Esomeprazole Mg Tablet Delayed Release 500-20 MG Oral	Tier 4	
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** - Arthritis And Pain Drugs</b>		
Coxanto Capsule 300 MG Oral	Tier 4	
Diclofenac Potassium Capsule 25 MG Oral	Tier 2	
Diclofenac Potassium Tablet 25 MG Oral	Tier 4	
Diclofenac Potassium TABLET 50 MG ORAL	Tier 2	
Diclofenac Sodium ER Tablet Extended Release 24 Hour 100 MG Oral	Tier 2	
Diclofenac Sodium TABLET DELAYED RELEASE 25 MG ORAL	Tier 2	
Diclofenac Sodium TABLET DELAYED RELEASE 50 MG ORAL	Tier 1	
Diclofenac Sodium TABLET DELAYED RELEASE 75 MG ORAL	Tier 1	
EC-Naproxen Tablet Delayed Release 500 MG Oral	Tier 2	
Etodolac CAPSULE 200 MG ORAL	Tier 2	
Etodolac Capsule 300 MG Oral	Tier 2	
Etodolac ER Tablet Extended Release 24 Hour 400 MG Oral	Tier 2	
Etodolac ER Tablet Extended Release 24 Hour 500 MG Oral	Tier 2	
Etodolac ER Tablet Extended Release 24 Hour 600 MG Oral	Tier 2	
Etodolac Tablet 400 MG Oral	Tier 2	
Etodolac Tablet 500 MG Oral	Tier 2	
Fenoprofen Calcium Capsule 400 MG Oral	Tier 4	
Fenopron Capsule 300 MG Oral	Tier 4	
Flurbiprofen Tablet 100 MG Oral	Tier 4	
Flurbiprofen TABLET 50 MG ORAL	Tier 4	
IBU TABLET 400 MG Oral	Tier 1	
IBU TABLET 600 MG Oral	Tier 1	
IBU TABLET 800 MG Oral	Tier 1	
Ibuprofen Tablet 300 MG Oral	Tier 4	
Ibuprofen TABLET 400 MG ORAL	Tier 1	
Ibuprofen TABLET 600 MG ORAL	Tier 1	

Drug Name	Tier	Notes
Ibuprofen TABLET 800 MG ORAL	Tier 1	
Indocin Suppository 50 MG Rectal	Tier 2	Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Indomethacin CAPSULE 25 MG ORAL	Tier 1	
Indomethacin CAPSULE 50 MG ORAL	Tier 1	
Indomethacin ER Capsule Extended Release 75 MG Oral	Tier 1	
Indomethacin Suppository 50 MG Rectal	Tier 2	Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Indomethacin Suspension 25 MG/5ML Oral	Tier 2	
Ketoprofen Capsule 25 MG Oral	Tier 4	
Ketoprofen Capsule 50 MG Oral	Tier 4	
Ketoprofen ER CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Tier 4	
Ketorolac Tromethamine TABLET 10 MG ORAL	Tier 1	
Lofena Tablet 25 MG Oral	Tier 4	
Lurbiro Tablet 100 MG Oral	Tier 4	
Meclofenamate Sodium CAPSULE 100 MG ORAL	Tier 4	
Meclofenamate Sodium CAPSULE 50 MG ORAL	Tier 4	
Mefenamic Acid Capsule 250 MG Oral	Tier 2	
Meloxicam Capsule 10 MG Oral	Tier 4	
Meloxicam Capsule 5 MG Oral	Tier 4	
Meloxicam Suspension 7.5 MG/5ML Oral	Tier 4	
Meloxicam Tablet 15 MG Oral	Tier 1	
Meloxicam TABLET 7.5 MG ORAL	Tier 1	
Nabumetone TABLET 500 MG ORAL	Tier 1	
Nabumetone TABLET 750 MG ORAL	Tier 1	
Naproxen DR Tablet Delayed Release 500 MG Oral	Tier 2	
Naproxen Sodium ER Tablet Extended Release 24 Hour 375 MG Oral	Tier 2	
Naproxen Sodium ER Tablet Extended Release 24 Hour 500 MG Oral	Tier 2	
Naproxen Sodium ER Tablet Extended Release 24 Hour 750 MG Oral	Tier 2	
Naproxen Sodium TABLET 275 MG ORAL	Tier 2	
Naproxen Sodium TABLET 550 MG ORAL	Tier 2	

Drug Name	Tier	Notes
Naproxen SUSPENSION 125 MG/5ML ORAL	Tier 2	
Naproxen TABLET 250 MG ORAL	Tier 1	
Naproxen TABLET 375 MG ORAL	Tier 1	
Naproxen TABLET 500 MG ORAL	Tier 1	
Naproxen Tablet Delayed Release 375 MG Oral	Tier 2	
Naproxen Tablet Delayed Release 500 MG Oral	Tier 2	
Orudis Capsule 75 MG Oral	Tier 4	
Oxaprozin Capsule 300 MG Oral	Tier 4	
Oxaprozin TABLET 600 MG ORAL	Tier 2	
Piroxicam CAPSULE 10 MG ORAL	Tier 2	
Piroxicam CAPSULE 20 MG ORAL	Tier 2	
Relafen DS Tablet 1000 MG Oral	Tier 4	
Sprix SOLUTION 15.75 MG/SPRAY NASAL	Tier 4	
Sulindac TABLET 150 MG ORAL	Tier 1	
Sulindac TABLET 200 MG ORAL	Tier 1	
Tolectin 600 Tablet 600 MG Oral	Tier 4	
Tolmetin Sodium Capsule 400 MG Oral	Tier 4	
Tolmetin Sodium Tablet 600 MG Oral	Tier 4	
Zybic Suspension 7.5 MG/5ML Oral	Tier 4	
<b>*Phosphodiesterase 4 (Pde4) Inhibitors*** - Arthritis And Pain Drugs</b>		
Otezla Tablet 20 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Otezla Tablet 30 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Otezla Tablet Therapy Pack 10 & 20 & 30 MG Oral	Tier 3	Specialty; Prior Authorization Required
Otezla Tablet Therapy Pack 4 x 10 & 51 x20 MG Oral	Tier 3	Specialty; Prior Authorization Required
Otezla XR Tablet Extended Release 24 Hour 75 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Otezla/Otezla XR Initiation Pk Tablet Therapy Pack 10&20&30&(ER)75 MG Oral	Tier 3	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
<b>*Pyrimidine Synthesis Inhibitors*** - Arthritis And Pain Drugs</b>		
Leflunomide Tablet 10 MG Oral	Tier 2	
Leflunomide Tablet 20 MG Oral	Tier 2	
<b>*Selective Costimulation Modulators*** - Arthritis And Pain Drugs</b>		
Orencia ClickJect Solution Auto-injector 125 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Orencia Solution Prefilled Syringe 125 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Orencia Solution Prefilled Syringe 50 MG/0.4ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1.6 ML per 28 days)
Orencia Solution Prefilled Syringe 87.5 MG/0.7ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2.8 ML per 28 days)
<b>*Soluble Tumor Necrosis Factor Receptor Agents*** - Arthritis And Pain Drugs</b>		
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Enbrel Solution 25 MG/0.5ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Enbrel Solution Prefilled Syringe 25 MG/0.5ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Enbrel Solution Prefilled Syringe 50 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Enbrel SureClick Solution Auto-Injector 50 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
<b>*Analgesics - Nonnarcotic* - Drugs For Pain And Fever</b>		
<b>*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors*** - Arthritis And Pain Drugs</b>		
Journavx Tablet 50 MG Oral	Tier 4	
<b>*Analgesics-Sedatives*** - Arthritis And Pain Drugs</b>		
Allzital Tablet 25-325 MG Oral	Tier 4	Quantity Limit (360 EA per 30 days)

Drug Name	Tier	Notes
BAC (Butalbital-Acetamin-Caff) Tablet 50-325-40 MG Oral	Tier 1	Quantity Limit (180 EA per 30 days)
Butalbital-Acetaminophen Capsule 50-300 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Butalbital-Acetaminophen Tablet 50-300 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Butalbital-Acetaminophen TABLET 50-325 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)
Butalbital-APAP-Caffeine Capsule 50-300-40 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Butalbital-APAP-Caffeine Capsule 50-325-40 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Butalbital-APAP-Caffeine TABLET 50-325-40 MG ORAL	Tier 1	Quantity Limit (180 EA per 30 days)
Butalbital-Aspirin-Caffeine Capsule 50-325-40 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Tencon TABLET 50-325 MG ORAL	Tier 4	Quantity Limit (180 EA per 30 days)
<b>*Salicylates*** - Arthritis And Pain Drugs</b>		
Diflunisal Tablet 500 MG Oral	Tier 2	
Dolobid Tablet 250 MG Oral	Tier 4	
Dolobid Tablet 375 MG Oral	Tier 4	
Salsalate TABLET 500 MG ORAL	Tier 2	
Salsalate TABLET 750 MG ORAL	Tier 2	
<b>*Analgesics - Opioid* - Drugs For Pain And Fever</b>		
<b>*Codeine Combinations*** - Arthritis And Pain Drugs</b>		
Acetaminophen-Codeine Solution 120-12 MG/5ML Oral	Tier 4	Quantity Limit (2700 ML per 30 days)
Acetaminophen-Codeine Solution 300-30 MG/12.5ML Oral	Tier 4	Quantity Limit (2700 ML per 30 days)
Acetaminophen-Codeine Tablet 300-15 MG Oral	Tier 1	Quantity Limit (360 EA per 30 days)
Acetaminophen-Codeine Tablet 300-30 MG Oral	Tier 1	Quantity Limit (360 EA per 30 days)
Acetaminophen-Codeine Tablet 300-60 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Ascomp-Codeine CAPSULE 50-325-40-30 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)
Butalbital-APAP-Caff-Cod Capsule 50-300-40-30 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Butalbital-APAP-Caff-Cod Capsule 50-325-40-30 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Butalbital-ASA-Caff-Codeine Capsule 50-325-40-30 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
<b>*Dihydrocodeine Combinations*** - Arthritis And Pain Drugs</b>		
APAP-Caff-Dihydrocodeine CAPSULE 320.5-30-16 MG ORAL	Tier 4	Quantity Limit (300 EA per 30 days)

Drug Name	Tier	Notes
Trexix CAPSULE 320.5-30-16 MG ORAL	Tier 4	Quantity Limit (300 EA per 30 days)
<b>*Hydrocodone Combinations*** - Arthritis And Pain Drugs</b>		
HYDROcodone-Acetaminophen Solution 10-300 MG/15ML Oral	Tier 4	Quantity Limit (2025 ML per 30 days)
Hydrocodone-Acetaminophen SOLUTION 2.5-108 MG/5ML ORAL	Tier 2	Quantity Limit (2700 ML per 30 days)
Hydrocodone-Acetaminophen SOLUTION 5-217 MG/10ML Oral	Tier 2	Quantity Limit (2700 ML per 30 days)
Hydrocodone-Acetaminophen SOLUTION 7.5-325 MG/15ML Oral	Tier 2	Quantity Limit (2700 ML per 30 days)
Hydrocodone-Acetaminophen TABLET 10-300 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
HYDROcodone-Acetaminophen Tablet 10-325 MG Oral	Tier 1	Quantity Limit (180 EA per 30 days)
HYDROcodone-Acetaminophen Tablet 2.5-325 MG Oral	Tier 3	Quantity Limit (240 EA per 30 days)
Hydrocodone-Acetaminophen TABLET 5-300 MG Oral	Tier 2	Quantity Limit (240 EA per 30 days)
HYDROcodone-Acetaminophen Tablet 5-325 MG Oral	Tier 1	Quantity Limit (240 EA per 30 days)
Hydrocodone-Acetaminophen TABLET 7.5-300 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
HYDROcodone-Acetaminophen Tablet 7.5-325 MG Oral	Tier 1	Quantity Limit (180 EA per 30 days)
Hydrocodone-Ibuprofen TABLET 10-200 MG ORAL	Tier 4	Quantity Limit (150 EA per 30 days)
Hydrocodone-Ibuprofen TABLET 5-200 MG ORAL	Tier 4	Quantity Limit (150 EA per 30 days)
Hydrocodone-Ibuprofen TABLET 7.5-200 MG ORAL	Tier 2	Quantity Limit (150 EA per 30 days)
<b>*Opioid Agonists*** - Arthritis And Pain Drugs</b>		
Codeine Sulfate TABLET 15 MG ORAL	Tier 4	Quantity Limit (180 EA per 30 days)
Codeine Sulfate TABLET 30 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)
Codeine Sulfate TABLET 60 MG ORAL	Tier 4	Quantity Limit (180 EA per 30 days)
ConZip CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
ConZip CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
ConZip CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Diskets Tablet Soluble 40 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
FentaNYL Patch 72 Hour 100 MCG/HR Transdermal	Tier 2	Quantity Limit (15 EA per 30 days)
FentaNYL Patch 72 Hour 12 MCG/HR Transdermal	Tier 2	Quantity Limit (15 EA per 30 days)
FentaNYL Patch 72 Hour 25 MCG/HR Transdermal	Tier 2	Quantity Limit (15 EA per 30 days)
FentaNYL Patch 72 Hour 37.5 MCG/HR Transdermal	Tier 2	Quantity Limit (15 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
FentaNYL Patch 72 Hour 50 MCG/HR Transdermal	Tier 2	Quantity Limit (15 EA per 30 days)
FentaNYL Patch 72 Hour 62.5 MCG/HR Transdermal	Tier 2	Quantity Limit (15 EA per 30 days)
FentaNYL Patch 72 Hour 75 MCG/HR Transdermal	Tier 2	Quantity Limit (15 EA per 30 days)
FentaNYL Patch 72 Hour 87.5 MCG/HR Transdermal	Tier 2	Quantity Limit (15 EA per 30 days)
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 10 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 15 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 20 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 30 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 40 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 50 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 100 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 120 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 20 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 30 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 40 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 60 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 80 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROmorphine HCl ER Tablet Extended Release 24 Hour 12 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROmorphine HCl ER Tablet Extended Release 24 Hour 16 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROmorphine HCl ER Tablet Extended Release 24 Hour 32 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROmorphine HCl ER Tablet Extended Release 24 Hour 8 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROmorphine HCl Liquid 1 MG/ML Oral	Tier 2	Quantity Limit (1440 ML per 30 days)
HYDROmorphine HCl TABLET 2 MG ORAL	Tier 1	Quantity Limit (180 EA per 30 days)
HYDROmorphine HCl TABLET 4 MG ORAL	Tier 1	Quantity Limit (180 EA per 30 days)
HYDROmorphine HCl TABLET 8 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)

Drug Name	Tier	Notes
Levorphanol Tartrate TABLET 2 MG ORAL	Tier 2	Quantity Limit (120 EA per 30 days)
Levorphanol Tartrate Tablet 3 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
Meperidine HCl SOLUTION 50 MG/5ML ORAL	Tier 2	Quantity Limit (1800 ML per 30 days)
Meperidine HCl Tablet 50 MG Oral	Tier 2	Quantity Limit (360 EA per 30 days)
Methadone HCl CONCENTRATE 10 MG/ML ORAL	Tier 2	Quantity Limit (90 EA per 30 days)
Methadone HCl Intensol CONCENTRATE 10 MG/ML ORAL	Tier 2	Quantity Limit (90 ML per 30 days)
Methadone HCl Solution 10 MG/5ML Oral	Tier 2	Quantity Limit (450 ML per 30 days)
Methadone HCl Solution 5 MG/5ML Oral	Tier 2	Quantity Limit (900 ML per 30 days)
Methadone HCl Tablet 10 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
Methadone HCl Tablet 10 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
Methadone HCl Tablet 5 MG Oral	Tier 1	Quantity Limit (90 EA per 30 days)
Methadone HCl TABLET SOLUBLE 40 MG ORAL	Tier 2	Quantity Limit (90 EA per 30 days)
Methadose TABLET SOLUBLE 40 MG ORAL	Tier 2	Quantity Limit (90 EA per 30 days)
Morphine Sulfate (Concentrate) SOLUTION 100 MG/5ML ORAL	Tier 2	Quantity Limit (270 ML per 30 days)
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Morphine Sulfate ER Tablet Extended Release 100 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
Morphine Sulfate ER Tablet Extended Release 15 MG Oral	Tier 1	Quantity Limit (90 EA per 30 days)
Morphine Sulfate ER Tablet Extended Release 200 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
Morphine Sulfate ER Tablet Extended Release 30 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
Morphine Sulfate ER Tablet Extended Release 60 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
Morphine Sulfate Solution 10 MG/5ML Oral	Tier 1	Quantity Limit (2700 ML per 30 days)
Morphine Sulfate Solution 20 MG/5ML Oral	Tier 2	Quantity Limit (1350 ML per 30 days)
Morphine Sulfate Tablet 15 MG Oral	Tier 1	Quantity Limit (360 EA per 30 days)
Morphine Sulfate Tablet 30 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Nucynta ER Tablet Extended Release 12 Hour 100 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Nucynta ER Tablet Extended Release 12 Hour 150 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Nucynta ER Tablet Extended Release 12 Hour 200 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Nucynta ER Tablet Extended Release 12 Hour 250 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Nucynta ER Tablet Extended Release 12 Hour 50 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Nucynta Tablet 100 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)
Nucynta Tablet 50 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)
Nucynta Tablet 75 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)
OxyCODONE HCl CAPSULE 5 MG ORAL	Tier 2	Quantity Limit (360 EA per 30 days)
OxyCODONE HCl Concentrate 100 MG/5ML Oral	Tier 2	Quantity Limit (270 ML per 30 days)
OxyCODONE HCl SOLUTION 5 MG/5ML ORAL	Tier 2	Quantity Limit (5400 ML per 30 days)
oxyCODONE HCl Tablet 10 MG Oral	Tier 1	Quantity Limit (180 EA per 30 days)
OxyCODONE HCl TABLET 15 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)
oxyCODONE HCl Tablet 20 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
OxyCODONE HCl TABLET 30 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)
OxyCODONE HCl TABLET 5 MG ORAL	Tier 1	Quantity Limit (360 EA per 30 days)
oxyCODONE HCl Tablet Abuse-Deterrent 10 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)
oxyCODONE HCl Tablet Abuse-Deterrent 15 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)
oxyCODONE HCl Tablet Abuse-Deterrent 30 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
oxyCODONE HCl Tablet Abuse-Deterrent 5 MG Oral	Tier 4	Quantity Limit (360 EA per 30 days)
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 10 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 15 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 20 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 30 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 40 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 60 MG Oral	Tier 4	Quantity Limit (120 EA per 30 days)
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 80 MG Oral	Tier 4	Quantity Limit (120 EA per 30 days)
oxyMORphone HCl ER Tablet Extended Release 12 Hour 10 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
oxyMORphone HCl ER Tablet Extended Release 12 Hour 15 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
oxyMORphone HCl ER Tablet Extended Release 12 Hour 20 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
oxyMORphone HCl ER Tablet Extended Release 12 Hour 30 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
OxyMORphone HCl ER Tablet Extended Release 12 Hour 40 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
oxyMORphone HCl ER Tablet Extended Release 12 Hour 5 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
oxyMORphone HCl ER Tablet Extended Release 12 Hour 7.5 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Oxymorphone HCl TABLET 10 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)
Oxymorphone HCl TABLET 5 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)
RoxyBond Tablet Abuse-Deterrent 10 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)
RoxyBond Tablet Abuse-Deterrent 15 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)
RoxyBond Tablet Abuse-Deterrent 30 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)
RoxyBond Tablet Abuse-Deterrent 5 MG Oral	Tier 4	Quantity Limit (360 EA per 30 days)
traMADol HCl (ER Biphasic) Capsule Extended Release 24 Hour 100 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
traMADol HCl (ER Biphasic) Capsule Extended Release 24 Hour 200 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
traMADol HCl (ER Biphasic) Capsule Extended Release 24 Hour 300 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
traMADol HCl (ER Biphasic) Tablet Extended Release 24 Hour 100 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
traMADol HCl (ER Biphasic) Tablet Extended Release 24 Hour 200 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
traMADol HCl (ER Biphasic) Tablet Extended Release 24 Hour 300 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
TraMADol HCl ER Tablet Extended Release 24 Hour 100 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
TraMADol HCl ER Tablet Extended Release 24 Hour 200 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
TraMADol HCl ER Tablet Extended Release 24 Hour 300 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
traMADol HCl Solution 5 MG/ML Oral	Tier 4	Quantity Limit (2400 ML per 30 days)
traMADol HCl Tablet 100 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
traMADol HCl Tablet 25 MG Oral	Tier 4	Quantity Limit (240 EA per 30 days)
traMADol HCl Tablet 50 MG Oral	Tier 1	Quantity Limit (240 EA per 30 days)
traMADol HCl Tablet 75 MG Oral	Tier 4	Quantity Limit (5 EA per 1 day)
Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 13.5 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 18 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 27 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 36 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 9 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Xyvona Tablet 2 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
Xyvona Tablet 3 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
<b>*Opioid Combinations*** - Arthritis And Pain Drugs</b>		
Endocet TABLET 10-325 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)
Endocet TABLET 2.5-325 MG ORAL	Tier 2	Quantity Limit (360 EA per 30 days)
Endocet TABLET 5-325 MG ORAL	Tier 1	Quantity Limit (360 EA per 30 days)
Endocet TABLET 7.5-325 MG ORAL	Tier 2	Quantity Limit (240 EA per 30 days)
Nalocet Tablet 2.5-300 MG Oral	Tier 4	Quantity Limit (360 EA per 30 days)
oxyCODONE-Acetaminophen Solution 10-300 MG/5ML Oral	Tier 4	Quantity Limit (900 ML per 30 days)
oxyCODONE-Acetaminophen Solution 5-325 MG/5ML Oral	Tier 4	Quantity Limit (1800 ML per 30 days)
oxyCODONE-Acetaminophen Tablet 10-300 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)

Drug Name	Tier	Notes
Oxycodone-Acetaminophen TABLET 10-325 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)
oxyCODONE-Acetaminophen Tablet 2.5-300 MG Oral	Tier 4	Quantity Limit (360 EA per 30 days)
Oxycodone-Acetaminophen Tablet 2.5-325 MG Oral	Tier 2	Quantity Limit (360 EA per 30 days)
oxyCODONE-Acetaminophen Tablet 5-300 MG Oral	Tier 4	Quantity Limit (360 EA per 30 days)
Oxycodone-Acetaminophen TABLET 5-325 MG ORAL	Tier 1	Quantity Limit (360 EA per 30 days)
oxyCODONE-Acetaminophen Tablet 7.5-300 MG Oral	Tier 4	Quantity Limit (240 EA per 30 days)
oxyCODONE-Acetaminophen Tablet 7.5-325 MG Oral	Tier 2	Quantity Limit (240 EA per 30 days)
Prolate Solution 10-300 MG/5ML Oral	Tier 4	Quantity Limit (900 ML per 30 days)
Prolate Tablet 10-300 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)
Prolate Tablet 5-300 MG Oral	Tier 4	Quantity Limit (360 EA per 30 days)
Prolate Tablet 7.5-300 MG Oral	Tier 4	Quantity Limit (240 EA per 30 days)
<b>*Opioid Partial Agonists*** - Arthritis And Pain Drugs</b>		
Belbuca Film 150 MCG Buccal	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Belbuca Film 300 MCG Buccal	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Belbuca Film 450 MCG Buccal	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Belbuca Film 600 MCG Buccal	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Belbuca Film 75 MCG Buccal	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Belbuca FILM 750 MCG Buccal	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Belbuca Film 900 MCG Buccal	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Buprenorphine HCl TABLET SUBLINGUAL 2 MG SUBLINGUAL	Tier 2	
Buprenorphine HCl TABLET SUBLINGUAL 8 MG SUBLINGUAL	Tier 2	
Buprenorphine HCl-Naloxone HCl Film 12-3 MG Sublingual	Tier 2	Quantity Limit (60 EA per 30 days)
Buprenorphine HCl-Naloxone HCl Film 2-0.5 MG Sublingual	Tier 2	Quantity Limit (120 EA per 30 days)
Buprenorphine HCl-Naloxone HCl Film 4-1 MG Sublingual	Tier 2	Quantity Limit (60 EA per 30 days)
Buprenorphine HCl-Naloxone HCl Film 8-2 MG Sublingual	Tier 2	Quantity Limit (60 EA per 30 days)
Buprenorphine HCl-Naloxone HCl TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL	Tier 2	Quantity Limit (120 EA per 30 days)

Drug Name	Tier	Notes
Buprenorphine HCl-Naloxone HCl TABLET SUBLINGUAL 8-2 MG SUBLINGUAL	Tier 2	Quantity Limit (90 EA per 30 days)
Butorphanol Tartrate SOLUTION 10 MG/ML NASAL	Tier 2	Quantity Limit (7.5 ML per 30 days)
Pentazocine-Naloxone HCl TABLET 50-0.5 MG ORAL	Tier 2	Quantity Limit (360 EA per 30 days)
Zubsolv TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL	Tier 4	Quantity Limit (30 EA per 30 days)
Zubsolv TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL	Tier 4	Quantity Limit (90 EA per 30 days)
Zubsolv TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL	Tier 4	Quantity Limit (30 EA per 30 days)
Zubsolv TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL	Tier 4	Quantity Limit (30 EA per 30 days)
Zubsolv TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL	Tier 4	Quantity Limit (30 EA per 30 days)
Zubsolv TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL	Tier 4	Quantity Limit (60 EA per 30 days)
<b>*Tramadol Combinations*** - Arthritis And Pain Drugs</b>		
Tramadol-Acetaminophen TABLET 37.5-325 MG ORAL	Tier 1	Quantity Limit (240 EA per 30 days)
<b>*Androgens-Anabolic* - Hormones</b>		
<b>*Androgens*** - Drugs For Men</b>		
Danazol CAPSULE 100 MG ORAL	Tier 2	Prior Authorization Required
Danazol CAPSULE 200 MG ORAL	Tier 2	Prior Authorization Required
Danazol CAPSULE 50 MG ORAL	Tier 2	Prior Authorization Required
Depo-Testosterone SOLUTION 100 MG/ML Intramuscular	Tier 2	Quantity Limit (10 ML per 28 days)
Depo-Testosterone SOLUTION 200 MG/ML Intramuscular	Tier 2	Quantity Limit (10 ML per 28 days)
Methitest TABLET 10 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (600 EA per 30 days)
MethyITESTOSTERone CAPSULE 10 MG ORAL	Tier 2	Prior Authorization Required; Quantity Limit (600 EA per 30 days)
Testosterone Cypionate SOLUTION 100 MG/ML Intramuscular	Tier 2	Quantity Limit (10 ML per 28 days)
Testosterone Cypionate Solution 200 MG/ML Intramuscular	Tier 2	Quantity Limit (10 ML per 28 days)
Testosterone Enanthate SOLUTION 200 MG/ML Intramuscular	Tier 4	Quantity Limit (5 ML per 28 days)
Testosterone Gel 1.62 % Transdermal	Tier 2	Quantity Limit (150 GM per 30 days)
Testosterone GEL 12.5 MG/ACT (1%) TRANSDERMAL	Tier 2	Quantity Limit (300 GM per 30 days)

Drug Name	Tier	Notes
Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	Tier 4	Quantity Limit (37.5 GM per 30 days)
Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	Tier 2	Quantity Limit (150 GM per 30 days)
Testosterone GEL 25 MG/2.5GM (1%) TRANSDERMAL	Tier 2	Quantity Limit (150 GM per 30 days)
Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	Tier 2	Quantity Limit (150 GM per 30 days)
Testosterone GEL 50 MG/5GM (1%) TRANSDERMAL	Tier 2	Quantity Limit (300 GM per 30 days)
Testosterone SOLUTION 30 MG/ACT Transdermal	Tier 2	Quantity Limit (180 ML per 30 days)
Xyosted Solution Auto-Injector 100 MG/0.5ML Subcutaneous	Tier 4	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Xyosted Solution Auto-Injector 50 MG/0.5ML Subcutaneous	Tier 4	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Xyosted Solution Auto-Injector 75 MG/0.5ML Subcutaneous	Tier 4	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
<b>*Anorectal And Related Products* - Rectal Preparations</b>		
<b>*Intrarectal Steroids*** - Rectal Preparations</b>		
Budesonide Foam 2 MG Rectal	Tier 2	
Budesonide Foam 2 MG/ACT Rectal	Tier 2	
Cortifoam Foam 10 % External	Tier 3	
Hydrocortisone Enema 100 MG/60ML Rectal	Tier 2	
<b>*Nitrate Vasodilating Agents*** - Rectal Preparations</b>		
Nitroglycerin Ointment 0.4 % Rectal	Tier 2	
<b>*Rectal Anesthetic/Steroids*** - Rectal Preparations</b>		
Analpram HC Cream 1-1 % External	Tier 4	
Analpram HC Lotion 2.5-1 % External	Tier 4	
Hydrocortisone Ace-Pramoxine Cream 1-1 % External	Tier 4	
Lidocaine-Hydrocort (Perianal) Cream 3-0.5 % External	Tier 2	
Lidocort Cream 3-0.5 % External	Tier 2	
Proctofoam HC Foam 1-1 % External	Tier 4	
<b>*Rectal Steroids*** - Rectal Preparations</b>		
Anucort-HC SUPPOSITORY 25 MG Rectal	Tier 2	
Anusol-HC SUPPOSITORY 25 MG Rectal	Tier 2	

Drug Name	Tier	Notes
Hemmorex-HC SUPPOSITORY 25 MG Rectal	Tier 2	
Hydrocortisone (Perianal) Cream 1 % External	Tier 4	
Hydrocortisone (Perianal) Cream 2.5 % External	Tier 2	
Hydrocortisone Acetate SUPPOSITORY 25 MG Rectal	Tier 2	
ProctoCare-HC Cream 2.5 % External	Tier 2	
Proctocort Cream 1 % External	Tier 4	
Procto-Med HC Cream 2.5 % External	Tier 2	
Proctosol HC Cream 2.5 % External	Tier 2	
Proctozone-HC Cream 2.5 % External	Tier 2	
<b>*Anthelmintics* - Drugs For Infections</b>		
<b>*Anthelmintics*** - Drugs For Parasites</b>		
Albendazole Tablet 200 MG Oral	Tier 2	
Benznidazole TABLET 100 MG Oral	Tier 3	
Benznidazole TABLET 12.5 MG Oral	Tier 3	
Emverm TABLET CHEWABLE 100 MG Oral	Tier 4	
Ivermectin TABLET 3 MG ORAL	Tier 2	
Ivermectin Tablet 6 MG Oral	Tier 4	
Praziquantel Tablet 600 MG Oral	Tier 2	
<b>*Antianginal Agents* - Drugs For The Heart</b>		
<b>*Antianginals-Other*** - Drugs For Angina</b>		
Ranolazine ER Tablet Extended Release 12 Hour 1000 MG Oral	Tier 2	Healthy Values
Ranolazine ER Tablet Extended Release 12 Hour 500 MG Oral	Tier 2	Healthy Values
<b>*Nitrates*** - Drugs For Angina</b>		
Isosorbide Dinitrate TABLET 10 MG ORAL	Tier 2	Healthy Values
Isosorbide Dinitrate TABLET 20 MG ORAL	Tier 2	Healthy Values
Isosorbide Dinitrate Tablet 30 MG Oral	Tier 2	Healthy Values
Isosorbide Dinitrate Tablet 40 MG Oral	Tier 2	Prior Authorization Required; Healthy Values
Isosorbide Dinitrate TABLET 5 MG ORAL	Tier 2	Healthy Values
Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 120 MG Oral	Tier 1	Healthy Values
Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 30 MG Oral	Tier 1	Healthy Values

Drug Name	Tier	Notes
Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 60 MG Oral	Tier 1	Healthy Values
Isosorbide Mononitrate Tablet 10 MG Oral	Tier 4	
Isosorbide Mononitrate Tablet 20 MG Oral	Tier 4	
Nitro-Bid OINTMENT 2 % TRANSDERMAL	Tier 4	
Nitro-Dur Patch 24 Hour 0.3 MG/HR Transdermal	Tier 4	
Nitro-Dur Patch 24 Hour 0.8 MG/HR Transdermal	Tier 4	
Nitroglycerin Patch 24 Hour 0.1 MG/HR Transdermal	Tier 2	Healthy Values
Nitroglycerin Patch 24 Hour 0.2 MG/HR Transdermal	Tier 2	Healthy Values
Nitroglycerin Patch 24 Hour 0.4 MG/HR Transdermal	Tier 2	Healthy Values
Nitroglycerin Patch 24 Hour 0.6 MG/HR Transdermal	Tier 2	Healthy Values
Nitroglycerin SOLUTION 0.4 MG/SPRAY TRANSLINGUAL	Tier 2	Healthy Values
Nitroglycerin Tablet Sublingual 0.3 MG Sublingual	Tier 1	Healthy Values
Nitroglycerin Tablet Sublingual 0.4 MG Sublingual	Tier 1	Healthy Values
Nitroglycerin Tablet Sublingual 0.6 MG Sublingual	Tier 1	Healthy Values
Nitro-Time Capsule Extended Release 2.5 MG Oral	Tier 4	
Nitro-Time Capsule Extended Release 6.5 MG Oral	Tier 4	
Nitro-Time Capsule Extended Release 9 MG Oral	Tier 4	
<b>*Antianxiety Agents* - Drugs For The Nervous System</b>		
<b>*Antianxiety Agents - Misc.*** - Drugs For Anxiety</b>		
Bucapsol Capsule 10 MG Oral	Tier 4	
Bucapsol Capsule 15 MG Oral	Tier 4	
Bucapsol Capsule 7.5 MG Oral	Tier 4	
BusPIRone HCl TABLET 10 MG ORAL	Tier 1	
BusPIRone HCl TABLET 15 MG ORAL	Tier 1	
BusPIRone HCl TABLET 30 MG ORAL	Tier 1	
BusPIRone HCl TABLET 5 MG ORAL	Tier 1	
busPIRone HCl Tablet 7.5 MG Oral	Tier 2	
hydrOXYzine HCl Syrup 10 MG/5ML Oral	Tier 2	
HydrOXYzine HCl TABLET 10 MG ORAL	Tier 1	
HydrOXYzine HCl TABLET 25 MG ORAL	Tier 1	
HydrOXYzine HCl TABLET 50 MG ORAL	Tier 1	
HydrOXYzine Pamoate CAPSULE 100 MG ORAL	Tier 4	

Drug Name	Tier	Notes
HydrOXYzine Pamoate Capsule 25 MG Oral	Tier 1	
HydrOXYzine Pamoate Capsule 50 MG Oral	Tier 1	
Meprobamate TABLET 200 MG ORAL	Tier 2	
Meprobamate TABLET 400 MG ORAL	Tier 2	
<b>*Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
ALPRAZolam ER Tablet Extended Release 24 Hour 0.5 MG Oral	Tier 1	
ALPRAZolam ER Tablet Extended Release 24 Hour 1 MG Oral	Tier 1	
ALPRAZolam ER Tablet Extended Release 24 Hour 2 MG Oral	Tier 2	
ALPRAZolam ER Tablet Extended Release 24 Hour 3 MG Oral	Tier 1	
ALPRAZolam Intensol CONCENTRATE 1 MG/ML ORAL	Tier 4	
ALPRAZolam TABLET 0.25 MG ORAL	Tier 1	
ALPRAZolam TABLET 0.5 MG ORAL	Tier 1	
ALPRAZolam TABLET 1 MG ORAL	Tier 1	
ALPRAZolam TABLET 2 MG ORAL	Tier 1	
ALPRAZolam TABLET DISPERSIBLE 0.25 MG ORAL	Tier 2	
ALPRAZolam TABLET DISPERSIBLE 0.5 MG ORAL	Tier 2	
ALPRAZolam TABLET DISPERSIBLE 1 MG ORAL	Tier 2	
ALPRAZolam TABLET DISPERSIBLE 2 MG ORAL	Tier 2	
ALPRAZolam XR Tablet Extended Release 24 Hour 0.5 MG Oral	Tier 1	
ALPRAZolam XR Tablet Extended Release 24 Hour 1 MG Oral	Tier 1	
ALPRAZolam XR Tablet Extended Release 24 Hour 2 MG Oral	Tier 2	
ALPRAZolam XR Tablet Extended Release 24 Hour 3 MG Oral	Tier 1	
ChlordiazepOXIDE HCl CAPSULE 10 MG ORAL	Tier 1	
ChlordiazepOXIDE HCl CAPSULE 25 MG ORAL	Tier 1	
ChlordiazepOXIDE HCl CAPSULE 5 MG ORAL	Tier 1	
Clorazepate Dipotassium Tablet 15 MG Oral	Tier 2	
Clorazepate Dipotassium Tablet 3.75 MG Oral	Tier 2	

Drug Name	Tier	Notes
Clorazepate Dipotassium Tablet 7.5 MG Oral	Tier 2	
diazePAM Concentrate 5 MG/ML Oral	Tier 2	
Diazepam Intensol CONCENTRATE 5 MG/ML ORAL	Tier 2	
DiazePAM Solution 5 MG/5ML Oral	Tier 1	
Diazepam TABLET 10 MG ORAL	Tier 1	
Diazepam TABLET 2 MG ORAL	Tier 1	
Diazepam TABLET 5 MG ORAL	Tier 1	
LORazepam Concentrate 1 MG/0.5ML Oral	Tier 2	
LORazepam CONCENTRATE 2 MG/ML ORAL	Tier 2	
LORazepam Intensol CONCENTRATE 2 MG/ML ORAL	Tier 2	
LORazepam Tablet 0.5 MG Oral	Tier 1	
LORazepam Tablet 1 MG Oral	Tier 1	
LORazepam Tablet 2 MG Oral	Tier 1	
Loreev XR Capsule ER 24 Hour Sprinkle 1 MG Oral	Tier 4	
Loreev XR Capsule ER 24 Hour Sprinkle 1.5 MG Oral	Tier 4	
Loreev XR Capsule ER 24 Hour Sprinkle 2 MG Oral	Tier 4	
Loreev XR Capsule ER 24 Hour Sprinkle 3 MG Oral	Tier 4	
Oxazepam CAPSULE 10 MG ORAL	Tier 2	
Oxazepam CAPSULE 15 MG ORAL	Tier 2	
Oxazepam CAPSULE 30 MG ORAL	Tier 2	
<b>*Antiarrhythmics* - Drugs For The Heart</b>		
<b>*Antiarrhythmics Type I-A*** - Drugs For Abnormal Heart Rhythms</b>		
Disopyramide Phosphate CAPSULE 100 MG ORAL	Tier 2	Healthy Values
Disopyramide Phosphate CAPSULE 150 MG ORAL	Tier 2	Healthy Values
Norpace CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	Tier 4	
Norpace CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL	Tier 4	
quiNIDine Gluconate ER Tablet Extended Release 324 MG Oral	Tier 2	Healthy Values
quiNIDine Sulfate Tablet 200 MG Oral	Tier 4	
quiNIDine Sulfate Tablet 300 MG Oral	Tier 4	
<b>*Antiarrhythmics Type I-B*** - Drugs For Abnormal Heart Rhythms</b>		

Drug Name	Tier	Notes
Mexiletine HCl CAPSULE 150 MG ORAL	Tier 2	Healthy Values
Mexiletine HCl CAPSULE 200 MG ORAL	Tier 2	Healthy Values
Mexiletine HCl CAPSULE 250 MG ORAL	Tier 2	Healthy Values
<b>*Antiarrhythmics Type I-C*** - Drugs For Abnormal Heart Rhythms</b>		
Flecainide Acetate TABLET 100 MG ORAL	Tier 2	Healthy Values
Flecainide Acetate TABLET 150 MG ORAL	Tier 2	Healthy Values
Flecainide Acetate TABLET 50 MG ORAL	Tier 1	Healthy Values
Propafenone HCl ER Capsule Extended Release 12 Hour 225 MG Oral	Tier 2	
Propafenone HCl ER Capsule Extended Release 12 Hour 325 MG Oral	Tier 2	
Propafenone HCl ER Capsule Extended Release 12 Hour 425 MG Oral	Tier 2	
Propafenone HCl Tablet 150 MG Oral	Tier 1	Healthy Values
Propafenone HCl Tablet 225 MG Oral	Tier 2	Healthy Values
Propafenone HCl Tablet 300 MG Oral	Tier 2	Healthy Values
<b>*Antiarrhythmics Type Iii*** - Drugs For Abnormal Heart Rhythms</b>		
Amiodarone HCl Tablet 100 MG Oral	Tier 2	Healthy Values
Amiodarone HCl TABLET 200 MG ORAL	Tier 1	Healthy Values
Amiodarone HCl TABLET 400 MG ORAL	Tier 2	Healthy Values
Dofetilide Capsule 125 MCG Oral	Tier 2	Healthy Values
Dofetilide Capsule 250 MCG Oral	Tier 2	Healthy Values
Dofetilide Capsule 500 MCG Oral	Tier 2	Healthy Values
Multaq TABLET 400 MG ORAL	Tier 3	
Pacerone TABLET 100 MG ORAL	Tier 2	Healthy Values
Pacerone TABLET 200 MG ORAL	Tier 1	Healthy Values
<b>*Antiasthmatic And Bronchodilator Agents* - Drugs For The Lungs</b>		
<b>*5-Lipoxygenase Inhibitors*** - Drugs For Asthma/Copd</b>		
Zileuton ER Tablet Extended Release 12 Hour 600 MG Oral	Tier 2	Prior Authorization Required
<b>*Adrenergic Combinations*** - Drugs For Asthma/Copd</b>		
Advair HFA Aerosol 115-21 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (12 GM per 30 days)
Advair HFA Aerosol 230-21 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (12 GM per 30 days)

Drug Name	Tier	Notes
Advair HFA Aerosol 45-21 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (12 GM per 30 days)
Airsupra Aerosol 90-80 MCG/ACT Inhalation	Tier 3	Quantity Limit (32.1 GM per 30 days)
Anoro Ellipta Aerosol Powder Breath Activated 62.5-25 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)
Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)
Breo Ellipta Aerosol Powder Breath Activated 200-25 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)
Breo Ellipta Aerosol Powder Breath Activated 50-25 MCG/INH Inhalation	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)
Breyndra Aerosol 160-4.5 MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (30.9 GM per 30 days)
Breyndra Aerosol 80-4.5 MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (30.9 GM per 30 days)
Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (10.7 GM per 30 days)
Budesonide-Formoterol Fumarate Aerosol 160-4.5 MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (30.9 GM per 30 days)
Budesonide-Formoterol Fumarate Aerosol 80-4.5 MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (30.9 GM per 30 days)
Combivent Respimat Aerosol Solution 20-100 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (8 GM per 30 days)
Dulera Aerosol 100-5 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (39 GM per 30 days)
Dulera Aerosol 200-5 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (39 GM per 30 days)
Dulera Aerosol 50-5 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (39 GM per 30 days)
Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
Fluticasone-Salmeterol Aerosol Powder Breath Activated 113-14 MCG/ACT Inhalation	Tier 2	Quantity Limit (1 EA per 30 days)
Fluticasone-Salmeterol Aerosol Powder Breath Activated 232-14 MCG/ACT Inhalation	Tier 2	Quantity Limit (1 EA per 30 days)
Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
Fluticasone-Salmeterol Aerosol Powder Breath Activated 55-14 MCG/ACT Inhalation	Tier 2	Quantity Limit (1 EA per 30 days)
Ipratropium-Albuterol SOLUTION 0.5-2.5 (3) MG/3ML INHALATION	Tier 2	Healthy Values

Drug Name	Tier	Notes
Stiolto Respimat Aerosol Solution 2.5-2.5 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (4 GM per 30 days)
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)
Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)
Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
<b>*Anti-Ige Monoclonal Antibodies*** - Drugs For Asthma/Copd</b>		
Xolair Solution Auto-Injector 150 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Xolair Solution Auto-Injector 300 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Xolair Solution Auto-Injector 75 MG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Xolair Solution Prefilled Syringe 150 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Xolair Solution Prefilled Syringe 300 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Xolair Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
<b>*Anti-Inflammatory Agents*** - Drugs For Asthma/Copd</b>		
Cromolyn Sodium NEBULIZATION SOLUTION 20 MG/2ML INHALATION	Tier 2	
<b>*Beta Adrenergics*** - Drugs For Asthma/Copd</b>		
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (36 GM per 30 days)
Albuterol Sulfate Nebulization Solution (2.5 MG/3ML) 0.083% Inhalation	Tier 1	Healthy Values
Albuterol Sulfate Nebulization Solution (5 MG/ML) 0.5% Inhalation	Tier 2	Healthy Values
Albuterol Sulfate Nebulization Solution 0.63 MG/3ML Inhalation	Tier 2	Healthy Values
Albuterol Sulfate Nebulization Solution 1.25 MG/3ML Inhalation	Tier 2	Healthy Values
Albuterol Sulfate Nebulization Solution 2.5 MG/0.5ML Inhalation	Tier 2	Healthy Values

Drug Name	Tier	Notes
Albuterol Sulfate Syrup 2 MG/5ML Oral	Tier 1	Healthy Values
Albuterol Sulfate Tablet 2 MG Oral	Tier 2	
Albuterol Sulfate Tablet 4 MG Oral	Tier 2	
Arformoterol Tartrate Nebulization Solution 15 MCG/2ML Inhalation	Tier 2	
Levalbuterol HCl Nebulization Solution 0.31 MG/3ML Inhalation	Tier 2	
Levalbuterol HCl Nebulization Solution 0.63 MG/3ML Inhalation	Tier 2	
Levalbuterol HCl NEBULIZATION SOLUTION 1.25 MG/0.5ML INHALATION	Tier 2	
Levalbuterol HCl Nebulization Solution 1.25 MG/3ML Inhalation	Tier 2	
Serevent Diskus Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)
Striverdi Respimat Aerosol Solution 2.5 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (4 GM per 30 days)
Terbutaline Sulfate TABLET 2.5 MG ORAL	Tier 2	
Terbutaline Sulfate TABLET 5 MG ORAL	Tier 2	
Ventolin HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	Tier 2	Healthy Values; Quantity Limit (36 GM per 30 days)
<b>*Bronchodilators - Anticholinergics*** - Drugs For Asthma/Copd</b>		
Atrovent HFA Aerosol Solution 17 MCG/ACT Inhalation	Tier 4	Quantity Limit (25.8 GM per 30 days)
Incruse Ellipta Aerosol Powder Breath Activated 62.5 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (30 EA per 30 days)
Ipratropium Bromide Solution 0.02 % Inhalation	Tier 1	Healthy Values
Spiriva HandiHaler CAPSULE 18 MCG INHALATION	Tier 3	Quantity Limit (30 EA per 30 days)
Spiriva Respimat Aerosol Solution 1.25 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (4 GM per 30 days)
Spiriva Respimat Aerosol Solution 2.5 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (4 GM per 30 days)
Tiotropium Bromide Capsule 18 MCG Inhalation	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Interleukin-5 Antagonists (Igg1 Kappa)*** - Drugs For Asthma/Copd</b>		
Fasenra Pen Solution Auto-Injector 30 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Nucala Solution Auto-Injector 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 ML per 28 days)

Drug Name	Tier	Notes
Nucala Solution Prefilled Syringe 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 ML per 28 days)
Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.4 ML per 28 days)
<b>*Leukotriene Receptor Antagonists*** - Drugs For Asthma/Copd</b>		
Montelukast Sodium Packet 4 MG Oral	Tier 2	Healthy Values
Montelukast Sodium Tablet 10 MG Oral	Tier 1	Healthy Values
Montelukast Sodium TABLET CHEWABLE 4 MG ORAL	Tier 1	Healthy Values
Montelukast Sodium TABLET CHEWABLE 5 MG ORAL	Tier 1	Healthy Values
Zafirlukast Tablet 10 MG Oral	Tier 2	
Zafirlukast Tablet 20 MG Oral	Tier 2	
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors*** - Drugs For Asthma/Copd</b>		
Roflumilast Tablet 250 MCG Oral	Tier 2	
Roflumilast Tablet 500 MCG Oral	Tier 2	
<b>*Steroid Inhalants*** - Drugs For Asthma/Copd</b>		
Arnuity Ellipta Aerosol Powder Breath Activated 100 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (30 EA per 30 days)
Arnuity Ellipta Aerosol Powder Breath Activated 200 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (30 EA per 30 days)
Arnuity Ellipta Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (30 EA per 30 days)
Asmanex (120 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (1 EA per 30 days)
Asmanex (30 Metered Doses) Aerosol Powder Breath Activated 110 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (1 EA per 30 days)
Asmanex (30 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (1 EA per 30 days)
Asmanex (60 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (1 EA per 30 days)
Asmanex HFA Aerosol 100 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (13 GM per 30 days)
Asmanex HFA Aerosol 200 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (13 GM per 30 days)
Asmanex HFA Aerosol 50 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (13 GM per 30 days)

Drug Name	Tier	Notes
Budesonide Suspension 0.25 MG/2ML Inhalation	Tier 2	Healthy Values
Budesonide Suspension 0.5 MG/2ML Inhalation	Tier 2	Healthy Values
Budesonide SUSPENSION 1 MG/2ML Inhalation	Tier 2	Healthy Values
Qvar RediHaler Aerosol Breath Activated 40 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (10.6 GM per 30 days)
Qvar RediHaler Aerosol Breath Activated 80 MCG/ACT Inhalation	Tier 3	Healthy Values; Quantity Limit (21.2 GM per 30 days)
<b>*Thymic Stromal Lymphopoietin (Tslp) Antagonists*** - Drugs For Asthma/Copd</b>		
Tezspire Solution Auto-Injector 210 MG/1.91ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1.91 ML per 28 days)
<b>*Xanthines*** - Drugs For Asthma/Copd</b>		
Elixophyllin ELIXIR 80 MG/15ML ORAL	Tier 2	Healthy Values
Theo-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Tier 4	
Theo-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Tier 4	
Theo-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Tier 4	
Theo-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL	Tier 4	
Theophylline Elixir 80 MG/15ML Oral	Tier 2	Healthy Values
Theophylline ER Tablet Extended Release 12 Hour 100 MG Oral	Tier 4	
Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral	Tier 4	
Theophylline ER Tablet Extended Release 12 Hour 300 MG Oral	Tier 2	Healthy Values
Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral	Tier 2	Healthy Values
Theophylline ER Tablet Extended Release 24 Hour 400 MG Oral	Tier 2	Healthy Values
Theophylline ER Tablet Extended Release 24 Hour 600 MG Oral	Tier 2	Healthy Values
Theophylline SOLUTION 80 MG/15ML ORAL	Tier 2	Healthy Values
<b>*Anticoagulants* - Drugs For The Blood</b>		
<b>*Coumarin Anticoagulants*** - Drugs To Prevent Blood Clots</b>		
Jantoven TABLET 1 MG ORAL	Tier 1	Healthy Values
Jantoven TABLET 10 MG ORAL	Tier 1	Healthy Values

Drug Name	Tier	Notes
Jantoven TABLET 2 MG ORAL	Tier 1	Healthy Values
Jantoven TABLET 2.5 MG ORAL	Tier 1	Healthy Values
Jantoven TABLET 3 MG ORAL	Tier 1	Healthy Values
Jantoven TABLET 4 MG ORAL	Tier 1	Healthy Values
Jantoven TABLET 5 MG ORAL	Tier 1	Healthy Values
Jantoven TABLET 6 MG ORAL	Tier 1	Healthy Values
Jantoven TABLET 7.5 MG ORAL	Tier 1	Healthy Values
Warfarin Sodium TABLET 1 MG ORAL	Tier 1	Healthy Values
Warfarin Sodium TABLET 10 MG ORAL	Tier 1	Healthy Values
Warfarin Sodium TABLET 2 MG ORAL	Tier 1	Healthy Values
Warfarin Sodium TABLET 2.5 MG ORAL	Tier 1	Healthy Values
Warfarin Sodium TABLET 3 MG ORAL	Tier 1	Healthy Values
Warfarin Sodium TABLET 4 MG ORAL	Tier 1	Healthy Values
Warfarin Sodium TABLET 5 MG ORAL	Tier 1	Healthy Values
Warfarin Sodium TABLET 6 MG ORAL	Tier 1	Healthy Values
Warfarin Sodium Tablet 7.5 MG Oral	Tier 1	Healthy Values
<b>*Direct Factor Xa Inhibitors*** - Drugs To Prevent Blood Clots</b>		
Eliquis (1.5 MG Pack) Tablet Soluble 3 x 0.5 MG Oral	Tier 3	Quantity Limit (420 EA per 28 days)
Eliquis (2 MG Pack) Tablet Soluble 4 x 0.5 MG Oral	Tier 3	Quantity Limit (560 EA per 28 days)
Eliquis Capsule Sprinkle 0.15 MG Oral	Tier 3	Quantity Limit (74 EA per 30 days)
Eliquis DVT/PE Starter Pack Tablet Therapy Pack 5 MG Oral	Tier 3	
Eliquis TABLET 2.5 MG ORAL	Tier 3	Quantity Limit (60 EA per 30 days)
Eliquis TABLET 5 MG ORAL	Tier 3	Quantity Limit (74 EA per 30 days)
Eliquis Tablet Soluble 0.5 MG Oral	Tier 3	Quantity Limit (140 EA per 28 days)
Rivaroxaban Suspension Reconstituted 1 MG/ML Oral	Tier 2	Quantity Limit (620 ML per 30 days)
Rivaroxaban Tablet 2.5 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Xarelto Starter Pack Tablet Therapy Pack 15 & 20 MG Oral	Tier 3	Quantity Limit (51 EA per 30 days)
Xarelto Suspension Reconstituted 1 MG/ML Oral	Tier 3	Quantity Limit (620 ML per 30 days)
Xarelto Tablet 10 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Xarelto Tablet 15 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
Xarelto Tablet 20 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Heparins And Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots</b>		
Heparin Sodium (Porcine) +RFID Solution 1000 UNIT/ML Injection	Tier 2	

Drug Name	Tier	Notes
Heparin Sodium (Porcine) PF Solution 1000 UNIT/ML Injection	Tier 2	
Heparin Sodium (Porcine) PF SOLUTION 5000 UNIT/0.5ML Injection	Tier 2	
Heparin Sodium (Porcine) PF Solution 5000 UNIT/ML Injection	Tier 4	
Heparin Sodium (Porcine) SOLUTION 1000 UNIT/ML INJECTION	Tier 2	
Heparin Sodium (Porcine) SOLUTION 10000 UNIT/ML INJECTION	Tier 2	
Heparin Sodium (Porcine) SOLUTION 20000 UNIT/ML INJECTION	Tier 2	
Heparin Sodium (Porcine) SOLUTION 5000 UNIT/ML INJECTION	Tier 2	
<b>*Low Molecular Weight Heparins*** - Drugs To Prevent Blood Clots</b>		
Enoxaparin Sodium Solution 300 MG/3ML Injection	Tier 2	
Enoxaparin Sodium Solution Prefilled Syringe 100 MG/ML Injection	Tier 2	
Enoxaparin Sodium Solution Prefilled Syringe 120 MG/0.8ML Injection	Tier 2	
Enoxaparin Sodium Solution Prefilled Syringe 150 MG/ML Injection	Tier 2	
Enoxaparin Sodium Solution Prefilled Syringe 30 MG/0.3ML Injection	Tier 2	
Enoxaparin Sodium Solution Prefilled Syringe 40 MG/0.4ML Injection	Tier 2	
Enoxaparin Sodium Solution Prefilled Syringe 60 MG/0.6ML Injection	Tier 2	
Enoxaparin Sodium Solution Prefilled Syringe 80 MG/0.8ML Injection	Tier 2	
Fragmin Solution 10000 UNIT/4ML Subcutaneous	Tier 4	
Fragmin SOLUTION 95000 UNIT/3.8ML Subcutaneous	Tier 4	
Fragmin Solution Prefilled Syringe 10000 UNIT/ML Subcutaneous	Tier 4	
Fragmin Solution Prefilled Syringe 12500 UNIT/0.5ML Subcutaneous	Tier 4	
Fragmin Solution Prefilled Syringe 15000 UNIT/0.6ML Subcutaneous	Tier 4	
Fragmin Solution Prefilled Syringe 18000 UNT/0.72ML Subcutaneous	Tier 4	

Drug Name	Tier	Notes
Fragmin Solution Prefilled Syringe 2500 UNIT/0.2ML Subcutaneous	Tier 4	
Fragmin Solution Prefilled Syringe 5000 UNIT/0.2ML Subcutaneous	Tier 4	
Fragmin Solution Prefilled Syringe 7500 UNIT/0.3ML Subcutaneous	Tier 4	
<b>*Synthetic Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots</b>		
Fondaparinux Sodium Solution 10 MG/0.8ML Subcutaneous	Tier 2	
Fondaparinux Sodium Solution 2.5 MG/0.5ML Subcutaneous	Tier 2	
Fondaparinux Sodium Solution 5 MG/0.4ML Subcutaneous	Tier 2	
Fondaparinux Sodium Solution 7.5 MG/0.6ML Subcutaneous	Tier 2	
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible*** - Drugs To Prevent Blood Clots</b>		
Dabigatran Etexilate Mesylate Capsule 110 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
Dabigatran Etexilate Mesylate Capsule 150 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Dabigatran Etexilate Mesylate Capsule 75 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Pradaxa Packet 110 MG Oral	Tier 4	Quantity Limit (120 EA per 30 days)
Pradaxa Packet 150 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
Pradaxa Packet 20 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
Pradaxa Packet 30 MG Oral	Tier 4	Quantity Limit (120 EA per 30 days)
Pradaxa Packet 40 MG Oral	Tier 4	Quantity Limit (120 EA per 30 days)
Pradaxa Packet 50 MG Oral	Tier 4	Quantity Limit (120 EA per 30 days)
<b>*Anticonvulsants* - Drugs For The Nervous System</b>		
<b>*Ampa Glutamate Receptor Antagonists*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Perampanel Suspension 0.5 MG/ML Oral	Tier 2	
Perampanel Tablet 10 MG Oral	Tier 2	
Perampanel Tablet 12 MG Oral	Tier 2	
Perampanel Tablet 2 MG Oral	Tier 2	
Perampanel Tablet 4 MG Oral	Tier 2	
Perampanel Tablet 6 MG Oral	Tier 2	
Perampanel Tablet 8 MG Oral	Tier 2	

Drug Name	Tier	Notes
<b>*Anticonvulsants - Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
cloBAZam Suspension 10 MG/4ML Oral	Tier 2	
CloBAZam Suspension 2.5 MG/ML Oral	Tier 2	
CloBAZam Tablet 10 MG Oral	Tier 2	
CloBAZam Tablet 20 MG Oral	Tier 2	
ClonazePAM TABLET 0.5 MG ORAL	Tier 1	Healthy Values
ClonazePAM Tablet 1 MG Oral	Tier 1	Healthy Values
ClonazePAM Tablet 2 MG Oral	Tier 1	Healthy Values
clonazePAM Tablet Dispersible 0.125 MG Oral	Tier 2	Healthy Values
clonazePAM Tablet Dispersible 0.25 MG Oral	Tier 2	Healthy Values
clonazePAM Tablet Dispersible 0.5 MG Oral	Tier 2	Healthy Values
clonazePAM Tablet Dispersible 1 MG Oral	Tier 2	Healthy Values
clonazePAM Tablet Dispersible 2 MG Oral	Tier 2	Healthy Values
diazePAM Gel 10 MG Rectal	Tier 2	
DiazePAM GEL 2.5 MG Rectal	Tier 4	
diazePAM Gel 20 MG Rectal	Tier 2	
Nayzilam Solution 5 MG/0.1ML Nasal	Tier 4	
Sympazan Film 10 MG Oral	Tier 4	
Sympazan Film 20 MG Oral	Tier 4	
Sympazan Film 5 MG Oral	Tier 4	
Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	Tier 4	
Valtoco 15 MG Dose Liquid Therapy Pack 2 x 7.5 MG/0.1ML Nasal	Tier 4	
Valtoco 20 MG Dose Liquid Therapy Pack 2 x 10 MG/0.1ML Nasal	Tier 4	
Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	Tier 4	
<b>*Anticonvulsants - Misc.*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Brivaracetam Solution 10 MG/ML Oral	Tier 2	
Brivaracetam Tablet 10 MG Oral	Tier 2	
Brivaracetam Tablet 100 MG Oral	Tier 2	
Brivaracetam Tablet 25 MG Oral	Tier 2	
Brivaracetam Tablet 50 MG Oral	Tier 2	
Brivaracetam Tablet 75 MG Oral	Tier 2	

Drug Name	Tier	Notes
Briviact SOLUTION 10 MG/ML ORAL	Tier 4	
Briviact TABLET 10 MG ORAL	Tier 4	
Briviact TABLET 100 MG ORAL	Tier 4	
Briviact TABLET 25 MG ORAL	Tier 4	
Briviact TABLET 50 MG ORAL	Tier 4	
Briviact TABLET 75 MG ORAL	Tier 4	
CarBAMazepine ER CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	Tier 2	Healthy Values
CarBAMazepine ER Capsule Extended Release 12 Hour 200 MG Oral	Tier 2	Healthy Values
CarBAMazepine ER CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	Tier 2	Healthy Values
CarBAMazepine ER Tablet Extended Release 12 Hour 100 MG Oral	Tier 2	Healthy Values
CarBAMazepine ER Tablet Extended Release 12 Hour 200 MG Oral	Tier 2	Healthy Values
CarBAMazepine ER Tablet Extended Release 12 Hour 400 MG Oral	Tier 2	Healthy Values
carBAMazepine Suspension 100 MG/5ML Oral	Tier 2	Healthy Values
carBAMazepine Suspension 200 MG/10ML Oral	Tier 2	Healthy Values
CarBAMazepine TABLET 200 MG Oral	Tier 2	Healthy Values
CarBAMazepine TABLET CHEWABLE 100 MG ORAL	Tier 2	Healthy Values
carBAMazepine Tablet Chewable 200 MG Oral	Tier 4	
Diacomit Capsule 250 MG Oral	Tier 4	Specialty
Diacomit Capsule 500 MG Oral	Tier 4	Specialty
Diacomit Packet 250 MG Oral	Tier 4	Specialty
Diacomit Packet 500 MG Oral	Tier 4	Specialty
Epidiolex Solution 100 MG/ML Oral	Tier 3	Specialty; Prior Authorization Required
Eslicarbazepine Acetate Tablet 200 MG Oral	Tier 2	
Eslicarbazepine Acetate Tablet 400 MG Oral	Tier 2	
Eslicarbazepine Acetate Tablet 600 MG Oral	Tier 2	
Eslicarbazepine Acetate Tablet 800 MG Oral	Tier 2	
Fintepla Solution 2.2 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (360 ML per 30 days)
Gabapentin Capsule 100 MG Oral	Tier 1	Healthy Values
Gabapentin Capsule 300 MG Oral	Tier 1	Healthy Values

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Gabapentin Capsule 400 MG Oral	Tier 1	Healthy Values
Gabapentin Solution 250 MG/5ML Oral	Tier 2	Healthy Values
Gabapentin Solution 300 MG/6ML Oral	Tier 2	Healthy Values
Gabapentin Tablet 600 MG Oral	Tier 1	Healthy Values
Gabapentin Tablet 800 MG Oral	Tier 1	Healthy Values
Gabarone Tablet 100 MG Oral	Tier 4	
Gabarone Tablet 400 MG Oral	Tier 4	
Lacosamide Solution 10 MG/ML Oral	Tier 2	Healthy Values
Lacosamide Solution 100 MG/10ML Oral	Tier 2	Healthy Values
Lacosamide Solution 50 MG/5ML Oral	Tier 2	Healthy Values
Lacosamide Tablet 100 MG Oral	Tier 2	Healthy Values
Lacosamide Tablet 150 MG Oral	Tier 2	Healthy Values
Lacosamide Tablet 200 MG Oral	Tier 2	Healthy Values
Lacosamide Tablet 50 MG Oral	Tier 2	Healthy Values
LaMICtal XR Kit 21 x 25 MG & 7 x 50 MG Oral	Tier 4	
LaMICtal XR KIT 25 & 50 & 100 MG ORAL	Tier 4	
LaMICtal XR KIT 50 & 100 & 200 MG ORAL	Tier 4	
LamoTRlgine ER Tablet Extended Release 24 Hour 100 MG Oral	Tier 2	Healthy Values
LamoTRlgine ER Tablet Extended Release 24 Hour 200 MG Oral	Tier 2	Healthy Values
LamoTRlgine ER Tablet Extended Release 24 Hour 25 MG Oral	Tier 2	Healthy Values
LamoTRlgine ER Tablet Extended Release 24 Hour 250 MG Oral	Tier 2	Healthy Values
LamoTRlgine ER Tablet Extended Release 24 Hour 300 MG Oral	Tier 2	Healthy Values
LamoTRlgine ER Tablet Extended Release 24 Hour 50 MG Oral	Tier 2	Healthy Values
lamoTRlgine Kit 21 x 25 MG & 7 x 50 MG Oral	Tier 2	Healthy Values
LamoTRlgine KIT 25 & 50 & 100 MG ORAL	Tier 2	Healthy Values
lamoTRlgine Kit 42 x 50 MG & 14x100 MG Oral	Tier 2	Healthy Values
lamoTRlgine Starter Kit-Blue Kit 35 x 25 MG Oral	Tier 2	Healthy Values
lamoTRlgine Starter Kit-Green Kit 84 x 25 MG & 14x100 MG Oral	Tier 2	Healthy Values
lamoTRlgine Starter Kit-Orange Kit 42 x 25 MG & 7 x 100 MG Oral	Tier 2	Healthy Values
LamoTRlgine Tablet 100 MG Oral	Tier 1	Healthy Values
LamoTRlgine TABLET 150 MG ORAL	Tier 1	Healthy Values

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
LamoTRlgine TABLET 200 MG ORAL	Tier 1	Healthy Values
lamoTRlgine Tablet 25 MG Oral	Tier 1	Healthy Values
LamoTRlgine Tablet Chewable 25 MG Oral	Tier 2	Healthy Values
LamoTRlgine Tablet Chewable 5 MG Oral	Tier 2	Healthy Values
lamoTRlgine Tablet Dispersible 100 MG Oral	Tier 2	
lamoTRlgine Tablet Dispersible 200 MG Oral	Tier 2	
lamoTRlgine Tablet Dispersible 25 MG Oral	Tier 2	
lamoTRlgine Tablet Dispersible 50 MG Oral	Tier 2	
LevETIRAcetam ER Tablet Extended Release 24 Hour 500 MG Oral	Tier 2	Healthy Values
LevETIRAcetam ER Tablet Extended Release 24 Hour 750 MG Oral	Tier 2	Healthy Values
LevETIRAcetam SOLUTION 100 MG/ML ORAL	Tier 2	Healthy Values
levETIRAcetam Solution 500 MG/5ML Oral	Tier 2	Healthy Values
LevETIRAcetam TABLET 1000 MG ORAL	Tier 2	Healthy Values
levETIRAcetam Tablet 250 MG Oral	Tier 1	Healthy Values
LevETIRAcetam TABLET 500 MG ORAL	Tier 1	Healthy Values
LevETIRAcetam TABLET 750 MG ORAL	Tier 2	Healthy Values
levETIRAcetam Tablet Disintegrating Soluble 250 MG Oral	Tier 4	
levETIRAcetam Tablet Disintegrating Soluble 500 MG Oral	Tier 4	
OXcarbazepine ER Tablet Extended Release 24 Hour 150 MG Oral	Tier 2	
OXcarbazepine ER Tablet Extended Release 24 Hour 300 MG Oral	Tier 2	
OXcarbazepine ER Tablet Extended Release 24 Hour 600 MG Oral	Tier 2	
OXcarbazepine Suspension 300 MG/5ML Oral	Tier 2	Healthy Values
OXcarbazepine Tablet 150 MG Oral	Tier 1	Healthy Values
OXcarbazepine Tablet 300 MG Oral	Tier 2	Healthy Values
OXcarbazepine Tablet 600 MG Oral	Tier 2	Healthy Values
Pregabalin Capsule 100 MG Oral	Tier 1	Healthy Values
Pregabalin Capsule 150 MG Oral	Tier 1	Healthy Values
Pregabalin Capsule 200 MG Oral	Tier 1	Healthy Values
Pregabalin Capsule 225 MG Oral	Tier 1	Healthy Values
Pregabalin Capsule 25 MG Oral	Tier 1	Healthy Values
Pregabalin Capsule 300 MG Oral	Tier 1	Healthy Values

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Pregabalin Capsule 50 MG Oral	Tier 1	Healthy Values
Pregabalin Capsule 50 MG Oral	Tier 1	Healthy Values
Pregabalin Capsule 75 MG Oral	Tier 1	Healthy Values
Pregabalin Solution 20 MG/ML Oral	Tier 2	Healthy Values; Quantity Limit (900 ML per 30 days)
Primidone Tablet 125 MG Oral	Tier 4	
Primidone TABLET 250 MG ORAL	Tier 2	Healthy Values
Primidone TABLET 50 MG ORAL	Tier 1	Healthy Values
Roweepra Tablet 500 MG Oral	Tier 1	Healthy Values
Rufinamide Suspension 40 MG/ML Oral	Tier 2	
Rufinamide Tablet 200 MG Oral	Tier 2	
Rufinamide Tablet 400 MG Oral	Tier 2	
Spritam Tablet Disintegrating Soluble 250 MG Oral	Tier 4	
Spritam Tablet Disintegrating Soluble 500 MG Oral	Tier 4	
Subvenite Starter Kit-Blue Kit 35 x 25 MG Oral	Tier 2	Healthy Values
Subvenite Starter Kit-Green Kit 84 x 25 MG & 14x100 MG Oral	Tier 2	Healthy Values
Subvenite Starter Kit-Orange Kit 42 x 25 MG & 7 x 100 MG Oral	Tier 2	Healthy Values
Subvenite Tablet 100 MG Oral	Tier 1	Healthy Values
Subvenite Tablet 150 MG Oral	Tier 1	Healthy Values
Subvenite Tablet 200 MG Oral	Tier 1	Healthy Values
Subvenite Tablet 25 MG Oral	Tier 1	Healthy Values
Topiramate Capsule Sprinkle 15 MG Oral	Tier 2	Healthy Values
Topiramate CAPSULE SPRINKLE 25 MG ORAL	Tier 2	Healthy Values
Topiramate Capsule Sprinkle 50 MG Oral	Tier 2	
Topiramate ER Capsule ER 24 Hour Sprinkle 100 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Topiramate ER Capsule ER 24 Hour Sprinkle 150 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Topiramate ER Capsule ER 24 Hour Sprinkle 200 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Topiramate ER Capsule ER 24 Hour Sprinkle 25 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Topiramate ER Capsule ER 24 Hour Sprinkle 50 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Topiramate ER Capsule Extended Release 24 Hour 100 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Topiramate ER Capsule Extended Release 24 Hour 200 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Topiramate ER Capsule Extended Release 24 Hour 25 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Topiramate ER Capsule Extended Release 24 Hour 50 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Topiramate Tablet 100 MG Oral	Tier 1	Healthy Values
Topiramate TABLET 200 MG ORAL	Tier 1	Healthy Values
Topiramate Tablet 25 MG Oral	Tier 1	Healthy Values
Topiramate TABLET 50 MG ORAL	Tier 1	Healthy Values
Zonisamide Capsule 100 MG Oral	Tier 2	Healthy Values
Zonisamide Capsule 25 MG Oral	Tier 1	Healthy Values
Zonisamide Capsule 50 MG Oral	Tier 1	Healthy Values
Ztalmy Suspension 50 MG/ML Oral	Tier 4	Specialty
<b>*Carbamates*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Felbamate Suspension 600 MG/5ML Oral	Tier 2	
Felbamate TABLET 400 MG ORAL	Tier 2	
Felbamate TABLET 600 MG ORAL	Tier 2	
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral	Tier 4	
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	Tier 4	
Xcopri Tablet 100 MG Oral	Tier 4	
Xcopri Tablet 150 MG Oral	Tier 4	
Xcopri Tablet 200 MG Oral	Tier 4	
Xcopri Tablet 25 MG Oral	Tier 4	
Xcopri Tablet 50 MG Oral	Tier 4	
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	Tier 4	
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x200 MG Oral	Tier 4	
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x100 MG Oral	Tier 4	
<b>*Gaba Modulators*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
tiaGABine HCl Tablet 12 MG Oral	Tier 2	
tiaGABine HCl Tablet 16 MG Oral	Tier 2	

Drug Name	Tier	Notes
TiaGABine HCl TABLET 2 MG ORAL	Tier 2	
TiaGABine HCl TABLET 4 MG ORAL	Tier 2	
Vigabatrin Packet 500 MG Oral	Tier 2	
Vigabatrin Tablet 500 MG Oral	Tier 2	
Vigadrone Packet 500 MG Oral	Tier 2	
Vigadrone Tablet 500 MG Oral	Tier 2	
Vigafyde Solution 100 MG/ML Oral	Tier 4	
<b>*Hydantoins*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Dilantin CAPSULE 30 MG ORAL	Tier 3	Healthy Values
Phenytek CAPSULE 200 MG ORAL	Tier 2	Healthy Values
Phenytek CAPSULE 300 MG ORAL	Tier 2	Healthy Values
Phenytoin Infatabs Tablet Chewable 50 MG Oral	Tier 2	Healthy Values
Phenytoin Sodium Extended Capsule 100 MG Oral	Tier 2	Healthy Values
Phenytoin Sodium Extended CAPSULE 200 MG ORAL	Tier 2	Healthy Values
Phenytoin Sodium Extended CAPSULE 300 MG ORAL	Tier 2	Healthy Values
Phenytoin Suspension 100 MG/4ML Oral	Tier 2	Healthy Values
Phenytoin Suspension 125 MG/5ML Oral	Tier 2	Healthy Values
Phenytoin Tablet Chewable 50 MG Oral	Tier 2	Healthy Values
<b>*Succinimides*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Ethosuximide CAPSULE 250 MG ORAL	Tier 2	Healthy Values
Ethosuximide SOLUTION 250 MG/5ML ORAL	Tier 2	Healthy Values
Methsuximide Capsule 300 MG Oral	Tier 2	
<b>*Valproic Acid*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Divalproex Sodium Capsule Delayed Release Sprinkle 125 MG Oral	Tier 2	Healthy Values
Divalproex Sodium ER Tablet Extended Release 24 Hour 250 MG Oral	Tier 2	Healthy Values
Divalproex Sodium ER Tablet Extended Release 24 Hour 500 MG Oral	Tier 2	Healthy Values
Divalproex Sodium TABLET DELAYED RELEASE 125 MG ORAL	Tier 1	Healthy Values
Divalproex Sodium Tablet Delayed Release 250 MG Oral	Tier 1	Healthy Values

Drug Name	Tier	Notes
Divalproex Sodium Tablet Delayed Release 500 MG Oral	Tier 1	Healthy Values
Valproic Acid CAPSULE 250 MG ORAL	Tier 2	Healthy Values
Valproic Acid Solution 250 MG/5ML Oral	Tier 2	Healthy Values
Valproic Acid Solution 500 MG/10ML Oral	Tier 2	Healthy Values
<b>*Antidepressants* - Drugs For The Nervous System</b>		
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)*** - Drugs For Depression</b>		
Mirtazapine TABLET 15 MG ORAL	Tier 1	Healthy Values; Quantity Limit (90 EA per 30 days)
Mirtazapine TABLET 30 MG ORAL	Tier 1	Healthy Values
Mirtazapine TABLET 45 MG ORAL	Tier 1	Healthy Values
Mirtazapine TABLET 7.5 MG ORAL	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
Mirtazapine TABLET DISPERSIBLE 15 MG ORAL	Tier 1	Healthy Values; Quantity Limit (90 EA per 30 days)
Mirtazapine TABLET DISPERSIBLE 30 MG ORAL	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
Mirtazapine TABLET DISPERSIBLE 45 MG ORAL	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
<b>*Antidepressant - Miscellaneous Combinations*** - Drugs For Depression</b>		
Auvelity Tablet Extended Release 45-105 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
<b>*Antidepressants - Misc.*** - Drugs For Depression</b>		
BuPROPion HCl ER (SR) Tablet Extended Release 12 Hour 100 MG Oral	Tier 1	Healthy Values
BuPROPion HCl ER (SR) Tablet Extended Release 12 Hour 150 MG Oral	Tier 1	Healthy Values
BuPROPion HCl ER (SR) Tablet Extended Release 12 Hour 200 MG Oral	Tier 1	Healthy Values
BuPROPion HCl ER (XL) Tablet Extended Release 24 Hour 150 MG Oral	Tier 1	Healthy Values
buPROPion HCl ER (XL) Tablet Extended Release 24 Hour 300 MG Oral	Tier 1	Healthy Values; Quantity Limit (30 EA per 30 Days)
BuPROPion HCl Tablet 100 MG Oral	Tier 1	Healthy Values
BuPROPion HCl Tablet 75 MG Oral	Tier 1	Healthy Values
<b>*Gaba Receptor Modulator - Neuroactive Steroid*** - Drugs For Depression</b>		
Zurzuva Capsule 20 MG Oral	Tier 3	Specialty
Zurzuva Capsule 25 MG Oral	Tier 3	Specialty

Drug Name	Tier	Notes
Zurzuvae Capsule 30 MG Oral	Tier 3	Specialty
<b>*Monoamine Oxidase Inhibitors (Maois)*** - Drugs For Depression</b>		
Emsam Patch 24 Hour 12 MG/24HR Transdermal	Tier 4	
Emsam Patch 24 Hour 6 MG/24HR Transdermal	Tier 4	
Emsam Patch 24 Hour 9 MG/24HR Transdermal	Tier 4	
Marplan TABLET 10 MG ORAL	Tier 4	
Nardil TABLET 15 MG ORAL	Tier 4	
Phenelzine Sulfate TABLET 15 MG ORAL	Tier 4	
Tranlycypromine Sulfate TABLET 10 MG ORAL	Tier 2	
<b>*Selective Serotonin Reuptake Inhibitors (SsrIs)*** - Drugs For Depression</b>		
Citalopram Hydrobromide Capsule 30 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Citalopram Hydrobromide SOLUTION 10 MG/5ML ORAL	Tier 2	Healthy Values; Quantity Limit (600 ML per 30 days)
Citalopram Hydrobromide Solution 20 MG/10ML Oral	Tier 2	Healthy Values; Quantity Limit (600 ML per 30 days)
Citalopram Hydrobromide TABLET 10 MG ORAL	Tier 1	Healthy Values
Citalopram Hydrobromide TABLET 20 MG ORAL	Tier 1	Healthy Values
Citalopram Hydrobromide TABLET 40 MG ORAL	Tier 1	Healthy Values
Escitalopram Oxalate Capsule 15 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Escitalopram Oxalate Solution 5 MG/5ML Oral	Tier 2	Healthy Values; Quantity Limit (600 ML per 30 days)
Escitalopram Oxalate TABLET 10 MG ORAL	Tier 1	Healthy Values
Escitalopram Oxalate TABLET 20 MG ORAL	Tier 1	Healthy Values
Escitalopram Oxalate TABLET 5 MG ORAL	Tier 1	Healthy Values
FLUoxetine HCl Capsule 10 MG Oral	Tier 1	Healthy Values
FLUoxetine HCl CAPSULE 20 MG ORAL	Tier 1	Healthy Values
FLUoxetine HCl CAPSULE 40 MG ORAL	Tier 1	Healthy Values
FLUoxetine HCl CAPSULE DELAYED RELEASE 90 MG ORAL	Tier 4	Quantity Limit (4 EA per 28 days)
FLUoxetine HCl SOLUTION 20 MG/5ML ORAL	Tier 2	Healthy Values; Quantity Limit (600 ML per 30 days)
FLUoxetine HCl Tablet 10 MG Oral	Tier 4	
FLUoxetine HCl Tablet 20 MG Oral	Tier 4	
FLUoxetine HCl Tablet 60 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Fluvoxamine Maleate ER Capsule Extended Release 24 Hour 100 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Fluvoxamine Maleate ER Capsule Extended Release 24 Hour 150 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
fluvoxamine Maleate Tablet 100 MG Oral	Tier 2	Healthy Values
Fluvoxamine Maleate Tablet 25 MG Oral	Tier 1	Healthy Values
Fluvoxamine Maleate Tablet 50 MG Oral	Tier 1	Healthy Values; Quantity Limit (30 EA per 30 days)
PARoxetine HCl ER Tablet Extended Release 24 Hour 12.5 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
PARoxetine HCl ER Tablet Extended Release 24 Hour 25 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
PARoxetine HCl ER Tablet Extended Release 24 Hour 37.5 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
PARoxetine HCl Suspension 10 MG/5ML Oral	Tier 4	Quantity Limit (900 ML per 30 days)
PARoxetine HCl Tablet 10 MG Oral	Tier 1	Healthy Values
PARoxetine HCl Tablet 20 MG Oral	Tier 1	Healthy Values
PARoxetine HCl Tablet 30 MG Oral	Tier 1	Healthy Values
PARoxetine HCl Tablet 40 MG Oral	Tier 1	Healthy Values
Sertraline HCl Capsule 150 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Sertraline HCl Capsule 200 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Sertraline HCl Concentrate 20 MG/ML Oral	Tier 2	Healthy Values; Quantity Limit (300 ML per 30 days)
Sertraline HCl Tablet 100 MG Oral	Tier 1	Healthy Values
Sertraline HCl Tablet 25 MG Oral	Tier 1	Healthy Values
Sertraline HCl Tablet 50 MG Oral	Tier 1	Healthy Values
<b>*Serotonin Modulators*** - Drugs For Depression</b>		
Nefazodone HCl Tablet 100 MG Oral	Tier 2	
Nefazodone HCl Tablet 150 MG Oral	Tier 2	
Nefazodone HCl Tablet 200 MG Oral	Tier 2	
Nefazodone HCl Tablet 250 MG Oral	Tier 2	
Nefazodone HCl Tablet 50 MG Oral	Tier 2	
traZODone HCl Tablet 100 MG Oral	Tier 1	Healthy Values
traZODone HCl Tablet 150 MG Oral	Tier 1	Healthy Values
TraZODone HCl Tablet 300 MG Oral	Tier 2	Healthy Values
traZODone HCl Tablet 50 MG Oral	Tier 1	Healthy Values
Trintellix Tablet 10 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Trintellix Tablet 20 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Trintellix TABLET 5 MG ORAL	Tier 4	Quantity Limit (30 EA per 30 days)
Vilazodone HCl Tablet 10 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Vilazodone HCl Tablet 20 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Vilazodone HCl Tablet 40 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*** - Drugs For Depression</b>		
Desvenlafaxine ER Tablet Extended Release 24 Hour 100 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Desvenlafaxine ER Tablet Extended Release 24 Hour 50 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Desvenlafaxine Succinate ER Tablet Extended Release 24 Hour 100 MG Oral	Tier 2	Healthy Values; Quantity Limit (120 EA per 30 days)
Desvenlafaxine Succinate ER Tablet Extended Release 24 Hour 25 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
Desvenlafaxine Succinate ER Tablet Extended Release 24 Hour 50 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
DULoxetine HCl CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL	Tier 1	Healthy Values
DULoxetine HCl CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL	Tier 1	Healthy Values
DULoxetine HCl Capsule Delayed Release Particles 40 MG Oral	Tier 2	Healthy Values
DULoxetine HCl CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL	Tier 1	Healthy Values
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Tier 4	Quantity Limit (30 EA per 30 days)
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Tier 4	Quantity Limit (30 EA per 30 days)
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Tier 4	Quantity Limit (30 EA per 30 days)
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Tier 4	Quantity Limit (30 EA per 30 days)
Fetzima Titration Capsule ER 24 Hour Therapy Pack 20 & 40 MG Oral	Tier 4	Quantity Limit (28 EA per 28 days)
Venlafaxine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Tier 1	Healthy Values
Venlafaxine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	Tier 1	Healthy Values
Venlafaxine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	Tier 1	Healthy Values
Venlafaxine HCl ER Tablet Extended Release 24 Hour 150 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Venlafaxine HCl ER Tablet Extended Release 24 Hour 225 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Venlafaxine HCl ER Tablet Extended Release 24 Hour 37.5 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Venlafaxine HCl ER Tablet Extended Release 24 Hour 75 MG Oral	Tier 4	Quantity Limit (90 EA per 30 days)
Venlafaxine HCl Tablet 100 MG Oral	Tier 1	Healthy Values
Venlafaxine HCl Tablet 25 MG Oral	Tier 1	Healthy Values
Venlafaxine HCl Tablet 37.5 MG Oral	Tier 1	Healthy Values
Venlafaxine HCl Tablet 50 MG Oral	Tier 1	Healthy Values
Venlafaxine HCl Tablet 75 MG Oral	Tier 1	Healthy Values
<b>*Tricyclic Agents*** - Drugs For Depression</b>		
Amitriptyline HCl TABLET 10 MG ORAL	Tier 1	Healthy Values
Amitriptyline HCl TABLET 100 MG ORAL	Tier 1	Healthy Values
Amitriptyline HCl TABLET 150 MG ORAL	Tier 2	Healthy Values
Amitriptyline HCl TABLET 25 MG ORAL	Tier 1	Healthy Values
Amitriptyline HCl TABLET 50 MG ORAL	Tier 1	Healthy Values
Amitriptyline HCl TABLET 75 MG ORAL	Tier 1	Healthy Values
Amoxapine TABLET 100 MG ORAL	Tier 2	
Amoxapine TABLET 150 MG ORAL	Tier 2	
Amoxapine TABLET 25 MG ORAL	Tier 2	
Amoxapine TABLET 50 MG ORAL	Tier 2	
ClomiPRAMINE HCl CAPSULE 25 MG ORAL	Tier 2	
ClomiPRAMINE HCl CAPSULE 50 MG ORAL	Tier 2	
ClomiPRAMINE HCl CAPSULE 75 MG ORAL	Tier 2	
Desipramine HCl TABLET 10 MG Oral	Tier 1	
Desipramine HCl TABLET 100 MG Oral	Tier 2	
Desipramine HCl TABLET 150 MG ORAL	Tier 2	
Desipramine HCl TABLET 25 MG Oral	Tier 2	
Desipramine HCl TABLET 50 MG Oral	Tier 2	
Desipramine HCl TABLET 75 MG Oral	Tier 2	
Doxepin HCl CAPSULE 10 MG ORAL	Tier 1	Healthy Values
Doxepin HCl CAPSULE 100 MG ORAL	Tier 2	Healthy Values
Doxepin HCl CAPSULE 150 MG ORAL	Tier 2	Healthy Values
Doxepin HCl CAPSULE 25 MG ORAL	Tier 1	Healthy Values
Doxepin HCl CAPSULE 50 MG ORAL	Tier 1	Healthy Values

Drug Name	Tier	Notes
Doxepin HCl CAPSULE 75 MG ORAL	Tier 2	Healthy Values
Doxepin HCl CONCENTRATE 10 MG/ML ORAL	Tier 1	Healthy Values
Imipramine HCl TABLET 10 MG ORAL	Tier 1	Healthy Values
Imipramine HCl Tablet 25 MG Oral	Tier 1	Healthy Values
Imipramine HCl TABLET 50 MG ORAL	Tier 1	Healthy Values
Imipramine Pamoate CAPSULE 100 MG ORAL	Tier 4	
Imipramine Pamoate CAPSULE 125 MG ORAL	Tier 4	
Imipramine Pamoate CAPSULE 150 MG ORAL	Tier 4	
Imipramine Pamoate CAPSULE 75 MG ORAL	Tier 4	
Nortriptyline HCl CAPSULE 10 MG ORAL	Tier 1	Healthy Values
Nortriptyline HCl CAPSULE 25 MG ORAL	Tier 1	Healthy Values
Nortriptyline HCl CAPSULE 50 MG ORAL	Tier 1	Healthy Values
Nortriptyline HCl CAPSULE 75 MG ORAL	Tier 1	Healthy Values
Nortriptyline HCl SOLUTION 10 MG/5ML ORAL	Tier 2	Healthy Values
Protriptyline HCl Tablet 10 MG Oral	Tier 2	
Protriptyline HCl Tablet 5 MG Oral	Tier 2	
Trimipramine Maleate CAPSULE 100 MG Oral	Tier 2	
Trimipramine Maleate CAPSULE 25 MG Oral	Tier 2	
Trimipramine Maleate CAPSULE 50 MG Oral	Tier 2	
<b>*Antidiabetics* - Hormones</b>		
<b>*Alpha-Glucosidase Inhibitors*** - Drugs For Diabetes</b>		
Acarbose TABLET 100 MG ORAL	Tier 2	Healthy Values
Acarbose TABLET 25 MG ORAL	Tier 2	Healthy Values
Acarbose TABLET 50 MG ORAL	Tier 2	Healthy Values
Miglitol Tablet 100 MG Oral	Tier 4	
Miglitol Tablet 25 MG Oral	Tier 4	
Miglitol Tablet 50 MG Oral	Tier 4	
<b>*Biguanides*** - Drugs For Diabetes</b>		
MetFORMIN HCl ER (MOD) Tablet Extended Release 24 Hour 1000 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
MetFORMIN HCl ER (MOD) Tablet Extended Release 24 Hour 500 MG Oral	Tier 4	Quantity Limit (90 EA per 30 days)
MetFORMIN HCl ER (OSM) Tablet Extended Release 24 Hour 1000 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
MetFORMIN HCl ER (OSM) Tablet Extended Release 24 Hour 500 MG Oral	Tier 4	Quantity Limit (90 EA per 30 days)
metFORMIN HCl ER Tablet Extended Release 24 Hour 500 MG Oral	Tier 1	Healthy Values
metFORMIN HCl ER Tablet Extended Release 24 Hour 750 MG Oral	Tier 1	Healthy Values
metFORMIN HCl Solution 500 MG/5ML Oral	Tier 2	Prior Authorization Required; Healthy Values; Quantity Limit (780 ML per 30 days)
MetFORMIN HCl TABLET 1000 MG ORAL	Tier 1	Healthy Values
MetFORMIN HCl TABLET 500 MG ORAL	Tier 1	Healthy Values
metFORMIN HCl Tablet 625 MG Oral	Tier 4	
metFORMIN HCl Tablet 750 MG Oral	Tier 4	
MetFORMIN HCl TABLET 850 MG ORAL	Tier 1	Healthy Values
<b>*Diabetic Other*** - Drugs For Diabetes</b>		
Baqsimi One Pack Powder 3 MG/DOSE Nasal	Tier 3	Healthy Values
Baqsimi Two Pack Powder 3 MG/DOSE Nasal	Tier 3	Healthy Values
Diazoxide Suspension 50 MG/ML Oral	Tier 2	
Glucagon Emergency Solution Reconstituted 1 MG Injection	Tier 2	
Glucagon Emergency Solution Reconstituted 1 MG Injection	Tier 2	Healthy Values
Gvoke HypoPen 1-Pack Solution Auto-Injector 0.5 MG/0.1ML Subcutaneous	Tier 3	
Gvoke HypoPen 1-Pack Solution Auto-Injector 1 MG/0.2ML Subcutaneous	Tier 3	
Gvoke HypoPen 2-Pack Solution Auto-Injector 0.5 MG/0.1ML Subcutaneous	Tier 3	
Gvoke HypoPen 2-Pack Solution Auto-Injector 1 MG/0.2ML Subcutaneous	Tier 3	
Gvoke Kit Solution 1 MG/0.2ML Subcutaneous	Tier 3	
Gvoke PFS Solution Prefilled Syringe 1 MG/0.2ML Subcutaneous	Tier 3	
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** - Drugs For Diabetes</b>		
Januvia TABLET 100 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Januvia TABLET 25 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Januvia TABLET 50 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** - Drugs For Diabetes</b>		

Drug Name	Tier	Notes
Janumet TABLET 50-1000 MG ORAL	Tier 3	Quantity Limit (60 EA per 30 days)
Janumet TABLET 50-500 MG ORAL	Tier 3	Quantity Limit (60 EA per 30 days)
Janumet XR Tablet Extended Release 24 Hour 100-1000 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Janumet XR Tablet Extended Release 24 Hour 50-1000 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
Janumet XR Tablet Extended Release 24 Hour 50-500 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Dopamine Receptor Agonists - Ergot Derivatives*** - Drugs For Diabetes</b>		
Cycloset Tablet 0.8 MG Oral	Tier 4	
<b>*Human Insulin*** - Drugs For Diabetes</b>		
Fiasp FlexTouch Solution Pen-injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Fiasp Solution 100 UNIT/ML Injection	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Junior KwikPen Solution Pen-injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG KwikPen Solution Pen-injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG KwikPen Solution Pen-injector 200 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Mix 50/50 KwikPen Suspension Pen-injector (50-50) 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Mix 75/25 KwikPen Suspension Pen-injector (75-25) 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Mix 75/25 SUSPENSION (75-25) 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Solution 100 UNIT/ML Injection	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Solution Cartridge 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Tempo Pen Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumuLIN R U-500 KwikPen Solution Pen-injector 500 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Insulin Glargine-yfgn Solution 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Insulin Glargine-yfgn Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)

Drug Name	Tier	Notes
Insulin Glargine-yfgn Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Insulin Lispro (1 Unit Dial) Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 1	Healthy Values; Quantity Limit (100 ML per 30 days)
Insulin Lispro Junior KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 1	Healthy Values; Quantity Limit (100 ML per 30 days)
Insulin Lispro Solution 100 UNIT/ML Injection	Tier 1	Healthy Values; Quantity Limit (100 ML per 30 days)
Lyumjev KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Lyumjev KwikPen Solution Pen-Injector 200 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Lyumjev Solution 100 UNIT/ML Injection	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Lyumjev Tempo Pen Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG 70/30 FlexPen ReliOn Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG FlexPen ReliOn Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG FlexPen Solution Pen-injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG Mix 70/30 FlexPen Suspension Pen-injector (70-30) 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG Mix 70/30 ReliOn Suspension (70-30) 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG Mix 70/30 SUSPENSION (70-30) 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG ReliOn Solution 100 UNIT/ML Injection	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG Solution 100 UNIT/ML Injection	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Semglee (yfgn) Solution 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Semglee (yfgn) Solution Pen-Injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Toujeo Max SoloStar Solution Pen-Injector 300 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Toujeo SoloStar Solution Pen-injector 300 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)

Drug Name	Tier	Notes
Tresiba FlexTouch Solution Pen-injector 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Tresiba FlexTouch Solution Pen-injector 200 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Tresiba Solution 100 UNIT/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
<b>*Incretin Mimetic Agents (Gip &amp; Glp-1 Receptor Agonists)*** - Drugs For Diabetes</b>		
Mounjaro Solution Auto-Injector 10 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Mounjaro Solution Auto-Injector 12.5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Mounjaro Solution Auto-Injector 15 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Mounjaro Solution Auto-Injector 2.5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Mounjaro Solution Auto-Injector 5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Mounjaro Solution Auto-Injector 7.5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** - Drugs For Diabetes</b>		
Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/3ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (3 ML per 28 days)
Ozempic (1 MG/DOSE) Solution Pen-Injector 4 MG/3ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (3 ML per 28 days)
Ozempic (2 MG/DOSE) Solution Pen-Injector 8 MG/3ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (3 ML per 28 days)
Rybelsus Tablet 14 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Rybelsus Tablet 3 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Rybelsus Tablet 7 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Trulicity Solution Auto-Injector 0.75 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Trulicity Solution Auto-Injector 1.5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Trulicity Solution Auto-Injector 3 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Trulicity Solution Auto-Injector 4.5 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)

Drug Name	Tier	Notes
<b>*Insulin-Incretin Mimetic Combinations*** - Drugs For Diabetes</b>		
Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (18 ML per 30 days)
Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous	Tier 3	Healthy Values; Quantity Limit (15 ML per 30 days)
<b>*Meglitinide Analogues*** - Drugs For Diabetes</b>		
Nateglinide Tablet 120 MG Oral	Tier 2	Healthy Values
Nateglinide Tablet 60 MG Oral	Tier 2	Healthy Values
Repaglinide Tablet 0.5 MG Oral	Tier 1	Healthy Values
Repaglinide Tablet 1 MG Oral	Tier 1	Healthy Values
Repaglinide Tablet 2 MG Oral	Tier 2	Healthy Values
<b>*Progesterone Receptor Antagonists*** - Drugs For Diabetes</b>		
miFEPRIStone Tablet 300 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb*** - Drugs For Diabetes</b>		
Trijardy XR Tablet Extended Release 24 Hour 10-5-1000 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Trijardy XR Tablet Extended Release 24 Hour 12.5-2.5-1000 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
Trijardy XR Tablet Extended Release 24 Hour 25-5-1000 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Trijardy XR Tablet Extended Release 24 Hour 5-2.5-1000 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations*** - Drugs For Diabetes</b>		
Glyxambi TABLET 10-5 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Glyxambi TABLET 25-5 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** - Drugs For Diabetes</b>		
Farxiga TABLET 10 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Farxiga TABLET 5 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Jardiance TABLET 10 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Jardiance TABLET 25 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Drugs For Diabetes</b>		
Synjardy TABLET 12.5-1000 MG ORAL	Tier 3	Quantity Limit (60 EA per 30 days)
Synjardy TABLET 12.5-500 MG ORAL	Tier 3	Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Synjardy TABLET 5-1000 MG ORAL	Tier 3	Quantity Limit (60 EA per 30 days)
Synjardy TABLET 5-500 MG ORAL	Tier 3	Quantity Limit (60 EA per 30 days)
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
Xigduo XR Tablet Extended Release 24 Hour 10-1000 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Xigduo XR Tablet Extended Release 24 Hour 10-500 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Xigduo XR Tablet Extended Release 24 Hour 2.5-1000 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
Xigduo XR Tablet Extended Release 24 Hour 5-1000 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
Xigduo XR Tablet Extended Release 24 Hour 5-500 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Sulfonylurea-Biguanide Combinations*** - Drugs For Diabetes</b>		
GlipiZIDE-MetFORMIN HCl TABLET 2.5-250 MG ORAL	Tier 2	Healthy Values
GlipiZIDE-MetFORMIN HCl TABLET 2.5-500 MG ORAL	Tier 2	Healthy Values
GlipiZIDE-MetFORMIN HCl TABLET 5-500 MG ORAL	Tier 2	Healthy Values
GlyBURIDE-MetFORMIN TABLET 1.25-250 MG ORAL	Tier 1	Healthy Values
GlyBURIDE-MetFORMIN TABLET 2.5-500 MG ORAL	Tier 1	Healthy Values
GlyBURIDE-MetFORMIN TABLET 5-500 MG ORAL	Tier 1	Healthy Values
<b>*Sulfonylureas*** - Drugs For Diabetes</b>		
Glimepiride Tablet 1 MG Oral	Tier 1	Healthy Values
Glimepiride Tablet 2 MG Oral	Tier 1	Healthy Values
Glimepiride Tablet 3 MG Oral	Tier 4	
Glimepiride Tablet 4 MG Oral	Tier 1	Healthy Values
glipiZIDE ER Tablet Extended Release 24 Hour 10 MG Oral	Tier 1	Healthy Values
glipiZIDE ER Tablet Extended Release 24 Hour 2.5 MG Oral	Tier 1	Healthy Values

Drug Name	Tier	Notes
glipiZIDE ER Tablet Extended Release 24 Hour 5 MG Oral	Tier 1	Healthy Values
GlipiZIDE TABLET 10 MG ORAL	Tier 1	Healthy Values
glipiZIDE Tablet 2.5 MG Oral	Tier 4	
GlipiZIDE TABLET 5 MG ORAL	Tier 1	Healthy Values
GlyBURIDE TABLET 1.25 MG ORAL	Tier 1	Healthy Values
GlyBURIDE TABLET 2.5 MG ORAL	Tier 1	Healthy Values
GlyBURIDE TABLET 5 MG ORAL	Tier 1	Healthy Values
<b>*Sulfonylurea-Thiazolidinedione Combinations*** - Drugs For Diabetes</b>		
Pioglitazone HCl-Glimepiride TABLET 30-2 MG ORAL	Tier 2	
Pioglitazone HCl-Glimepiride TABLET 30-4 MG ORAL	Tier 2	
<b>*Thiazolidinedione-Biguanide Combinations*** - Drugs For Diabetes</b>		
Pioglitazone HCl-Metformin HCl TABLET 15-500 MG ORAL	Tier 2	Healthy Values
Pioglitazone HCl-Metformin HCl TABLET 15-850 MG ORAL	Tier 2	Healthy Values
<b>*Thiazolidinediones*** - Drugs For Diabetes</b>		
Pioglitazone HCl TABLET 15 MG ORAL	Tier 1	Healthy Values
Pioglitazone HCl TABLET 30 MG ORAL	Tier 1	Healthy Values
Pioglitazone HCl TABLET 45 MG ORAL	Tier 1	Healthy Values
<b>*Antidiarrheal/Probiotic Agents* - Drugs For The Stomach</b>		
<b>*Antidiarrheal - Chloride Channel Antagonists*** - Drugs For Diarrhea</b>		
Mytesi TABLET DELAYED RELEASE 125 MG ORAL	Tier 4	
<b>*Antiperistaltic Agents*** - Drugs For Diarrhea</b>		
Diphenoxylate-Atropine Liquid 2.5-0.025 MG/5ML Oral	Tier 4	
Diphenoxylate-Atropine Tablet 2.5-0.025 MG Oral	Tier 1	
Motofen TABLET 1-0.025 MG Oral	Tier 4	
<b>*Antidotes And Specific Antagonists* - Drugs For Overdose Or Poisoning</b>		
<b>*Antidotes - Chelating Agents*** - Drugs For Overdose Or Poisoning</b>		
Chemet CAPSULE 100 MG ORAL	Tier 3	
Deferasirox Granules Packet 180 MG Oral	Tier 2	
Deferasirox Granules Packet 360 MG Oral	Tier 2	

Drug Name	Tier	Notes
Deferasirox Granules Packet 90 MG Oral	Tier 2	
Deferasirox Packet 180 MG Oral	Tier 2	
Deferasirox Packet 360 MG Oral	Tier 2	
Deferasirox Packet 90 MG Oral	Tier 2	
Deferasirox Tablet 180 MG Oral	Tier 2	
Deferasirox Tablet 360 MG Oral	Tier 2	
Deferasirox Tablet 90 MG Oral	Tier 2	
Deferasirox Tablet Soluble 125 MG Oral	Tier 2	
Deferasirox Tablet Soluble 250 MG Oral	Tier 2	
Deferasirox Tablet Soluble 500 MG Oral	Tier 2	
Deferiprone Tablet 1000 MG Oral	Tier 2	
Deferiprone Tablet 500 MG Oral	Tier 2	
Ferriprox Solution 100 MG/ML Oral	Tier 4	Specialty
Ferriprox Twice-A-Day Tablet 1000 MG Oral	Tier 4	Specialty
<b>*Antidotes And Specific Antagonists*** - Drugs For Overdose Or Poisoning</b>		
Vistogard Packet 10 GM Oral	Tier 4	Specialty
<b>*Opioid Antagonists*** - Drugs For Overdose Or Poisoning</b>		
Kloxxado Liquid 8 MG/0.1ML Nasal	Tier 3	
Naloxone HCl Liquid 4 MG/0.1ML Nasal (Rx)	Tier 2	
Naloxone HCl SOLUTION 0.4 MG/ML INJECTION	Tier 1	
Naloxone HCl SOLUTION 4 MG/10ML INJECTION	Tier 2	
Naloxone HCl Solution Cartridge 0.4 MG/ML Injection	Tier 4	
Naloxone HCl Solution Prefilled Syringe 0.4 MG/ML Injection	Tier 2	
Naloxone HCl Solution Prefilled Syringe 2 MG/2ML Injection	Tier 2	
Naltrexone HCl TABLET 50 MG ORAL	Tier 2	
Opvee Solution 2.7 MG/0.1ML Nasal	Tier 3	
Rextovy Liquid 4 MG/0.25ML Nasal	Tier 3	
Zurnai Solution Auto-Injector 1.5 MG/0.5ML Injection	Tier 3	
<b>*Antiemetics* - Drugs For The Stomach</b>		
<b>*5-Ht3 Receptor Antagonists*** - Drugs For Vomiting And Nausea</b>		

Drug Name	Tier	Notes
Anzemet Tablet 50 MG Oral	Tier 4	
Granisetron HCl Tablet 1 MG Oral	Tier 2	
Ondansetron HCl SOLUTION 4 MG/5ML ORAL	Tier 2	
Ondansetron HCl TABLET 24 MG ORAL	Tier 4	
Ondansetron HCl TABLET 4 MG ORAL	Tier 1	
Ondansetron HCl TABLET 8 MG ORAL	Tier 1	
Ondansetron Tablet Dispersible 16 MG Oral	Tier 4	
Ondansetron Tablet Dispersible 4 MG Oral	Tier 1	
Ondansetron Tablet Dispersible 8 MG Oral	Tier 1	
Sancuso Patch 3.1 MG/24HR Transdermal	Tier 4	
<b>*Antiemetic Combinations*** - Drugs For Vomiting And Nausea</b>		
Bonjesta Tablet Extended Release 20-20 MG Oral	Tier 4	
Doxylamine-Pyridoxine Tablet Delayed Release 10-10 MG Oral	Tier 2	
<b>*Antiemetics - Anticholinergic*** - Drugs For Vomiting And Nausea</b>		
Meclizine HCl Tablet 50 MG Oral	Tier 2	
Scopolamine Patch 72 Hour 1 MG/3DAYS Transdermal	Tier 2	
Trimethobenzamide HCl CAPSULE 300 MG ORAL	Tier 2	
<b>*Antiemetics - Miscellaneous*** - Drugs For Vomiting And Nausea</b>		
Dronabinol Capsule 10 MG Oral	Tier 2	
Dronabinol Capsule 2.5 MG Oral	Tier 2	
Dronabinol Capsule 5 MG Oral	Tier 2	
Syndros Solution 5 MG/ML Oral	Tier 4	Prior Authorization Required
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** - Drugs For Vomiting And Nausea</b>		
Aprepitant Capsule 125 MG Oral	Tier 2	
Aprepitant Capsule 40 MG Oral	Tier 2	
Aprepitant CAPSULE 80 MG ORAL	Tier 2	
Aprepitant Capsule Therapy Pack 80 & 125 MG Oral	Tier 2	
Emend Suspension Reconstituted 125 MG/5ML Oral	Tier 3	
Varubi (180 MG Dose) Tablet Therapy Pack 2 x 90 MG Oral	Tier 3	

Drug Name	Tier	Notes
<b>*Antifungals* - Drugs For Infections</b>		
<b>*Antifungals*** - Drugs For Fungus</b>		
Flucytosine Capsule 250 MG Oral	Tier 2	
Flucytosine Capsule 500 MG Oral	Tier 2	
Griseofulvin Microsize SUSPENSION 125 MG/5ML ORAL	Tier 2	
Griseofulvin Microsize TABLET 500 MG ORAL	Tier 2	
Griseofulvin Ultramicrosize Tablet 125 MG Oral	Tier 2	
Griseofulvin Ultramicrosize Tablet 165 MG Oral	Tier 4	
Griseofulvin Ultramicrosize Tablet 250 MG Oral	Tier 2	
Nystatin TABLET 500000 UNIT ORAL	Tier 2	
Terbinafine HCl Tablet 250 MG Oral	Tier 1	
<b>*Imidazoles*** - Drugs For Fungus</b>		
Ketoconazole Tablet 200 MG Oral	Tier 2	
<b>*Tetrazoles*** - Drugs For Fungus</b>		
Vivjoa Capsule Therapy Pack 150 MG Oral	Tier 4	Prior Authorization Required
<b>*Triazoles*** - Drugs For Fungus</b>		
Cresemba Capsule 186 MG Oral	Tier 4	Prior Authorization Required
Cresemba Capsule 74.5 MG Oral	Tier 4	Prior Authorization Required
Fluconazole SUSPENSION RECONSTITUTED 10 MG/ML ORAL	Tier 2	
Fluconazole SUSPENSION RECONSTITUTED 40 MG/ML ORAL	Tier 2	
Fluconazole Tablet 100 MG Oral	Tier 1	
Fluconazole TABLET 150 MG ORAL	Tier 1	
Fluconazole Tablet 200 MG Oral	Tier 1	
Fluconazole TABLET 50 MG ORAL	Tier 1	
Itraconazole CAPSULE 100 MG ORAL	Tier 2	
Itraconazole Solution 10 MG/ML Oral	Tier 2	
Noxafil Packet 300 MG Oral	Tier 3	Prior Authorization Required
Posaconazole Suspension 40 MG/ML Oral	Tier 2	Prior Authorization Required
Posaconazole Tablet Delayed Release 100 MG Oral	Tier 2	Prior Authorization Required
Tolsura Capsule 65 MG Oral	Tier 4	
Voriconazole SUSPENSION RECONSTITUTED 40 MG/ML ORAL	Tier 2	Prior Authorization Required

Drug Name	Tier	Notes
Voriconazole TABLET 200 MG ORAL	Tier 2	Prior Authorization Required
Voriconazole TABLET 50 MG ORAL	Tier 2	Prior Authorization Required
<b>*Antihistamines* - Drugs For The Lungs</b>		
<b>*Antihistamines - Alkylamines*** - Drugs For Allergies</b>		
Corphena Solution 2 MG/5ML Oral	Tier 4	
RyClora Solution 2 MG/5ML Oral	Tier 4	
<b>*Antihistamines - Ethanolamines*** - Drugs For Allergies</b>		
Carbinoxamine Maleate ER Suspension Extended Release 4 MG/5ML Oral	Tier 4	
Carbinoxamine Maleate Solution 4 MG/5ML Oral	Tier 4	Prior Authorization Required
Carbinoxamine Maleate TABLET 4 MG ORAL	Tier 2	
Carbinoxamine Maleate Tablet 6 MG Oral	Tier 2	Prior Authorization Required
Carbzah Solution 4 MG/5ML Oral	Tier 4	Prior Authorization Required
Clemastine Fumarate Syrup 0.67 MG/5ML Oral	Tier 4	Prior Authorization Required
Clemastine Fumarate Tablet 2.68 MG Oral	Tier 4	
Clemsza Tablet 2.68 MG Oral	Tier 4	
Karbinal ER Suspension Extended Release 4 MG/5ML Oral	Tier 4	
RyVent TABLET 6 MG Oral	Tier 2	Prior Authorization Required
<b>*Antihistamines - Non-Sedating*** - Drugs For Allergies</b>		
Desloratadine Tablet 5 MG Oral	Tier 2	
Desloratadine Tablet Dispersible 2.5 MG Oral	Tier 4	
Desloratadine Tablet Dispersible 5 MG Oral	Tier 4	
<b>*Antihistamines - Phenothiazines*** - Drugs For Allergies</b>		
Promethazine HCl Solution 6.25 MG/5ML Oral	Tier 1	
Promethazine HCl Suppository 12.5 MG Rectal	Tier 2	
Promethazine HCl Suppository 25 MG Rectal	Tier 2	
Promethazine HCl TABLET 12.5 MG ORAL	Tier 1	
Promethazine HCl TABLET 25 MG ORAL	Tier 1	
Promethazine HCl TABLET 50 MG ORAL	Tier 1	
Promethegan Suppository 12.5 MG Rectal	Tier 2	
Promethegan SUPPOSITORY 25 MG Rectal	Tier 2	

Drug Name	Tier	Notes
Promethegan Suppository 50 MG Rectal	Tier 4	
<b>*Antihistamines - Piperidines*** - Drugs For Allergies</b>		
Cyproheptadine HCl Syrup 2 MG/5ML Oral	Tier 1	
Cyproheptadine HCl Tablet 4 MG Oral	Tier 1	
<b>*Antihyperlipidemics* - Drugs For The Heart</b>		
<b>*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*** - Drugs For Cholesterol</b>		
Nexlizet Tablet 180-10 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*** - Drugs For Cholesterol</b>		
Nexletol Tablet 180 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Antihyperlipidemics - Misc.*** - Drugs For Cholesterol</b>		
Icosapent Ethyl Capsule 0.5 GM Oral	Tier 2	
Icosapent Ethyl Capsule 1 GM Oral	Tier 2	
<b>*Bile Acid Sequestrants*** - Drugs For Cholesterol</b>		
Cholestyramine Light Packet 4 GM Oral	Tier 2	
Cholestyramine Light Powder 4 GM/DOSE Oral	Tier 2	
Cholestyramine Packet 4 GM Oral	Tier 2	
Cholestyramine Powder 4 GM/DOSE Oral	Tier 2	
Colesevelam HCl Packet 3.75 GM Oral	Tier 2	
Colesevelam HCl Tablet 625 MG Oral	Tier 2	
Colestipol HCl GRANULES 5 GM ORAL	Tier 2	
Colestipol HCl PACKET 5 GM ORAL	Tier 2	
Colestipol HCl TABLET 1 GM ORAL	Tier 2	
Prevalite PACKET 4 GM ORAL	Tier 2	
Prevalite POWDER 4 GM/DOSE ORAL	Tier 2	
<b>*Fibric Acid Derivatives*** - Drugs For Cholesterol</b>		
Fenofibrate Capsule 134 MG Oral	Tier 1	
Fenofibrate CAPSULE 150 MG ORAL	Tier 4	
Fenofibrate Capsule 200 MG Oral	Tier 1	
Fenofibrate CAPSULE 50 MG ORAL	Tier 4	

Drug Name	Tier	Notes
Fenofibrate Capsule 67 MG Oral	Tier 1	
Fenofibrate Micronized CAPSULE 130 MG ORAL	Tier 2	
Fenofibrate Micronized Capsule 134 MG Oral	Tier 1	
Fenofibrate Micronized Capsule 200 MG Oral	Tier 1	
Fenofibrate Micronized CAPSULE 43 MG ORAL	Tier 2	
Fenofibrate Micronized Capsule 67 MG Oral	Tier 1	
Fenofibrate TABLET 120 MG ORAL	Tier 2	Prior Authorization Required
Fenofibrate TABLET 145 MG ORAL	Tier 1	
Fenofibrate TABLET 160 MG ORAL	Tier 1	
Fenofibrate TABLET 40 MG ORAL	Tier 2	Prior Authorization Required
Fenofibrate TABLET 48 MG ORAL	Tier 1	
Fenofibrate TABLET 54 MG ORAL	Tier 1	
Fenofibric Acid Capsule Delayed Release 135 MG Oral	Tier 2	
Fenofibric Acid Capsule Delayed Release 45 MG Oral	Tier 2	
Fenofibric Acid Tablet 105 MG Oral	Tier 4	
Fenofibric Acid Tablet 35 MG Oral	Tier 4	
Gemfibrozil Tablet 600 MG Oral	Tier 1	
Lipofen Capsule 150 MG Oral	Tier 4	
Lipofen Capsule 50 MG Oral	Tier 4	
<b>*Hmg Coa Reductase Inhibitors*** - Drugs For Cholesterol</b>		
Atorvaliq Suspension 20 MG/5ML Oral	Tier 4	
Atorvastatin Calcium Tablet 10 MG Oral	Tier 1	No cost if 40-75 years of age; Healthy Values
Atorvastatin Calcium Tablet 20 MG Oral	Tier 1	No cost if 40-75 years of age; Healthy Values
Atorvastatin Calcium Tablet 40 MG Oral	Tier 1	No cost if 40-75 years of age; Healthy Values
Atorvastatin Calcium Tablet 80 MG Oral	Tier 1	No cost if 40-75 years of age; Healthy Values
Ezallor Sprinkle Capsule Sprinkle 10 MG Oral	Tier 4	
Ezallor Sprinkle Capsule Sprinkle 20 MG Oral	Tier 4	
Ezallor Sprinkle Capsule Sprinkle 40 MG Oral	Tier 4	
Ezallor Sprinkle Capsule Sprinkle 5 MG Oral	Tier 4	
FloLipid SUSPENSION 20 MG/5ML Oral	Tier 4	

Drug Name	Tier	Notes
FloLipid SUSPENSION 40 MG/5ML Oral	Tier 4	
Fluvastatin Sodium CAPSULE 20 MG ORAL	Tier 2	No cost if 40-75 years of age; Healthy Values
Fluvastatin Sodium CAPSULE 40 MG ORAL	Tier 2	No cost if 40-75 years of age; Healthy Values
Fluvastatin Sodium ER Tablet Extended Release 24 Hour 80 MG Oral	Tier 2	
Lovastatin TABLET 10 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values
Lovastatin TABLET 20 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values
Lovastatin TABLET 40 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values
Pitavastatin Calcium Tablet 1 MG Oral	Tier 2	
Pitavastatin Calcium Tablet 2 MG Oral	Tier 2	
Pitavastatin Calcium Tablet 4 MG Oral	Tier 2	
Pravastatin Sodium TABLET 10 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values
Pravastatin Sodium TABLET 20 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values
Pravastatin Sodium TABLET 40 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values
Pravastatin Sodium Tablet 80 MG Oral	Tier 1	No cost if 40-75 years of age; Healthy Values
Rosuvastatin Calcium Tablet 10 MG Oral	Tier 1	No cost if 40-75 years of age; Healthy Values
Rosuvastatin Calcium Tablet 20 MG Oral	Tier 1	No cost if 40-75 years of age; Healthy Values
Rosuvastatin Calcium Tablet 40 MG Oral	Tier 1	No cost if 40-75 years of age; Healthy Values
Rosuvastatin Calcium Tablet 5 MG Oral	Tier 1	No cost if 40-75 years of age; Healthy Values
Simvastatin TABLET 10 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values
Simvastatin TABLET 20 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values
Simvastatin TABLET 40 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values
Simvastatin TABLET 5 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values
Simvastatin TABLET 80 MG ORAL	Tier 1	No cost if 40-75 years of age; Healthy Values

Drug Name	Tier	Notes
Zypitamag Tablet 2 MG Oral	Tier 4	
Zypitamag Tablet 4 MG Oral	Tier 4	
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** - Drugs For Cholesterol</b>		
Ezetimibe-Simvastatin Tablet 10-10 MG Oral	Tier 2	
Ezetimibe-Simvastatin Tablet 10-20 MG Oral	Tier 2	
Ezetimibe-Simvastatin Tablet 10-40 MG Oral	Tier 2	
Ezetimibe-Simvastatin Tablet 10-80 MG Oral	Tier 2	
<b>*Intestinal Cholesterol Absorption Inhibitors*** - Drugs For Cholesterol</b>		
Ezetimibe TABLET 10 MG Oral	Tier 1	Healthy Values
<b>*Microsomal Triglyceride Transfer Protein Inhibitors*** - Drugs For Cholesterol</b>		
Juxtapid Capsule 10 MG Oral	Tier 4	Specialty
Juxtapid Capsule 20 MG Oral	Tier 4	Specialty
Juxtapid Capsule 30 MG Oral	Tier 4	Specialty
Juxtapid Capsule 5 MG Oral	Tier 4	Specialty
<b>*Nicotinic Acid Derivatives*** - Drugs For Cholesterol</b>		
Niacin (Antihyperlipidemic) Tablet 500 MG Oral	Tier 4	
Niacin ER (Antihyperlipidemic) Tablet Extended Release 1000 MG Oral	Tier 2	
Niacin ER (Antihyperlipidemic) Tablet Extended Release 500 MG Oral	Tier 2	
Niacin ER (Antihyperlipidemic) Tablet Extended Release 750 MG Oral	Tier 2	
Niacor Tablet 500 MG Oral	Tier 4	
<b>*Pcsk9 Inhibitors*** - Drugs For Cholesterol</b>		
Repatha Solution Prefilled Syringe 140 MG/ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (6 ML per 28 days)
Repatha SureClick Solution Auto-Injector 140 MG/ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (6 ML per 28 days)
<b>*Antihypertensives* - Drugs For The Heart</b>		
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations*** - Drugs For High Blood Pressure</b>		
amLODIPine Besy-Benazepril HCl Capsule 10-20 MG Oral	Tier 1	Healthy Values
amLODIPine Besy-Benazepril HCl Capsule 10-40 MG Oral	Tier 1	Healthy Values

Drug Name	Tier	Notes
amLODIPine Besy-Benazepril HCl Capsule 2.5-10 MG Oral	Tier 1	Healthy Values
amLODIPine Besy-Benazepril HCl Capsule 5-10 MG Oral	Tier 1	Healthy Values
amLODIPine Besy-Benazepril HCl Capsule 5-20 MG Oral	Tier 1	Healthy Values
Amlodipine Besy-Benazepril HCl Capsule 5-40 MG Oral	Tier 1	Healthy Values
Prestalia Tablet 14-10 MG Oral	Tier 4	
Prestalia Tablet 3.5-2.5 MG Oral	Tier 4	
Prestalia Tablet 7-5 MG Oral	Tier 4	
Trandolapril-Verapamil HCl ER Tablet Extended Release 1-240 MG Oral	Tier 4	
Trandolapril-Verapamil HCl ER Tablet Extended Release 2-180 MG Oral	Tier 4	
Trandolapril-Verapamil HCl ER Tablet Extended Release 2-240 MG Oral	Tier 4	
Trandolapril-Verapamil HCl ER Tablet Extended Release 4-240 MG Oral	Tier 4	
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure</b>		
Benazepril-Hydrochlorothiazide TABLET 10-12.5 MG ORAL	Tier 2	Healthy Values
Benazepril-Hydrochlorothiazide TABLET 20-12.5 MG ORAL	Tier 2	Healthy Values
Benazepril-Hydrochlorothiazide TABLET 20-25 MG ORAL	Tier 2	Healthy Values
Benazepril-Hydrochlorothiazide TABLET 5-6.25 MG ORAL	Tier 2	Healthy Values
Captopril-hydroCHLOROthiazide Tablet 25-15 MG Oral	Tier 4	
Captopril-hydroCHLOROthiazide Tablet 25-25 MG Oral	Tier 4	
Captopril-hydroCHLOROthiazide Tablet 50-15 MG Oral	Tier 4	
Captopril-hydroCHLOROthiazide Tablet 50-25 MG Oral	Tier 4	
Enalapril-Hydrochlorothiazide TABLET 10-25 MG ORAL	Tier 1	Healthy Values
Enalapril-Hydrochlorothiazide TABLET 5-12.5 MG ORAL	Tier 1	Healthy Values
Fosinopril Sodium-HCTZ TABLET 10-12.5 MG ORAL	Tier 2	Healthy Values

Drug Name	Tier	Notes
Fosinopril Sodium-HCTZ TABLET 20-12.5 MG ORAL	Tier 2	Healthy Values
Lisinopril-Hydrochlorothiazide TABLET 10-12.5 MG ORAL	Tier 1	Healthy Values
Lisinopril-Hydrochlorothiazide TABLET 20-12.5 MG ORAL	Tier 1	Healthy Values
Lisinopril-Hydrochlorothiazide TABLET 20-25 MG ORAL	Tier 1	Healthy Values
Quinapril-hydroCHLOROthiazide Tablet 10-12.5 MG Oral	Tier 2	Healthy Values
Quinapril-hydroCHLOROthiazide Tablet 20-12.5 MG Oral	Tier 2	Healthy Values
Quinapril-hydroCHLOROthiazide Tablet 20-25 MG Oral	Tier 4	
<b>*Ace Inhibitors*** - Drugs For High Blood Pressure</b>		
Benazepril HCl TABLET 10 MG ORAL	Tier 1	Healthy Values
Benazepril HCl Tablet 20 MG Oral	Tier 1	Healthy Values
Benazepril HCl Tablet 40 MG Oral	Tier 1	Healthy Values
Benazepril HCl TABLET 5 MG ORAL	Tier 1	Healthy Values
Captopril TABLET 100 MG ORAL	Tier 2	Healthy Values
Captopril TABLET 12.5 MG ORAL	Tier 2	Healthy Values
Captopril TABLET 25 MG ORAL	Tier 2	Healthy Values
Captopril TABLET 50 MG ORAL	Tier 2	Healthy Values
Enalapril Maleate Solution 1 MG/ML Oral	Tier 2	Prior Authorization Required; Healthy Values; Quantity Limit (1200 ML per 30 days)
Enalapril Maleate Tablet 10 MG Oral	Tier 1	Healthy Values
Enalapril Maleate Tablet 2.5 MG Oral	Tier 1	Healthy Values
Enalapril Maleate Tablet 20 MG Oral	Tier 1	Healthy Values
Enalapril Maleate Tablet 5 MG Oral	Tier 1	Healthy Values
Fosinopril Sodium TABLET 10 MG Oral	Tier 1	Healthy Values
Fosinopril Sodium TABLET 20 MG Oral	Tier 1	Healthy Values
Fosinopril Sodium TABLET 40 MG Oral	Tier 1	Healthy Values
Lisinopril TABLET 10 MG ORAL	Tier 1	Healthy Values
Lisinopril TABLET 2.5 MG ORAL	Tier 1	Healthy Values
Lisinopril TABLET 20 MG ORAL	Tier 1	Healthy Values
Lisinopril TABLET 30 MG ORAL	Tier 1	Healthy Values
Lisinopril TABLET 40 MG ORAL	Tier 1	Healthy Values
Lisinopril TABLET 5 MG ORAL	Tier 1	Healthy Values
Moexipril HCl TABLET 15 MG ORAL	Tier 2	Healthy Values

Drug Name	Tier	Notes
Moexipril HCl TABLET 7.5 MG ORAL	Tier 2	Healthy Values
Perindopril Erbumine TABLET 2 MG ORAL	Tier 4	
Perindopril Erbumine TABLET 4 MG ORAL	Tier 2	Healthy Values
Perindopril Erbumine TABLET 8 MG ORAL	Tier 4	
Qbrelis SOLUTION 1 MG/ML ORAL	Tier 4	Prior Authorization Required; Quantity Limit (1200 ML per 30 days)
Quinapril HCl TABLET 10 MG Oral	Tier 1	Healthy Values
Quinapril HCl TABLET 20 MG Oral	Tier 1	Healthy Values
Quinapril HCl TABLET 40 MG Oral	Tier 1	Healthy Values
Quinapril HCl TABLET 5 MG Oral	Tier 1	Healthy Values
Ramipril CAPSULE 1.25 MG Oral	Tier 1	Healthy Values
Ramipril Capsule 10 MG Oral	Tier 1	Healthy Values
Ramipril Capsule 2.5 MG Oral	Tier 1	Healthy Values
Ramipril Capsule 5 MG Oral	Tier 1	Healthy Values
Trandolapril TABLET 1 MG ORAL	Tier 1	Healthy Values
Trandolapril TABLET 2 MG ORAL	Tier 1	Healthy Values
Trandolapril TABLET 4 MG ORAL	Tier 1	Healthy Values
<b>*Agents For Pheochromocytoma*** - Drugs For High Blood Pressure</b>		
metyroSINE Capsule 250 MG Oral	Tier 2	
Phenoxybenzamine HCl Capsule 10 MG Oral	Tier 2	
<b>*Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb*** - Drugs For High Blood Pressure</b>		
Amlodipine Besylate-Valsartan TABLET 10-160 MG ORAL	Tier 2	Healthy Values
Amlodipine Besylate-Valsartan TABLET 10-320 MG ORAL	Tier 2	Healthy Values
Amlodipine Besylate-Valsartan TABLET 5-160 MG ORAL	Tier 2	Healthy Values
Amlodipine Besylate-Valsartan TABLET 5-320 MG ORAL	Tier 2	Healthy Values
Amlodipine-Olmesartan TABLET 10-20 MG ORAL	Tier 2	Healthy Values
Amlodipine-Olmesartan TABLET 10-40 MG ORAL	Tier 2	Healthy Values
Amlodipine-Olmesartan TABLET 5-20 MG ORAL	Tier 2	Healthy Values
Amlodipine-Olmesartan TABLET 5-40 MG ORAL	Tier 2	Healthy Values
Telmisartan-Amlodipine TABLET 40-10 MG ORAL	Tier 4	
Telmisartan-Amlodipine TABLET 40-5 MG ORAL	Tier 4	
Telmisartan-Amlodipine TABLET 80-10 MG ORAL	Tier 4	

Drug Name	Tier	Notes
Telmisartan-Amlodipine TABLET 80-5 MG ORAL	Tier 4	
<b>*Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure</b>		
Candesartan Cilexetil-HCTZ TABLET 16-12.5 MG ORAL	Tier 2	Healthy Values
Candesartan Cilexetil-HCTZ TABLET 32-12.5 MG ORAL	Tier 2	Healthy Values
Candesartan Cilexetil-HCTZ TABLET 32-25 MG ORAL	Tier 2	Healthy Values
Edarbyclor TABLET 40-12.5 MG ORAL	Tier 4	
Edarbyclor TABLET 40-25 MG ORAL	Tier 4	
Irbesartan-Hydrochlorothiazide TABLET 150-12.5 MG ORAL	Tier 1	Healthy Values
Irbesartan-Hydrochlorothiazide TABLET 300-12.5 MG ORAL	Tier 1	Healthy Values
Losartan Potassium-HCTZ TABLET 100-12.5 MG ORAL	Tier 1	Healthy Values
Losartan Potassium-HCTZ TABLET 100-25 MG ORAL	Tier 1	Healthy Values
Losartan Potassium-HCTZ TABLET 50-12.5 MG ORAL	Tier 1	Healthy Values
Olmesartan Medoxomil-HCTZ Tablet 20-12.5 MG Oral	Tier 1	Healthy Values
Olmesartan Medoxomil-HCTZ Tablet 40-12.5 MG Oral	Tier 1	Healthy Values
Olmesartan Medoxomil-HCTZ Tablet 40-25 MG Oral	Tier 1	Healthy Values
Telmisartan-HCTZ Tablet 40-12.5 MG Oral	Tier 2	Healthy Values
Telmisartan-HCTZ Tablet 80-12.5 MG Oral	Tier 2	Healthy Values
Telmisartan-HCTZ Tablet 80-25 MG Oral	Tier 2	Healthy Values
Valsartan-Hydrochlorothiazide TABLET 160-12.5 MG ORAL	Tier 1	Healthy Values
Valsartan-Hydrochlorothiazide TABLET 160-25 MG ORAL	Tier 1	Healthy Values
Valsartan-Hydrochlorothiazide TABLET 320-12.5 MG ORAL	Tier 2	Healthy Values
Valsartan-Hydrochlorothiazide TABLET 320-25 MG ORAL	Tier 2	Healthy Values
Valsartan-Hydrochlorothiazide TABLET 80-12.5 MG ORAL	Tier 1	Healthy Values
<b>*Angiotensin II Receptor Antagonists*** - Drugs For High Blood Pressure</b>		
Arbli Suspension 10 MG/ML Oral	Tier 4	Prior Authorization Required; Quantity Limit (330 ML per 30 days)

Drug Name	Tier	Notes
Candesartan Cilexetil Tablet 16 MG Oral	Tier 2	Healthy Values
Candesartan Cilexetil Tablet 32 MG Oral	Tier 2	Healthy Values
Candesartan Cilexetil Tablet 4 MG Oral	Tier 2	Healthy Values
Candesartan Cilexetil Tablet 8 MG Oral	Tier 2	Healthy Values
Edarbi TABLET 40 MG ORAL	Tier 4	
Edarbi TABLET 80 MG ORAL	Tier 4	
Irbesartan Tablet 150 MG Oral	Tier 1	Healthy Values
Irbesartan Tablet 300 MG Oral	Tier 1	Healthy Values
Irbesartan Tablet 75 MG Oral	Tier 1	Healthy Values
Losartan Potassium Tablet 100 MG Oral	Tier 1	Healthy Values
Losartan Potassium Tablet 25 MG Oral	Tier 1	Healthy Values
Losartan Potassium Tablet 50 MG Oral	Tier 1	Healthy Values
Olmesartan Medoxomil Tablet 20 MG Oral	Tier 1	Healthy Values
Olmesartan Medoxomil Tablet 40 MG Oral	Tier 1	Healthy Values
Olmesartan Medoxomil Tablet 5 MG Oral	Tier 1	Healthy Values
Telmisartan TABLET 20 MG ORAL	Tier 1	Healthy Values
Telmisartan TABLET 40 MG ORAL	Tier 2	Healthy Values
Telmisartan TABLET 80 MG ORAL	Tier 1	
Valsartan Solution 4 MG/ML Oral	Tier 2	
Valsartan TABLET 160 MG ORAL	Tier 1	Healthy Values
Valsartan TABLET 320 MG ORAL	Tier 1	Healthy Values
Valsartan TABLET 40 MG ORAL	Tier 1	Healthy Values
Valsartan TABLET 80 MG ORAL	Tier 1	Healthy Values
<b>*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides*** - Drugs For High Blood Pressure</b>		
amLODIPine-Valsartan-HCTZ Tablet 10-160-12.5 MG Oral	Tier 2	
amLODIPine-Valsartan-HCTZ Tablet 10-160-25 MG Oral	Tier 2	
amLODIPine-Valsartan-HCTZ Tablet 10-320-25 MG Oral	Tier 2	
amLODIPine-Valsartan-HCTZ Tablet 5-160-12.5 MG Oral	Tier 2	
amLODIPine-Valsartan-HCTZ Tablet 5-160-25 MG Oral	Tier 2	
Olmesartan-Amlodipine-HCTZ TABLET 20-5-12.5 MG ORAL	Tier 2	
Olmesartan-Amlodipine-HCTZ TABLET 40-10-12.5 MG ORAL	Tier 2	

Drug Name	Tier	Notes
Olmesartan-Amlodipine-HCTZ TABLET 40-10-25 MG ORAL	Tier 2	
Olmesartan-Amlodipine-HCTZ TABLET 40-5-12.5 MG ORAL	Tier 2	
Olmesartan-Amlodipine-HCTZ TABLET 40-5-25 MG ORAL	Tier 2	
<b>*Antiadrenergics - Centrally Acting*** - Drugs For High Blood Pressure</b>		
cloNIDine ER Tablet Extended Release 24 Hour 0.17 MG Oral	Tier 4	
CloNIDine HCl TABLET 0.1 MG ORAL	Tier 1	Healthy Values
CloNIDine HCl TABLET 0.2 MG ORAL	Tier 1	Healthy Values
CloNIDine HCl Tablet 0.3 MG Oral	Tier 1	Healthy Values
CloNIDine Patch Weekly 0.1 MG/24HR Transdermal	Tier 2	Healthy Values
CloNIDine Patch Weekly 0.2 MG/24HR Transdermal	Tier 2	Healthy Values
CloNIDine Patch Weekly 0.3 MG/24HR Transdermal	Tier 2	Healthy Values
GuanFACINE HCl TABLET 1 MG ORAL	Tier 2	Healthy Values
GuanFACINE HCl TABLET 2 MG ORAL	Tier 2	Healthy Values
Methyldopa Tablet 250 MG Oral	Tier 2	
Methyldopa Tablet 500 MG Oral	Tier 4	
Nexiclon XR Tablet Extended Release 24 Hour 0.17 MG Oral	Tier 4	
<b>*Antiadrenergics - Peripherally Acting*** - Drugs For High Blood Pressure</b>		
Doxazosin Mesylate TABLET 1 MG ORAL	Tier 1	
Doxazosin Mesylate TABLET 2 MG ORAL	Tier 1	
Doxazosin Mesylate TABLET 4 MG ORAL	Tier 1	
Doxazosin Mesylate TABLET 8 MG ORAL	Tier 1	
Prazosin HCl CAPSULE 1 MG ORAL	Tier 1	
Prazosin HCl CAPSULE 2 MG ORAL	Tier 1	
Prazosin HCl CAPSULE 5 MG ORAL	Tier 2	
Terazosin HCl Capsule 1 MG Oral	Tier 1	
Terazosin HCl Capsule 10 MG Oral	Tier 1	
Terazosin HCl Capsule 2 MG Oral	Tier 1	
Terazosin HCl Capsule 5 MG Oral	Tier 1	
Tezruly Solution 1 MG/ML Oral	Tier 4	Prior Authorization Required; Quantity Limit (600 ML per 30 days)

Drug Name	Tier	Notes
<b>*Antihypertensives - Misc.*** - Drugs For High Blood Pressure</b>		
Vecamyl TABLET 2.5 MG ORAL	Tier 4	Specialty
<b>*Beta Blocker &amp; Diuretic Combinations*** - Drugs For High Blood Pressure</b>		
Atenolol-Chlorthalidone TABLET 100-25 MG ORAL	Tier 1	Healthy Values
Atenolol-Chlorthalidone TABLET 50-25 MG ORAL	Tier 1	Healthy Values
Bisoprolol-Hydrochlorothiazide Tablet 10-6.25 MG Oral	Tier 1	Healthy Values
Bisoprolol-Hydrochlorothiazide Tablet 2.5-6.25 MG Oral	Tier 1	Healthy Values
Bisoprolol-Hydrochlorothiazide Tablet 5-6.25 MG Oral	Tier 1	Healthy Values
Metoprolol-Hydrochlorothiazide TABLET 100-25 MG ORAL	Tier 2	Healthy Values
Metoprolol-Hydrochlorothiazide TABLET 100-50 MG ORAL	Tier 2	Healthy Values
Metoprolol-Hydrochlorothiazide TABLET 50-25 MG ORAL	Tier 2	Healthy Values
<b>*Direct Renin Inhibitors*** - Drugs For High Blood Pressure</b>		
Aliskiren Fumarate Tablet 150 MG Oral	Tier 2	
Aliskiren Fumarate Tablet 300 MG Oral	Tier 2	
<b>*Endothelin Receptor Antagonists*** - Drugs For The Heart</b>		
Tryvio Tablet 12.5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Selective Aldosterone Receptor Antagonists (Saras)*** - Drugs For High Blood Pressure</b>		
Eplerenone Tablet 25 MG Oral	Tier 2	Healthy Values
Eplerenone Tablet 50 MG Oral	Tier 2	Healthy Values
<b>*Vasodilators*** - Drugs For High Blood Pressure</b>		
HydrALAZINE HCl TABLET 10 MG ORAL	Tier 1	Healthy Values
hydrALAZINE HCl Tablet 100 MG Oral	Tier 1	Healthy Values
HydrALAZINE HCl TABLET 25 MG ORAL	Tier 1	Healthy Values
HydrALAZINE HCl TABLET 50 MG ORAL	Tier 1	Healthy Values
Minoxidil TABLET 10 MG ORAL	Tier 1	
Minoxidil TABLET 2.5 MG ORAL	Tier 1	
<b>*Anti-Infective Agents - Misc.* - Drugs For Infections</b>		

Drug Name	Tier	Notes
<b>*Anti-Infective Agents - Misc.*** - Drugs For Infections</b>		
Impavido CAPSULE 50 MG ORAL	Tier 3	
metroNIDAZOLE Capsule 375 MG Oral	Tier 2	
metroNIDAZOLE Tablet 250 MG Oral	Tier 1	
metroNIDAZOLE Tablet 500 MG Oral	Tier 1	
Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation	Tier 2	
Tinidazole TABLET 250 MG ORAL	Tier 2	
Tinidazole TABLET 500 MG ORAL	Tier 2	
Trimethoprim Tablet 100 MG Oral	Tier 2	
Xifaxan Tablet 200 MG Oral	Tier 4	
Xifaxan TABLET 550 MG ORAL	Tier 3	
<b>*Anti-Infective Misc. - Combinations*** - Antibiotics</b>		
Sulfamethoxazole-Trimethoprim Suspension 200-40 MG/5ML Oral	Tier 2	
Sulfamethoxazole-Trimethoprim Suspension 800-160 MG/20ML Oral	Tier 2	
Sulfamethoxazole-Trimethoprim TABLET 400-80 MG ORAL	Tier 1	
Sulfamethoxazole-Trimethoprim TABLET 800-160 MG ORAL	Tier 1	
Sulfatrim Pediatric Suspension 200-40 MG/5ML Oral	Tier 2	
<b>*Antiprotozoal Agents*** - Drugs For Parasites</b>		
Atovaquone Suspension 750 MG/5ML Oral	Tier 2	
Lampit Tablet 120 MG Oral	Tier 4	
Lampit Tablet 30 MG Oral	Tier 4	
Nitazoxanide Tablet 500 MG Oral	Tier 2	
<b>*Glycopeptides*** - Antibiotics</b>		
Vancomycin HCl Capsule 125 MG Oral	Tier 2	
Vancomycin HCl Capsule 250 MG Oral	Tier 2	
Vancomycin HCl Solution Reconstituted 25 MG/ML Oral	Tier 2	
Vancomycin HCl Solution Reconstituted 250 MG/5ML Oral	Tier 2	

Drug Name	Tier	Notes
Vancomycin HCl Solution Reconstituted 50 MG/ML Oral	Tier 2	
<b>*Leprostatics*** - Antibiotics</b>		
Dapsone Tablet 100 MG Oral	Tier 2	
Dapsone Tablet 25 MG Oral	Tier 2	
<b>*Lincosamides*** - Antibiotics</b>		
Clindamycin HCl CAPSULE 150 MG ORAL	Tier 1	
Clindamycin HCl Capsule 300 MG Oral	Tier 1	
Clindamycin HCl Capsule 75 MG Oral	Tier 1	
Clindamycin Palmitate HCl SOLUTION RECONSTITUTED 75 MG/5ML ORAL	Tier 2	
<b>*Monobactams*** - Antibiotics</b>		
Cayston SOLUTION RECONSTITUTED 75 MG INHALATION	Tier 4	Specialty
<b>*Oxazolidinones*** - Antibiotics</b>		
Linezolid SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	Tier 2	Prior Authorization Required
Linezolid TABLET 600 MG ORAL	Tier 2	
Sivextro Tablet 200 MG Oral	Tier 4	
<b>*Penem Combinations** - Drugs For Infections</b>		
Orlynvah Tablet 500-500 MG Oral	Tier 4	
<b>*Urinary Anti-Infectives*** - Antibiotics</b>		
Blujepa Tablet 750 MG Oral	Tier 4	
Fosfomycin Tromethamine Packet 3 GM Oral	Tier 2	
Methenamine Hippurate Tablet 1 GM Oral	Tier 2	
Nitrofurantoin Macrocrystal CAPSULE 100 MG ORAL	Tier 2	
Nitrofurantoin Macrocrystal CAPSULE 25 MG ORAL	Tier 2	
Nitrofurantoin Macrocrystal CAPSULE 50 MG Oral	Tier 1	
Nitrofurantoin Monohyd Macro CAPSULE 100 MG ORAL	Tier 1	
Nitrofurantoin SUSPENSION 25 MG/5ML ORAL	Tier 2	Prior Authorization Required
Nitrofurantoin Suspension 50 MG/5ML Oral	Tier 4	Prior Authorization Required
<b>*Antimalarials* - Drugs For Infections</b>		
<b>*Antimalarial Combinations*** - Drugs For Parasites</b>		

Drug Name	Tier	Notes
Atovaquone-Proguanil HCl TABLET 250-100 MG ORAL	Tier 2	
Atovaquone-Proguanil HCl TABLET 62.5-25 MG ORAL	Tier 2	
Coartem TABLET 20-120 MG ORAL	Tier 4	
<b>*Antimalarials*** - Drugs For Parasites</b>		
Arakoda Tablet 100 MG Oral	Tier 4	
Chloroquine Phosphate TABLET 250 MG ORAL	Tier 4	
Chloroquine Phosphate TABLET 500 MG ORAL	Tier 2	
Hydroxychloroquine Sulfate Tablet 100 MG Oral	Tier 1	
Hydroxychloroquine Sulfate Tablet 200 MG Oral	Tier 2	
Hydroxychloroquine Sulfate Tablet 300 MG Oral	Tier 1	
Hydroxychloroquine Sulfate Tablet 400 MG Oral	Tier 2	
Krintafel Tablet 150 MG Oral	Tier 4	
Mefloquine HCl TABLET 250 MG ORAL	Tier 1	
Primaquine Phosphate Tablet 26.3 (15 Base) MG Oral	Tier 2	
Pyrimethamine Tablet 25 MG Oral	Tier 2	
Quinine Sulfate CAPSULE 324 MG ORAL	Tier 2	
Sovuna Tablet 200 MG Oral	Tier 4	
Sovuna Tablet 300 MG Oral	Tier 4	
<b>*Antimuscarinic/Cholinergic Agents* - Drugs For Nerves And Muscles</b>		
<b>*Antimuscarinic/Cholinergic Agents*** - Drugs For Nerves And Muscles</b>		
Firdapse Tablet 10 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (300 EA per 30 days)
Pyridostigmine Bromide ER Tablet Extended Release 180 MG Oral	Tier 2	
Pyridostigmine Bromide Solution 60 MG/5ML Oral	Tier 2	
Pyridostigmine Bromide Tablet 30 MG Oral	Tier 4	
Pyridostigmine Bromide TABLET 60 MG ORAL	Tier 2	
<b>*Antimicrobial Agents* - Drugs For Infections</b>		
<b>*Antimicrobial Agents*** - Antibiotics</b>		
CycloSERINE CAPSULE 250 MG ORAL	Tier 4	
Ethambutol HCl Tablet 100 MG Oral	Tier 2	

Drug Name	Tier	Notes
Ethambutol HCl Tablet 400 MG Oral	Tier 2	
Isoniazid SYRUP 50 MG/5ML ORAL	Tier 2	
Isoniazid Tablet 100 MG Oral	Tier 1	
Isoniazid TABLET 300 MG ORAL	Tier 1	
Pretomanid Tablet 200 MG Oral	Tier 3	
Priftin Tablet 150 MG Oral	Tier 3	
Pyrazinamide Tablet 500 MG Oral	Tier 2	
Rifabutin Capsule 150 MG Oral	Tier 2	
rifAMPin Capsule 150 MG Oral	Tier 2	
rifAMPin Capsule 300 MG Oral	Tier 2	
Sirturo TABLET 100 MG ORAL	Tier 3	
Sirturo Tablet 20 MG Oral	Tier 3	
<b>*Antineoplastics And Adjunctive Therapies* - Drugs For Cancer</b>		
<b>*Alkylating Agents*** - Drugs For Cancer</b>		
Myleran Tablet 2 MG Oral	Tier 3	Specialty
<b>*Androgen Biosynthesis Inhibitors*** - Drugs For Cancer</b>		
Abiraterone Acetate Tablet 250 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Abiraterone Acetate Tablet 500 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Abirtega Tablet 250 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Yonsa Tablet 125 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
<b>*Antiadrenals*** - Drugs For Cancer</b>		
Lysodren Tablet 500 MG Oral	Tier 3	Specialty; Prior Authorization Required
<b>*Antiandrogens*** - Drugs For Cancer</b>		
Bicalutamide TABLET 50 MG ORAL	Tier 1	
Erleada Tablet 240 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Erleada TABLET 60 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Eulexin Capsule 125 MG Oral	Tier 4	
Nilutamide TABLET 150 MG ORAL	Tier 2	
Nubeqa Tablet 300 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Xtandi CAPSULE 40 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Xtandi Tablet 40 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Xtandi Tablet 80 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Antiestrogens*** - Drugs For Cancer</b>		
Soltamox Solution 10 MG/5ML Oral	Tier 3	
Tamoxifen Citrate TABLET 10 MG ORAL	Tier 1	ACA Drug
Tamoxifen Citrate TABLET 20 MG ORAL	Tier 1	ACA Drug
Toremifene Citrate Tablet 60 MG Oral	Tier 2	
<b>*Antimetabolites*** - Drugs For Cancer</b>		
Capecitabine TABLET 150 MG ORAL	Tier 2	Prior Authorization Required
Capecitabine TABLET 500 MG ORAL	Tier 2	Prior Authorization Required
Jylamvo Solution 2 MG/ML Oral	Tier 4	Prior Authorization Required; Quantity Limit (180 ML per 28 days)
Mercaptopurine Suspension 2000 MG/100ML Oral	Tier 2	
Mercaptopurine TABLET 50 MG ORAL	Tier 2	
Methotrexate Sodium (PF) SOLUTION 1 GM/40ML INJECTION	Tier 2	
Methotrexate Sodium (PF) SOLUTION 250 MG/10ML INJECTION	Tier 1	
Methotrexate Sodium (PF) SOLUTION 50 MG/2ML Injection	Tier 1	
Methotrexate Sodium SOLUTION 250 MG/10ML INJECTION	Tier 4	
Methotrexate Sodium Solution 50 MG/2ML Injection	Tier 4	
Methotrexate Sodium Solution Reconstituted 1 GM Injection	Tier 2	

Drug Name	Tier	Notes
Methotrexate Sodium Tablet 2.5 MG Oral	Tier 1	
Onureg Tablet 200 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 28 days)
Onureg Tablet 300 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 28 days)
Tabloid Tablet 40 MG Oral	Tier 3	
Trexall TABLET 10 MG ORAL	Tier 4	
Trexall TABLET 15 MG ORAL	Tier 4	
Trexall TABLET 5 MG ORAL	Tier 4	
Trexall TABLET 7.5 MG ORAL	Tier 4	
Xatmep SOLUTION 2.5 MG/ML Oral	Tier 4	Prior Authorization Required
<b>*Antineoplastic - Akt Inhibitors*** - Drugs For Cancer</b>		
Truqap Tablet 200 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (64 EA per 28 days)
Truqap Tablet Therapy Pack 160 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (64 EA per 28 days)
Truqap Tablet Therapy Pack 200 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (64 EA per 28 days)
<b>*Antineoplastic - Alk Inhibitors*** - Drugs For Cancer</b>		
Alecensa CAPSULE 150 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Alunbrig TABLET 180 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Alunbrig TABLET 30 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Alunbrig TABLET 90 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Alunbrig Tablet Therapy Pack 90 & 180 MG Oral	Tier 3	Specialty; Prior Authorization Required
Lorbrena Tablet 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Lorbrena Tablet 25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Xalkori CAPSULE 200 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Xalkori CAPSULE 250 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Xalkori Capsule Sprinkle 150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Xalkori Capsule Sprinkle 20 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Xalkori Capsule Sprinkle 50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Zykadia Tablet 150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Antineoplastic - Anti-Her2 Agents*** - Drugs For Cancer</b>		
Hernexeos Tablet 60 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 60 Days)
Tukysa Tablet 150 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Tukysa Tablet 50 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (300 EA per 30 days)
<b>*Antineoplastic - Bcl-2 Inhibitors*** - Drugs For Cancer</b>		
Venclexta Starting Pack Tablet Therapy Pack 10 & 50 & 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (42 EA per 180 days)
Venclexta TABLET 10 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Venclexta TABLET 100 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Venclexta TABLET 50 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors*** - Drugs For Cancer</b>		
Bosulif Capsule 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (150 EA per 30 days)
Bosulif Capsule 50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Bosulif TABLET 100 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Bosulif TABLET 400 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Bosulif TABLET 500 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Dasatinib Tablet 100 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Dasatinib Tablet 140 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Dasatinib Tablet 20 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Dasatinib Tablet 50 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Dasatinib Tablet 70 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Dasatinib Tablet 80 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Iclusig Tablet 10 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Iclusig Tablet 15 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Iclusig Tablet 30 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Iclusig Tablet 45 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Imatinib Mesylate TABLET 100 MG ORAL	Tier 2	Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Imatinib Mesylate TABLET 400 MG ORAL	Tier 2	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Nilotinib HCl Capsule 150 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Nilotinib HCl Capsule 200 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Nilotinib HCl Capsule 50 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Scemblix Tablet 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Scemblix Tablet 20 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Scemblix Tablet 40 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
<b>*Antineoplastic - Braf Kinase Inhibitors*** - Drugs For Cancer</b>		
Braftovi Capsule 75 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Ojemda Suspension Reconstituted 25 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (96 ML per 28 days)
Ojemda Tablet 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (24 EA per 28 days)
Tafinlar CAPSULE 50 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Tafinlar CAPSULE 75 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Tafinlar Tablet Soluble 10 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (840 EA per 28 days)

Drug Name	Tier	Notes
Zelboraf TABLET 240 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
<b>*Antineoplastic - Btk Inhibitors*** - Drugs For Cancer</b>		
Brukinsa Capsule 80 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Brukinsa Tablet 160 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Calquence Tablet 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Imbruvica CAPSULE 140 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Imbruvica CAPSULE 70 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Imbruvica Suspension 70 MG/ML Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (216 ML per 30 days)
Imbruvica TABLET 140 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Imbruvica TABLET 280 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Imbruvica TABLET 420 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Jaypirca Tablet 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Jaypirca Tablet 50 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Antineoplastic - Csf1r Kinase Inhibitors*** - Drugs For Cancer</b>		
Romvimza Capsule 14 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
Romvimza Capsule 20 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)

Drug Name	Tier	Notes
Romvimza Capsule 30 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
<b>*Antineoplastic - Egfr Inhibitors*** - Drugs For Cancer</b>		
Erlotinib HCl Tablet 100 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Erlotinib HCl Tablet 150 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Erlotinib HCl Tablet 25 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Gefitinib Tablet 250 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Gilotrif TABLET 20 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Gilotrif TABLET 30 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Gilotrif TABLET 40 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lazcluze Tablet 240 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lazcluze Tablet 80 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Tagrisso TABLET 40 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Tagrisso TABLET 80 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Vizimpro Tablet 15 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Vizimpro Tablet 30 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Vizimpro Tablet 45 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Antineoplastic - Fgfr Kinase Inhibitors*** - Drugs For Cancer</b>		
Balversa Tablet 3 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Balversa Tablet 4 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Balversa Tablet 5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lytgobi (12 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (84 EA per 28 days)
Lytgobi (16 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Lytgobi (20 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (140 EA per 28 days)
Pemazyre Tablet 13.5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 21 days)
Pemazyre Tablet 4.5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 21 days)
Pemazyre Tablet 9 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 21 days)
<b>*Antineoplastic - Gamma Secretase Inhibitors*** - Drugs For Cancer</b>		
Ogsiveo Tablet 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Ogsiveo Tablet 150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
<b>*Antineoplastic - Hedgehog Pathway Inhibitors*** - Drugs For Cancer</b>		
Daurismo Tablet 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Daurismo Tablet 25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Erivedge CAPSULE 150 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Odomzo CAPSULE 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Antineoplastic - Hif-2-Alpha Inhibitors*** - Drugs For Cancer</b>		
Welireg Tablet 40 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Antineoplastic - Histone Deacetylase Inhibitors*** - Drugs For Cancer</b>		
Zolanza CAPSULE 100 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
<b>*Antineoplastic - Hormonal And Related Agent Combinations*** - Drugs For Cancer</b>		
Akeega Tablet 100-500 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Akeega Tablet 50-500 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Antineoplastic - Immunomodulators*** - Drugs For Cancer</b>		
Pomalidomide Capsule 1 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 Days)
Pomalidomide Capsule 2 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 Days)
Pomalidomide Capsule 3 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 Days)
Pomalidomide Capsule 4 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 Days)
Pomalyst CAPSULE 1 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)

Drug Name	Tier	Notes
Pomalyst CAPSULE 2 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Pomalyst CAPSULE 3 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Pomalyst CAPSULE 4 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
<b>*Antineoplastic - Kras Inhibitors*** - Drugs For Cancer</b>		
Krazati Tablet 200 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Lumakras Tablet 120 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Lumakras Tablet 240 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Lumakras Tablet 320 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Antineoplastic - Mek Inhibitors*** - Drugs For Cancer</b>		
Cotellic TABLET 20 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (63 EA per 28 days)
Gomekli Capsule 1 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (168 EA per 28 days)
Gomekli Capsule 2 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (84 EA per 28 days)
Gomekli Tablet Soluble 1 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (168 EA per 28 days)
Koselugo Capsule 10 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Koselugo Capsule 25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Koselugo Capsule Sprinkle 5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (420 EA per 30 days)

Drug Name	Tier	Notes
Koselugo Capsule Sprinkle 7.5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Mekinist Solution Reconstituted 0.05 MG/ML Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1170 ML per 28 days)
Mekinist Tablet 0.5 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Mekinist Tablet 2 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Mektovi Tablet 15 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
<b>*Antineoplastic - Menin Inhibitors*** - Drugs For Cancer</b>		
Revuforj Tablet 110 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Revuforj Tablet 160 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Revuforj Tablet 25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
<b>*Antineoplastic - Met Inhibitors*** - Drugs For Cancer</b>		
Tabrecta Tablet 150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Tabrecta Tablet 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Tepmetko Tablet 225 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Antineoplastic - Mtor Kinase Inhibitors*** - Drugs For Cancer</b>		
Everolimus Tablet 10 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Everolimus Tablet 2.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Everolimus Tablet 5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Everolimus Tablet 7.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Everolimus Tablet Soluble 2 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Everolimus Tablet Soluble 3 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Everolimus Tablet Soluble 5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Torpenz Tablet 10 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Torpenz Tablet 2.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Torpenz Tablet 5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Torpenz Tablet 7.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Antineoplastic - Multikinase Inhibitors*** - Drugs For Cancer</b>		
Cabometyx TABLET 20 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Cabometyx TABLET 40 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Cabometyx TABLET 60 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Caprelsa TABLET 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Caprelsa TABLET 300 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Cometriq (100 MG Daily Dose) Kit 80 & 20 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Cometriq (140 MG Daily Dose) Kit 3 x 20 MG & 80 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Cometriq (60 mg Daily Dose) KIT 20 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (84 EA per 28 days)
Ensacove Capsule 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Ensacove Capsule 25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Fotivda Capsule 0.89 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Fotivda Capsule 1.34 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Lapatinib Ditosylate Tablet 250 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Nerlynx TABLET 40 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
PAZOPanib HCl Tablet 200 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Qinlock Tablet 50 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Rydapt CAPSULE 25 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
SORAfenib Tosylate Tablet 200 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Stivarga TABLET 40 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (84 EA per 28 days)
SUNItinib Malate Capsule 12.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)

Drug Name	Tier	Notes
SUNItinib Malate Capsule 25 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
SUNItinib Malate Capsule 37.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
SUNItinib Malate Capsule 50 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Turalio Capsule 125 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Vanflyta Tablet 17.7 MG Oral	Tier 4	Specialty; Prior Authorization Required
Vanflyta Tablet 26.5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Xospata Tablet 40 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Antineoplastic - Pdgfr-Alpha Inhibitors*** - Drugs For Cancer</b>		
Ayvakit Tablet 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ayvakit Tablet 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ayvakit Tablet 25 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ayvakit Tablet 300 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ayvakit Tablet 50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Antineoplastic - Protease Activators*** - Drugs For Cancer</b>		
Modeyso Capsule 125 MG Oral	Tier 4	Specialty; Quantity Limit (20 EA per 28 Days)
<b>*Antineoplastic - Proteasome Inhibitors*** - Drugs For Cancer</b>		

Drug Name	Tier	Notes
Ninlaro Capsule 2.3 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 EA per 28 days)
Ninlaro Capsule 3 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 EA per 28 days)
Ninlaro Capsule 4 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 EA per 28 days)
<b>*Antineoplastic - Ret Inhibitors*** - Drugs For Cancer</b>		
Gavreto Capsule 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Retevmo Tablet 120 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Retevmo Tablet 160 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Retevmo Tablet 40 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Retevmo Tablet 80 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** - Drugs For Cancer</b>		
Augtyro Capsule 160 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Augtyro Capsule 40 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Ibuprofen Capsule 200 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Rozlytrek Capsule 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Rozlytrek Capsule 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Rozlytrek Packet 50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (336 EA per 28 days)

Drug Name	Tier	Notes
Vitrakvi Capsule 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Vitrakvi Capsule 25 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Vitrakvi Solution 20 MG/ML Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (300 ML per 30 days)
<b>*Antineoplastic - Xpo1 Inhibitors*** - Drugs For Cancer</b>		
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 50 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 10 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (16 EA per 28 days)
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 40 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 60 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 EA per 28 days)
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (24 EA per 28 days)
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (32 EA per 28 days)
<b>*Antineoplastic Combinations*** - Drugs For Cancer</b>		
Avmapi Fakzynja Co-Pack Therapy Pack 0.8 & 200 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (66 EA per 28 days)
Inqovi Tablet 35-100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (5 EA per 28 days)
Lonsurf TABLET 15-6.14 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 28 days)
Lonsurf TABLET 20-8.19 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (80 EA per 28 days)

Drug Name	Tier	Notes
<b>*Antineoplastics Misc.*** - Drugs For Cancer</b>		
Actimmune Solution 100 MCG/0.5ML Subcutaneous	Tier 3	Specialty
Besremi Solution Prefilled Syringe 500 MCG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Hydroxyurea Capsule 500 MG Oral	Tier 2	
Matulane Capsule 50 MG Oral	Tier 3	Specialty; Prior Authorization Required
<b>*Aromatase Inhibitors*** - Drugs For Cancer</b>		
Anastrozole TABLET 1 MG ORAL	Tier 1	ACA Drug
Exemestane TABLET 25 MG Oral	Tier 2	Healthy Values
Letrozole TABLET 2.5 MG ORAL	Tier 1	Healthy Values
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer</b>		
Ibrance CAPSULE 100 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Ibrance CAPSULE 125 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Ibrance CAPSULE 75 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Ibrance Tablet 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Ibrance Tablet 125 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Ibrance Tablet 75 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Kisqali (200 MG Dose) Tablet Therapy Pack 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Kisqali (400 MG Dose) Tablet Therapy Pack 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (42 EA per 28 days)
Kisqali (600 MG Dose) Tablet Therapy Pack 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (63 EA per 28 days)

Drug Name	Tier	Notes
Verzenio TABLET 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Verzenio TABLET 150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Verzenio TABLET 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Verzenio TABLET 50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Folic Acid Antagonists Rescue Agents*** - Drugs For Cancer</b>		
Lederle Leucovorin Tablet 5 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Leucovorin Calcium TABLET 10 MG ORAL	Tier 2	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Leucovorin Calcium TABLET 15 MG ORAL	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Leucovorin Calcium TABLET 25 MG ORAL	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Leucovorin Calcium TABLET 5 MG ORAL	Tier 2	Prior Authorization Required; Quantity Limit (120 EA per 30 days)
<b>*Gonadotropin Releasing Hormone (Gnrh) Antagonists*** - Drugs For Cancer</b>		
Orgovyx Tablet 120 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 28 days)
<b>*Imidazotetrazines*** - Drugs For Cancer</b>		
Temozolomide Capsule 100 MG Oral	Tier 2	
Temozolomide Capsule 140 MG Oral	Tier 2	
Temozolomide Capsule 180 MG Oral	Tier 2	
Temozolomide Capsule 20 MG Oral	Tier 2	
Temozolomide Capsule 250 MG Oral	Tier 2	
Temozolomide Capsule 5 MG Oral	Tier 2	
<b>*Isocitrate Dehydrogenase 1 &amp; 2 (Idh1 &amp; Idh2) Inhibitors*** - Drugs For Cancer</b>		
Voraniqo Tablet 10 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Vorango Tablet 40 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** - Drugs For Cancer</b>		
Rezlidhia Capsule 150 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Tibsovo Tablet 250 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*** - Drugs For Cancer</b>		
IDHIFA TABLET 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
IDHIFA TABLET 50 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Janus Associated Kinase (Jak) Inhibitors*** - Drugs For Cancer</b>		
Inrebic Capsule 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Jakafi TABLET 10 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Jakafi TABLET 15 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Jakafi TABLET 20 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Jakafi TABLET 25 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Jakafi TABLET 5 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Ojjaara Tablet 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ojjaara Tablet 150 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Ojjaara Tablet 200 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Vonjo Capsule 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
<b>*Lhrh Analogs*** - Drugs For Cancer</b>		
Eligard KIT 22.5 MG Subcutaneous	Tier 4	
Eligard KIT 30 MG Subcutaneous	Tier 4	
Eligard KIT 45 MG Subcutaneous	Tier 4	
Eligard KIT 7.5 MG Subcutaneous	Tier 4	
Leuprolide Acetate Kit 1 MG/0.2ML Injection	Tier 2	
Lupron Depot (1-Month) KIT 3.75 MG Intramuscular	Tier 3	
Lupron Depot (1-Month) KIT 7.5 MG Intramuscular	Tier 3	
Lupron Depot (3-Month) KIT 11.25 MG Intramuscular	Tier 3	
Lupron Depot (3-Month) KIT 22.5 MG Intramuscular	Tier 3	
Lupron Depot (4-Month) KIT 30 MG Intramuscular	Tier 3	
Lupron Depot (6-Month) KIT 45 MG Intramuscular	Tier 3	
Vabrinty Kit 30 MG Subcutaneous	Tier 4	
<b>*Mitotic Inhibitors*** - Drugs For Cancer</b>		
Etoposide Capsule 50 MG Oral	Tier 3	
<b>*Nitrogen Mustards And Related Analogues*** - Drugs For Cancer</b>		
Cyclophosphamide Capsule 25 MG Oral	Tier 2	
Cyclophosphamide Capsule 50 MG Oral	Tier 2	
Cyclophosphamide Tablet 50 MG Oral	Tier 3	
Leukeran Tablet 2 MG Oral	Tier 3	Specialty
<b>*Nitrosoureas*** - Drugs For Cancer</b>		
Gleostine CAPSULE 10 MG ORAL	Tier 3	Specialty
Gleostine CAPSULE 100 MG ORAL	Tier 3	Specialty
Gleostine CAPSULE 40 MG ORAL	Tier 3	Specialty
Lomustine Capsule 10 MG Oral	Tier 2	
Lomustine Capsule 100 MG Oral	Tier 2	
Lomustine Capsule 40 MG Oral	Tier 2	
<b>*Ornithine Decarboxylase (Odc) Inhibitors*** - Drugs For Cancer</b>		

Drug Name	Tier	Notes
Iwifin Tablet 192 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** - Drugs For Cancer</b>		
Copiktra Capsule 15 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Copiktra Capsule 25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Itovebi Tablet 3 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Itovebi Tablet 9 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Piqray (200 MG Daily Dose) Tablet Therapy Pack 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Piqray (250 MG Daily Dose) Tablet Therapy Pack 200 & 50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Piqray (300 MG Daily Dose) Tablet Therapy Pack 2 x 150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Zydelig TABLET 100 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Zydelig TABLET 150 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer</b>		
Lynparza TABLET 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Lynparza TABLET 150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Rubraca Tablet 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Rubraca Tablet 250 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)

Drug Name	Tier	Notes
Rubraca Tablet 300 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Talzenna Capsule 0.1 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Talzenna Capsule 0.25 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Talzenna Capsule 0.35 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Talzenna Capsule 0.5 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Talzenna Capsule 0.75 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Talzenna Capsule 1 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Zejula Tablet 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Zejula Tablet 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Zejula Tablet 300 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Progestins-Antineoplastic*** - Drugs For Cancer</b>		
Megestrol Acetate Suspension 40 MG/ML Oral	Tier 2	
Megestrol Acetate Suspension 400 MG/10ML Oral	Tier 2	
Megestrol Acetate Suspension 800 MG/20ML Oral	Tier 2	
Megestrol Acetate TABLET 20 MG ORAL	Tier 1	
Megestrol Acetate TABLET 40 MG ORAL	Tier 2	
<b>*Retinoids*** - Drugs For Cancer</b>		
Tretinoin CAPSULE 10 MG ORAL	Tier 2	Specialty; Prior Authorization Required
<b>*Selective Estrogen Receptor Degraders*** - Drugs For Cancer</b>		

Drug Name	Tier	Notes
Orserdu Tablet 345 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Orserdu Tablet 86 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Selective Retinoid X Receptor Agonists*** - Drugs For Cancer</b>		
Bexarotene CAPSULE 75 MG ORAL	Tier 2	Specialty; Prior Authorization Required
<b>*Topoisomerase I Inhibitors*** - Drugs For Cancer</b>		
Hycamtin Capsule 0.25 MG Oral	Tier 3	Specialty; Prior Authorization Required
Hycamtin Capsule 1 MG Oral	Tier 3	Specialty; Prior Authorization Required
<b>*Urinary Tract Protective Agents*** - Drugs For Cancer</b>		
Mesna Tablet 400 MG Oral	Tier 2	
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors*** - Drugs For Cancer</b>		
Fruzaqla Capsule 1 MG Oral	Tier 4	Specialty; Prior Authorization Required
Fruzaqla Capsule 5 MG Oral	Tier 4	Specialty; Prior Authorization Required
Inlyta TABLET 1 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Inlyta TABLET 5 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Lenvima (10 MG Daily Dose) Capsule Therapy Pack 10 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lenvima (12 MG Daily Dose) Capsule Therapy Pack 3 x 4 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Lenvima (14 MG Daily Dose) Capsule Therapy Pack 10 & 4 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Lenvima (18 MG Daily Dose) Capsule Therapy Pack 10 MG & 2 x 4 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)

Drug Name	Tier	Notes
Lenvima (20 MG Daily Dose) Capsule Therapy Pack 2 x 10 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Lenvima (24 MG Daily Dose) Capsule Therapy Pack 2 x 10 MG & 4 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Lenvima (4 MG Daily Dose) Capsule Therapy Pack 4 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lenvima (8 MG Daily Dose) Capsule Therapy Pack 2 x 4 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Antiparkinson And Related Therapy Agents* - Drugs For The Nervous System</b>		
<b>*Adenosine Receptor Antagonist*** - Drugs For Parkinson</b>		
Nourianz Tablet 20 MG Oral	Tier 4	Specialty
Nourianz Tablet 40 MG Oral	Tier 4	Specialty
<b>*Antiparkinson Anticholinergics*** - Drugs For Parkinson</b>		
Benztropine Mesylate TABLET 0.5 MG ORAL	Tier 1	
Benztropine Mesylate TABLET 1 MG ORAL	Tier 1	
Benztropine Mesylate TABLET 2 MG ORAL	Tier 1	
Trihexyphenidyl HCl Solution 0.4 MG/ML Oral	Tier 4	
Trihexyphenidyl HCl TABLET 2 MG ORAL	Tier 1	
Trihexyphenidyl HCl TABLET 5 MG ORAL	Tier 1	
<b>*Antiparkinson Dopaminergics*** - Drugs For Parkinson</b>		
Amantadine HCl Capsule 100 MG Oral	Tier 2	
Amantadine HCl Solution 50 MG/5ML Oral	Tier 2	
Amantadine HCl Tablet 100 MG Oral	Tier 2	
Bromocriptine Mesylate CAPSULE 5 MG ORAL	Tier 2	
Bromocriptine Mesylate TABLET 2.5 MG ORAL	Tier 2	
Inbrija Capsule 42 MG Inhalation	Tier 3	Specialty
<b>*Antiparkinson Monoamine Oxidase Inhibitors*** - Drugs For Parkinson</b>		
Rasagiline Mesylate TABLET 0.5 MG ORAL	Tier 2	
Rasagiline Mesylate TABLET 1 MG ORAL	Tier 2	
Selegiline HCl Capsule 5 MG Oral	Tier 2	

Drug Name	Tier	Notes
Selegiline HCl Tablet 5 MG Oral	Tier 2	
Xadago TABLET 100 MG Oral	Tier 4	
Xadago TABLET 50 MG Oral	Tier 4	
Zelapar TABLET DISPERSIBLE 1.25 MG ORAL	Tier 4	
<b>*Central/Peripheral Comt Inhibitors*** - Drugs For Parkinson</b>		
Tolcapone Tablet 100 MG Oral	Tier 2	
<b>*Decarboxylase Inhibitors*** - Drugs For Parkinson</b>		
Carbidopa Tablet 25 MG Oral	Tier 2	
<b>*Levodopa Combinations*** - Drugs For Parkinson</b>		
Carbidopa-Levodopa ER Tablet Extended Release 25-100 MG Oral	Tier 2	Healthy Values
Carbidopa-Levodopa ER Tablet Extended Release 50-200 MG Oral	Tier 2	Healthy Values
Carbidopa-Levodopa Tablet 10-100 MG Oral	Tier 1	Healthy Values
Carbidopa-Levodopa Tablet 25-100 MG Oral	Tier 2	Healthy Values
Carbidopa-Levodopa Tablet 25-250 MG Oral	Tier 2	Healthy Values
Carbidopa-Levodopa Tablet Dispersible 10-100 MG Oral	Tier 4	
Carbidopa-Levodopa Tablet Dispersible 25-100 MG Oral	Tier 4	
Carbidopa-Levodopa Tablet Dispersible 25-250 MG Oral	Tier 4	
Carbidopa-Levodopa-Entacapone TABLET 12.5-50-200 MG ORAL	Tier 2	
Carbidopa-Levodopa-Entacapone TABLET 18.75-75-200 MG ORAL	Tier 2	
Carbidopa-Levodopa-Entacapone TABLET 25-100-200 MG ORAL	Tier 2	
Carbidopa-Levodopa-Entacapone TABLET 31.25-125-200 MG ORAL	Tier 2	
Carbidopa-Levodopa-Entacapone TABLET 37.5-150-200 MG ORAL	Tier 2	
Carbidopa-Levodopa-Entacapone TABLET 50-200-200 MG ORAL	Tier 2	
Duopa SUSPENSION 4.63-20 MG/ML Enteral	Tier 4	
Rytary Capsule Extended Release 23.75-95 MG Oral	Tier 4	
Rytary Capsule Extended Release 36.25-145 MG Oral	Tier 4	

Drug Name	Tier	Notes
Rytary Capsule Extended Release 48.75-195 MG Oral	Tier 4	
Rytary Capsule Extended Release 61.25-245 MG Oral	Tier 4	
Vyalev Solution 12-240 MG/ML Subcutaneous	Tier 4	Specialty
<b>*Nonergoline Dopamine Receptor Agonists*** - Drugs For Parkinson</b>		
Apomorphine HCl Solution Cartridge 30 MG/3ML Subcutaneous	Tier 2	Specialty
Neupro Patch 24 Hour 1 MG/24HR Transdermal	Tier 4	
Neupro Patch 24 Hour 2 MG/24HR Transdermal	Tier 4	
Neupro Patch 24 Hour 3 MG/24HR Transdermal	Tier 4	
Neupro Patch 24 Hour 4 MG/24HR Transdermal	Tier 4	
Neupro Patch 24 Hour 6 MG/24HR Transdermal	Tier 4	
Neupro Patch 24 Hour 8 MG/24HR Transdermal	Tier 4	
Onapgo Solution Cartridge 98 MG/20ML Subcutaneous	Tier 4	Specialty
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 0.375 MG Oral	Tier 2	Prior Authorization Required
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 0.75 MG Oral	Tier 2	Prior Authorization Required
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 1.5 MG Oral	Tier 2	Prior Authorization Required
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 2.25 MG Oral	Tier 2	Prior Authorization Required
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 3 MG Oral	Tier 2	Prior Authorization Required
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 3 MG Oral	Tier 2	Prior Authorization Required
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 3.75 MG Oral	Tier 2	Prior Authorization Required
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 4.5 MG Oral	Tier 2	Prior Authorization Required
Pramipexole Dihydrochloride TABLET 0.125 MG ORAL	Tier 1	Healthy Values
Pramipexole Dihydrochloride Tablet 0.25 MG Oral	Tier 1	Healthy Values
Pramipexole Dihydrochloride TABLET 0.5 MG ORAL	Tier 1	Healthy Values
Pramipexole Dihydrochloride TABLET 0.75 MG ORAL	Tier 1	Healthy Values
Pramipexole Dihydrochloride TABLET 1 MG ORAL	Tier 1	Healthy Values
Pramipexole Dihydrochloride TABLET 1.5 MG ORAL	Tier 1	Healthy Values
ROPINIrole HCl ER Tablet Extended Release 24 Hour 12 MG Oral	Tier 2	

Drug Name	Tier	Notes
ROPINIRole HCl ER Tablet Extended Release 24 Hour 2 MG Oral	Tier 2	
ROPINIRole HCl ER Tablet Extended Release 24 Hour 4 MG Oral	Tier 2	
ROPINIRole HCl ER Tablet Extended Release 24 Hour 6 MG Oral	Tier 2	
ROPINIRole HCl ER Tablet Extended Release 24 Hour 8 MG Oral	Tier 2	
ROPINIRole HCl TABLET 0.25 MG ORAL	Tier 1	Healthy Values
ROPINIRole HCl Tablet 0.5 MG Oral	Tier 1	Healthy Values
ROPINIRole HCl TABLET 1 MG ORAL	Tier 1	Healthy Values
ROPINIRole HCl Tablet 2 MG Oral	Tier 1	Healthy Values
ROPINIRole HCl Tablet 3 MG Oral	Tier 1	Healthy Values
ROPINIRole HCl Tablet 4 MG Oral	Tier 1	Healthy Values
ROPINIRole HCl Tablet 5 MG Oral	Tier 1	Healthy Values
<b>*Peripheral Comt Inhibitors*** - Drugs For Parkinson</b>		
Entacapone Tablet 200 MG Oral	Tier 2	
Ongentys Capsule 25 MG Oral	Tier 4	
Ongentys Capsule 50 MG Oral	Tier 4	Prior Authorization Required
<b>*Antipsychotics/Antimanic Agents* - Drugs For The Nervous System</b>		
<b>*Antimanic Agents*** - Drugs For Severe Mental Disorders</b>		
Lithium Carbonate CAPSULE 150 MG ORAL	Tier 1	Healthy Values
Lithium Carbonate CAPSULE 300 MG ORAL	Tier 1	Healthy Values
Lithium Carbonate CAPSULE 600 MG ORAL	Tier 1	Healthy Values
Lithium Carbonate ER Tablet Extended Release 300 MG Oral	Tier 1	Healthy Values
Lithium Carbonate ER Tablet Extended Release 450 MG Oral	Tier 1	Healthy Values
Lithium Carbonate TABLET 300 MG ORAL	Tier 1	Healthy Values
Lithium Solution 8 MEQ/5ML Oral	Tier 2	
<b>*Antipsychotics - Misc.*** - Drugs For Severe Mental Disorders</b>		
Caplyta Capsule 10.5 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Caplyta Capsule 21 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Caplyta Capsule 42 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Equetro CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	Tier 4	

Drug Name	Tier	Notes
Equetro CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	Tier 4	
Equetro CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	Tier 4	
Lurasidone HCl Tablet 120 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
Lurasidone HCl Tablet 20 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
Lurasidone HCl Tablet 40 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
Lurasidone HCl Tablet 60 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
Lurasidone HCl Tablet 80 MG Oral	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
Nuplazid Capsule 34 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Nuplazid Tablet 10 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Vraylar Capsule 0.5 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Vraylar Capsule 0.75 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Vraylar CAPSULE 1.5 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Vraylar CAPSULE 3 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Vraylar CAPSULE 4.5 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Vraylar CAPSULE 6 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Ziprasidone HCl CAPSULE 20 MG ORAL	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
Ziprasidone HCl CAPSULE 40 MG ORAL	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
Ziprasidone HCl CAPSULE 60 MG ORAL	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
Ziprasidone HCl CAPSULE 80 MG ORAL	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
<b>*Benzisoxazoles*** - Drugs For Severe Mental Disorders</b>		
Fanapt TABLET 1 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
Fanapt TABLET 10 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
Fanapt TABLET 12 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
Fanapt TABLET 2 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
Fanapt TABLET 4 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
Fanapt TABLET 6 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Fanapt TABLET 8 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
Fanapt Titration Pack A Tablet 1 & 2 & 4 & 6 MG Oral	Tier 4	
Fanapt Titration Pack B Tablet 1 & 2 & 6 & 8 MG Oral	Tier 4	
Fanapt Titration Pack C Tablet 1 & 2 & 6 MG Oral	Tier 4	
Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
RisperiDONE SOLUTION 1 MG/ML ORAL	Tier 2	Healthy Values; Quantity Limit (480 ML per 30 days)
risperiDONE Tablet 0.25 MG Oral	Tier 1	Healthy Values
RisperiDONE TABLET 0.5 MG ORAL	Tier 1	Healthy Values
RisperiDONE TABLET 1 MG ORAL	Tier 1	Healthy Values
RisperiDONE TABLET 2 MG ORAL	Tier 1	Healthy Values
RisperiDONE TABLET 3 MG ORAL	Tier 1	Healthy Values
RisperiDONE TABLET 4 MG ORAL	Tier 1	Healthy Values
RisperiDONE TABLET DISPERSIBLE 0.25 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
RisperiDONE TABLET DISPERSIBLE 0.5 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
RisperiDONE TABLET DISPERSIBLE 1 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
RisperiDONE TABLET DISPERSIBLE 2 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
RisperiDONE TABLET DISPERSIBLE 3 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
RisperiDONE TABLET DISPERSIBLE 4 MG ORAL	Tier 2	Quantity Limit (120 EA per 30 days)
<b>*Butyrophenones*** - Drugs For Severe Mental Disorders</b>		
Haloperidol Lactate CONCENTRATE 2 MG/ML ORAL	Tier 2	Healthy Values
Haloperidol TABLET 0.5 MG ORAL	Tier 1	Healthy Values
Haloperidol TABLET 1 MG ORAL	Tier 1	Healthy Values
Haloperidol TABLET 10 MG ORAL	Tier 2	Healthy Values
Haloperidol TABLET 2 MG ORAL	Tier 2	Healthy Values
Haloperidol Tablet 20 MG Oral	Tier 2	Healthy Values
Haloperidol TABLET 5 MG ORAL	Tier 2	Healthy Values
<b>*Dibenzodiazepines*** - Drugs For Severe Mental Disorders</b>		
CloZAPine TABLET 100 MG ORAL	Tier 2	Healthy Values; Quantity Limit (270 EA per 30 days)

Drug Name	Tier	Notes
CloZAPine TABLET 200 MG ORAL	Tier 2	Healthy Values; Quantity Limit (120 EA per 30 days)
CloZAPine TABLET 25 MG ORAL	Tier 1	Healthy Values; Quantity Limit (90 EA per 30 days)
CloZAPine TABLET 50 MG ORAL	Tier 2	Healthy Values; Quantity Limit (90 EA per 30 days)
CloZAPine TABLET DISPERSIBLE 100 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
CloZAPine Tablet Dispersible 12.5 MG Oral	Tier 4	Quantity Limit (90 EA per 30 days)
cloZAPine Tablet Dispersible 150 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
cloZAPine Tablet Dispersible 200 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
CloZAPine TABLET DISPERSIBLE 25 MG Oral	Tier 2	Quantity Limit (270 EA per 30 days)
Versacloz Suspension 50 MG/ML Oral	Tier 4	Quantity Limit (540 ML per 30 days)
<b>*Dibenzo-Oxepino Pyrroles*** - Drugs For Severe Mental Disorders</b>		
Asenapine Maleate Tablet Sublingual 10 MG Sublingual	Tier 2	Quantity Limit (60 EA per 30 days)
Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual	Tier 2	Quantity Limit (60 EA per 30 days)
Asenapine Maleate Tablet Sublingual 5 MG Sublingual	Tier 2	Quantity Limit (60 EA per 30 days)
Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	Tier 4	Quantity Limit (30 EA per 30 days)
Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	Tier 4	Quantity Limit (30 EA per 30 days)
Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	Tier 4	Quantity Limit (30 EA per 30 days)
<b>*Dibenzothiazepines*** - Drugs For Severe Mental Disorders</b>		
QUetiapine Fumarate ER Tablet Extended Release 24 Hour 150 MG Oral	Tier 1	Healthy Values; Quantity Limit (30 EA per 30 days)
QUetiapine Fumarate ER Tablet Extended Release 24 Hour 200 MG Oral	Tier 1	Healthy Values; Quantity Limit (30 EA per 30 days)
QUetiapine Fumarate ER Tablet Extended Release 24 Hour 300 MG Oral	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
QUetiapine Fumarate ER Tablet Extended Release 24 Hour 400 MG Oral	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
QUetiapine Fumarate ER Tablet Extended Release 24 Hour 50 MG Oral	Tier 1	Healthy Values
QUetiapine Fumarate TABLET 100 MG ORAL	Tier 1	Healthy Values
QUetiapine Fumarate Tablet 150 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
QUetiapine Fumarate TABLET 200 MG ORAL	Tier 1	Healthy Values
QUetiapine Fumarate TABLET 25 MG ORAL	Tier 1	Healthy Values
QUetiapine Fumarate TABLET 300 MG ORAL	Tier 1	Healthy Values; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
QUEtiapine Fumarate TABLET 400 MG ORAL	Tier 1	Healthy Values; Quantity Limit (60 EA per 30 days)
QUEtiapine Fumarate TABLET 50 MG ORAL	Tier 1	Healthy Values
<b>*Dibenzoxazepines*** - Drugs For Severe Mental Disorders</b>		
Loxapine Succinate CAPSULE 10 MG ORAL	Tier 2	Healthy Values
Loxapine Succinate CAPSULE 25 MG ORAL	Tier 2	Healthy Values
Loxapine Succinate CAPSULE 5 MG ORAL	Tier 2	Healthy Values
Loxapine Succinate CAPSULE 50 MG ORAL	Tier 2	Healthy Values
<b>*Dihydroindolones*** - Drugs For Severe Mental Disorders</b>		
Molindone HCl Tablet 10 MG Oral	Tier 4	
Molindone HCl Tablet 25 MG Oral	Tier 4	
Molindone HCl Tablet 5 MG Oral	Tier 4	
<b>*Phenothiazines*** - Drugs For Severe Mental Disorders</b>		
chlorproMAZINE HCl Concentrate 100 MG/ML Oral	Tier 4	
chlorproMAZINE HCl Concentrate 30 MG/ML Oral	Tier 4	
chlorproMAZINE HCl Tablet 10 MG Oral	Tier 2	
chlorproMAZINE HCl Tablet 100 MG Oral	Tier 2	
chlorproMAZINE HCl Tablet 200 MG Oral	Tier 2	
chlorproMAZINE HCl Tablet 25 MG Oral	Tier 2	
chlorproMAZINE HCl Tablet 50 MG Oral	Tier 2	
Compro SUPPOSITORY 25 MG Rectal	Tier 2	
FluPHENAZine HCl CONCENTRATE 5 MG/ML ORAL	Tier 4	
FluPHENAZine HCl ELIXIR 2.5 MG/5ML ORAL	Tier 4	
FluPHENAZine HCl TABLET 1 MG ORAL	Tier 2	
FluPHENAZine HCl TABLET 10 MG ORAL	Tier 2	
FluPHENAZine HCl TABLET 2.5 MG ORAL	Tier 2	
FluPHENAZine HCl TABLET 5 MG ORAL	Tier 2	
Perphenazine TABLET 16 MG Oral	Tier 2	Healthy Values
Perphenazine TABLET 2 MG Oral	Tier 2	Healthy Values
Perphenazine TABLET 4 MG Oral	Tier 2	Healthy Values
Perphenazine TABLET 8 MG Oral	Tier 2	Healthy Values
Prochlorperazine Maleate Tablet 10 MG Oral	Tier 1	

Drug Name	Tier	Notes
Prochlorperazine Maleate Tablet 5 MG Oral	Tier 1	
Prochlorperazine SUPPOSITORY 25 MG Rectal	Tier 2	
Thioridazine HCl TABLET 10 MG ORAL	Tier 2	
Thioridazine HCl TABLET 100 MG ORAL	Tier 2	
Thioridazine HCl TABLET 25 MG ORAL	Tier 2	
Thioridazine HCl TABLET 50 MG ORAL	Tier 2	
Trifluoperazine HCl TABLET 1 MG ORAL	Tier 2	Healthy Values
Trifluoperazine HCl TABLET 10 MG ORAL	Tier 2	Healthy Values
Trifluoperazine HCl TABLET 2 MG ORAL	Tier 2	Healthy Values
Trifluoperazine HCl TABLET 5 MG ORAL	Tier 2	Healthy Values
<b>*Quinolinone Derivatives*** - Drugs For Severe Mental Disorders</b>		
ARIPiprazole Solution 1 MG/ML Oral	Tier 2	Healthy Values; Quantity Limit (900 ML per 30 days)
ARIPiprazole TABLET 10 MG ORAL	Tier 1	Healthy Values
ARIPiprazole TABLET 15 MG ORAL	Tier 1	Healthy Values
ARIPiprazole TABLET 2 MG Oral	Tier 1	Healthy Values
ARIPiprazole TABLET 20 MG ORAL	Tier 1	Healthy Values; Quantity Limit (30 EA per 30 days)
ARIPiprazole Tablet 30 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
ARIPiprazole TABLET 5 MG Oral	Tier 1	Healthy Values
ARIPiprazole Tablet Dispersible 10 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
ARIPiprazole Tablet Dispersible 15 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Rexulti TABLET 0.25 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Rexulti TABLET 0.5 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Rexulti TABLET 1 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Rexulti TABLET 2 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Rexulti TABLET 3 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Rexulti TABLET 4 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Thienbenzodiazepines*** - Drugs For Severe Mental Disorders</b>		
OLANZapine TABLET 10 MG ORAL	Tier 1	Healthy Values
OLANZapine TABLET 15 MG ORAL	Tier 1	Healthy Values; Quantity Limit (30 EA per 30 days)
OLANZapine TABLET 2.5 MG ORAL	Tier 1	Healthy Values
OLANZapine TABLET 20 MG ORAL	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
OLANzapine TABLET 5 MG ORAL	Tier 1	Healthy Values
OLANzapine Tablet 7.5 MG Oral	Tier 1	Healthy Values
OLANzapine TABLET DISPERSIBLE 10 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
OLANzapine TABLET DISPERSIBLE 15 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
OLANzapine TABLET DISPERSIBLE 20 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
OLANzapine TABLET DISPERSIBLE 5 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
<b>*Thioxanthenes*** - Drugs For Severe Mental Disorders</b>		
Thiothixene Capsule 1 MG Oral	Tier 2	
Thiothixene Capsule 10 MG Oral	Tier 2	
Thiothixene Capsule 2 MG Oral	Tier 2	
Thiothixene Capsule 5 MG Oral	Tier 2	
<b>*Antivirals* - Drugs For Infections</b>		
<b>*Antiretroviral Combinations*** - Drugs For Viral Infections</b>		
Abacavir Sulfate-lamiVUDine Tablet 600-300 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Biktarvy Tablet 30-120-15 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Biktarvy Tablet 50-200-25 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Cimduo Tablet 300-300 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Delstrigo Tablet 100-300-300 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Descovy Tablet 120-15 MG Oral	Tier 3	ACA Drug; Quantity Limit (30 EA per 30 days)
Descovy TABLET 200-25 MG ORAL	Tier 3	ACA Drug; Quantity Limit (30 EA per 30 days)
Dovato Tablet 50-300 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Efavirenz-Emtricitab-Tenofo DF Tablet 600-200-300 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Efavirenz-lamiVUDine-Tenofovir Tablet 400-300-300 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Efavirenz-lamiVUDine-Tenofovir Tablet 600-300-300 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Emtricitabine-Tenofovir DF Tablet 100-150 MG Oral	Tier 2	ACA Drug; Quantity Limit (30 EA per 30 days)
Emtricitabine-Tenofovir DF Tablet 133-200 MG Oral	Tier 2	ACA Drug; Quantity Limit (30 EA per 30 days)
Emtricitabine-Tenofovir DF Tablet 167-250 MG Oral	Tier 2	ACA Drug; Quantity Limit (30 EA per 30 days)
Emtricitabine-Tenofovir DF Tablet 200-300 MG Oral	Tier 2	ACA Drug; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Emtricitab-Rilpivir-Tenofovir DF Tablet 200-25-300 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Evotaz TABLET 300-150 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Genvoya Tablet 150-150-200-10 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Juluca TABLET 50-25 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Kaletra SOLUTION 400-100 MG/5ML ORAL	Tier 3	Quantity Limit (480 ML per 30 days)
Lamivudine-Zidovudine TABLET 150-300 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Lopinavir-Ritonavir Tablet 100-25 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Lopinavir-Ritonavir Tablet 200-50 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
Odefsey Tablet 200-25-25 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Prezcobix Tablet 675-150 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Prezcobix Tablet 800-150 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Stribild TABLET 150-150-200-300 MG ORAL	Tier 4	Quantity Limit (30 EA per 30 days)
Symtuza Tablet 800-150-200-10 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Triumeq PD Tablet Soluble 60-5-30 MG Oral	Tier 3	Quantity Limit (180 EA per 30 days)
Triumeq TABLET 600-50-300 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Antiretrovirals - Capsid Inhibitors*** - Drugs For Viral Infections</b>		
Sunlenca Tablet 300 MG Oral	Tier 4	Specialty
Sunlenca Tablet Therapy Pack 4 x 300 MG Oral	Tier 4	Specialty
Sunlenca Tablet Therapy Pack 5 x 300 MG Oral	Tier 4	Specialty
Yeztugo Solution 463.5 MG/1.5ML Subcutaneous	Tier 3	Specialty; ACA Drug
Yeztugo Tablet 300 MG Oral	Tier 3	Specialty; ACA Drug
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** - Drugs For Viral Infections</b>		
Maraviroc Tablet 150 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Maraviroc Tablet 300 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
Selzentry Solution 20 MG/ML Oral	Tier 4	Quantity Limit (1840 ML per 30 days)
<b>*Antiretrovirals - Gp120-Directed Attachment Inhibitor*** - Drugs For Viral Infections</b>		
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
<b>*Antiretrovirals - Integrase Inhibitors*** - Drugs For Viral Infections</b>		
Apretude Suspension Extended Release 600 MG/3ML Intramuscular	Tier 3	Specialty; ACA Drug
Isentress HD TABLET 600 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
Isentress PACKET 100 MG Oral	Tier 3	Quantity Limit (60 EA per 30 days)
Isentress TABLET 400 MG ORAL	Tier 3	Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Isentress TABLET CHEWABLE 100 MG ORAL	Tier 3	Quantity Limit (180 EA per 30 days)
Isentress TABLET CHEWABLE 25 MG ORAL	Tier 3	Quantity Limit (180 EA per 30 days)
Tivicay PD Tablet Soluble 5 MG Oral	Tier 3	Quantity Limit (360 EA per 30 days)
Tivicay TABLET 50 MG ORAL	Tier 3	Quantity Limit (60 EA per 30 days)
<b>*Antiretrovirals - Protease Inhibitors*** - Drugs For Viral Infections</b>		
Aptivus CAPSULE 250 MG ORAL	Tier 4	Quantity Limit (120 EA per 30 days)
Atazanavir Sulfate CAPSULE 150 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Atazanavir Sulfate CAPSULE 200 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Atazanavir Sulfate CAPSULE 300 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Darunavir Tablet 600 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Darunavir Tablet 800 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Fosamprenavir Calcium TABLET 700 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
Norvir Packet 100 MG Oral	Tier 4	Quantity Limit (360 EA per 30 days)
Prezista SUSPENSION 100 MG/ML ORAL	Tier 3	Quantity Limit (400 ML per 30 days)
Prezista TABLET 150 MG ORAL	Tier 3	Quantity Limit (180 EA per 30 days)
Prezista TABLET 75 MG ORAL	Tier 3	Quantity Limit (300 EA per 30 days)
Reyataz PACKET 50 MG ORAL	Tier 4	Quantity Limit (240 EA per 30 days)
Ritonavir Tablet 100 MG Oral	Tier 2	Quantity Limit (360 EA per 30 days)
Viracept TABLET 250 MG ORAL	Tier 4	Quantity Limit (270 EA per 30 days)
Viracept TABLET 625 MG ORAL	Tier 4	Quantity Limit (120 EA per 30 days)
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues*** - Drugs For Viral Infections</b>		
Edurant PED Tablet Soluble 2.5 MG Oral	Tier 4	Quantity Limit (180 EA per 30 days)
Edurant TABLET 25 MG ORAL	Tier 4	Quantity Limit (30 EA per 30 days)
Efavirenz Tablet 600 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Etravirine Tablet 100 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Etravirine Tablet 200 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Intelence TABLET 25 MG ORAL	Tier 3	Quantity Limit (120 EA per 30 days)
Nevirapine ER Tablet Extended Release 24 Hour 400 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Nevirapine Suspension 50 MG/5ML Oral	Tier 4	Quantity Limit (1200 ML per 30 days)
Nevirapine TABLET 200 MG ORAL	Tier 1	Quantity Limit (60 EA per 30 days)
Pifeltro Tablet 100 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines*** - Drugs For Viral Infections</b>		
Abacavir Sulfate SOLUTION 20 MG/ML Oral	Tier 2	Quantity Limit (960 ML per 30 days)
Abacavir Sulfate TABLET 300 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** - Drugs For Viral Infections</b>		
Emtricitabine Capsule 200 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Emtriva SOLUTION 10 MG/ML ORAL	Tier 4	Quantity Limit (680 ML per 28 days)
lamiVUDine Solution 10 MG/ML Oral	Tier 2	Quantity Limit (960 ML per 30 days)
LamiVUDine TABLET 150 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
LamiVUDine TABLET 300 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** - Drugs For Viral Infections</b>		
Zidovudine CAPSULE 100 MG ORAL	Tier 2	Quantity Limit (180 EA per 30 days)
Zidovudine SYRUP 50 MG/5ML ORAL	Tier 2	Quantity Limit (1920 ML per 30 days)
Zidovudine TABLET 300 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
<b>*Antiretrovirals - Rti-Nucleotide Analogues*** - Drugs For Viral Infections</b>		
Tenofovir Disoproxil Fumarate Tablet 300 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Viread POWDER 40 MG/GM ORAL	Tier 3	Quantity Limit (240 GM per 30 days)
Viread TABLET 150 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Viread TABLET 200 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Viread TABLET 250 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Antiviral Combinations*** - Drugs For Infections</b>		
Paxlovid (150/100) Tablet Therapy Pack 10 x 150 MG & 10 x 100MG Oral	Tier 3	
Paxlovid (300/100 & 150/100) Tablet Therapy Pack 6 x 150 MG & 5 x 100MG Oral	Tier 3	
Paxlovid (300/100) Tablet Therapy Pack 20 x 150 MG & 10 x 100MG Oral	Tier 3	
<b>*Cmv Agents*** - Drugs For Viral Infections</b>		
Livtency Tablet 200 MG Oral	Tier 4	Quantity Limit (120 EA per 30 days)
Previmis Packet 120 MG Oral	Tier 4	
Previmis Packet 20 MG Oral	Tier 4	
Previmis TABLET 240 MG Oral	Tier 4	
Previmis TABLET 480 MG Oral	Tier 4	
ValGANciclovir HCl SOLUTION RECONSTITUTED 50 MG/ML ORAL	Tier 2	
ValGANciclovir HCl Tablet 450 MG Oral	Tier 2	
<b>*Hepatitis B Agents*** - Drugs For Viral Infections</b>		
Adefovir Dipivoxil TABLET 10 MG ORAL	Tier 2	
Baraclude SOLUTION 0.05 MG/ML ORAL	Tier 3	

Drug Name	Tier	Notes
Entecavir TABLET 0.5 MG ORAL	Tier 2	
Entecavir TABLET 1 MG ORAL	Tier 2	
LamiVUDine TABLET 100 MG ORAL	Tier 2	
Vemlidy TABLET 25 MG ORAL	Tier 3	
<b>*Hepatitis C Agent - Combinations*** - Drugs For Viral Infections</b>		
Epclusa Packet 150-37.5 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Epclusa Packet 200-50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Epclusa Tablet 200-50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Epclusa TABLET 400-100 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Harvoni Packet 33.75-150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Harvoni Packet 45-200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Harvoni Tablet 45-200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Harvoni TABLET 90-400 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Mavyret Packet 50-20 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (140 EA per 28 days)
Mavyret Tablet 100-40 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (84 EA per 28 days)
Vosevi TABLET 400-100-100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
<b>*Hepatitis C Agents*** - Drugs For Viral Infections</b>		
Pegasis Solution 180 MCG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Pegasys Solution Prefilled Syringe 180 MCG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Ribavirin CAPSULE 200 MG ORAL	Tier 3	
Ribavirin TABLET 200 MG ORAL	Tier 3	
Sovaldi Packet 150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Sovaldi Packet 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Sovaldi Tablet 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Sovaldi TABLET 400 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
<b>*Herpes Agents - Purine Analogues*** - Drugs For Viral Infections</b>		
Acyclovir Capsule 200 MG Oral	Tier 1	
Acyclovir SUSPENSION 200 MG/5ML ORAL	Tier 2	
Acyclovir Tablet 400 MG Oral	Tier 1	
Acyclovir TABLET 800 MG ORAL	Tier 1	
ValACYclovir HCl TABLET 1 GM ORAL	Tier 2	
ValACYclovir HCl TABLET 500 MG ORAL	Tier 1	
<b>*Herpes Agents - Thymidine Analogues*** - Drugs For Viral Infections</b>		
Famciclovir TABLET 125 MG ORAL	Tier 2	
Famciclovir TABLET 250 MG ORAL	Tier 2	
Famciclovir TABLET 500 MG ORAL	Tier 2	
<b>*Influenza Agents*** - Drugs For Viral Infections</b>		
Rimantadine HCl TABLET 100 MG ORAL	Tier 2	
<b>*Misc. Antivirals*** - Drugs For Viral Infections</b>		
Lagevrio Capsule 200 MG Oral	Tier 3	Quantity Limit (40 EA per 30 days)
<b>*Neuraminidase Inhibitors*** - Drugs For Viral Infections</b>		
Oseltamivir Phosphate Capsule 30 MG Oral	Tier 2	
Oseltamivir Phosphate Capsule 45 MG Oral	Tier 2	
Oseltamivir Phosphate Capsule 75 MG Oral	Tier 2	

Drug Name	Tier	Notes
Oseltamivir Phosphate Suspension Reconstituted 6 MG/ML Oral	Tier 2	
Relenza Diskhaler Aerosol Powder Breath Activated 5 MG/ACT Inhalation	Tier 4	
<b>*Pa Endonuclease Inhibitors*** - Drugs For Viral Infections</b>		
Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral	Tier 4	
Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral	Tier 4	
<b>*Beta Blockers* - Drugs For The Heart</b>		
<b>*Alpha-Beta Blockers*** - Drugs For High Blood Pressure</b>		
Carvedilol Phosphate ER Capsule Extended Release 24 Hour 10 MG Oral	Tier 2	Prior Authorization Required
Carvedilol Phosphate ER Capsule Extended Release 24 Hour 20 MG Oral	Tier 2	Prior Authorization Required
Carvedilol Phosphate ER Capsule Extended Release 24 Hour 40 MG Oral	Tier 2	Prior Authorization Required
Carvedilol Phosphate ER Capsule Extended Release 24 Hour 80 MG Oral	Tier 2	Prior Authorization Required
Carvedilol TABLET 12.5 MG ORAL	Tier 1	Healthy Values
Carvedilol TABLET 25 MG ORAL	Tier 1	Healthy Values
Carvedilol TABLET 3.125 MG ORAL	Tier 1	Healthy Values
Carvedilol TABLET 6.25 MG ORAL	Tier 1	Healthy Values
Labetalol HCl Tablet 100 MG Oral	Tier 1	Healthy Values
Labetalol HCl Tablet 200 MG Oral	Tier 2	Healthy Values
Labetalol HCl Tablet 300 MG Oral	Tier 2	Healthy Values
Labetalol HCl Tablet 400 MG Oral	Tier 4	
<b>*Beta Blockers Cardio-Selective*** - Drugs For High Blood Pressure</b>		
Acebutolol HCl CAPSULE 200 MG Oral	Tier 2	
Acebutolol HCl CAPSULE 400 MG Oral	Tier 2	Healthy Values
Atenolol TABLET 100 MG ORAL	Tier 1	Healthy Values
Atenolol TABLET 25 MG ORAL	Tier 1	Healthy Values
Atenolol TABLET 50 MG ORAL	Tier 1	Healthy Values
Betaxolol HCl TABLET 10 MG ORAL	Tier 2	Healthy Values
Betaxolol HCl TABLET 20 MG ORAL	Tier 2	Healthy Values
Bisoprolol Fumarate Tablet 10 MG Oral	Tier 2	Healthy Values
Bisoprolol Fumarate Tablet 2.5 MG Oral	Tier 4	

Drug Name	Tier	Notes
Bisoprolol Fumarate Tablet 5 MG Oral	Tier 1	Healthy Values
Kaspargo Sprinkle Capsule ER 24 Hour Sprinkle 100 MG Oral	Tier 4	
Kaspargo Sprinkle Capsule ER 24 Hour Sprinkle 200 MG Oral	Tier 4	
Kaspargo Sprinkle Capsule ER 24 Hour Sprinkle 25 MG Oral	Tier 4	
Kaspargo Sprinkle Capsule ER 24 Hour Sprinkle 50 MG Oral	Tier 4	
Lopressor Solution 10 MG/ML Oral	Tier 4	Prior Authorization Required; Quantity Limit (1350 ML per 30 days)
Lopressor Tablet 12.5 MG Oral	Tier 4	
Metoprolol Succinate ER Tablet Extended Release 24 Hour 100 MG Oral	Tier 1	Healthy Values
Metoprolol Succinate ER Tablet Extended Release 24 Hour 200 MG Oral	Tier 1	Healthy Values
Metoprolol Succinate ER Tablet Extended Release 24 Hour 25 MG Oral	Tier 1	Healthy Values
Metoprolol Succinate ER Tablet Extended Release 24 Hour 50 MG Oral	Tier 1	Healthy Values
Metoprolol Tartrate TABLET 100 MG ORAL	Tier 1	Healthy Values
Metoprolol Tartrate Tablet 12.5 MG Oral	Tier 4	
Metoprolol Tartrate TABLET 25 MG ORAL	Tier 1	Healthy Values
Metoprolol Tartrate TABLET 37.5 MG ORAL	Tier 1	Healthy Values
Metoprolol Tartrate TABLET 50 MG ORAL	Tier 1	Healthy Values
Metoprolol Tartrate TABLET 75 MG ORAL	Tier 1	Healthy Values
Nebivolol HCl Tablet 10 MG Oral	Tier 1	Healthy Values
Nebivolol HCl Tablet 2.5 MG Oral	Tier 1	Healthy Values
Nebivolol HCl Tablet 20 MG Oral	Tier 1	Healthy Values
Nebivolol HCl Tablet 5 MG Oral	Tier 1	Healthy Values
<b>*Beta Blockers Non-Selective*** - Drugs For High Blood Pressure</b>		
Hemangeol SOLUTION 4.28 MG/ML ORAL	Tier 3	
Inderal XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral	Tier 4	
Inderal XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral	Tier 4	Prior Authorization Required
InnoPran XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral	Tier 4	
InnoPran XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral	Tier 4	Prior Authorization Required

Drug Name	Tier	Notes
Nadolol Tablet 20 MG Oral	Tier 2	Healthy Values
Nadolol Tablet 40 MG Oral	Tier 2	Healthy Values
Nadolol Tablet 80 MG Oral	Tier 2	Healthy Values
Pindolol Tablet 10 MG Oral	Tier 2	
Pindolol Tablet 5 MG Oral	Tier 2	
Propranolol HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Tier 2	Healthy Values
Propranolol HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 160 MG ORAL	Tier 2	Healthy Values
Propranolol HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	Tier 1	Healthy Values
Propranolol HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Tier 1	Healthy Values
Propranolol HCl SOLUTION 20 MG/5ML ORAL	Tier 4	Prior Authorization Required; Quantity Limit (4800 ML per 30 days)
Propranolol HCl SOLUTION 40 MG/5ML ORAL	Tier 3	Prior Authorization Required; Quantity Limit (2400 ML per 30 days)
Propranolol HCl TABLET 10 MG ORAL	Tier 1	Healthy Values
Propranolol HCl TABLET 20 MG ORAL	Tier 1	Healthy Values
Propranolol HCl TABLET 40 MG ORAL	Tier 1	Healthy Values
Propranolol HCl TABLET 60 MG Oral	Tier 2	Healthy Values
Propranolol HCl TABLET 80 MG ORAL	Tier 1	Healthy Values
Sotalol HCl (AF) Tablet 120 MG Oral	Tier 1	Healthy Values
Sotalol HCl (AF) Tablet 160 MG Oral	Tier 2	Healthy Values
Sotalol HCl (AF) Tablet 80 MG Oral	Tier 1	Healthy Values
Sotalol HCl TABLET 120 MG ORAL	Tier 1	Healthy Values
Sotalol HCl TABLET 160 MG ORAL	Tier 2	Healthy Values
Sotalol HCl TABLET 240 MG ORAL	Tier 2	Healthy Values
Sotalol HCl TABLET 80 MG ORAL	Tier 1	Healthy Values
Sotylize SOLUTION 5 MG/ML ORAL	Tier 4	Prior Authorization Required; Quantity Limit (1920 ML per 30 days)
Timolol Maleate TABLET 10 MG ORAL	Tier 2	
Timolol Maleate Tablet 20 MG Oral	Tier 2	
Timolol Maleate Tablet 5 MG Oral	Tier 2	
<b>*Calcium Channel Blockers* - Drugs For The Heart</b>		
<b>*Calcium Channel Blockers*** - Drugs For High Blood Pressure</b>		
amlODIPine Besylate Tablet 10 MG Oral	Tier 1	Healthy Values

Drug Name	Tier	Notes
amLODIPine Besylate Tablet 2.5 MG Oral	Tier 1	Healthy Values
amLODIPine Besylate Tablet 5 MG Oral	Tier 1	Healthy Values
Cartia XT Capsule Extended Release 24 Hour 120 MG Oral	Tier 1	Healthy Values
Cartia XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Tier 1	Healthy Values
Cartia XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Tier 1	Healthy Values
Cartia XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Tier 2	Healthy Values
Conjupri Tablet 2.5 MG Oral	Tier 4	
Conjupri Tablet 5 MG Oral	Tier 4	
Diltiazem HCI ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Tier 1	Healthy Values
Diltiazem HCI ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Tier 1	Healthy Values
Diltiazem HCI ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Tier 2	Healthy Values
Diltiazem HCI ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Tier 2	Healthy Values
Diltiazem HCI ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	Tier 2	Healthy Values
Diltiazem HCI ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	Tier 2	Healthy Values
Diltiazem HCI ER CAPSULE EXTENDED RELEASE 12 HOUR 120 MG ORAL	Tier 2	Healthy Values
Diltiazem HCI ER CAPSULE EXTENDED RELEASE 12 HOUR 60 MG ORAL	Tier 2	Healthy Values
Diltiazem HCI ER CAPSULE EXTENDED RELEASE 12 HOUR 90 MG ORAL	Tier 2	Healthy Values
diITIAZem HCI ER Capsule Extended Release 24 Hour 120 MG Oral	Tier 1	Healthy Values
diITIAZem HCI ER Capsule Extended Release 24 Hour 180 MG Oral	Tier 2	Healthy Values
diITIAZem HCI ER Capsule Extended Release 24 Hour 240 MG Oral	Tier 2	Healthy Values
diITIAZem HCI ER Coated Beads Capsule Extended Release 24 Hour 120 MG Oral	Tier 1	Healthy Values
diITIAZem HCI ER Coated Beads Capsule Extended Release 24 Hour 180 MG Oral	Tier 1	Healthy Values
diITIAZem HCI ER Coated Beads Capsule Extended Release 24 Hour 240 MG Oral	Tier 1	Healthy Values

Drug Name	Tier	Notes
dilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 300 MG Oral	Tier 2	Healthy Values
Diltiazem HCl ER Coated Beads CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	Tier 2	Prior Authorization Required; Healthy Values
dilTIAZem HCl ER Tablet Extended Release 24 Hour 120 MG Oral	Tier 2	Healthy Values
dilTIAZem HCl ER Tablet Extended Release 24 Hour 180 MG Oral	Tier 2	Healthy Values
dilTIAZem HCl ER Tablet Extended Release 24 Hour 240 MG Oral	Tier 2	Healthy Values
dilTIAZem HCl ER Tablet Extended Release 24 Hour 300 MG Oral	Tier 2	Healthy Values
dilTIAZem HCl ER Tablet Extended Release 24 Hour 360 MG Oral	Tier 2	Healthy Values
dilTIAZem HCl ER Tablet Extended Release 24 Hour 420 MG Oral	Tier 2	Healthy Values
Diltiazem HCl TABLET 120 MG ORAL	Tier 1	Healthy Values
Diltiazem HCl TABLET 30 MG ORAL	Tier 1	Healthy Values
Diltiazem HCl TABLET 60 MG ORAL	Tier 1	Healthy Values
Diltiazem HCl TABLET 90 MG ORAL	Tier 2	Healthy Values
Dilt-XR CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Tier 1	Healthy Values
Dilt-XR CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Tier 2	Healthy Values
Dilt-XR CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Tier 2	Healthy Values
Felodipine ER Tablet Extended Release 24 Hour 10 MG Oral	Tier 1	Healthy Values
Felodipine ER Tablet Extended Release 24 Hour 2.5 MG Oral	Tier 1	Healthy Values
Felodipine ER Tablet Extended Release 24 Hour 5 MG Oral	Tier 1	Healthy Values
Isradipine CAPSULE 2.5 MG ORAL	Tier 2	Healthy Values
Isradipine CAPSULE 5 MG ORAL	Tier 2	Healthy Values
Katerzia Suspension 1 MG/ML Oral	Tier 4	Prior Authorization Required; Quantity Limit (300 ML per 30 days)
Levamlodipine Maleate Tablet 2.5 MG Oral	Tier 4	
Levamlodipine Maleate Tablet 5 MG Oral	Tier 4	
Matzim LA Tablet Extended Release 24 Hour 180 MG Oral	Tier 2	Healthy Values
Matzim LA Tablet Extended Release 24 Hour 240 MG Oral	Tier 2	Healthy Values

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Matzim LA Tablet Extended Release 24 Hour 300 MG Oral	Tier 2	Healthy Values
Matzim LA Tablet Extended Release 24 Hour 360 MG Oral	Tier 2	Healthy Values
Matzim LA Tablet Extended Release 24 Hour 420 MG Oral	Tier 2	Healthy Values
niCARDipine HCl Capsule 20 MG Oral	Tier 2	
niCARDipine HCl Capsule 30 MG Oral	Tier 2	
NIFEdipine Capsule 10 MG Oral	Tier 2	Healthy Values
NIFEdipine CAPSULE 20 MG ORAL	Tier 2	Healthy Values
NIFEdipine ER Osmotic Release Tablet Extended Release 24 Hour 30 MG Oral	Tier 1	Healthy Values
NIFEdipine ER Osmotic Release Tablet Extended Release 24 Hour 60 MG Oral	Tier 1	Healthy Values
NIFEdipine ER Osmotic Release Tablet Extended Release 24 Hour 90 MG Oral	Tier 2	
NIFEdipine ER Tablet Extended Release 24 Hour 30 MG Oral	Tier 1	Healthy Values
NIFEdipine ER Tablet Extended Release 24 Hour 60 MG Oral	Tier 1	Healthy Values
NIFEdipine ER Tablet Extended Release 24 Hour 90 MG Oral	Tier 1	Healthy Values
NiMODipine CAPSULE 30 MG Oral	Tier 2	
niMODipine Solution 60 MG/20ML Oral	Tier 4	Prior Authorization Required; Quantity Limit (2520 ML per 21 days)
Nisoldipine ER Tablet Extended Release 24 Hour 17 MG Oral	Tier 2	
Nisoldipine ER Tablet Extended Release 24 Hour 34 MG Oral	Tier 2	
Nisoldipine ER Tablet Extended Release 24 Hour 8.5 MG Oral	Tier 2	
Norliqva Solution 1 MG/ML Oral	Tier 4	Prior Authorization Required; Quantity Limit (30 ML per 30 days)
Nymalize Solution 6 MG/ML Oral	Tier 4	Prior Authorization Required; Quantity Limit (1260 ML per 21 days)
Tiadyt ER Capsule Extended Release 24 Hour 120 MG Oral	Tier 1	Healthy Values
Tiadyt ER Capsule Extended Release 24 Hour 180 MG Oral	Tier 1	Healthy Values
Tiadyt ER Capsule Extended Release 24 Hour 240 MG Oral	Tier 2	Healthy Values

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Tiadyt ER Capsule Extended Release 24 Hour 300 MG Oral	Tier 2	Healthy Values
Tiadyt ER Capsule Extended Release 24 Hour 360 MG Oral	Tier 2	Healthy Values
Tiadyt ER Capsule Extended Release 24 Hour 420 MG Oral	Tier 2	Healthy Values
Verapamil HCl ER Capsule Extended Release 24 Hour 100 MG Oral	Tier 4	
Verapamil HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Tier 2	Healthy Values
Verapamil HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Tier 2	Healthy Values
Verapamil HCl ER Capsule Extended Release 24 Hour 200 MG Oral	Tier 4	
Verapamil HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Tier 2	Healthy Values
Verapamil HCl ER Capsule Extended Release 24 Hour 300 MG Oral	Tier 4	
Verapamil HCl ER Capsule Extended Release 24 Hour 360 MG Oral	Tier 4	
Verapamil HCl ER Tablet Extended Release 120 MG Oral	Tier 1	Healthy Values
Verapamil HCl ER Tablet Extended Release 180 MG Oral	Tier 1	Healthy Values
Verapamil HCl ER Tablet Extended Release 240 MG Oral	Tier 1	
Verapamil HCl TABLET 120 MG ORAL	Tier 1	Healthy Values
Verapamil HCl TABLET 40 MG ORAL	Tier 1	Healthy Values
Verapamil HCl TABLET 80 MG ORAL	Tier 1	Healthy Values
<b>*Cardiotonics* - Drugs For The Heart</b>		
<b>*Cardiac Glycosides*** - Drugs For The Heart</b>		
Digox Tablet 125 MCG Oral	Tier 1	Healthy Values
Digox Tablet 250 MCG Oral	Tier 1	Healthy Values
Digoxin Solution 0.05 MG/ML Oral	Tier 2	Prior Authorization Required; Healthy Values
Digoxin TABLET 125 MCG ORAL	Tier 1	Healthy Values
Digoxin TABLET 250 MCG ORAL	Tier 1	Healthy Values
Digoxin Tablet 62.5 MCG Oral	Tier 2	Healthy Values
<b>*Cardiovascular Agents - Misc.* - Drugs For The Heart</b>		

Drug Name	Tier	Notes
<b>*Calcium Channel Blocker &amp; Hmg Coa Reductase Inhibit Comb*** - Drugs For Cholesterol</b>		
Amlodipine-Atorvastatin TABLET 10-10 MG ORAL	Tier 2	
Amlodipine-Atorvastatin TABLET 10-20 MG ORAL	Tier 2	
Amlodipine-Atorvastatin TABLET 10-40 MG ORAL	Tier 2	
Amlodipine-Atorvastatin TABLET 10-80 MG ORAL	Tier 2	
Amlodipine-Atorvastatin TABLET 2.5-10 MG ORAL	Tier 2	
Amlodipine-Atorvastatin TABLET 2.5-20 MG ORAL	Tier 2	
Amlodipine-Atorvastatin TABLET 2.5-40 MG ORAL	Tier 2	
Amlodipine-Atorvastatin TABLET 5-10 MG ORAL	Tier 2	
Amlodipine-Atorvastatin TABLET 5-20 MG ORAL	Tier 2	
Amlodipine-Atorvastatin TABLET 5-40 MG ORAL	Tier 2	
Amlodipine-Atorvastatin TABLET 5-80 MG ORAL	Tier 2	
<b>*Cardiac Myosin Inhibitors*** - Drugs For The Heart</b>		
Camzyos Capsule 10 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Camzyos Capsule 15 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Camzyos Capsule 2.5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Camzyos Capsule 5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Cardiovascular Anti-Inflammatory/Immune Modulators*** - Drugs For The Heart</b>		
Lodoco Tablet 0.5 MG Oral	Tier 4	
<b>*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb*** - Drugs For High Blood Pressure</b>		
Entresto Capsule Sprinkle 15-16 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Entresto Capsule Sprinkle 6-6 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Sacubitril-Valsartan Tablet 24-26 MG Oral	Tier 2	
Sacubitril-Valsartan Tablet 49-51 MG Oral	Tier 2	
Sacubitril-Valsartan Tablet 97-103 MG Oral	Tier 2	

Drug Name	Tier	Notes
<b>*Nitrate &amp; Vasodilator Combinations*** - Drugs For High Blood Pressure</b>		
Isosorb Dinitrate-hydrALAZINE Tablet 20-37.5 MG Oral	Tier 2	
<b>*Prostaglandin - Impotence Agents*** - Drugs For The Heart</b>		
Caverject Impulse KIT 10 MCG Intracavernosal	Tier 4	Review your Plan's SPD to confirm coverage
Caverject Impulse KIT 20 MCG Intracavernosal	Tier 4	Review your Plan's SPD to confirm coverage
Caverject SOLUTION RECONSTITUTED 20 MCG Intracavernosal	Tier 4	Review your Plan's SPD to confirm coverage
Caverject SOLUTION RECONSTITUTED 40 MCG Intracavernosal	Tier 4	Review your Plan's SPD to confirm coverage
Edex (2 Cartridge) Kit 10 MCG Intracavernosal	Tier 4	Review your Plan's SPD to confirm coverage
Edex (2 Cartridge) Kit 20 MCG Intracavernosal	Tier 4	Review your Plan's SPD to confirm coverage
Edex (2 Cartridge) Kit 40 MCG Intracavernosal	Tier 4	Review your Plan's SPD to confirm coverage
Edex (6 Cartridge) Kit 10 MCG Intracavernosal	Tier 4	Review your Plan's SPD to confirm coverage
Edex (6 Cartridge) Kit 20 MCG Intracavernosal	Tier 4	Review your Plan's SPD to confirm coverage
Edex (6 Cartridge) Kit 40 MCG Intracavernosal	Tier 4	Review your Plan's SPD to confirm coverage
<b>*Prostaglandin Vasodilators*** - Drugs For High Blood Pressure</b>		
Orenitram Month 1 Tablet Extended Release Therapy Pack 0.125 & 0.25 MG Oral	Tier 4	Specialty; Prior Authorization Required
Orenitram Month 2 Tablet Extended Release Therapy Pack 0.125 & 0.25 MG Oral	Tier 4	Specialty; Prior Authorization Required
Orenitram Month 3 Tablet Extended Release Therapy Pack 0.125 & 0.25 & 1 MG Oral	Tier 4	Specialty; Prior Authorization Required
Orenitram Tablet Extended Release 0.125 MG Oral	Tier 4	Specialty; Prior Authorization Required
Orenitram Tablet Extended Release 0.25 MG Oral	Tier 4	Specialty; Prior Authorization Required
Orenitram Tablet Extended Release 1 MG Oral	Tier 4	Specialty; Prior Authorization Required
Orenitram Tablet Extended Release 2.5 MG Oral	Tier 4	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Orenitram Tablet Extended Release 5 MG Oral	Tier 4	Specialty; Prior Authorization Required
Tyvaso DPI Institutional Kit Powder 80 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Tyvaso DPI Maintenance Kit Powder 112 x 32MCG & 112 x64MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (224 EA per 28 days)
Tyvaso DPI Maintenance Kit Powder 112 x 48MCG & 112 x64MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (224 EA per 28 days)
Tyvaso DPI Maintenance Kit Powder 16 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Tyvaso DPI Maintenance Kit Powder 32 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Tyvaso DPI Maintenance Kit Powder 48 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Tyvaso DPI Maintenance Kit Powder 64 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Tyvaso DPI Maintenance Kit Powder 80 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Tyvaso DPI Titration Kit Powder 16 & 32 & 48 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required
Tyvaso Refill Kit Solution 0.6 MG/ML Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (81.2 ML per 28 days)
Tyvaso SOLUTION 0.6 MG/ML INHALATION	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (81.2 ML per 28 days)
Tyvaso Starter Kit Solution 0.6 MG/ML Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (81.2 ML per 180 days)
Yutrepia Capsule 106 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Yutrepia Capsule 26.5 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Yutrepia Capsule 53 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)

Drug Name	Tier	Notes
Yutrepia Capsule 79.5 MCG Inhalation	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For High Blood Pressure</b>		
Adempas TABLET 0.5 MG ORAL	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Adempas TABLET 1 MG ORAL	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Adempas TABLET 1.5 MG ORAL	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Adempas TABLET 2 MG ORAL	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Adempas TABLET 2.5 MG ORAL	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Pulmonary Hypertension - Activin Signaling Inhibitor*** - Drugs For The Heart</b>		
Winrevair Kit 2 x 45 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 21 days)
Winrevair Kit 2 x 60 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 21 days)
Winrevair Kit 45 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 21 days)
Winrevair Kit 60 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 21 days)
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists*** - Drugs For High Blood Pressure</b>		
Ambrisentan Tablet 10 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ambrisentan Tablet 5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Bosentan Tablet 125 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Bosentan Tablet 62.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Bosentan Tablet Soluble 32 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Bosentan Tablet Soluble 32 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Opsumit TABLET 10 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors*** - Drugs For High Blood Pressure</b>		
Alyq Tablet 20 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Sildenafil Citrate Suspension Reconstituted 10 MG/ML Oral	Tier 2	Quantity Limit (224 ML per 30 days)
Sildenafil Citrate TABLET 20 MG Oral	Tier 2	Quantity Limit (90 EA per 30 days)
Tadalafil (PAH) Tablet 20 MG Oral	Tier 2	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist*** - Drugs For High Blood Pressure</b>		
Uptravi TABLET 1000 MCG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Uptravi TABLET 1200 MCG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Uptravi TABLET 1400 MCG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Uptravi TABLET 1600 MCG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Uptravi TABLET 200 MCG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Uptravi TABLET 400 MCG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Uptravi TABLET 600 MCG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Uptravi TABLET 800 MCG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Uptravi Titration Tablet Therapy Pack 200 & 800 MCG Oral	Tier 3	Specialty; Prior Authorization Required
<b>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors*** - Drugs For The Heart</b>		
Avanafil Tablet 100 MG Oral	Tier 4	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Avanafil Tablet 200 MG Oral	Tier 4	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Avanafil Tablet 50 MG Oral	Tier 4	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Sildenafil Citrate Tablet 100 MG Oral	Tier 1	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Sildenafil Citrate TABLET 100 MG Oral	Tier 1	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Sildenafil Citrate Tablet 25 MG Oral	Tier 1	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Sildenafil Citrate TABLET 25 MG Oral	Tier 1	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Sildenafil Citrate Tablet 50 MG Oral	Tier 1	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Sildenafil Citrate TABLET 50 MG Oral	Tier 1	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Tadalafil Tablet 10 MG Oral	Tier 1	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Tadalafil Tablet 2.5 MG Oral	Tier 1	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Tadalafil Tablet 20 MG Oral	Tier 1	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Tadalafil Tablet 5 MG Oral	Tier 1	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage

Drug Name	Tier	Notes
Vardenafil HCl Tablet 10 MG Oral	Tier 2	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Vardenafil HCl Tablet 2.5 MG Oral	Tier 2	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Vardenafil HCl Tablet 20 MG Oral	Tier 2	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Vardenafil HCl Tablet 5 MG Oral	Tier 2	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Vardenafil HCl Tablet Dispersible 10 MG Oral	Tier 2	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
<b>*Sinus Node Inhibitors** - Drugs For High Blood Pressure</b>		
Corlanor Solution 5 MG/5ML Oral	Tier 3	Quantity Limit (600 ML per 30 days)
Ivabradine HCl Tablet 5 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Ivabradine HCl Tablet 7.5 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
<b>*Transthyretin Stabilizers*** - Drugs For The Heart</b>		
Attruby Tablet Therapy Pack 356 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Vyndamax Capsule 61 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For Angina</b>		
Verquvo Tablet 10 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Verquvo Tablet 2.5 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Verquvo Tablet 5 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Cephalosporins* - Drugs For Infections</b>		
<b>*Cephalosporins - 1St Generation*** - Antibiotics</b>		
Cefadroxil CAPSULE 500 MG ORAL	Tier 1	
Cefadroxil SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	Tier 2	
Cefadroxil SUSPENSION RECONSTITUTED 500 MG/5ML ORAL	Tier 2	

Drug Name	Tier	Notes
Cefadroxil TABLET 1 GM ORAL	Tier 4	
Cephalexin CAPSULE 250 MG ORAL	Tier 1	
Cephalexin CAPSULE 500 MG ORAL	Tier 1	
Cephalexin Capsule 750 MG Oral	Tier 2	
Cephalexin SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	Tier 2	
Cephalexin SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	Tier 2	
Cephalexin TABLET 250 MG ORAL	Tier 2	
Cephalexin TABLET 500 MG ORAL	Tier 2	
<b>*Cephalosporins - 2Nd Generation*** - Antibiotics</b>		
Cefaclor CAPSULE 250 MG ORAL	Tier 4	
Cefaclor Capsule 500 MG Oral	Tier 4	
Cefaclor ER Tablet Extended Release 12 Hour 500 MG Oral	Tier 4	
Cefaclor Suspension Reconstituted 250 MG/5ML Oral	Tier 4	
Cefprozil SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	Tier 2	
Cefprozil SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	Tier 2	
Cefprozil TABLET 250 MG ORAL	Tier 2	
Cefprozil TABLET 500 MG ORAL	Tier 2	
Cefuroxime Axetil Tablet 250 MG Oral	Tier 1	
Cefuroxime Axetil TABLET 500 MG ORAL	Tier 2	
<b>*Cephalosporins - 3Rd Generation*** - Antibiotics</b>		
Cefdinir CAPSULE 300 MG ORAL	Tier 1	
Cefdinir SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	Tier 2	
Cefdinir SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	Tier 2	
Cefixime Capsule 400 MG Oral	Tier 2	
Cefixime SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	Tier 2	
Cefixime SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Tier 2	
Cefixime Tablet 400 MG Oral	Tier 4	

Drug Name	Tier	Notes
Cefpodoxime Proxetil SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	Tier 4	
Cefpodoxime Proxetil SUSPENSION RECONSTITUTED 50 MG/5ML ORAL	Tier 4	
Cefpodoxime Proxetil TABLET 100 MG ORAL	Tier 2	
Cefpodoxime Proxetil TABLET 200 MG ORAL	Tier 2	
<b>*Contraceptives* - Drugs For Women</b>		
<b>*Biphasic Contraceptives - Oral*** - Birth Control Pills</b>		
Azurette Tablet 0.15-0.02/0.01 MG (21/5) Oral	Tier 1	ACA Drug
Desogestrel-Ethinyl Estradiol TABLET 0.15-0.02/0.01 MG (21/5) ORAL	Tier 1	ACA Drug
Kariva TABLET 0.15-0.02/0.01 MG (21/5) ORAL	Tier 1	ACA Drug
Lo Loestrin Fe TABLET 1 MG-10 MCG / 10 MCG ORAL	Tier 3	
Pimtreea TABLET 0.15-0.02/0.01 MG (21/5) ORAL	Tier 1	ACA Drug
Simliya Tablet 0.15-0.02/0.01 MG (21/5) Oral	Tier 1	ACA Drug
Viorele Tablet 0.15-0.02/0.01 MG (21/5) Oral	Tier 1	ACA Drug
Volnea Tablet 0.15-0.02/0.01 MG (21/5) Oral	Tier 1	ACA Drug
<b>*Combination Contraceptives - Oral*** - Birth Control Pills</b>		
Afirmelle Tablet 0.1-20 MG-MCG Oral	Tier 1	ACA Drug
Altavera Tablet 0.15-30 MG-MCG Oral	Tier 1	ACA Drug
Alyacen 1/35 Tablet 1-35 MG-MCG Oral	Tier 1	ACA Drug
Apri TABLET 0.15-30 MG-MCG ORAL	Tier 1	ACA Drug
Aubra EQ Tablet 0.1-20 MG-MCG Oral	Tier 1	ACA Drug
Aurovela 1.5/30 Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Aurovela 1/20 Tablet 1-20 MG-MCG Oral	Tier 1	ACA Drug
Aurovela 24 FE Tablet 1-20 MG-MCG(24) Oral	Tier 1	ACA Drug
Aurovela Fe 1.5/30 Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Aurovela FE 1/20 Tablet 1-20 MG-MCG Oral	Tier 1	ACA Drug
Aviane TABLET 0.1-20 MG-MCG ORAL	Tier 1	ACA Drug
Ayuna Tablet 0.15-30 MG-MCG Oral	Tier 1	ACA Drug
Balziva TABLET 0.4-35 MG-MCG ORAL	Tier 2	ACA Drug
Blisovi 24 Fe Tablet 1-20 MG-MCG(24) Oral	Tier 1	ACA Drug
Blisovi Fe 1.5/30 Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Blisovi FE 1/20 Tablet 1-20 MG-MCG Oral	Tier 1	ACA Drug
Briellyn TABLET 0.4-35 MG-MCG ORAL	Tier 2	ACA Drug

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Charlotte 24 Fe Tablet Chewable 1-20 MG-MCG(24) Oral	Tier 2	ACA Drug
Chateal EQ Tablet 0.15-30 MG-MCG Oral	Tier 1	ACA Drug
Cryselle Tablet 0.3-30 MG-MCG Oral	Tier 1	ACA Drug
Cryselle-28 Tablet 0.3-30 MG-MCG Oral	Tier 1	ACA Drug
Cyred EQ Tablet 0.15-30 MG-MCG Oral	Tier 1	ACA Drug
Dasetta 1/35 (28) Tablet 1-35 MG-MCG Oral	Tier 1	ACA Drug
Delyla TABLET 0.1-20 MG-MCG ORAL	Tier 1	ACA Drug
Drospiren-Eth Estrad-Levomefol TABLET 3-0.02-0.451 MG ORAL	Tier 2	ACA Drug
Drospiren-Eth Estrad-Levomefol TABLET 3-0.03-0.451 MG Oral	Tier 2	ACA Drug
Drospirenone-Ethinyl Estradiol Tablet 3-0.02 MG Oral	Tier 1	ACA Drug
Drospirenone-Ethinyl Estradiol TABLET 3-0.03 MG ORAL	Tier 1	ACA Drug
Elinest TABLET 0.3-30 MG-MCG ORAL	Tier 1	ACA Drug
Enskyce Tablet 0.15-30 MG-MCG Oral	Tier 1	ACA Drug
Estarylla Tablet 0.25-35 MG-MCG Oral	Tier 1	ACA Drug
Ethinodiol Diac-Eth Estradiol TABLET 1-35 MG-MCG Oral	Tier 1	ACA Drug
Ethinodiol Diac-Eth Estradiol TABLET 1-50 MG-MCG ORAL	Tier 2	ACA Drug
Falmina TABLET 0.1-20 MG-MCG ORAL	Tier 1	ACA Drug
Feirza 1.5/30 Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Feirza 1/20 Tablet 1-20 MG-MCG Oral	Tier 1	ACA Drug
Finzala Tablet Chewable 1-20 MG-MCG(24) Oral	Tier 2	ACA Drug
Galbriela Tablet Chewable 0.8-25 MG-MCG Oral	Tier 2	ACA Drug
Gemmily Capsule 1-20 MG-MCG(24) Oral	Tier 2	ACA Drug
Hailey 1.5/30 Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Hailey 24 Fe Tablet 1-20 MG-MCG(24) Oral	Tier 1	ACA Drug
Hailey FE 1.5/30 Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Hailey FE 1/20 Tablet 1-20 MG-MCG Oral	Tier 1	ACA Drug
Isibloom Tablet 0.15-30 MG-MCG Oral	Tier 1	ACA Drug
Jasmiel Tablet 3-0.02 MG Oral	Tier 1	ACA Drug
Joyeaux Tablet 0.1-20 MG-MCG(21) Oral	Tier 2	ACA Drug
Juleber TABLET 0.15-30 MG-MCG ORAL	Tier 1	ACA Drug
Junel 1.5/30 TABLET 1.5-30 MG-MCG ORAL	Tier 1	ACA Drug
Junel 1/20 TABLET 1-20 MG-MCG ORAL	Tier 1	ACA Drug
Junel FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	Tier 1	ACA Drug

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Junel FE 1/20 TABLET 1-20 MG-MCG ORAL	Tier 1	ACA Drug
Junel Fe 24 TABLET 1-20 MG-MCG(24) ORAL	Tier 1	ACA Drug
Kaitlib Fe Tablet Chewable 0.8-25 MG-MCG Oral	Tier 2	ACA Drug
Kalliga Tablet 0.15-30 MG-MCG Oral	Tier 1	ACA Drug
Kelnor 1/35 TABLET 1-35 MG-MCG ORAL	Tier 1	ACA Drug
Kurvelo Tablet 0.15-30 MG-MCG Oral	Tier 1	ACA Drug
Larin 1.5/30 TABLET 1.5-30 MG-MCG ORAL	Tier 1	ACA Drug
Larin 1/20 TABLET 1-20 MG-MCG ORAL	Tier 1	ACA Drug
Larin 24 FE TABLET 1-20 MG-MCG(24) ORAL	Tier 1	ACA Drug
Larin Fe 1.5/30 TABLET 1.5-30 MG-MCG ORAL	Tier 1	ACA Drug
Larin Fe 1/20 TABLET 1-20 MG-MCG ORAL	Tier 1	ACA Drug
Lessina TABLET 0.1-20 MG-MCG ORAL	Tier 1	ACA Drug
Levonorgest-Eth Estradiol-Iron Tablet 0.1-20 MG-MCG(21) Oral	Tier 1	ACA Drug
Levonorgestrel-Ethinyl Estrad TABLET 0.1-20 MG-MCG ORAL	Tier 1	ACA Drug
Levonorgestrel-Ethinyl Estrad TABLET 0.15-30 MG-MCG ORAL	Tier 1	ACA Drug
Levora 0.15/30 (28) TABLET 0.15-30 MG-MCG ORAL	Tier 1	ACA Drug
Loestrin 1.5/30 (21) TABLET 1.5-30 MG-MCG ORAL	Tier 1	ACA Drug
Loestrin 1/20 (21) TABLET 1-20 MG-MCG ORAL	Tier 1	ACA Drug
Loestrin Fe 1.5/30 TABLET 1.5-30 MG-MCG ORAL	Tier 1	ACA Drug
Loestrin Fe 1/20 TABLET 1-20 MG-MCG ORAL	Tier 1	ACA Drug
Loryna Tablet 3-0.02 MG Oral	Tier 1	ACA Drug
Low-Ogestrel TABLET 0.3-30 MG-MCG ORAL	Tier 1	ACA Drug
Lo-Zumandimine Tablet 3-0.02 MG Oral	Tier 1	ACA Drug
Luizza 1.5/30 Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Luizza 1/20 Tablet 1-20 MG-MCG Oral	Tier 1	ACA Drug
Lutera TABLET 0.1-20 MG-MCG ORAL	Tier 1	ACA Drug
Marlissa Tablet 0.15-30 MG-MCG Oral	Tier 1	ACA Drug
Mibelas 24 Fe Tablet Chewable 1-20 MG-MCG(24) Oral	Tier 2	ACA Drug
Microgestin 1.5/30 Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Microgestin 1/20 TABLET 1-20 MG-MCG ORAL	Tier 1	ACA Drug
Microgestin FE 1.5/30 Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Microgestin FE 1/20 Tablet 1-20 MG-MCG Oral	Tier 1	ACA Drug
Mili Tablet 0.25-35 MG-MCG Oral	Tier 1	ACA Drug
Minzoya Tablet 0.1-20 MG-MCG(21) Oral	Tier 2	ACA Drug

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Mono-Linyah TABLET 0.25-35 MG-MCG ORAL	Tier 1	ACA Drug
Necon 0.5/35 (28) Tablet 0.5-35 MG-MCG Oral	Tier 1	ACA Drug
Necon 1/35 (28) TABLET 1-35 MG-MCG ORAL	Tier 1	ACA Drug
Nikki Tablet 3-0.02 MG Oral	Tier 1	ACA Drug
Norethin Ace-Eth Estrad-FE Capsule 1-20 MG-MCG(24) Oral	Tier 2	ACA Drug
Norethin Ace-Eth Estrad-FE Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Norethin Ace-Eth Estrad-FE Tablet Chewable 1-20 MG-MCG(24) Oral	Tier 2	ACA Drug
Norethindrone Acet-Ethinyl Est Tablet 1.5-30 MG-MCG Oral	Tier 1	ACA Drug
Norethindrone Acet-Ethinyl Est TABLET 1-20 MG-MCG ORAL	Tier 1	ACA Drug
Norethin-Eth Estradiol-Fe TABLET CHEWABLE 0.4-35 MG-MCG ORAL	Tier 2	ACA Drug
Norgestimate-Eth Estradiol Tablet 0.25-35 MG-MCG Oral	Tier 1	ACA Drug
Nortrel 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	Tier 1	ACA Drug
Nortrel 1/35 (21) TABLET 1-35 MG-MCG ORAL	Tier 1	ACA Drug
Nortrel 1/35 (28) TABLET 1-35 MG-MCG ORAL	Tier 1	ACA Drug
Nylia 1/35 Tablet 1-35 MG-MCG Oral	Tier 1	ACA Drug
Orsythia Tablet 0.1-20 MG-MCG Oral	Tier 1	ACA Drug
Philith TABLET 0.4-35 MG-MCG ORAL	Tier 2	ACA Drug
Portia-28 TABLET 0.15-30 MG-MCG ORAL	Tier 1	ACA Drug
Reclipsen TABLET 0.15-30 MG-MCG Oral	Tier 1	ACA Drug
Solia TABLET 0.15-30 MG-MCG ORAL	Tier 1	ACA Drug
Sprintec 28 TABLET 0.25-35 MG-MCG ORAL	Tier 1	ACA Drug
Sronyx TABLET 0.1-20 MG-MCG ORAL	Tier 1	ACA Drug
Syeda Tablet 3-0.03 MG Oral	Tier 1	ACA Drug
Tarina 24 Fe Tablet 1-20 MG-MCG(24) Oral	Tier 1	ACA Drug
Tarina FE 1/20 EQ Tablet 1-20 MG-MCG Oral	Tier 1	ACA Drug
Taysofy Capsule 1-20 MG-MCG(24) Oral	Tier 2	ACA Drug
Turqoz Tablet 0.3-30 MG-MCG Oral	Tier 1	ACA Drug
Tyblume Tablet Chewable 0.1-20 MG-MCG Oral	Tier 4	
Tydemy Tablet 3-0.03-0.451 MG Oral	Tier 2	ACA Drug
Valtya 1/35 Tablet 1-35 MG-MCG Oral	Tier 1	ACA Drug
Valtya 1/50 Tablet 1-50 MG-MCG Oral	Tier 2	ACA Drug
Vestura Tablet 3-0.02 MG Oral	Tier 1	ACA Drug

Drug Name	Tier	Notes
Vienva Tablet 0.1-20 MG-MCG Oral	Tier 1	ACA Drug
Vyfemla Tablet 0.4-35 MG-MCG Oral	Tier 2	ACA Drug
VyLibra TABLET 0.25-35 MG-MCG Oral	Tier 1	ACA Drug
Wera TABLET 0.5-35 MG-MCG ORAL	Tier 1	ACA Drug
Wymzya Fe Tablet Chewable 0.4-35 MG-MCG Oral	Tier 2	ACA Drug
Xelria Fe Tablet Chewable 0.4-35 MG-MCG Oral	Tier 2	ACA Drug
Zovia 1/35 (28) Tablet 1-35 MG-MCG Oral	Tier 1	ACA Drug
Zumandimine Tablet 3-0.03 MG Oral	Tier 1	ACA Drug
<b>*Combination Contraceptives - Transdermal*** - Birth Control Pills</b>		
Norelgestromin-Eth Estradiol Patch Weekly 150-35 MCG/24HR Transdermal	Tier 2	ACA Drug
Xulane PATCH WEEKLY 150-35 MCG/24HR Transdermal	Tier 2	ACA Drug
Zafemy Patch Weekly 150-35 MCG/24HR Transdermal	Tier 2	ACA Drug
<b>*Combination Contraceptives - Vaginal*** - Birth Control Pills</b>		
NuvaRing Ring 0.12-0.015 MG/24HR Vaginal	Tier 2	ACA Drug
<b>*Continuous Contraceptives - Oral*** - Birth Control Pills</b>		
Amethyst Tablet 90-20 MCG Oral	Tier 2	ACA Drug
Dolishale Tablet 90-20 MCG Oral	Tier 2	ACA Drug
Levonorgestrel-Ethinyl Estrad TABLET 90-20 MCG ORAL	Tier 2	ACA Drug
<b>*Emergency Contraceptives*** - Birth Control Pills</b>		
Ella Tablet 30 MG Oral	Tier 3	ACA Drug
<b>*Extended-Cycle Contraceptives - Oral*** - Birth Control Pills</b>		
Ashlyna Tablet 0.15-0.03 & 0.01 MG Oral	Tier 2	ACA Drug
Camrese Lo TABLET 0.1-0.02 & 0.01 MG ORAL	Tier 1	ACA Drug
Camrese TABLET 0.15-0.03 & 0.01 MG ORAL	Tier 2	ACA Drug
Daysee TABLET 0.15-0.03 & 0.01 MG ORAL	Tier 2	ACA Drug
Iclevia Tablet 0.15-0.03 MG Oral	Tier 1	ACA Drug
Introvale Tablet 0.15-0.03 MG Oral	Tier 1	ACA Drug
Jaimiess Tablet 0.15-0.03 & 0.01 MG Oral	Tier 2	ACA Drug
Jolessa TABLET 0.15-0.03 MG ORAL	Tier 1	ACA Drug
Levonorgest-Eth Est & Eth Est TABLET 42-21-21-7 DAYS Oral	Tier 2	ACA Drug

Drug Name	Tier	Notes
Levonorgest-Eth Estrad 91-Day TABLET 0.1-0.02 & 0.01 MG Oral	Tier 1	ACA Drug
Levonorgest-Eth Estrad 91-Day Tablet 0.15-0.03 & 0.01 MG Oral	Tier 2	ACA Drug
Levonorgest-Eth Estrad 91-Day TABLET 0.15-0.03 MG ORAL	Tier 1	ACA Drug
LoJaimiess Tablet 0.1-0.02 & 0.01 MG Oral	Tier 1	ACA Drug
Rivelsa TABLET 42-21-21-7 DAYS Oral	Tier 2	ACA Drug
Rosyrah Tablet 42-21-21-7 DAYS Oral	Tier 2	ACA Drug
Setlakin TABLET 0.15-0.03 MG ORAL	Tier 1	ACA Drug
Simpesse Tablet 0.15-0.03 & 0.01 MG Oral	Tier 2	ACA Drug
<b>*Four Phase Contraceptives - Oral*** - Birth Control Pills</b>		
Natazia TABLET 3/2-2/2-3/1 MG ORAL	Tier 4	
<b>*Progestin Contraceptives - Injectable*** - Birth Control Pills</b>		
Depo-SubQ Provera 104 Suspension Prefilled Syringe 104 MG/0.65ML Subcutaneous	Tier 4	
MedroxyPROGESTERone Acetate SUSPENSION 150 MG/ML Intramuscular	Tier 1	ACA Drug
MedroxyPROGESTERone Acetate Suspension Prefilled Syringe 150 MG/ML Intramuscular	Tier 1	ACA Drug
<b>*Progestin Contraceptives - Oral*** - Birth Control Pills</b>		
Camila Tablet 0.35 MG Oral	Tier 1	ACA Drug
Deblitane TABLET 0.35 MG ORAL	Tier 1	ACA Drug
Emzahh Tablet 0.35 MG Oral	Tier 1	ACA Drug
Errin Tablet 0.35 MG Oral	Tier 1	ACA Drug
Heather TABLET 0.35 MG ORAL	Tier 1	ACA Drug
Incassia Tablet 0.35 MG Oral	Tier 1	ACA Drug
Jencycla Tablet 0.35 MG Oral	Tier 1	ACA Drug
Lyleq Tablet 0.35 MG Oral	Tier 1	ACA Drug
Lyza TABLET 0.35 MG ORAL	Tier 1	ACA Drug
Meleya Tablet 0.35 MG Oral	Tier 1	ACA Drug
Nora-BE Tablet 0.35 MG Oral	Tier 1	ACA Drug
Norethindrone TABLET 0.35 MG ORAL	Tier 1	ACA Drug
Norlyda Tablet 0.35 MG Oral	Tier 1	ACA Drug
Norlyroc TABLET 0.35 MG ORAL	Tier 1	ACA Drug
Orquidea Tablet 0.35 MG Oral	Tier 1	ACA Drug

Drug Name	Tier	Notes
Sharobel TABLET 0.35 MG ORAL	Tier 1	ACA Drug
<b>*Triphasic Contraceptives - Oral*** - Birth Control Pills</b>		
Alyacen 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	Tier 1	ACA Drug
Aranelle TABLET 0.5/1/0.5-35 MG-MCG ORAL	Tier 2	ACA Drug
Dasetta 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	Tier 1	ACA Drug
Levonest Tablet 50-30/75-40/ 125-30 MCG Oral	Tier 1	ACA Drug
Levonorg-Eth Estrad Triphasic Tablet 50-30/75-40/ 125-30 MCG Oral	Tier 1	ACA Drug
Norgestimate-Eth Estradiol Tablet 0.18/0.215/0.25 MG-25 MCG Oral	Tier 1	ACA Drug
Norgestim-Eth Estrad Triphasic Tablet 0.18/0.215/0.25 MG-25 MCG Oral	Tier 1	ACA Drug
Norgestim-Eth Estrad Triphasic Tablet 0.18/0.215/0.25 MG-35 MCG Oral	Tier 1	ACA Drug
Nortrel 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	Tier 1	ACA Drug
Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	Tier 1	ACA Drug
Pirmella 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	Tier 1	ACA Drug
Tilia Fe Tablet 1-20/1-30/1-35 MG-MCG Oral	Tier 2	ACA Drug
Tri Femynor Tablet 0.18/0.215/0.25 MG-35 MCG Oral	Tier 1	ACA Drug
Tri-Estarylla Tablet 0.18/0.215/0.25 MG-35 MCG Oral	Tier 1	ACA Drug
Tri-Legest Fe TABLET 1-20/1-30/1-35 MG-MCG ORAL	Tier 2	ACA Drug
Tri-Linyah TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	Tier 1	ACA Drug
Tri-Lo-Estarylla Tablet 0.18/0.215/0.25 MG-25 MCG Oral	Tier 1	ACA Drug
Tri-Lo-Marzia Tablet 0.18/0.215/0.25 MG-25 MCG Oral	Tier 1	ACA Drug
Tri-Lo-Mili Tablet 0.18/0.215/0.25 MG-25 MCG Oral	Tier 1	ACA Drug
Tri-Lo-Sprintec TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	Tier 1	ACA Drug
Tri-Mili Tablet 0.18/0.215/0.25 MG-35 MCG Oral	Tier 1	ACA Drug
TriNessa (28) Tablet 0.18/0.215/0.25 MG-35 MCG Oral	Tier 1	ACA Drug
Tri-Sprintec TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	Tier 1	ACA Drug
Trivora (28) Tablet 50-30/75-40/ 125-30 MCG Oral	Tier 1	ACA Drug
Tri-VyLibra Lo Tablet 0.18/0.215/0.25 MG-25 MCG Oral	Tier 1	ACA Drug

Drug Name	Tier	Notes
Tri-VyLibra TABLET 0.18/0.215/0.25 MG-35 MCG Oral	Tier 1	ACA Drug
Velivet TABLET 0.1/0.125/0.15 -0.025 MG ORAL	Tier 4	
Xarah Fe Tablet 1-20/1-30/1-35 MG-MCG Oral	Tier 2	ACA Drug
<b>*Corticosteroids* - Hormones</b>		
<b>*Glucocorticosteroids*** - Drugs For Inflammation</b>		
Agamree Suspension 40 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (300 ML per 30 days)
Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral	Tier 4	Specialty; Prior Authorization Required
Alkindi Sprinkle Capsule Sprinkle 1 MG Oral	Tier 4	Specialty; Prior Authorization Required
Alkindi Sprinkle Capsule Sprinkle 2 MG Oral	Tier 4	Specialty; Prior Authorization Required
Alkindi Sprinkle Capsule Sprinkle 5 MG Oral	Tier 4	Specialty; Prior Authorization Required
Budesonide Capsule Delayed Release Particles 3 MG Oral	Tier 2	
Budesonide ER Tablet Extended Release 24 Hour 9 MG Oral	Tier 2	Prior Authorization Required
Cortisone Acetate Tablet 25 MG Oral	Tier 4	
Deflazacort Suspension 22.75 MG/ML Oral	Tier 2	Specialty; Prior Authorization Required
Deflazacort Tablet 18 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Deflazacort Tablet 30 MG Oral	Tier 2	Specialty; Prior Authorization Required
Deflazacort Tablet 36 MG Oral	Tier 2	Specialty; Prior Authorization Required
Deflazacort Tablet 6 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Dexamethasone Elixir 0.5 MG/5ML Oral	Tier 2	
Dexamethasone Intensol CONCENTRATE 1 MG/ML ORAL	Tier 4	
Dexamethasone SOLUTION 0.5 MG/5ML ORAL	Tier 4	
Dexamethasone TABLET 0.5 MG ORAL	Tier 1	
Dexamethasone TABLET 0.75 MG ORAL	Tier 1	
Dexamethasone TABLET 1 MG ORAL	Tier 1	

Drug Name	Tier	Notes
Dexamethasone TABLET 1.5 MG ORAL	Tier 1	
Dexamethasone TABLET 2 MG ORAL	Tier 1	
Dexamethasone TABLET 4 MG ORAL	Tier 1	
Dexamethasone TABLET 6 MG ORAL	Tier 1	
Dexamethasone Tablet Therapy Pack 1.5 MG (21) Oral	Tier 4	
Dexamethasone Tablet Therapy Pack 1.5 MG (35) Oral	Tier 4	
Dexamethasone Tablet Therapy Pack 1.5 MG (51) Oral	Tier 4	
Eohilia Suspension 2 MG/10ML Oral	Tier 4	Prior Authorization Required
Hemady Tablet 20 MG Oral	Tier 4	
HiDex 6-Day Tablet Therapy Pack 1.5 MG (21) Oral	Tier 4	
Hydrocortisone TABLET 10 MG Oral	Tier 2	
Hydrocortisone TABLET 20 MG Oral	Tier 2	
Hydrocortisone TABLET 5 MG Oral	Tier 2	
Jaythari Suspension 22.75 MG/ML Oral	Tier 2	Prior Authorization Required
Jaythari Tablet 18 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Jaythari Tablet 30 MG Oral	Tier 2	Specialty; Prior Authorization Required
Jaythari Tablet 36 MG Oral	Tier 2	Specialty; Prior Authorization Required
Jaythari Tablet 6 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Khindivi Solution 1 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required
Kymbee Tablet 18 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Kymbee Tablet 30 MG Oral	Tier 2	Specialty; Prior Authorization Required
Kymbee Tablet 36 MG Oral	Tier 2	Specialty; Prior Authorization Required
Kymbee Tablet 6 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Medrol TABLET 2 MG ORAL	Tier 4	

Drug Name	Tier	Notes
MethylPREDNISolone TABLET 16 MG ORAL	Tier 1	
MethylPREDNISolone TABLET 32 MG ORAL	Tier 1	
MethylPREDNISolone TABLET 4 MG ORAL	Tier 1	
MethylPREDNISolone TABLET 8 MG ORAL	Tier 2	
MethylPREDNISolone Tablet Therapy Pack 4 MG Oral	Tier 1	
Orapred ODT Tablet Dispersible 10 MG Oral	Tier 4	
Orapred ODT Tablet Dispersible 15 MG Oral	Tier 4	
Orapred ODT Tablet Dispersible 30 MG Oral	Tier 4	
PrednisoLONE Sodium Phosphate SOLUTION 10 MG/5ML Oral	Tier 2	
PrednisoLONE Sodium Phosphate SOLUTION 15 MG/5ML ORAL	Tier 1	
PrednisoLONE Sodium Phosphate SOLUTION 20 MG/5ML Oral	Tier 2	
prednisoLONE Sodium Phosphate Solution 25 MG/5ML Oral	Tier 2	
prednisoLONE Sodium Phosphate Solution 5 MG/5ML Oral	Tier 2	
prednisoLONE Sodium Phosphate Tablet Dispersible 10 MG Oral	Tier 4	
prednisoLONE Sodium Phosphate Tablet Dispersible 15 MG Oral	Tier 4	
prednisoLONE Sodium Phosphate Tablet Dispersible 30 MG Oral	Tier 4	
prednisoLONE Solution 15 MG/5ML Oral	Tier 2	
prednisoLONE Tablet 5 MG Oral	Tier 2	
PredniSONE Intensol CONCENTRATE 5 MG/ML ORAL	Tier 4	
PredniSONE SOLUTION 5 MG/5ML ORAL	Tier 3	
PredniSONE TABLET 1 MG ORAL	Tier 1	
PredniSONE TABLET 10 MG ORAL	Tier 1	
PredniSONE TABLET 2.5 MG ORAL	Tier 1	
PredniSONE TABLET 20 MG ORAL	Tier 1	
PredniSONE TABLET 5 MG ORAL	Tier 1	
PredniSONE TABLET 50 MG ORAL	Tier 1	
predniSONE Tablet Delayed Release 1 MG Oral	Tier 4	

Drug Name	Tier	Notes
predniSONE Tablet Delayed Release 2 MG Oral	Tier 4	
PredniSONE Tablet Therapy Pack 10 MG (21) Oral	Tier 1	
PredniSONE Tablet Therapy Pack 10 MG (48) Oral	Tier 2	
PredniSONE Tablet Therapy Pack 5 MG (21) Oral	Tier 1	
PredniSONE Tablet Therapy Pack 5 MG (48) Oral	Tier 1	
Pyquvi Suspension 22.75 MG/ML Oral	Tier 2	Prior Authorization Required
TaperDex 12-Day Tablet Therapy Pack 1.5 MG (49) Oral	Tier 4	
TaperDex 6-Day Tablet Therapy Pack 1.5 MG (21) Oral	Tier 4	
TaperDex 6-Day Tablet Therapy Pack 1.5 MG Oral	Tier 4	
TaperDex 7-Day Tablet Therapy Pack 1.5 MG (27) Oral	Tier 4	
<b>*Mineralocorticoids*** - Drugs For Inflammation</b>		
Fludrocortisone Acetate TABLET 0.1 MG ORAL	Tier 1	
<b>*Cough/Cold/Allergy* - Drugs For The Lungs</b>		
<b>*Antitussive - Nonnarcotic*** - Drugs For Allergies</b>		
Benzonatate CAPSULE 100 MG ORAL	Tier 1	
Benzonatate CAPSULE 200 MG Oral	Tier 1	
<b>*Antitussive - Opioid*** - Drugs For Cough And Cold</b>		
HYDROcodone Bit-Homatrop MBr Solution 5-1.5 MG/5ML Oral	Tier 1	
HYDROcodone Bit-Homatrop MBr Tablet 5-1.5 MG Oral	Tier 2	
Hydromet Solution 5-1.5 MG/5ML Oral	Tier 1	
<b>*Decongestant &amp; Antihistamine*** - Drugs For Cough And Cold</b>		
Clarinet-D 12 Hour Tablet Extended Release 12 Hour 2.5-120 MG Oral	Tier 4	
Promethazine-Phenylephrine Syrup 6.25-5 MG/5ML Oral	Tier 2	
<b>*Misc. Respiratory Inhalants*** - Drugs For Allergies</b>		
Nebusal NEBULIZATION SOLUTION 3 % INHALATION	Tier 2	
PulmoSal NEBULIZATION SOLUTION 7 % INHALATION	Tier 1	

Drug Name	Tier	Notes
Sodium Chloride NEBULIZATION SOLUTION 3 % INHALATION	Tier 2	
Sodium Chloride Nebulization Solution 7 % Inhalation	Tier 1	
<b>*Mucolytics*** - Drugs For The Lungs</b>		
Acetylcysteine SOLUTION 10 % INHALATION	Tier 2	
Acetylcysteine SOLUTION 20 % INHALATION	Tier 2	
<b>*Non-Narc Antitussive-Antihistamine*** - Drugs For Cough And Cold</b>		
Promethazine-DM Syrup 6.25-15 MG/5ML Oral	Tier 1	
<b>*Non-Narc Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold</b>		
Pseudoeph-Bromphen-DM Syrup 30-2-10 MG/5ML Oral (Rx)	Tier 2	
<b>*Opioid Antitussive-Antihistamine*** - Drugs For Cough And Cold</b>		
Hydrocod Poli-Chlorphe Poli ER Suspension Extended Release 10-8 MG/5ML Oral	Tier 2	
Promethazine-Codeine Solution 6.25-10 MG/5ML Oral	Tier 1	
Promethazine-Codeine Syrup 6.25-10 MG/5ML Oral	Tier 1	
Tuxarin ER Tablet Extended Release 12 Hour 54.3-8 MG Oral	Tier 4	
<b>*Dermatologicals* - Drugs For The Skin</b>		
<b>*Acne Antibiotics*** - Drugs For The Skin</b>		
Amzeeq Foam 4 % External	Tier 4	
Clindacin ETZ SWAB 1 % EXTERNAL	Tier 2	
Clindacin Foam 1 % External	Tier 2	
Clindacin-P SWAB 1 % EXTERNAL	Tier 2	
Clindamycin Phos (Twice-Daily) Gel 1 % External	Tier 2	
Clindamycin Phosphate FOAM 1 % EXTERNAL	Tier 2	
Clindamycin Phosphate LOTION 1 % EXTERNAL	Tier 2	
Clindamycin Phosphate SOLUTION 1 % EXTERNAL	Tier 2	
Clindamycin Phosphate SWAB 1 % EXTERNAL	Tier 2	
Dapsone Gel 5 % External	Tier 2	
Dapsone Gel 7.5 % External	Tier 2	
Ery PAD 2 % EXTERNAL	Tier 4	
Erythromycin GEL 2 % EXTERNAL	Tier 4	

Drug Name	Tier	Notes
Erythromycin Solution 2 % External	Tier 2	
Sulfacetamide Sodium (Acne) LOTION 10 % EXTERNAL	Tier 2	
<b>*Acne Combinations*** - Drugs For The Skin</b>		
Adapalene-Benzoyl Peroxide Gel 0.1-2.5 % External	Tier 2	
Adapalene-Benzoyl Peroxide Gel 0.3-2.5 % External	Tier 2	
Avar Cleanser Liquid 10-5 % External	Tier 2	
Avar-e Emollient CREAM 10-5 % EXTERNAL	Tier 2	
Benzoyl Peroxide-Erythromycin GEL 5-3 % EXTERNAL	Tier 2	
Cabtreo Gel 0.15-3.1-1.2 % External	Tier 4	
Clenia Plus Suspension 9-4.25 % External	Tier 4	
Clindamycin Phos-Benzoyl Perox Gel 1.2-2.5 % External	Tier 2	
Clindamycin Phos-Benzoyl Perox Gel 1.2-3.75 % External	Tier 2	
Clindamycin Phos-Benzoyl Perox Gel 1.2-5 % External	Tier 2	
Clindamycin Phos-Benzoyl Perox GEL 1-5 % EXTERNAL	Tier 2	
Clindamycin-Tretinoin GEL 1.2-0.025 % EXTERNAL	Tier 2	
Neuac GEL 1.2-5 % EXTERNAL	Tier 2	
Plexion Cleansing Cloth PAD 9.8-4.8 % EXTERNAL	Tier 4	
SSS 10-5 CREAM 10-5 % EXTERNAL	Tier 2	
Sulfacetamide Sodium-Sulfur CREAM 10-2 % EXTERNAL	Tier 2	
Sulfacetamide Sodium-Sulfur CREAM 10-5 % EXTERNAL	Tier 2	
Sulfacetamide Sodium-Sulfur Cream 9.8-4.8 % External	Tier 2	
Sulfacetamide Sodium-Sulfur Liquid 10-2 % External	Tier 2	
Sulfacetamide Sodium-Sulfur Liquid 10-5 % External	Tier 2	
Sulfacetamide Sodium-Sulfur Liquid 9.8-4.8 % External	Tier 2	
Sulfacetamide Sodium-Sulfur Liquid 9-4 % External	Tier 2	
Sulfacetamide Sodium-Sulfur Liquid 9-4.5 % External	Tier 2	
Sulfacetamide Sodium-Sulfur Lotion 10-5 % External	Tier 2	

Drug Name	Tier	Notes
Sulfacetamide Sodium-Sulfur Lotion 9.8-4.8 % External	Tier 2	
Sulfacetamide Sodium-Sulfur Suspension 10-5 % External	Tier 2	
Sulfacetamide Sodium-Sulfur SUSPENSION 8-4 % EXTERNAL	Tier 2	
Sulfacetamide Sodium-Sulfur Suspension 9-4.25 % External	Tier 4	
Sulfacetamide Sod-Sulfur Wash Liquid 9-4 % External	Tier 2	
Sulfacetamide Sod-Sulfur Wash Liquid 9-4.5 % External	Tier 2	
Sulfacetamide-Sulfur in Urea Emulsion 10-5 % External	Tier 4	
SulfaCleanse 8/4 SUSPENSION 8-4 % EXTERNAL	Tier 2	
Sumaxin PAD 10-4 % EXTERNAL	Tier 2	
<b>*Acne Products*** - Drugs For The Skin</b>		
Absorica LD Capsule 16 MG Oral	Tier 3	
Absorica LD Capsule 24 MG Oral	Tier 3	
Absorica LD Capsule 32 MG Oral	Tier 3	
Absorica LD Capsule 8 MG Oral	Tier 3	
Accutane Capsule 10 MG Oral	Tier 2	
Accutane Capsule 20 MG Oral	Tier 2	
Accutane Capsule 30 MG Oral	Tier 2	
Accutane Capsule 40 MG Oral	Tier 2	
Adapalene CREAM 0.1 % EXTERNAL	Tier 2	
Adapalene Gel 0.1 % External (OTC)	Tier 2	
Adapalene Gel 0.1 % External (Rx)	Tier 2	
Adapalene GEL 0.3 % EXTERNAL	Tier 2	
Adapalene Pad 0.1 % External	Tier 4	Prior Authorization Required
Adapalene Solution 0.1 % External	Tier 4	Prior Authorization Required
Aklief Cream 0.005 % External	Tier 4	
Amnesteem CAPSULE 10 MG Oral	Tier 2	
Amnesteem CAPSULE 20 MG Oral	Tier 2	
Amnesteem Capsule 30 MG Oral	Tier 2	
Amnesteem CAPSULE 40 MG Oral	Tier 2	
Azelex Cream 20 % External	Tier 4	

Drug Name	Tier	Notes
Claravis CAPSULE 10 MG ORAL	Tier 2	
Claravis CAPSULE 20 MG ORAL	Tier 2	
Claravis Capsule 30 MG Oral	Tier 2	
Claravis CAPSULE 40 MG ORAL	Tier 2	
ISOTretinoin Capsule 10 MG Oral	Tier 2	
ISOTretinoin Capsule 20 MG Oral	Tier 2	
ISOTretinoin Capsule 25 MG Oral	Tier 2	
ISOTretinoin Capsule 30 MG Oral	Tier 2	
ISOTretinoin Capsule 35 MG Oral	Tier 2	
ISOTretinoin Capsule 40 MG Oral	Tier 2	
Tretinoin Cream 0.025 % External	Tier 2	
Tretinoin Cream 0.05 % External	Tier 2	
Tretinoin Cream 0.1 % External	Tier 2	
Tretinoin Gel 0.01 % External	Tier 2	
Tretinoin Gel 0.025 % External	Tier 2	
Tretinoin Gel 0.05 % External	Tier 2	
Tretinoin Microsphere GEL 0.04 % EXTERNAL	Tier 4	Prior Authorization Required
Tretinoin Microsphere GEL 0.1 % EXTERNAL	Tier 4	Prior Authorization Required
Tretinoin Microsphere Pump GEL 0.04 % EXTERNAL	Tier 4	Prior Authorization Required
Tretinoin Microsphere Pump GEL 0.1 % EXTERNAL	Tier 4	Prior Authorization Required
Winlevi Cream 1 % External	Tier 4	
Zenatane CAPSULE 10 MG ORAL	Tier 2	
Zenatane CAPSULE 20 MG ORAL	Tier 2	
Zenatane Capsule 30 MG Oral	Tier 2	
Zenatane CAPSULE 40 MG ORAL	Tier 2	
<b>*Agents For External Genital And Perianal Warts*** - Drugs For The Skin</b>		
Veregen Ointment 15 % External	Tier 4	
<b>*Antibiotic Steroid Combinations - Topical*** - Drugs For The Skin</b>		
Neo-Synalar CREAM 0.5-0.025 % EXTERNAL	Tier 4	
<b>*Antibiotics - Topical*** - Drugs For The Skin</b>		
Gentamicin Sulfate CREAM 0.1 % EXTERNAL	Tier 2	
Gentamicin Sulfate Ointment 0.1 % External	Tier 2	

Drug Name	Tier	Notes
Mupirocin Calcium Cream 2 % External	Tier 2	
Mupirocin OINTMENT 2 % EXTERNAL	Tier 1	
<b>*Antifungals - Topical Combinations*** - Drugs For The Skin</b>		
Clotrimazole-Betamethasone CREAM 1-0.05 % EXTERNAL	Tier 2	
Clotrimazole-Betamethasone LOTION 1-0.05 % EXTERNAL	Tier 4	
Miconazole-Zinc Oxide-Petrolat Ointment 0.25-15-81.35 % External	Tier 4	
Nystatin-Triamcinolone CREAM 100000-0.1 UNIT/GM-% External	Tier 2	
Nystatin-Triamcinolone Ointment 100000-0.1 UNIT/GM-% External	Tier 2	
Vusion Ointment 0.25-15-81.35 % External	Tier 4	
<b>*Antifungals - Topical*** - Drugs For The Skin</b>		
Ciclodan SOLUTION 8 % EXTERNAL	Tier 2	
Ciclopirox GEL 0.77 % EXTERNAL	Tier 2	
Ciclopirox Olamine CREAM 0.77 % EXTERNAL	Tier 1	
Ciclopirox Olamine SUSPENSION 0.77 % EXTERNAL	Tier 2	
Ciclopirox SHAMPOO 1 % EXTERNAL	Tier 2	
Ciclopirox Solution 8 % External	Tier 2	
Klayesta Powder 100000 UNIT/GM External	Tier 2	
Naftifine HCl CREAM 1 % EXTERNAL	Tier 4	
Naftifine HCl CREAM 2 % EXTERNAL	Tier 2	
Naftifine HCl Gel 2 % External	Tier 2	
Nyamyx POWDER 100000 UNIT/GM EXTERNAL	Tier 2	
Nystatin CREAM 100000 UNIT/GM External	Tier 1	
Nystatin OINTMENT 100000 UNIT/GM EXTERNAL	Tier 1	
Nystatin Powder 100000 UNIT/GM External	Tier 2	
Nystop POWDER 100000 UNIT/GM EXTERNAL	Tier 2	
<b>*Anti-Inflammatory Agents - Topical*** - Drugs For The Skin</b>		
Diclofenac Epolamine Patch 1.3 % External	Tier 4	Quantity Limit (60 EA per 30 days)
Diclofenac Sodium Solution 1.5 % External	Tier 2	Quantity Limit (300 ML per 30 days)
Diclofenac Sodium Solution 2 % External	Tier 2	Quantity Limit (224 GM per 28 days)

Drug Name	Tier	Notes
Flector Patch 1.3 % External	Tier 4	Quantity Limit (60 EA per 30 days)
Licart Patch 24 Hour 1.3 % External	Tier 4	Quantity Limit (30 EA per 30 days)
<b>*Antineoplastic Alkylating Agents - Topical*** - Drugs For The Skin</b>		
Valchlor Gel 0.016 % External	Tier 3	Specialty
<b>*Antineoplastic Antimetabolites - Topical*** - Drugs For The Skin</b>		
Fluorouracil CREAM 5 % EXTERNAL	Tier 2	
Fluorouracil SOLUTION 2 % EXTERNAL	Tier 4	
Fluorouracil Solution 5 % External	Tier 2	
<b>*Antineoplastic Or Premalignant Lesions - Topical Nsaid's*** - Drugs For The Skin</b>		
Diclofenac Sodium Gel 3 % External	Tier 2	
<b>*Antineoplastic Retinoids - Topical*** - Drugs For The Skin</b>		
Panretin Gel 0.1 % External	Tier 4	
<b>*Antipruritics - Topical*** - Drugs For The Skin</b>		
Doxepin HCl Cream 5 % External	Tier 2	Prior Authorization Required; Quantity Limit (45 GM per 30 days)
<b>*Antipsoriatics - Systemic*** - Drugs For The Skin</b>		
Acitretin CAPSULE 10 MG ORAL	Tier 2	
Acitretin CAPSULE 17.5 MG ORAL	Tier 2	
Acitretin CAPSULE 25 MG ORAL	Tier 2	
Cosentyx (300 MG Dose) Solution Prefilled Syringe 150 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Cosentyx Sensoready (300 MG) Solution Auto-Injector 150 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Cosentyx Sensoready Pen Solution Auto-injector 150 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Cosentyx Solution Prefilled Syringe 150 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Cosentyx Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.5 ML per 28 days)

Drug Name	Tier	Notes
Cosentyx UnoReady Solution Auto-Injector 300 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Methoxsalen Rapid CAPSULE 10 MG ORAL	Tier 4	
Otulfi Solution 45 MG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.5 ML per 84 days)
Otulfi Solution Prefilled Syringe 45 MG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.5 ML per 84 days)
Otulfi Solution Prefilled Syringe 90 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 56 days)
Skyrizi Pen Solution Auto-Injector 150 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 84 days)
Skyrizi Solution Prefilled Syringe 150 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 84 days)
Sotyktu Tablet 6 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Spevigo Solution Prefilled Syringe 150 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Spevigo Solution Prefilled Syringe 300 MG/2ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Starjemza Solution 45 MG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.5 ML per 84 days)
Starjemza Solution Prefilled Syringe 45 MG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.5 ML per 84 days)
Starjemza Solution Prefilled Syringe 90 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 56 days)
Starjemza Subcutaneous Solution 45 MG/0.5ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.5 ML per 84 days)
Tremfya One-Press Solution Pen-Injector 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 56 days)

Drug Name	Tier	Notes
Tremfya Pen Solution Auto-Injector 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 56 days)
Tremfya Solution Prefilled Syringe 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 56 days)
<b>*Antipsoriatics*** - Drugs For The Skin</b>		
Calcipotriene Cream 0.005 % External	Tier 2	
Calcipotriene Foam 0.005 % External	Tier 4	
Calcipotriene OINTMENT 0.005 % EXTERNAL	Tier 2	
Calcipotriene SOLUTION 0.005 % EXTERNAL	Tier 4	
Calcitrene OINTMENT 0.005 % EXTERNAL	Tier 2	
Calcitriol OINTMENT 3 MCG/GM EXTERNAL	Tier 4	
Sorilux FOAM 0.005 % External	Tier 4	
Tazarotene Cream 0.05 % External	Tier 2	
Tazarotene CREAM 0.1 % External	Tier 2	
Tazarotene Gel 0.05 % External	Tier 2	
Tazarotene Gel 0.1 % External	Tier 2	
Vectical OINTMENT 3 MCG/GM EXTERNAL	Tier 4	
Vtama Cream 1 % External	Tier 4	
<b>*Antiseborrheic Products*** - Drugs For The Skin</b>		
Selenium Sulfide LOTION 2.5 % EXTERNAL	Tier 1	
Sodium Sulfacetamide Shampoo 10 % External	Tier 2	
Sodium Sulfacetamide Wash Liquid 10 % External	Tier 2	
Sulfacetamide Sodium (Cleans) Gel 10 % External	Tier 2	
Sulfacetamide Sodium Liquid 10 % External	Tier 2	
<b>*Antiviral Topical Combinations*** - Drugs For The Skin</b>		
Xerese CREAM 5-1 % EXTERNAL	Tier 4	
<b>*Antivirals - Topical*** - Drugs For The Skin</b>		
Acyclovir Cream 5 % External	Tier 2	
Acyclovir Ointment 5 % External	Tier 2	
Penciclovir Cream 1 % External	Tier 2	
Zelsuvmi Gel 10.3 % External	Tier 4	Prior Authorization Required

Drug Name	Tier	Notes
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*** - Drugs For The Skin</b>		
Anzupgo Cream 20 MG/GM External	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 GM per 30 Days)
Cibinqo Tablet 100 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Cibinqo Tablet 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Cibinqo Tablet 50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Opzelura Cream 1.5 % External	Tier 4	Prior Authorization Required; Quantity Limit (60 GM per 30 days)
<b>*Atopic Dermatitis - Monoclonal Antibodies*** - Drugs For The Skin</b>		
Adbry Solution Auto-Injector 300 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Adbry Solution Prefilled Syringe 150 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Dupixent Solution Auto-Injector 200 MG/1.14ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2.28 ML per 28 days)
Dupixent Solution Auto-Injector 300 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Dupixent Solution Prefilled Syringe 200 MG/1.14ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2.28 ML per 28 days)
Dupixent Solution Prefilled Syringe 300 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Ebglyss Solution Auto-Injector 250 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Ebglyss Solution Prefilled Syringe 250 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
<b>*Burn Products*** - Drugs For The Skin</b>		
Silver Sulfadiazine Cream 1 % External	Tier 1	

Drug Name	Tier	Notes
SSD CREAM 1 % EXTERNAL	Tier 1	
Sulfamylon Cream 85 MG/GM External	Tier 4	
<b>*Corticosteroids - Topical*** - Drugs For The Skin</b>		
Ala Scalp Lotion 2 % External	Tier 4	Quantity Limit (118.4 ML per 30 days)
Alclometasone Dipropionate CREAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Alclometasone Dipropionate OINTMENT 0.05 % EXTERNAL	Tier 4	Quantity Limit (120 GM per 30 days)
Amcinonide Cream 0.1 % External	Tier 4	Quantity Limit (120 GM per 30 days)
Amcinonide Ointment 0.1 % External	Tier 4	Quantity Limit (120 GM per 30 days)
Betamethasone Dipropionate Aug CREAM 0.05 % EXTERNAL	Tier 1	Quantity Limit (200 GM per 28 days)
Betamethasone Dipropionate Aug GEL 0.05 % EXTERNAL	Tier 4	Quantity Limit (200 GM per 28 days)
Betamethasone Dipropionate Aug LOTION 0.05 % EXTERNAL	Tier 2	Quantity Limit (210 ML per 30 days)
Betamethasone Dipropionate Aug OINTMENT 0.05 % EXTERNAL	Tier 2	Quantity Limit (200 GM per 28 days)
Betamethasone Dipropionate CREAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (135 GM per 30 days)
Betamethasone Dipropionate LOTION 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 ML per 30 days)
Betamethasone Dipropionate OINTMENT 0.05 % EXTERNAL	Tier 2	Quantity Limit (135 GM per 30 days)
Betamethasone Valerate CREAM 0.1 % EXTERNAL	Tier 2	Quantity Limit (135 GM per 30 days)
Betamethasone Valerate FOAM 0.12 % EXTERNAL	Tier 2	Quantity Limit (150 GM per 30 days)
Betamethasone Valerate LOTION 0.1 % EXTERNAL	Tier 4	Quantity Limit (120 ML per 30 days)
Betamethasone Valerate OINTMENT 0.1 % EXTERNAL	Tier 2	Quantity Limit (135 GM per 30 days)
Bryhali Lotion 0.01 % External	Tier 4	Quantity Limit (200 GM per 28 days)
Clobetasol Prop Emollient Base Cream 0.05 % External	Tier 2	Quantity Limit (210 GM per 28 days)
Clobetasol Propionate Cream 0.025 % External	Tier 4	Quantity Limit (200 GM per 28 days)
Clobetasol Propionate CREAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (210 GM per 28 days)
Clobetasol Propionate E CREAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (210 GM per 28 days)
Clobetasol Propionate Emulsion FOAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (200 GM per 28 days)
Clobetasol Propionate FOAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (200 GM per 28 days)
Clobetasol Propionate GEL 0.05 % EXTERNAL	Tier 2	Quantity Limit (210 GM per 28 days)
Clobetasol Propionate Liquid 0.05 % External	Tier 2	Quantity Limit (236 ML per 28 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Clobetasol Propionate LOTION 0.05 % EXTERNAL	Tier 2	Quantity Limit (177 ML per 28 days)
Clobetasol Propionate Ointment 0.05 % External	Tier 2	Quantity Limit (210 GM per 28 days)
Clobetasol Propionate OINTMENT 0.05 % EXTERNAL	Tier 2	Quantity Limit (210 GM per 28 days)
Clobetasol Propionate Shampoo 0.05 % External	Tier 2	Quantity Limit (236 ML per 30 days)
Clobetasol Propionate SOLUTION 0.05 % EXTERNAL	Tier 2	Quantity Limit (200 ML per 28 days)
Clocortolone Pivalate Cream 0.1 % External	Tier 2	Quantity Limit (135 GM per 30 days)
Clodan SHAMPOO 0.05 % EXTERNAL	Tier 2	Quantity Limit (236 ML per 30 days)
Cordran Tape 4 MCG/SQCM External	Tier 4	Quantity Limit (1 EA per 30 days)
Desonide CREAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Desonide Gel 0.05 % External	Tier 4	Quantity Limit (120 GM per 30 days)
Desonide LOTION 0.05 % EXTERNAL	Tier 2	Quantity Limit (118 ML per 30 days)
Desonide Ointment 0.05 % External	Tier 2	Quantity Limit (120 GM per 30 days)
Desoximetasone CREAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Desoximetasone CREAM 0.25 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Desoximetasone GEL 0.05 % EXTERNAL	Tier 4	Quantity Limit (120 GM per 30 days)
Desoximetasone Liquid 0.25 % External	Tier 2	Quantity Limit (100 ML per 30 days)
Desoximetasone OINTMENT 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Desoximetasone OINTMENT 0.25 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Diflorasone Diacetate CREAM 0.05 % EXTERNAL	Tier 4	Quantity Limit (120 GM per 30 days)
Diflorasone Diacetate OINTMENT 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinolone Acetonide Body Oil 0.01 % External	Tier 2	Quantity Limit (118.28 ML per 30 days)
Fluocinolone Acetonide CREAM 0.01 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinolone Acetonide CREAM 0.025 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinolone Acetonide OINTMENT 0.025 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinolone Acetonide Scalp Oil 0.01 % External	Tier 2	Quantity Limit (118.28 ML per 30 days)
Fluocinolone Acetonide SOLUTION 0.01 % EXTERNAL	Tier 2	Quantity Limit (120 ML per 30 days)
Fluocinonide CREAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinonide CREAM 0.1 % EXTERNAL	Tier 2	Quantity Limit (240 GM per 28 days)
Fluocinonide Emulsified Base CREAM 0.05 % External	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinonide Gel 0.05 % External	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinonide OINTMENT 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinonide SOLUTION 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 ML per 30 days)
Flurandrenolide LOTION 0.05 % EXTERNAL	Tier 4	Quantity Limit (120 ML per 30 days)

Drug Name	Tier	Notes
Fluticasone Propionate CREAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Fluticasone Propionate LOTION 0.05 % EXTERNAL	Tier 4	Quantity Limit (120 ML per 30 days)
Fluticasone Propionate OINTMENT 0.005 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Halcinonide Cream 0.1 % External	Tier 2	Quantity Limit (120 GM per 30 days)
Halcinonide Solution 0.1 % External	Tier 4	
Halobetasol Propionate CREAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (200 GM per 28 days)
Halobetasol Propionate Foam 0.05 % External	Tier 2	Quantity Limit (200 GM per 28 days)
Halobetasol Propionate Ointment 0.05 % External	Tier 2	Quantity Limit (200 GM per 28 days)
Hydrocortisone Acetate Cream 2.5 % External	Tier 4	
Hydrocortisone Butyrate CREAM 0.1 % EXTERNAL	Tier 4	Quantity Limit (135 GM per 30 days)
Hydrocortisone Butyrate Lotion 0.1 % External	Tier 2	Quantity Limit (118 ML per 30 days)
Hydrocortisone Butyrate OINTMENT 0.1 % EXTERNAL	Tier 4	Quantity Limit (135 GM per 30 days)
Hydrocortisone Butyrate SOLUTION 0.1 % EXTERNAL	Tier 4	Quantity Limit (120 ML per 30 days)
Hydrocortisone CREAM 2.5 % EXTERNAL	Tier 1	Quantity Limit (454 GM per 30 days)
Hydrocortisone Lotion 2 % External	Tier 4	Quantity Limit (118.4 ML per 30 days)
Hydrocortisone LOTION 2.5 % EXTERNAL	Tier 4	Quantity Limit (118 ML per 30 days)
Hydrocortisone OINTMENT 2.5 % EXTERNAL	Tier 1	Quantity Limit (454 GM per 30 days)
Hydrocortisone Solution 2.5 % External	Tier 4	Quantity Limit (120 ML per 30 days)
Hydrocortisone Valerate Cream 0.2 % External	Tier 2	Quantity Limit (120 GM per 30 days)
Hydrocortisone Valerate Ointment 0.2 % External	Tier 2	Quantity Limit (120 GM per 30 days)
Impoz Cream 0.025 % External	Tier 4	Quantity Limit (200 GM per 28 days)
Lexette Foam 0.05 % External	Tier 2	Quantity Limit (200 GM per 28 days)
MiCort HC Cream 2.5 % External	Tier 4	
Mometasone Furoate CREAM 0.1 % EXTERNAL	Tier 2	Quantity Limit (135 GM per 30 days)
Mometasone Furoate OINTMENT 0.1 % EXTERNAL	Tier 1	Quantity Limit (135 GM per 30 days)
Mometasone Furoate Solution 0.1 % External	Tier 2	Quantity Limit (120 ML per 30 days)
Sernivo Emulsion 0.05 % External	Tier 4	Quantity Limit (120 ML per 30 days)
Texacort SOLUTION 2.5 % EXTERNAL	Tier 4	Quantity Limit (120 ML per 30 days)
Tovet Foam 0.05 % External	Tier 2	Quantity Limit (200 GM per 28 days)
Triamcinolone Acetonide Aerosol Solution 0.147 MG/GM External	Tier 4	Quantity Limit (126 GM per 30 days)
Triamcinolone Acetonide CREAM 0.025 % EXTERNAL	Tier 1	Quantity Limit (454 GM per 30 days)
Triamcinolone Acetonide CREAM 0.1 % EXTERNAL	Tier 1	Quantity Limit (454 GM per 30 days)
Triamcinolone Acetonide CREAM 0.5 % EXTERNAL	Tier 1	Quantity Limit (454 GM per 30 days)

Drug Name	Tier	Notes
Triamcinolone Acetonide Lotion 0.025 % External	Tier 2	Quantity Limit (120 ML per 30 days)
Triamcinolone Acetonide LOTION 0.1 % EXTERNAL	Tier 2	Quantity Limit (120 ML per 30 days)
Triamcinolone Acetonide OINTMENT 0.025 % EXTERNAL	Tier 1	Quantity Limit (454 GM per 30 days)
Triamcinolone Acetonide Ointment 0.05 % External	Tier 2	Quantity Limit (430 GM per 30 days)
Triamcinolone Acetonide OINTMENT 0.1 % EXTERNAL	Tier 1	Quantity Limit (454 GM per 30 days)
Triamcinolone Acetonide Ointment 0.5 % External	Tier 1	Quantity Limit (120 GM per 30 days)
Triamcinolone in Absorbase Ointment 0.05 % External	Tier 2	Quantity Limit (430 GM per 30 days)
Triderm CREAM 0.5 % External	Tier 1	Quantity Limit (454 GM per 30 days)
Ultravate Lotion 0.05 % External	Tier 4	Quantity Limit (240 ML per 30 days)
<b>*Emollients*** - Drugs For The Skin</b>		
Ammonium Lactate CREAM 12 % EXTERNAL (Rx)	Tier 2	
Ammonium Lactate LOTION 12 % EXTERNAL (Rx)	Tier 2	
<b>*Enzymes - Topical*** - Drugs For The Skin</b>		
Santyl OINTMENT 250 UNIT/GM EXTERNAL	Tier 4	
<b>*Imidazole-Related Antifungals - Topical*** - Drugs For The Skin</b>		
Econazole Nitrate CREAM 1 % EXTERNAL	Tier 2	
Econazole Nitrate Foam 1 % External	Tier 4	
Ecoza Foam 1 % External	Tier 4	
Ertaczo Cream 2 % External	Tier 4	
Exelderm Cream 1 % External	Tier 4	
Exelderm Solution 1 % External	Tier 4	
Ketoconazole Cream 2 % External	Tier 2	
Ketoconazole FOAM 2 % EXTERNAL	Tier 2	
Ketoconazole Shampoo 2 % External	Tier 1	
Ketodan FOAM 2 % EXTERNAL	Tier 2	
Luliconazole Cream 1 % External	Tier 4	
Luzu CREAM 1 % EXTERNAL	Tier 4	
Oxiconazole Nitrate CREAM 1 % EXTERNAL	Tier 2	
Oxistat Lotion 1 % External	Tier 4	
Sulconazole Nitrate Cream 1 % External	Tier 4	
Sulconazole Nitrate Solution 1 % External	Tier 4	

Drug Name	Tier	Notes
<b>*Immunomodulators Imidazoquinolinamines - Topical*** - Drugs For The Skin</b>		
Imiquimod Cream 3.75 % External	Tier 2	
Imiquimod Cream 5 % External	Tier 2	Prior Authorization Required
Imiquimod CREAM 5 % EXTERNAL	Tier 2	Prior Authorization Required
Imiquimod Pump Cream 3.75 % External	Tier 2	
<b>*Interleukin-31 Receptor Antagonists - Systemic*** - Drugs For The Skin</b>		
Nemluvio Auto-Injector 30 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 28 days)
<b>*Keratolytic/Antimitotic/Vesicant Agents*** - Drugs For The Skin</b>		
Podofilox Gel 0.5 % External	Tier 2	Prior Authorization Required
Podofilox SOLUTION 0.5 % EXTERNAL	Tier 4	
<b>*Local Anesthetics - Topical*** - Drugs For The Skin</b>		
Lidocaine HCl SOLUTION 4 % EXTERNAL	Tier 2	Quantity Limit (150 ML per 30 days)
Lidocaine OINTMENT 5 % EXTERNAL	Tier 1	Quantity Limit (100 GM per 30 days)
Lidocaine Patch 5 % External	Tier 2	Quantity Limit (90 EA per 30 days)
Lidocan Patch 5 % External	Tier 2	Quantity Limit (90 EA per 30 days)
Tridacaine II Patch 5 % External	Tier 2	Quantity Limit (90 EA per 30 days)
Tridacaine III Patch 5 % External	Tier 2	Quantity Limit (90 EA per 30 days)
Tridacaine XL Patch 5 % External	Tier 2	Quantity Limit (90 EA per 30 days)
ZTlido Patch 1.8 % External	Tier 4	Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Macrolide Immunosuppressants - Topical*** - Drugs For The Skin</b>		
Hyftor Gel 0.2 % External	Tier 4	Prior Authorization Required
Pimecrolimus Cream 1 % External	Tier 2	
Tacrolimus OINTMENT 0.03 % EXTERNAL	Tier 2	
Tacrolimus OINTMENT 0.1 % EXTERNAL	Tier 2	
<b>*Microtubule Inhibitors - Topical*** - Drugs For The Skin</b>		
Klisyri (250 mg) Ointment 1 % External	Tier 4	
Klisyri (350 mg) Ointment 1 % External	Tier 4	
<b>*Misc. Topical*** - Drugs For The Skin</b>		
Qbrexza Pad 2.4 % External	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Sofdra Gel 12.45 % External	Tier 4	Prior Authorization Required; Quantity Limit (40.2 ML per 30 days)
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** - Drugs For The Skin</b>		
Eucrisa Ointment 2 % External	Tier 3	
<b>*Rosacea Agents*** - Drugs For The Skin</b>		
Azelaic Acid Gel 15 % External	Tier 2	
Brimonidine Tartrate Gel 0.33 % External	Tier 2	
Doxycycline Capsule Delayed Release 40 MG Oral	Tier 2	
Emrosi Capsule Extended Release 24 Hour 40 MG Oral	Tier 4	
Ivermectin Cream 1 % External	Tier 2	
MetroNIDAZOLE CREAM 0.75 % EXTERNAL	Tier 2	
MetroNIDAZOLE GEL 0.75 % EXTERNAL	Tier 2	
metroNIDAZOLE Gel 1 % External	Tier 2	
MetroNIDAZOLE LOTION 0.75 % EXTERNAL	Tier 2	
Zilxi Foam 1.5 % External	Tier 3	
<b>*Scabicides &amp; Pediculicides*** - Drugs For The Skin</b>		
Crotan Lotion 10 % External	Tier 4	Prior Authorization Required
Malathion LOTION 0.5 % EXTERNAL	Tier 2	
Natroba SUSPENSION 0.9 % EXTERNAL	Tier 4	
Permethrin Cream 5 % External	Tier 2	
Pruradik Lotion 10 % External	Tier 4	Prior Authorization Required
Spinosad Suspension 0.9 % External	Tier 4	
<b>*Steroid-Local Anesthetic Combinations*** - Drugs For The Skin</b>		
Epifoam FOAM 1-1 % EXTERNAL	Tier 4	
Pramosone Lotion 1-2.5 % External	Tier 4	
<b>*Topical Anesthetic Combinations*** - Drugs For The Skin</b>		
Lidocaine-Prilocaine CREAM 2.5-2.5 % EXTERNAL	Tier 1	Quantity Limit (60 GM per 30 days)
<b>*Topical Selective Retinoid X Receptor Agonists*** - Drugs For The Skin</b>		
Bexarotene Gel 1 % External	Tier 2	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
<b>*Topical Steroid Combinations*** - Drugs For The Skin</b>		
Duobrii Lotion 0.01-0.045 % External	Tier 4	
Enstilar FOAM 0.005-0.064 % EXTERNAL	Tier 3	
<b>*Wound Dressings*** - Drugs For The Skin</b>		
Filsuvez Gel 10 % External	Tier 4	Specialty; Prior Authorization Required
<b>*Digestive Aids* - Drugs For The Stomach</b>		
<b>*Digestive Enzymes*** - Drugs For The Stomach</b>		
Creon Capsule Delayed Release Particles 12000-38000 UNIT Oral	Tier 3	
Creon CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT Oral	Tier 3	
Creon Capsule Delayed Release Particles 3000-9500 UNIT Oral	Tier 3	
Creon Capsule Delayed Release Particles 36000-114000 UNIT Oral	Tier 3	
Creon Capsule Delayed Release Particles 6000-19000 UNIT Oral	Tier 3	
Sucraid Solution 8500 UNIT/ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (300 ML per 30 days)
Zenpep Capsule Delayed Release Particles 10000-32000 UNIT Oral	Tier 3	
Zenpep Capsule Delayed Release Particles 15000-47000 UNIT Oral	Tier 3	
Zenpep Capsule Delayed Release Particles 20000-63000 UNIT Oral	Tier 3	
Zenpep Capsule Delayed Release Particles 25000-79000 UNIT Oral	Tier 3	
Zenpep Capsule Delayed Release Particles 3000-10000 UNIT Oral	Tier 3	
Zenpep Capsule Delayed Release Particles 40000-126000 UNIT Oral	Tier 3	
Zenpep Capsule Delayed Release Particles 5000-24000 UNIT Oral	Tier 3	
Zenpep Capsule Delayed Release Particles 60000-189600 UNIT Oral	Tier 3	
<b>*Diuretics* - Drugs For The Heart</b>		
<b>*Carbonic Anhydrase Inhibitors*** - Drugs For High Blood Pressure</b>		

Drug Name	Tier	Notes
acetaZOLAMIDE ER Capsule Extended Release 12 Hour 500 MG Oral	Tier 2	Healthy Values
acetaZOLAMIDE Tablet 125 MG Oral	Tier 1	Healthy Values
acetaZOLAMIDE Tablet 250 MG Oral	Tier 2	Healthy Values
Dichlorphenamide Tablet 50 MG Oral	Tier 2	Prior Authorization Required
Methazolamide TABLET 25 MG ORAL	Tier 2	
Methazolamide TABLET 50 MG ORAL	Tier 2	
Ormalvi Tablet 50 MG Oral	Tier 2	Prior Authorization Required
<b>*Diuretic Combinations*** - Drugs For High Blood Pressure</b>		
Amiloride-Hydrochlorothiazide TABLET 5-50 MG ORAL	Tier 4	
Spironolactone-HCTZ TABLET 25-25 MG Oral	Tier 2	Healthy Values
Triamterene-HCTZ CAPSULE 37.5-25 MG ORAL	Tier 1	Healthy Values
Triamterene-HCTZ TABLET 37.5-25 MG ORAL	Tier 1	Healthy Values
Triamterene-HCTZ TABLET 75-50 MG ORAL	Tier 1	Healthy Values
<b>*Loop Diuretics*** - Drugs For High Blood Pressure</b>		
Bumetanide TABLET 0.5 MG ORAL	Tier 1	Healthy Values
Bumetanide TABLET 1 MG ORAL	Tier 1	Healthy Values
Bumetanide TABLET 2 MG ORAL	Tier 2	Healthy Values
Ethacrynic Acid TABLET 25 MG ORAL	Tier 2	
Furoscix Cartridge Kit 80 MG/10ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Furosemide SOLUTION 10 MG/ML ORAL	Tier 1	
Furosemide SOLUTION 8 MG/ML ORAL	Tier 4	Quantity Limit (2250 ML per 30 days)
Furosemide TABLET 20 MG ORAL	Tier 1	Healthy Values
Furosemide TABLET 40 MG ORAL	Tier 1	Healthy Values
Furosemide TABLET 80 MG ORAL	Tier 1	Healthy Values
SOAANZ Tablet 40 MG Oral	Tier 4	
Torsemide Tablet 10 MG Oral	Tier 1	Healthy Values
Torsemide Tablet 100 MG Oral	Tier 1	Healthy Values
Torsemide TABLET 20 MG ORAL	Tier 1	Healthy Values
Torsemide Tablet 5 MG Oral	Tier 1	Healthy Values
<b>*Potassium Sparing Diuretics*** - Drugs For High Blood Pressure</b>		
AMILoride HCI TABLET 5 MG ORAL	Tier 1	Healthy Values

Drug Name	Tier	Notes
Spironolactone Suspension 25 MG/5ML Oral	Tier 2	Prior Authorization Required; Quantity Limit (450 ML per 30 days)
Spironolactone TABLET 100 MG ORAL	Tier 1	Healthy Values
Spironolactone TABLET 25 MG ORAL	Tier 1	Healthy Values
Spironolactone TABLET 50 MG ORAL	Tier 1	Healthy Values
Triamterene Capsule 100 MG Oral	Tier 2	
Triamterene Capsule 50 MG Oral	Tier 2	
<b>*Thiazides And Thiazide-Like Diuretics*** - Drugs For High Blood Pressure</b>		
Chlorthalidone TABLET 25 MG ORAL	Tier 1	Healthy Values
Chlorthalidone TABLET 50 MG ORAL	Tier 1	Healthy Values
Diuril SUSPENSION 250 MG/5ML ORAL	Tier 4	Prior Authorization Required; Quantity Limit (1200 ML per 30 days)
Hemiclor Tablet 12.5 MG Oral	Tier 4	
Hydrochlorothiazide CAPSULE 12.5 MG ORAL	Tier 1	Healthy Values
hydroCHLOROthiazide Tablet 12.5 MG Oral	Tier 1	Healthy Values
Hydrochlorothiazide TABLET 25 MG ORAL	Tier 1	Healthy Values
Hydrochlorothiazide TABLET 50 MG ORAL	Tier 1	Healthy Values
Indapamide TABLET 1.25 MG ORAL	Tier 1	Healthy Values
Indapamide TABLET 2.5 MG ORAL	Tier 1	Healthy Values
Inzirqo Suspension Reconstituted 10 MG/ML Oral	Tier 4	Prior Authorization Required; Quantity Limit (300 ML per 30 days)
Metolazone TABLET 10 MG ORAL	Tier 2	Healthy Values
Metolazone TABLET 2.5 MG ORAL	Tier 1	
Metolazone TABLET 5 MG ORAL	Tier 2	Healthy Values
Thalitone Tablet 15 MG Oral	Tier 4	
<b>*Endocrine And Metabolic Agents - Misc.* - Hormones</b>		
<b>*Abortifacient - Progesterone Receptor Antagonists*** - Drugs For Women</b>		
miFEPRISone Tablet 200 MG Oral	Tier 2	
<b>*Adenosine Deaminase Scid Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
Revcovi Solution 2.4 MG/1.5ML Intramuscular	Tier 3	Specialty
<b>*Atp-Sensitive Potassium Channel Activators*** - Drugs For Menopause And Bone Loss</b>		
Vykat XR Tablet Extended Release 24 Hour 150 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)

Drug Name	Tier	Notes
Vykat XR Tablet Extended Release 24 Hour 25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Vykat XR Tablet Extended Release 24 Hour 75 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (210 EA per 30 days)
<b>*Bisphosphonates*** - Drugs For Menopause And Bone Loss</b>		
Alendronate Sodium Solution 70 MG/75ML Oral	Tier 2	
Alendronate Sodium TABLET 10 MG ORAL	Tier 1	Healthy Values
Alendronate Sodium Tablet 35 MG Oral	Tier 1	Healthy Values
Alendronate Sodium Tablet 70 MG Oral	Tier 1	Healthy Values
Binosto Tablet Effervescent 70 MG Oral	Tier 4	
Fosamax Plus D Tablet 70-2800 MG-UNIT Oral	Tier 4	
Fosamax Plus D Tablet 70-5600 MG-UNIT Oral	Tier 4	
Ibandronate Sodium Tablet 150 MG Oral	Tier 1	Healthy Values
Risedronate Sodium TABLET 150 MG ORAL	Tier 2	
Risedronate Sodium TABLET 30 MG ORAL	Tier 2	
Risedronate Sodium Tablet 35 MG Oral	Tier 2	
Risedronate Sodium TABLET 5 MG ORAL	Tier 2	
Risedronate Sodium Tablet Delayed Release 35 MG Oral	Tier 4	
<b>*Calcimimetic Agents*** - Drugs For Menopause And Bone Loss</b>		
Cinacalcet HCl Tablet 30 MG Oral	Tier 2	Prior Authorization Required
Cinacalcet HCl Tablet 60 MG Oral	Tier 2	Prior Authorization Required
Cinacalcet HCl Tablet 90 MG Oral	Tier 2	Prior Authorization Required
<b>*Calcitonins*** - Drugs For Menopause And Bone Loss</b>		
Calcitonin (Salmon) SOLUTION 200 UNIT/ACT NASAL	Tier 2	
Calcitonin (Salmon) Solution 200 UNIT/ML Injection	Tier 2	
<b>*Carnitine Replenisher - Agents*** - Drugs For Menopause And Bone Loss</b>		
levOCARNitine SF Solution 1 GM/10ML Oral	Tier 2	
levOCARNitine Solution 1 GM/10ML Oral	Tier 2	
levOCARNitine Tablet 330 MG Oral	Tier 2	
<b>*Corticotropin*** - Hormones</b>		

Drug Name	Tier	Notes
Acthar Gel 80 UNIT/ML Injection	Tier 4	Specialty; Prior Authorization Required
<b>*Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag* - Hormones</b>		
Crenessity Capsule 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Crenessity Capsule 25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Crenessity Capsule 50 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Crenessity Solution 50 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 ML per 30 days)
<b>*Cortisol Synthesis Inhibitors*** - Hormones</b>		
Isturisa Tablet 1 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Isturisa Tablet 5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (360 EA per 30 days)
Recorlev Tablet 150 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
<b>*Dopamine Receptor Agonists*** - Drugs For Women</b>		
Cabergoline TABLET 0.5 MG ORAL	Tier 2	
<b>*Fabry Disease - Agents*** - Drugs For Menopause And Bone Loss</b>		
Galafold Capsule 123 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 28 days)
<b>*Familial Chylomicronemia Syndrome (Fcs) - Agents*** - Drugs For Diabetes</b>		
Tryngolza Solution Auto-Injector 80 MG/0.8ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (0.8 ML per 28 days)
<b>*Gaa Deficiency Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
Opfolda Capsule 65 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)

Drug Name	Tier	Notes
<b>*Gnrh/Lhrh Antagonists*** - Drugs For Women</b>		
Fyremadel Solution Prefilled Syringe 250 MCG/0.5ML Subcutaneous	Tier 2	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Ganirelix Acetate Solution Prefilled Syringe 250 MCG/0.5ML Subcutaneous	Tier 2	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Orilissa Tablet 150 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Orilissa Tablet 200 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Growth Hormone Receptor Antagonists*** - Drugs For Growth</b>		
Somavert SOLUTION RECONSTITUTED 10 MG Subcutaneous	Tier 4	Specialty
Somavert SOLUTION RECONSTITUTED 15 MG Subcutaneous	Tier 4	Specialty
Somavert SOLUTION RECONSTITUTED 20 MG Subcutaneous	Tier 4	Specialty
Somavert SOLUTION RECONSTITUTED 25 MG Subcutaneous	Tier 4	Specialty
Somavert SOLUTION RECONSTITUTED 30 MG Subcutaneous	Tier 4	Specialty
<b>*Growth Hormone Releasing Hormones (Ghrh)*** - Drugs For Growth</b>		
Egrifta SV Solution Reconstituted 2 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Growth Hormones*** - Drugs For Growth</b>		
Genotropin Cartridge 12 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Genotropin Cartridge 5 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Genotropin MiniQuick Prefilled Syringe 0.2 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Genotropin MiniQuick Prefilled Syringe 0.4 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Genotropin MiniQuick Prefilled Syringe 0.6 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Genotropin MiniQuick Prefilled Syringe 0.8 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Genotropin MiniQuick Prefilled Syringe 1 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Genotropin MiniQuick Prefilled Syringe 1.2 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Genotropin MiniQuick Prefilled Syringe 1.4 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Genotropin MiniQuick Prefilled Syringe 1.6 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Genotropin MiniQuick Prefilled Syringe 1.8 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Genotropin MiniQuick Prefilled Syringe 2 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Omnitrope Solution Cartridge 10 MG/1.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Omnitrope Solution Cartridge 5 MG/1.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Omnitrope SOLUTION RECONSTITUTED 5.8 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Skytrofa Cartridge 0.7 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 1.4 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 1.8 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 11 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 13.3 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 2.1 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 2.5 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 3 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 3.6 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 4.3 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 5.2 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 6.3 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 7.6 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Skytrofa Cartridge 9.1 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
<b>*Hereditary Orotic Aciduria Treatment - Agents** - Drugs For Menopause And Bone Loss</b>		
Xuriden Packet 2 GM Oral	Tier 4	Specialty
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
Nitisinone Capsule 10 MG Oral	Tier 2	Specialty
Nitisinone Capsule 2 MG Oral	Tier 2	Specialty
Nitisinone Capsule 20 MG Oral	Tier 2	Specialty
Nitisinone Capsule 5 MG Oral	Tier 2	Specialty
Nityr TABLET 10 MG Oral	Tier 3	Specialty
Nityr TABLET 2 MG Oral	Tier 3	Specialty
Nityr TABLET 5 MG Oral	Tier 3	Specialty
Orfadin SUSPENSION 4 MG/ML ORAL	Tier 3	Specialty
<b>*Homocystinuria Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
Betaine Powder Oral	Tier 2	Specialty
<b>*Hyperammonemia Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
Carglumic Acid Tablet Soluble 200 MG Oral	Tier 2	Specialty; Prior Authorization Required
<b>*Hyperparathyroid Treatment - Vitamin D Analogs*** - Drugs For Menopause And Bone Loss</b>		
Calcitriol CAPSULE 0.25 MCG ORAL	Tier 1	
Calcitriol Capsule 0.5 MCG Oral	Tier 2	
Calcitriol SOLUTION 1 MCG/ML ORAL	Tier 2	
Doxercalciferol Capsule 0.5 MCG Oral	Tier 4	
Doxercalciferol Capsule 1 MCG Oral	Tier 4	
Doxercalciferol Capsule 2.5 MCG Oral	Tier 4	
Paricalcitol CAPSULE 1 MCG ORAL	Tier 2	
Paricalcitol CAPSULE 2 MCG ORAL	Tier 2	
Paricalcitol CAPSULE 4 MCG ORAL	Tier 2	
Rayaldee Capsule Extended Release 30 MCG Oral	Tier 4	
<b>*Hypoparathyroid Treatment - Parathyroid Hormone Analogs*** - Drugs For Menopause And Bone Loss</b>		
Yorvipath Solution Pen-Injector 168 MCG/0.56ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1.12 ML per 28 days)

Drug Name	Tier	Notes
Yorvipath Solution Pen-Injector 294 MCG/0.98ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1.96 ML per 28 days)
Yorvipath Solution Pen-Injector 420 MCG/1.4ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2.8 ML per 28 days)
<b>*Hypophosphatasia (Hpp) Agents*** - Drugs For Menopause And Bone Loss</b>		
Strensiq SOLUTION 18 MG/0.45ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Strensiq SOLUTION 28 MG/0.7ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Strensiq SOLUTION 40 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Strensiq SOLUTION 80 MG/0.8ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
<b>*Insulin-Like Growth Factors (Somatomedins)*** - Hormones</b>		
Increlex SOLUTION 40 MG/4ML Subcutaneous	Tier 3	Specialty
<b>*Leptin Analogues*** - Hormones</b>		
Myalept Solution Reconstituted 11.3 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** - Drugs For Women</b>		
Lupron Depot-Ped (1-Month) KIT 11.25 MG Intramuscular	Tier 3	
Lupron Depot-Ped (1-Month) KIT 15 MG Intramuscular	Tier 3	
Lupron Depot-Ped (1-Month) KIT 7.5 MG Intramuscular	Tier 3	
Lupron Depot-Ped (3-Month) Kit 11.25 MG Intramuscular	Tier 3	
Lupron Depot-Ped (3-Month) Kit 30 MG Intramuscular	Tier 3	
Lupron Depot-Ped (6-Month) Kit 45 MG Intramuscular	Tier 3	
Synarel SOLUTION 2 MG/ML NASAL	Tier 4	Specialty
<b>*Melanocortin 4 (Mc4) Receptor Agonists*** - Drugs For Menopause And Bone Loss</b>		
Imcivree Solution 10 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (10 ML per 30 days)
<b>*Natriuretic Peptides*** - Drugs For Menopause And Bone Loss</b>		

Drug Name	Tier	Notes
Voxzogo Solution Reconstituted 0.4 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Voxzogo Solution Reconstituted 0.56 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Voxzogo Solution Reconstituted 1.2 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Non-Steroidal Mineralocorticoid Receptor Antagonists*** - Hormones</b>		
Kerendia Tablet 10 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Kerendia Tablet 20 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Kerendia Tablet 40 MG Oral	Tier 3	Quantity Limit (30 EA per 30 Days)
<b>*Ovulation Stimulants-Gonadotropins*** - Drugs For Women</b>		
Chorionic Gonadotropin Solution Reconstituted 10000 UNIT Intramuscular	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Chorionic Gonadotropin SOLUTION RECONSTITUTED 10000 UNIT Intramuscular	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Follistim AQ Solution 300 UNT/0.36ML Subcutaneous	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Follistim AQ Solution 600 UNT/0.72ML Subcutaneous	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Follistim AQ Solution 900 UNT/1.08ML Subcutaneous	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Gonal-f RFF Rediject Solution Pen-Injector 300 UNT/0.48ML Subcutaneous	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Gonal-f RFF Rediject Solution Pen-Injector 450 UNT/0.72ML Subcutaneous	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Gonal-f RFF Rediject Solution Pen-Injector 900 UNT/1.44ML Subcutaneous	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Gonal-f SOLUTION RECONSTITUTED 450 UNIT INJECTION	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Menopur SOLUTION RECONSTITUTED 75 UNIT Subcutaneous	Tier 4	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Novarel SOLUTION RECONSTITUTED 5000 UNIT Intramuscular	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Ovidrel Solution Prefilled Syringe 250 MCG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Pregnyl Solution Reconstituted 10000 UNIT Intramuscular	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage

Drug Name	Tier	Notes
<b>*Ovulation Stimulants-Synthetic*** - Drugs For Women</b>		
Clomid Tablet 50 MG Oral	Tier 2	Review your Plan's SPD to confirm coverage
clomiPHENE Citrate Tablet 50 MG Oral	Tier 2	Review your Plan's SPD to confirm coverage
MiloPhene Tablet 50 MG Oral	Tier 2	Review your Plan's SPD to confirm coverage
<b>*Parathyroid Hormone And Derivatives*** - Drugs For Menopause And Bone Loss</b>		
Teriparatide Solution Pen-Injector 560 MCG/2.24ML Subcutaneous	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (2.24 ML per 28 days)
Tymlos Solution Pen-injector 3120 MCG/1.56ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1.56 ML per 30 days)
<b>*Phenylketonuria Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
Javygtor Packet 100 MG Oral	Tier 2	Specialty; Prior Authorization Required
Javygtor Packet 500 MG Oral	Tier 2	Specialty; Prior Authorization Required
Javygtor Tablet 100 MG Oral	Tier 2	Specialty; Prior Authorization Required
Palynziq Solution Prefilled Syringe 10 MG/0.5ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Palynziq Solution Prefilled Syringe 2.5 MG/0.5ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Palynziq Solution Prefilled Syringe 20 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required
Sapropterin Dihydrochloride Packet 100 MG Oral	Tier 2	Specialty; Prior Authorization Required
Sapropterin Dihydrochloride Packet 500 MG Oral	Tier 2	Specialty; Prior Authorization Required
Sapropterin Dihydrochloride Tablet 100 MG Oral	Tier 2	Specialty; Prior Authorization Required
Sephience Packet 1000 MG Oral	Tier 4	Specialty; Prior Authorization Required
Sephience Packet 250 MG Oral	Tier 4	Specialty; Prior Authorization Required
Zelvysia Packet 100 MG Oral	Tier 2	Specialty; Prior Authorization Required
Zelvysia Packet 500 MG Oral	Tier 2	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
<b>*Selective Estrogen Receptor Modulators (Serms)*** - Drugs For Menopause And Bone Loss</b>		
Osphena Tablet 60 MG Oral	Tier 4	
Raloxifene HCl TABLET 60 MG ORAL	Tier 2	ACA Drug
<b>*Selective Vasopressin V2-Receptor Antagonists*** - Hormones</b>		
Jynarque Tablet 15 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Jynarque Tablet 30 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Jynarque Tablet Therapy Pack 15 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Jynarque Tablet Therapy Pack 30 & 15 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Jynarque Tablet Therapy Pack 45 & 15 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Jynarque Tablet Therapy Pack 60 & 30 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Jynarque Tablet Therapy Pack 90 & 30 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Tolvaptan (Hyponatremia) Tablet 15 MG Oral	Tier 2	Specialty
Tolvaptan (Hyponatremia) Tablet 30 MG Oral	Tier 2	Specialty
<b>*Somatostatic Agents*** - Drugs For Growth</b>		
Mycapssa Capsule Delayed Release 20 MG Oral	Tier 4	Specialty
Octreotide Acetate SOLUTION 100 MCG/ML Injection	Tier 2	Specialty
Octreotide Acetate SOLUTION 1000 MCG/ML Injection	Tier 2	Specialty
Octreotide Acetate SOLUTION 200 MCG/ML Injection	Tier 2	Specialty
Octreotide Acetate SOLUTION 50 MCG/ML Injection	Tier 2	Specialty
Octreotide Acetate SOLUTION 500 MCG/ML Injection	Tier 2	Specialty
Octreotide Acetate Solution Prefilled Syringe 100 MCG/ML Subcutaneous	Tier 4	Specialty
Octreotide Acetate Solution Prefilled Syringe 50 MCG/ML Subcutaneous	Tier 4	Specialty

Drug Name	Tier	Notes
Octreotide Acetate Solution Prefilled Syringe 500 MCG/ML Subcutaneous	Tier 4	Specialty
Signifor Solution 0.3 MG/ML Subcutaneous	Tier 4	Specialty
Signifor Solution 0.6 MG/ML Subcutaneous	Tier 4	Specialty
Signifor Solution 0.9 MG/ML Subcutaneous	Tier 4	Specialty
<b>*Urea Cycle Disorder - Agents*** - Drugs For Menopause And Bone Loss</b>		
Glycerol Phenylbutyrate Liquid 1.1 GM/ML Oral	Tier 2	Specialty; Prior Authorization Required
Pheburane Pellet 483 MG/GM Oral	Tier 4	Specialty; Prior Authorization Required
Ravicti Liquid 1.1 GM/ML Oral	Tier 4	Specialty; Prior Authorization Required
Sodium Phenylbutyrate POWDER 3 GM/TSP ORAL	Tier 2	Specialty; Prior Authorization Required
Sodium Phenylbutyrate TABLET 500 MG Oral	Tier 2	Specialty; Prior Authorization Required
<b>*Vasopressin*** - Hormones</b>		
Desmopressin Ace Spray Refrig SOLUTION 0.01 % NASAL	Tier 2	
Desmopressin Acetate PF Solution 4 MCG/ML Injection	Tier 2	
Desmopressin Acetate Solution 4 MCG/ML Injection	Tier 2	
Desmopressin Acetate Spray SOLUTION 0.01 % NASAL	Tier 4	
Desmopressin Acetate Tablet 0.1 MG Oral	Tier 2	
Desmopressin Acetate Tablet 0.2 MG Oral	Tier 2	
<b>*Estrogens* - Hormones</b>		
<b>*Estrogen &amp; Androgen*** - Drugs For Women</b>		
Covaryx HS TABLET 0.625-1.25 MG ORAL	Tier 2	
Covaryx TABLET 1.25-2.5 MG ORAL	Tier 2	
EEMT HS TABLET 0.625-1.25 MG ORAL	Tier 2	
EEMT TABLET 1.25-2.5 MG ORAL	Tier 2	
Est Estrogens-Methyltest DS Tablet 1.25-2.5 MG Oral	Tier 2	
Est Estrogens-Methyltest HS Tablet 0.625-1.25 MG Oral	Tier 2	
Est Estrogens-Methyltest TABLET 1.25-2.5 MG ORAL	Tier 2	
Estratest H.S. Tablet 0.625-1.25 MG Oral	Tier 2	

Drug Name	Tier	Notes
<b>*Estrogen &amp; Progestin*** - Drugs For Women</b>		
Abigale Lo Tablet 0.5-0.1 MG Oral	Tier 2	
Abigale Tablet 1-0.5 MG Oral	Tier 2	
Angeliq TABLET 0.25-0.5 MG ORAL	Tier 4	
Angeliq TABLET 0.5-1 MG ORAL	Tier 4	
Climara Pro PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL	Tier 3	Quantity Limit (4 EA per 28 days)
CombiPatch Patch Twice Weekly 0.05-0.14 MG/DAY Transdermal	Tier 4	Quantity Limit (8 EA per 28 days)
CombiPatch Patch Twice Weekly 0.05-0.25 MG/DAY Transdermal	Tier 4	Quantity Limit (8 EA per 28 days)
Estradiol-Norethindrone Acet Tablet 0.5-0.1 MG Oral	Tier 2	
Estradiol-Norethindrone Acet Tablet 1-0.5 MG Oral	Tier 2	
Fyavolv TABLET 0.5-2.5 MG-MCG ORAL	Tier 2	
Fyavolv TABLET 1-5 MG-MCG ORAL	Tier 2	
Jinteli TABLET 1-5 MG-MCG Oral	Tier 2	
Mimvey TABLET 1-0.5 MG ORAL	Tier 2	
Norethindrone-Eth Estradiol TABLET 0.5-2.5 MG-MCG ORAL	Tier 2	
Norethindrone-Eth Estradiol TABLET 1-5 MG-MCG ORAL	Tier 2	
Premphase TABLET 0.625-5 MG ORAL	Tier 3	
Prempro TABLET 0.3-1.5 MG ORAL	Tier 3	
Prempro TABLET 0.45-1.5 MG ORAL	Tier 3	
Prempro TABLET 0.625-2.5 MG ORAL	Tier 3	
Prempro TABLET 0.625-5 MG ORAL	Tier 3	
<b>*Estrogen-Progestin-Gnrh Antagonist*** - Drugs For Woman</b>		
Myfembree Tablet 40-1-0.5 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
OriaHnn Capsule Therapy Pack 300-1-0.5 & 300 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (56 EA per 28 days)
<b>*Estrogens*** - Drugs For Women</b>		
Alora Patch Twice Weekly 0.025 MG/24HR Transdermal	Tier 4	Quantity Limit (8 EA per 28 days)
Alora Patch Twice Weekly 0.075 MG/24HR Transdermal	Tier 4	Quantity Limit (8 EA per 28 days)

Drug Name	Tier	Notes
Alora Patch Twice Weekly 0.1 MG/24HR Transdermal	Tier 4	Quantity Limit (8 EA per 28 days)
Depo-Estradiol Oil 5 MG/ML Intramuscular	Tier 4	
Dotti Patch Twice Weekly 0.025 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Dotti Patch Twice Weekly 0.0375 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Dotti Patch Twice Weekly 0.05 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Dotti Patch Twice Weekly 0.075 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Dotti Patch Twice Weekly 0.1 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Elestrin Gel 0.52 MG/0.87 GM (0.06%) Transdermal	Tier 4	Quantity Limit (26 GM per 30 days)
Estradiol Gel 0.25 MG/0.25GM Transdermal	Tier 2	Quantity Limit (30 EA per 30 days)
Estradiol Gel 0.25 MG/0.25GM Transdermal	Tier 2	Quantity Limit (30 GM per 30 days)
Estradiol Gel 0.5 MG/0.5GM Transdermal	Tier 2	Quantity Limit (30 EA per 30 days)
Estradiol Gel 0.5 MG/0.5GM Transdermal	Tier 2	Quantity Limit (30 GM per 30 days)
Estradiol Gel 0.75 MG/0.75GM Transdermal	Tier 2	Quantity Limit (30 EA per 30 days)
Estradiol Gel 0.75 MG/0.75GM Transdermal	Tier 2	Quantity Limit (30 GM per 30 days)
Estradiol Gel 0.75 MG/1.25 GM (0.06%) Transdermal	Tier 2	Quantity Limit (37.5 GM per 30 days)
Estradiol Gel 1 MG/GM Transdermal	Tier 2	Quantity Limit (30 GM per 30 days)
Estradiol Gel 1.25 MG/1.25GM Transdermal	Tier 2	Quantity Limit (37.5 GM per 30 days)
Estradiol Patch Twice Weekly 0.025 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Estradiol Patch Twice Weekly 0.0375 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Estradiol Patch Twice Weekly 0.05 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Estradiol Patch Twice Weekly 0.075 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Estradiol Patch Twice Weekly 0.1 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Estradiol PATCH WEEKLY 0.025 MG/24HR Transdermal	Tier 2	Quantity Limit (4 EA per 28 days)
Estradiol Patch Weekly 0.0375 MG/24HR Transdermal	Tier 2	Quantity Limit (4 EA per 28 days)
Estradiol Patch Weekly 0.05 MG/24HR Transdermal	Tier 2	Quantity Limit (4 EA per 28 days)
Estradiol Patch Weekly 0.06 MG/24HR Transdermal	Tier 2	Quantity Limit (4 EA per 28 days)
Estradiol Patch Weekly 0.075 MG/24HR Transdermal	Tier 2	Quantity Limit (4 EA per 28 days)
Estradiol PATCH WEEKLY 0.1 MG/24HR Transdermal	Tier 2	Quantity Limit (4 EA per 28 days)
Estradiol TABLET 0.5 MG ORAL	Tier 1	

Drug Name	Tier	Notes
Estradiol TABLET 1 MG ORAL	Tier 1	
Estradiol TABLET 2 MG ORAL	Tier 1	
Estradiol Valerate Oil 10 MG/ML Intramuscular	Tier 2	
Estradiol Valerate Oil 20 MG/ML Intramuscular	Tier 2	
Estradiol Valerate Oil 40 MG/ML Intramuscular	Tier 2	
Estrogens Conjugated Tablet 0.3 MG Oral	Tier 3	
Estrogens Conjugated Tablet 0.45 MG Oral	Tier 2	
Estrogens Conjugated Tablet 0.625 MG Oral	Tier 3	
Estrogens Conjugated Tablet 0.9 MG Oral	Tier 3	
Estrogens Conjugated Tablet 1.25 MG Oral	Tier 2	
Evamist SOLUTION 1.53 MG/SPRAY TRANSDERMAL	Tier 4	Quantity Limit (40.5 ML per 93 days)
Lyllana Patch Twice Weekly 0.025 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Lyllana Patch Twice Weekly 0.0375 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Lyllana Patch Twice Weekly 0.05 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Lyllana Patch Twice Weekly 0.075 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Lyllana Patch Twice Weekly 0.1 MG/24HR Transdermal	Tier 2	Quantity Limit (8 EA per 28 days)
Menostar PATCH WEEKLY 14 MCG/24HR TRANSDERMAL	Tier 4	Quantity Limit (4 EA per 28 days)
Premarin TABLET 0.3 MG ORAL	Tier 3	
Premarin TABLET 0.45 MG ORAL	Tier 3	
Premarin TABLET 0.625 MG ORAL	Tier 3	
Premarin TABLET 0.9 MG ORAL	Tier 3	
Premarin TABLET 1.25 MG ORAL	Tier 3	
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb*** - Drugs For Women</b>		
Duavee TABLET 0.45-20 MG ORAL	Tier 3	
<b>*Fluoroquinolones* - Drugs For Infections</b>		
<b>*Fluoroquinolones*** - Antibiotics</b>		
Baxdela TABLET 450 MG Oral	Tier 4	
Cipro SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL	Tier 4	

Drug Name	Tier	Notes
Cipro SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	Tier 4	
Ciprofloxacin HCl TABLET 250 MG ORAL	Tier 1	
Ciprofloxacin HCl TABLET 500 MG ORAL	Tier 1	
Ciprofloxacin HCl TABLET 750 MG ORAL	Tier 1	
LevoFLOXacin Solution 25 MG/ML Oral	Tier 2	
Levofloxacin TABLET 250 MG ORAL	Tier 1	
Levofloxacin TABLET 500 MG ORAL	Tier 1	
Levofloxacin TABLET 750 MG ORAL	Tier 1	
Moxifloxacin HCl Tablet 400 MG Oral	Tier 2	
Ofloxacin TABLET 300 MG ORAL	Tier 3	
Ofloxacin Tablet 400 MG Oral	Tier 4	
<b>*Gastrointestinal Agents - Misc.* - Drugs For The Stomach</b>		
<b>*Bile Acid Synthesis Disorder Agents*** - Drugs For The Stomach</b>		
Cholbam Capsule 250 MG Oral	Tier 4	Specialty
Cholbam Capsule 50 MG Oral	Tier 4	Specialty
Ctexli Tablet 250 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation</b>		
Trulance Tablet 3 MG Oral	Tier 3	
<b>*Gallstone Solubilizing Agents*** - Drugs For The Stomach</b>		
Reltone Capsule 200 MG Oral	Tier 4	
Reltone Capsule 400 MG Oral	Tier 4	
Ursodiol Capsule 200 MG Oral	Tier 4	
Ursodiol CAPSULE 300 MG ORAL	Tier 2	
Ursodiol Capsule 400 MG Oral	Tier 4	
Ursodiol Tablet 250 MG Oral	Tier 2	
Ursodiol Tablet 500 MG Oral	Tier 2	
<b>*Gastrointestinal Antiallergy Agents*** - Drugs For The Stomach</b>		
Cromolyn Sodium CONCENTRATE 100 MG/5ML ORAL	Tier 2	

Drug Name	Tier	Notes
<b>*Gastrointestinal Chloride Channel Activators*** - Drugs For Irritable Bowel Syndrome</b>		
Lubiprostone Capsule 24 MCG Oral	Tier 4	
Lubiprostone Capsule 8 MCG Oral	Tier 4	
<b>*Gastrointestinal Stimulants*** - Drugs For The Stomach</b>		
Gimoti Solution 15 MG/ACT Nasal	Tier 4	
Metoclopramide HCl Solution 5 MG/5ML Oral	Tier 2	
Metoclopramide HCl TABLET 10 MG ORAL	Tier 1	
Metoclopramide HCl TABLET 5 MG ORAL	Tier 1	
Metoclopramide HCl TABLET DISPERSIBLE 5 MG Oral	Tier 4	
<b>*Glucagon-Like Peptide-2 (Glp-2) Analogs*** - Drugs For The Stomach</b>		
Gattex KIT 5 MG Subcutaneous	Tier 4	Specialty; Prior Authorization Required
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation</b>		
Linzess Oral Capsule 145 MCG, 290 MCG, 72 MCG	Tier 3	
<b>*Ibs Agent - Mu-Opioid Receptor Agonists*** - Drugs For Irritable Bowel Syndrome</b>		
Viberzi TABLET 100 MG ORAL	Tier 3	
Viberzi TABLET 75 MG ORAL	Tier 3	
<b>*Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** - Drugs For Irritable Bowel Syndrome</b>		
Alosetron HCl Tablet 0.5 MG Oral	Tier 2	
Alosetron HCl Tablet 1 MG Oral	Tier 2	
<b>*Ileal Bile Acid Transporter (Ibat) Inhibitors*** - Drugs For The Stomach</b>		
Bylvay (Pellets) Capsule Sprinkle 200 MCG Oral	Tier 4	Specialty; Prior Authorization Required
Bylvay (Pellets) Capsule Sprinkle 600 MCG Oral	Tier 4	Specialty; Prior Authorization Required
Bylvay Capsule 1200 MCG Oral	Tier 4	Specialty; Prior Authorization Required
Bylvay Capsule 400 MCG Oral	Tier 4	Specialty; Prior Authorization Required
Livmarli Solution 19 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Livmarli Solution 9.5 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required
Livmarli Tablet 10 MG Oral	Tier 4	Specialty; Prior Authorization Required
Livmarli Tablet 15 MG Oral	Tier 4	Specialty; Prior Authorization Required
Livmarli Tablet 20 MG Oral	Tier 4	Specialty; Prior Authorization Required
Livmarli Tablet 30 MG Oral	Tier 4	Specialty; Prior Authorization Required
<b>*Inflammatory Bowel Agents*** - Drugs For Inflammatory Bowel Disease</b>		
Balsalazide Disodium CAPSULE 750 MG ORAL	Tier 2	
Dipentum CAPSULE 250 MG ORAL	Tier 4	
Mesalamine Capsule Delayed Release 400 MG Oral	Tier 2	
Mesalamine Enema 4 GM Rectal	Tier 2	
Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	Tier 2	
Mesalamine ER Capsule Extended Release 500 MG Oral	Tier 2	
Mesalamine Suppository 1000 MG Rectal	Tier 2	
Mesalamine Tablet Delayed Release 1.2 GM Oral	Tier 2	
Mesalamine Tablet Delayed Release 800 MG Oral	Tier 2	
Pentasa Capsule Extended Release 250 MG Oral	Tier 4	
sulfaSALazine Tablet 500 MG Oral	Tier 1	
SulfaSALazine Tablet Delayed Release 500 MG Oral	Tier 2	
<b>*Integrin Receptor Antagonists*** - Drugs For Inflammatory Bowel Disease</b>		
Entyvio Pen Solution Auto-Injector 108 MG/0.68ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1.36 ML per 28 days)
<b>*Interleukin Antagonists*** - Drugs For Inflammatory Bowel Disease</b>		
Omvoh (300 MG Dose) Solution Auto-Injector 100 MG/ML & 200 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 ML per 28 days)
Omvoh (300 MG Dose) Solution Prefilled Syringe 100 MG/ML & 200 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 ML per 28 days)

Drug Name	Tier	Notes
OmvoH Solution Auto-Injector 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
OmvoH Solution Auto-Injector 200 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
OmvoH Solution Prefilled Syringe 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
OmvoH Solution Prefilled Syringe 200 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Skyrizi Solution Cartridge 180 MG/1.2ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1.2 ML per 56 days)
Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous	Tier 4	Required; Quantity Limit (2.4 ML per 56 days)
Tremfya Pen Solution Auto-Injector 200 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Tremfya Solution Prefilled Syringe 200 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Tremfya-CD/UC Induction Solution Auto-Injector 200 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
<b>*Intestinal Acidifiers*** - Drugs For The Stomach</b>		
Enulose SOLUTION 10 GM/15ML ORAL	Tier 1	
Generlac Solution 10 GM/15ML Oral	Tier 1	
Lactulose Encephalopathy Solution 10 GM/15ML Oral	Tier 1	
<b>*Live Fecal Microbiota (Human)** - Drugs For The Stomach</b>		
Vowst Capsule Oral	Tier 4	Specialty; Prior Authorization Required
<b>*Peripheral Opioid Receptor Antagonists*** - Drugs For The Stomach</b>		
Movantik Tablet 12.5 MG Oral	Tier 3	
Movantik Tablet 25 MG Oral	Tier 3	
Symproic Tablet 0.2 MG Oral	Tier 3	
<b>*Peroxisome Proliferator-Activated Receptor Agonists*** - Drugs For The Stomach</b>		

Drug Name	Tier	Notes
Iqirvo Tablet 80 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Livdelzi Capsule 10 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Phosphate Binder Agents*** - Drugs For The Stomach</b>		
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	Tier 4	Quantity Limit (360 EA per 30 days)
Calcium Acetate (Phos Binder) CAPSULE 667 MG ORAL	Tier 2	
Calcium Acetate (Phos Binder) Tablet 667 MG Oral (Rx)	Tier 2	
Calcium Acetate Tablet 667 MG Oral	Tier 2	
Ferric Citrate Tablet 1 GM 210 MG(Fe) Oral	Tier 4	Quantity Limit (360 EA per 30 days)
Fosrenol PACKET 1000 MG ORAL	Tier 4	Quantity Limit (120 EA per 30 days)
Fosrenol PACKET 750 MG ORAL	Tier 4	Quantity Limit (180 EA per 30 days)
Lanthanum Carbonate Tablet Chewable 1000 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
Lanthanum Carbonate Tablet Chewable 500 MG Oral	Tier 2	Quantity Limit (270 EA per 30 days)
Lanthanum Carbonate Tablet Chewable 750 MG Oral	Tier 2	Quantity Limit (180 EA per 30 days)
Sevelamer Carbonate Packet 0.8 GM Oral	Tier 2	Quantity Limit (510 EA per 30 days)
Sevelamer Carbonate Packet 2.4 GM Oral	Tier 2	Quantity Limit (150 EA per 30 days)
Sevelamer Carbonate Tablet 800 MG Oral	Tier 2	Quantity Limit (510 EA per 30 days)
Sevelamer Carbonate TABLET 800 MG Oral	Tier 2	Quantity Limit (510 EA per 30 days)
Sevelamer HCl Tablet 400 MG Oral	Tier 2	Quantity Limit (960 EA per 30 days)
Sevelamer HCl Tablet 800 MG Oral	Tier 2	Quantity Limit (480 EA per 30 days)
Velporo TABLET CHEWABLE 500 MG ORAL	Tier 3	
<b>*Tryptophan Hydroxylase Inhibitors*** - Drugs For Diarrhea</b>		
Xermelo Tablet 250 MG Oral	Tier 4	Specialty
<b>*Tumor Necrosis Factor Alpha Blockers*** - Drugs For Inflammatory Bowel Disease</b>		
Cimzia (1 Syringe) Prefilled Syringe Kit 200 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Cimzia (2 Syringe) Prefilled Syringe Kit 200 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 EA per 28 days)
Cimzia-Starter Prefilled Syringe Kit 200 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Zymfentra (1 Pen) Auto-Injector Kit 120 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Zymfentra (2 Pen) Auto-Injector Kit 120 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Zymfentra (2 Syringe) Prefilled Syringe Kit 120 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
<b>*Genitourinary Agents - Miscellaneous* - Drugs For The Urinary System</b>		
<b>*5-Alpha Reductase Inhibitors*** - Drugs For The Prostate</b>		
Dutasteride CAPSULE 0.5 MG ORAL	Tier 1	
Finasteride Tablet 5 MG Oral	Tier 1	
<b>*Alpha 1-Adrenoceptor Antagonists*** - Drugs For The Prostate</b>		
Alfuzosin HCl ER Tablet Extended Release 24 Hour 10 MG Oral	Tier 1	
Cardura XL Tablet Extended Release 24 Hour 4 MG Oral	Tier 4	
Cardura XL Tablet Extended Release 24 Hour 8 MG Oral	Tier 4	
Silodosin Capsule 4 MG Oral	Tier 2	
Silodosin Capsule 8 MG Oral	Tier 2	
Tamsulosin HCl CAPSULE 0.4 MG ORAL	Tier 1	
<b>*Citrates*** - Drugs For Infections</b>		
Potassium Citrate ER Tablet Extended Release 10 MEQ (1080 MG) Oral	Tier 2	
Potassium Citrate ER Tablet Extended Release 15 MEQ (1620 MG) Oral	Tier 2	
Potassium Citrate ER Tablet Extended Release 5 MEQ (540 MG) Oral	Tier 2	
Sod Citrate-Citric Acid Solution 1.5-1 GM/15ML Oral	Tier 2	
Sod Citrate-Citric Acid Solution 3-2 GM/30ML Oral	Tier 2	
Sod Citrate-Citric Acid Solution 500-334 MG/5ML Oral (Rx)	Tier 2	
Sodium Citrate-Citric Acid Solution 1500-1002 MG/15ML Oral	Tier 2	
Sodium Citrate-Citric Acid Solution 3000-2004 MG/30ML Oral	Tier 2	

Drug Name	Tier	Notes
<b>*Cystinosis Agents*** - Drugs For The Urinary System</b>		
Cystagon CAPSULE 150 MG ORAL	Tier 3	Specialty
Cystagon CAPSULE 50 MG ORAL	Tier 3	Specialty
Procysbi Capsule Delayed Release 25 MG Oral	Tier 4	Specialty; Prior Authorization Required
Procysbi Capsule Delayed Release 75 MG Oral	Tier 4	Specialty; Prior Authorization Required
Procysbi Packet 300 MG Oral	Tier 4	Specialty; Prior Authorization Required
Procysbi Packet 75 MG Oral	Tier 4	Specialty; Prior Authorization Required
<b>*Igan Agents - Endothelin &amp; Angiotensin II Receptor Antag*** - Drugs For The Urinary System</b>		
Filspari Tablet 200 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Filspari Tablet 400 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Igan Agents - Endothelin Receptor Antagonist*** - Drugs For The Urinary System</b>		
Vanrafia Tablet 0.75 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Interstitial Cystitis Agents*** - Drugs For The Urinary System</b>		
Elmiron CAPSULE 100 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Phosphates*** - Drugs For Infections</b>		
K-Phos No 2 TABLET 305-700 MG ORAL	Tier 3	
<b>*Prostatic Hypertrophy Agent Combinations*** - Drugs For The Prostate</b>		
Dutasteride-Tamsulosin HCl CAPSULE 0.5-0.4 MG ORAL	Tier 2	Prior Authorization Required
Entadfi Capsule 5-5 MG Oral	Tier 4	
<b>*Urinary Stone Agents*** - Drugs For The Urinary System</b>		
Lithostat TABLET 250 MG ORAL	Tier 4	
Tiopronin Tablet 100 MG Oral	Tier 2	
Tiopronin Tablet Delayed Release 100 MG Oral	Tier 2	
Tiopronin Tablet Delayed Release 300 MG Oral	Tier 2	

Drug Name	Tier	Notes
Venxxiva Tablet Delayed Release 100 MG Oral	Tier 2	
Venxxiva Tablet Delayed Release 300 MG Oral	Tier 2	
<b>*Gout Agents* - Drugs For Pain And Fever</b>		
<b>*Gout Agent Combinations*** - Gout Drugs</b>		
Colchicine-Probenecid TABLET 0.5-500 MG ORAL	Tier 2	
<b>*Gout Agents*** - Gout Drugs</b>		
Allopurinol TABLET 100 MG ORAL	Tier 1	Healthy Values
Allopurinol Tablet 200 MG Oral	Tier 2	Prior Authorization Required
Allopurinol TABLET 300 MG ORAL	Tier 1	Healthy Values
Colchicine CAPSULE 0.6 MG ORAL	Tier 2	Prior Authorization Required
Colchicine Tablet 0.6 MG Oral	Tier 2	
Febuxostat Tablet 40 MG Oral	Tier 2	Healthy Values
Febuxostat Tablet 80 MG Oral	Tier 2	Healthy Values
Gloperba Solution 0.6 MG/5ML Oral	Tier 4	
<b>*Uricosurics*** - Gout Drugs</b>		
Probenecid TABLET 500 MG ORAL	Tier 2	
<b>*Hematological Agents - Misc.* - Drugs For The Blood</b>		
<b>*Antihemophilic Products - Monoclonal Antibodies*** - Drugs For The Blood</b>		
Hemlibra SOLUTION 105 MG/0.7ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Hemlibra Solution 12 MG/0.4ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Hemlibra SOLUTION 150 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Hemlibra SOLUTION 30 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Hemlibra Solution 300 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (8 ML per 28 days)
Hemlibra SOLUTION 60 MG/0.4ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Hypavzi Solution Auto-Injector 150 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)

Drug Name	Tier	Notes
<b>*Anti-Von Willebrand Factor Agents*** - Drugs For The Blood</b>		
Cablivi Kit 11 MG Injection	Tier 4	Specialty
<b>*Bradykinin B2 Receptor Antagonists*** - Drugs For The Blood</b>		
Icatibant Acetate Solution Prefilled Syringe 30 MG/3ML Subcutaneous	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (18 ML per 30 days)
Sajazir Solution Prefilled Syringe 30 MG/3ML Subcutaneous	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (18 ML per 30 days)
<b>*C1 Esterase Inhibitors*** - Drugs For The Blood</b>		
Haegarda SOLUTION RECONSTITUTED 2000 UNIT Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (27 EA per 28 days)
Haegarda SOLUTION RECONSTITUTED 3000 UNIT Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (18 EA per 28 days)
<b>*Complement C3 Inhibitors*** - Drugs For The Blood</b>		
Empaveli Solution 1080 MG/20ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (160 ML per 28 days)
<b>*Complement Factor B Inhibitors*** - Drugs For The Blood</b>		
Fabhalta Capsule 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Direct-Acting P2y12 Inhibitors*** - Drugs For The Blood</b>		
Ticagrelor Tablet 60 MG Oral	Tier 2	
Ticagrelor Tablet 90 MG Oral	Tier 2	
<b>*Hematorheologic Agents*** - Drugs For The Blood</b>		
Pentoxifylline ER Tablet Extended Release 400 MG Oral	Tier 2	
<b>*Phosphodiesterase Iii Inhibitors*** - Drugs For The Blood</b>		
Cilostazol TABLET 100 MG ORAL	Tier 1	Healthy Values
Cilostazol TABLET 50 MG ORAL	Tier 1	Healthy Values
<b>*Plasma Factor Xiia Inhibitors - Monoclonal Antibodies*** - Drugs To Prevent Bleeding</b>		

Drug Name	Tier	Notes
Andembry Solution Auto-Injector 200 MG/1.2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1.2 ML per 30 days)
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** - Drugs For The Blood</b>		
Takhzyro Solution Prefilled Syringe 150 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Takhzyro Solution Prefilled Syringe 300 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
<b>*Plasma Kallikrein Inhibitors*** - Drugs For The Blood</b>		
Orladeyo Capsule 110 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Orladeyo Capsule 150 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Orladeyo Packet 108 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 Days)
Orladeyo Packet 132 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 Days)
Orladeyo Packet 72 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 Days)
Orladeyo Packet 96 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 Days)
<b>*Platelet Aggregation Inhibitor Combinations*** - Drugs For The Blood</b>		
Aspirin-Dipyridamole ER Capsule Extended Release 12 Hour 25-200 MG Oral	Tier 2	
Yosprala Tablet Delayed Release 325-40 MG Oral	Tier 4	
Yosprala Tablet Delayed Release 81-40 MG Oral	Tier 4	
<b>*Platelet Aggregation Inhibitors*** - Drugs For The Blood</b>		
Dipyridamole TABLET 25 MG ORAL	Tier 2	Healthy Values
Dipyridamole TABLET 50 MG ORAL	Tier 2	Healthy Values
Dipyridamole TABLET 75 MG ORAL	Tier 2	Healthy Values
<b>*Prekallikrein-Directed Antisense Oligonucleotides (Aso)*** - Drugs For The Blood</b>		

Drug Name	Tier	Notes
Dawnzera Solution Auto-Injector 80 MG/0.8ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.8 ML per 28 days)
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists*** - Drugs For The Blood</b>		
Zontivity Tablet 2.08 MG Oral	Tier 4	
<b>*Pyruvate Kinase Activators*** - Drugs For The Blood</b>		
Pyrukynd Tablet 20 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Pyrukynd Tablet 5 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Pyrukynd Tablet 50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Pyrukynd Taper Pack Tablet Therapy Pack 5 MG Oral	Tier 3	Specialty; Prior Authorization Required
Pyrukynd Taper Pack Tablet Therapy Pack 7 x 20 MG & 7 x 5 MG Oral	Tier 3	Specialty; Prior Authorization Required
Pyrukynd Taper Pack Tablet Therapy Pack 7 x 50 MG & 7 x 20 MG Oral	Tier 3	Specialty; Prior Authorization Required
<b>*Quinazoline Agents*** - Drugs For The Blood</b>		
Anagrelide HCl CAPSULE 0.5 MG Oral	Tier 2	
Anagrelide HCl CAPSULE 1 MG Oral	Tier 2	
<b>*Spleen Tyrosine Kinase (Syk) Inhibitors*** - Drugs For The Blood</b>		
Tavalisse Tablet 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Tavalisse Tablet 150 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Thienopyridine Derivatives*** - Drugs For The Blood</b>		
Clopidogrel Bisulfate TABLET 75 MG ORAL	Tier 1	Healthy Values
Prasugrel HCl TABLET 10 MG Oral	Tier 2	Healthy Values
Prasugrel HCl TABLET 5 MG Oral	Tier 2	Healthy Values
<b>*Hematopoietic Agents* - Drugs For Nutrition</b>		
<b>*Agents For Gaucher Disease*** - Drugs For Nutrition</b>		

Drug Name	Tier	Notes
Cerdelga CAPSULE 84 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Miglustat Capsule 100 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Yargesa Capsule 100 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Amino Acids*** - Drugs For Nutrition</b>		
L-Glutamine Packet 5 GM Oral	Tier 2	Specialty; Prior Authorization Required
<b>*Cobalamins*** - Drugs For Nutrition</b>		
Cyanocobalamin SOLUTION 1000 MCG/ML INJECTION	Tier 1	
Cyanocobalamin Solution 500 MCG/0.1ML Nasal	Tier 2	
Hydroxocobalamin Acetate Solution 1000 MCG/ML Intramuscular	Tier 4	
<b>*Cxcr4 Receptor Antagonist*** - Drugs For Nutrition</b>		
Xolremdi Capsule 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
<b>*Cytotoxic Agents*** - Drugs For Nutrition</b>		
Droxia Capsule 200 MG Oral	Tier 4	
Droxia Capsule 300 MG Oral	Tier 4	
Droxia Capsule 400 MG Oral	Tier 4	
Siklos Tablet 100 MG Oral	Tier 4	
Siklos Tablet 1000 MG Oral	Tier 4	
Xromi Solution 100 MG/ML Oral	Tier 4	Prior Authorization Required
<b>*Erythropoiesis-Stimulating Agents (Esas)*** - Drugs For Nutrition</b>		
Aranesp (Albumin Free) SOLUTION 100 MCG/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) SOLUTION 200 MCG/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) SOLUTION 25 MCG/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) SOLUTION 40 MCG/ML INJECTION	Tier 3	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Aranesp (Albumin Free) SOLUTION 60 MCG/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) Solution Prefilled Syringe 10 MCG/0.4ML Injection	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) Solution Prefilled Syringe 100 MCG/0.5ML Injection	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) Solution Prefilled Syringe 150 MCG/0.3ML Injection	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) Solution Prefilled Syringe 200 MCG/0.4ML Injection	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) Solution Prefilled Syringe 25 MCG/0.42ML Injection	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) Solution Prefilled Syringe 300 MCG/0.6ML Injection	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) Solution Prefilled Syringe 40 MCG/0.4ML Injection	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) Solution Prefilled Syringe 500 MCG/ML Injection	Tier 3	Specialty; Prior Authorization Required
Aranesp (Albumin Free) Solution Prefilled Syringe 60 MCG/0.3ML Injection	Tier 3	Specialty; Prior Authorization Required
Epogen SOLUTION 10000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Epogen SOLUTION 2000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Epogen SOLUTION 20000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Epogen SOLUTION 3000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Epogen SOLUTION 4000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Mircera Solution Prefilled Syringe 100 MCG/0.3ML Injection	Tier 4	Prior Authorization Required
Mircera Solution Prefilled Syringe 120 MCG/0.3ML Injection	Tier 4	Prior Authorization Required
Mircera Solution Prefilled Syringe 150 MCG/0.3ML Injection	Tier 4	Prior Authorization Required
Mircera Solution Prefilled Syringe 200 MCG/0.3ML Injection	Tier 4	Prior Authorization Required
Mircera Solution Prefilled Syringe 30 MCG/0.3ML Injection	Tier 4	Prior Authorization Required
Mircera Solution Prefilled Syringe 50 MCG/0.3ML Injection	Tier 4	Prior Authorization Required

Drug Name	Tier	Notes
Mircera Solution Prefilled Syringe 75 MCG/0.3ML Injection	Tier 4	Prior Authorization Required
Procrit SOLUTION 10000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Procrit SOLUTION 2000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Procrit SOLUTION 20000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Procrit SOLUTION 3000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Procrit SOLUTION 4000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Procrit SOLUTION 40000 UNIT/ML INJECTION	Tier 3	Specialty; Prior Authorization Required
Retacrit Solution 10000 UNIT/ML Injection	Tier 3	Specialty; Prior Authorization Required
Retacrit Solution 2000 UNIT/ML Injection	Tier 3	Specialty; Prior Authorization Required
Retacrit Solution 20000 UNIT/ML Injection	Tier 3	Specialty; Prior Authorization Required
Retacrit Solution 3000 UNIT/ML Injection	Tier 3	Specialty; Prior Authorization Required
Retacrit Solution 4000 UNIT/ML Injection	Tier 3	Specialty; Prior Authorization Required
Retacrit Solution 40000 UNIT/ML Injection	Tier 3	Specialty; Prior Authorization Required
<b>*Folic Acid/Folates*** - Drugs For Nutrition</b>		
Folic Acid Tablet 1 MG Oral (OTC)	Tier 1	ACA Drug
Folic Acid Tablet 1 MG Oral (Rx)	Tier 1	ACA Drug
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)*** - Drugs For Nutrition</b>		
Fulphila Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	Tier 3	Specialty
Fylnetra Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	Tier 3	Specialty
Nivestym Solution 300 MCG/ML Injection	Tier 3	
Nivestym Solution 480 MCG/1.6ML Injection	Tier 3	
Nivestym Solution Prefilled Syringe 300 MCG/0.5ML Injection	Tier 3	
Nivestym Solution Prefilled Syringe 480 MCG/0.8ML Injection	Tier 3	

Drug Name	Tier	Notes
Zarxio Solution Prefilled Syringe 300 MCG/0.5ML Injection	Tier 3	
Zarxio Solution Prefilled Syringe 480 MCG/0.8ML Injection	Tier 3	
<b>*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*** - Drugs For Nutrition</b>		
Leukine Solution Reconstituted 250 MCG Injection	Tier 4	
<b>*Iron*** - Drugs For Nutrition</b>		
ACCRUFer Capsule 30 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Thrombopoietin (Tpo) Receptor Agonists*** - Drugs For Nutrition</b>		
Doptelet Sprinkle Capsule Sprinkle 10 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Doptelet Tablet 20 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Eltrombopag Olamine Packet 12.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Eltrombopag Olamine Packet 25 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Eltrombopag Olamine Tablet 12.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Eltrombopag Olamine Tablet 25 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Eltrombopag Olamine Tablet 50 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Eltrombopag Olamine Tablet 75 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Mulpleta Tablet 3 MG Oral	Tier 3	Specialty; Prior Authorization Required
<b>*Hemostatics* - Drugs For The Blood</b>		
<b>*Hemostatics - Systemic*** - Drugs To Prevent Bleeding</b>		
Aminocaproic Acid Solution 0.25 GM/ML Oral	Tier 2	
Aminocaproic Acid Tablet 1000 MG Oral	Tier 2	

Drug Name	Tier	Notes
Aminocaproic Acid Tablet 500 MG Oral	Tier 2	
Tranexamic Acid TABLET 650 MG ORAL	Tier 2	
<b>*Hypnotics/Sedatives/Sleep Disorder Agents* - Drugs For The Nervous System</b>		
<b>*Barbiturate Hypnotics*** - Drugs For Insomnia</b>		
PHENobarbital Elixir 20 MG/5ML Oral	Tier 2	Healthy Values
PHENobarbital Elixir 30 MG/7.5ML Oral	Tier 2	Healthy Values
PHENobarbital Elixir 60 MG/15ML Oral	Tier 2	Healthy Values
PHENobarbital TABLET 100 MG ORAL	Tier 1	Healthy Values
PHENobarbital Tablet 15 MG Oral	Tier 1	Healthy Values
PHENobarbital TABLET 16.2 MG ORAL	Tier 1	Healthy Values
PHENobarbital Tablet 30 MG Oral	Tier 1	Healthy Values
PHENobarbital TABLET 32.4 MG ORAL	Tier 2	Healthy Values
PHENobarbital TABLET 60 MG ORAL	Tier 1	Healthy Values
PHENobarbital TABLET 64.8 MG ORAL	Tier 2	Healthy Values
PHENobarbital TABLET 97.2 MG ORAL	Tier 2	Healthy Values
<b>*Benzodiazepine Hypnotics*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Estazolam TABLET 1 MG ORAL	Tier 2	
Estazolam TABLET 2 MG ORAL	Tier 2	
Flurazepam HCl Capsule 15 MG Oral	Tier 4	
Flurazepam HCl Capsule 30 MG Oral	Tier 4	
Quazepam Tablet 15 MG Oral	Tier 4	
Temazepam CAPSULE 15 MG ORAL	Tier 1	
Temazepam CAPSULE 22.5 MG ORAL	Tier 2	
Temazepam CAPSULE 30 MG ORAL	Tier 1	
Temazepam CAPSULE 7.5 MG ORAL	Tier 2	
Triazolam Tablet 0.125 MG Oral	Tier 2	
Triazolam Tablet 0.25 MG Oral	Tier 2	
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators*** - Drugs For Insomnia</b>		
Edluar Tablet Sublingual 10 MG Sublingual	Tier 4	Quantity Limit (30 EA per 30 days)
Edluar Tablet Sublingual 5 MG Sublingual	Tier 4	Quantity Limit (30 EA per 30 days)
Eszopiclone TABLET 1 MG ORAL	Tier 1	
Eszopiclone TABLET 2 MG ORAL	Tier 1	

Drug Name	Tier	Notes
Eszopiclone TABLET 3 MG ORAL	Tier 1	
Zaleplon CAPSULE 10 MG ORAL	Tier 1	Quantity Limit (30 EA per 30 days)
Zaleplon CAPSULE 5 MG ORAL	Tier 1	Quantity Limit (60 EA per 30 days)
Zolpidem Tartrate Capsule 7.5 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Zolpidem Tartrate ER Tablet Extended Release 12.5 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Zolpidem Tartrate ER Tablet Extended Release 6.25 MG Oral	Tier 1	
Zolpidem Tartrate TABLET 10 MG ORAL	Tier 1	
Zolpidem Tartrate TABLET 5 MG ORAL	Tier 1	
Zolpidem Tartrate Tablet Sublingual 1.75 MG Sublingual	Tier 4	Quantity Limit (30 EA per 30 days)
Zolpidem Tartrate Tablet Sublingual 3.5 MG Sublingual	Tier 4	Quantity Limit (30 EA per 30 days)
<b>*Orexin Receptor Antagonists*** - Drugs For Insomnia</b>		
Belsomra TABLET 10 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Belsomra TABLET 15 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Belsomra TABLET 20 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
Belsomra TABLET 5 MG ORAL	Tier 3	Quantity Limit (30 EA per 30 days)
<b>*Selective Melatonin Receptor Agonists*** - Drugs For Insomnia</b>		
Hetlioz LQ Suspension 4 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (158 ML per 30 days)
Tasimelteon Capsule 20 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Laxatives* - Drugs For The Stomach</b>		
<b>*Bowel Evacuant Combinations*** - Drugs To Prevent Constipation</b>		
GaviLyte-C SOLUTION RECONSTITUTED 240 GM ORAL	Tier 4	
GaviLyte-G SOLUTION RECONSTITUTED 236 GM ORAL	Tier 1	ACA Drug
GaviLyte-N with Flavor Pack SOLUTION RECONSTITUTED 420 GM ORAL	Tier 2	ACA Drug
Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral	Tier 2	ACA Drug
PEG 3350-KCl-Na Bicarb-NaCl SOLUTION RECONSTITUTED 420 GM ORAL	Tier 2	ACA Drug

Drug Name	Tier	Notes
PEG-3350/Electrolytes SOLUTION RECONSTITUTED 236 GM ORAL	Tier 1	ACA Drug
PEG-Prep KIT 5-210 MG-GM ORAL	Tier 4	
Sutab Tablet 1479-225-188 MG Oral	Tier 4	
<b>*Laxatives - Miscellaneous*** - Drugs To Prevent Constipation</b>		
Constulose SOLUTION 10 GM/15ML ORAL	Tier 2	
Kristalose PACKET 10 GM ORAL	Tier 2	
Kristalose PACKET 20 GM ORAL	Tier 2	
Lactulose Packet 10 GM Oral	Tier 2	
Lactulose Packet 20 GM Oral	Tier 2	
Lactulose Solution 10 GM/15ML Oral	Tier 2	
Lactulose Solution 20 GM/30ML Oral	Tier 2	
<b>*Macrolides* - Drugs For Infections</b>		
<b>*Azithromycin*** - Antibiotics</b>		
Azithromycin SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	Tier 2	
Azithromycin SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Tier 1	
Azithromycin Tablet 250 MG Oral	Tier 1	
Azithromycin Tablet 500 MG Oral	Tier 1	
Azithromycin Tablet 600 MG Oral	Tier 2	
<b>*Clarithromycin*** - Antibiotics</b>		
Clarithromycin ER Tablet Extended Release 24 Hour 500 MG Oral	Tier 2	
Clarithromycin SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	Tier 4	
Clarithromycin SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	Tier 4	
Clarithromycin TABLET 250 MG ORAL	Tier 2	
Clarithromycin TABLET 500 MG ORAL	Tier 2	
<b>*Erythromycins*** - Antibiotics</b>		
E.E.S. 400 TABLET 400 MG ORAL	Tier 4	
Ery-Tab TABLET DELAYED RELEASE 250 MG ORAL	Tier 2	
Ery-Tab Tablet Delayed Release 333 MG Oral	Tier 2	

Drug Name	Tier	Notes
Ery-Tab TABLET DELAYED RELEASE 500 MG ORAL	Tier 2	
Erythromycin Base Capsule Delayed Release Particles 250 MG Oral	Tier 4	
Erythromycin Base Tablet 250 MG Oral	Tier 2	
Erythromycin Base Tablet 500 MG Oral	Tier 2	
Erythromycin Base Tablet Delayed Release 250 MG Oral	Tier 2	
Erythromycin Base Tablet Delayed Release 333 MG Oral	Tier 2	
Erythromycin Base Tablet Delayed Release 500 MG Oral	Tier 2	
Erythromycin Ethylsuccinate Suspension Reconstituted 200 MG/5ML Oral	Tier 2	
Erythromycin Ethylsuccinate Suspension Reconstituted 400 MG/5ML Oral	Tier 2	
Erythromycin Ethylsuccinate TABLET 400 MG ORAL	Tier 4	
Erythromycin Tablet Delayed Release 250 MG Oral	Tier 2	
Erythromycin Tablet Delayed Release 333 MG Oral	Tier 2	
Erythromycin Tablet Delayed Release 500 MG Oral	Tier 2	
<b>*Fidaxomicin*** - Antibiotics</b>		
Dificid Suspension Reconstituted 40 MG/ML Oral	Tier 3	
Fidaxomicin Tablet 200 MG Oral	Tier 2	
<b>*Medical Devices And Supplies* - Medical Supplies And Durable Medical Equipment</b>		
<b>*Cervical Caps*** - Medical Supplies And Durable Medical Equipment</b>		
FemCap DEVICE 22 MM VAGINAL	Tier 3	ACA Drug
FemCap DEVICE 26 MM VAGINAL	Tier 3	ACA Drug
FemCap DEVICE 30 MM VAGINAL	Tier 3	ACA Drug
<b>*Diaphragms*** - Medical Supplies And Durable Medical Equipment</b>		
Caya DIAPHRAGM VAGINAL	Tier 3	ACA Drug
Omniflex Diaphragm DIAPHRAGM VAGINAL	Tier 3	ACA Drug
Wide-Seal Diaphragm 60 DIAPHRAGM 2 % VAGINAL	Tier 3	ACA Drug
Wide-Seal Diaphragm 65 DIAPHRAGM 2 % VAGINAL	Tier 3	ACA Drug
Wide-Seal Diaphragm 70 DIAPHRAGM 2 % VAGINAL	Tier 3	ACA Drug
Wide-Seal Diaphragm 75 DIAPHRAGM 2 % VAGINAL	Tier 3	ACA Drug
Wide-Seal Diaphragm 80 DIAPHRAGM 2 % VAGINAL	Tier 3	ACA Drug

Drug Name	Tier	Notes
Wide-Seal Diaphragm 85 DIAPHRAGM 2 % VAGINAL	Tier 3	ACA Drug
Wide-Seal Diaphragm 90 DIAPHRAGM 2 % VAGINAL	Tier 3	ACA Drug
Wide-Seal Diaphragm 95 DIAPHRAGM 2 % VAGINAL	Tier 3	ACA Drug
<b>*Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment</b>		
BD Microtainer Lancets (OTC)	Tier 3	Healthy Values
BD Microtainer Lancets (Rx)	Tier 3	Healthy Values
Dexcom G6 Receiver Device	Tier 3	Healthy Values
Dexcom G6 Sensor	Tier 3	Healthy Values
Dexcom G6 Transmitter	Tier 3	Healthy Values
Dexcom G7 15 Day Sensor	Tier 3	Healthy Values
Dexcom G7 Receiver Device	Tier 3	Healthy Values
Dexcom G7 Sensor	Tier 3	Healthy Values
<b>*Insulin Administration Supplies*** - Medical Supplies And Durable Medical Equipment</b>		
Ilet Contact Detach 23" 6mm	Tier 3	
Ilet infusion-Inset 23" 6mm	Tier 3	
Ilet Infusion-Inset 32" 6mm	Tier 3	
Ilet Insulin Pump Device	Tier 3	
Ilet Starter - Contact Detach	Tier 3	
Ilet Starter Kit - Inset 23"	Tier 3	
Ilet Starter Kit - Inset 32"	Tier 3	
Omnipod 5 DexG7G6 Intro Gen 5 Kit	Tier 3	Healthy Values
Omnipod 5 DexG7G6 Pods Gen 5	Tier 3	Healthy Values
Omnipod 5 Libre2 G6 Intro Gen5 Kit	Tier 3	Healthy Values
Omnipod 5 Libre2 Plus G6 Pods	Tier 3	Healthy Values
Omnipod DASH Intro (Gen 4) Kit	Tier 3	Healthy Values
Omnipod DASH PDM (Gen 4) Kit	Tier 3	Healthy Values
Omnipod DASH Pods (Gen 4)	Tier 3	Healthy Values
Twist Refill Kit Kit	Tier 3	Healthy Values
Twist Refill Kit/Infusion Set Kit	Tier 3	Healthy Values
Twist Starter Kit Kit	Tier 3	Healthy Values
<b>*Needles &amp; Syringes*** - Medical Supplies And Durable Medical Equipment</b>		
AQ Insulin Syringe 29G X 1/2" 1 ML	Tier 3	Healthy Values
AQ Insulin Syringe 30G X 5/16" 0.5 ML	Tier 3	Healthy Values
AQ Insulin Syringe 31G X 5/16" 1 ML	Tier 3	Healthy Values

Drug Name	Tier	Notes
AQInject Pen Needle 31G X 5 MM	Tier 3	Healthy Values
AQInject Pen Needle 32G X 4 MM	Tier 3	Healthy Values
BD Blunt Fill Needle 18G X 1"	Tier 3	
BD Eclipse Needle 23G X 1" (OTC)	Tier 3	
BD Eclipse Needle 23G X 1" (Rx)	Tier 3	
BD Insulin Syringe 29G X 1/2" 0.5 ML (OTC)	Tier 3	Healthy Values
BD Insulin Syringe 29G X 1/2" 0.5 ML (Rx)	Tier 3	Healthy Values
BD Insulin Syringe 29G X 1/2" 1 ML (OTC)	Tier 3	Healthy Values
BD Insulin Syringe 29G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
BD Insulin Syringe MicroFine 28G X 1/2" 1 ML (OTC)	Tier 3	Healthy Values
BD Insulin Syringe MicroFine 28G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
BD Insulin Syringe U-500 31G X 6MM 0.5 ML	Tier 3	Healthy Values
BD Luer-Lok Syringe 23G X 1" 3 ML (OTC)	Tier 3	
BD Luer-Lok Syringe 23G X 1" 3 ML (Rx)	Tier 3	
BD SafetyGlide Insulin Syringe 31G X 15/64" 0.3 ML	Tier 3	Healthy Values
BD SafetyGlide Shielded Needle 21G X 1-1/2"	Tier 3	Healthy Values
BD Syringe Luer Slip Tip 20 ML (Rx)	Tier 3	
BD Syringe Luer-Lok 3 ML (Rx)	Tier 3	
BD Syringe Luer-Lok 5 ML (OTC)	Tier 3	
BD Syringe Luer-Lok 5 ML (Rx)	Tier 3	
BD Syringe Slip Tip 3 ML (Rx)	Tier 3	
BD Veo Insulin Syringe U/F 31G X 15/64" 0.3 ML	Tier 3	Healthy Values
BD Veo Insulin Syringe U/F 31G X 15/64" 0.5 ML	Tier 3	Healthy Values
BD Veo Insulin Syringe U/F 31G X 15/64" 1 ML	Tier 3	Healthy Values
Carepoint Poly Hub Needle 18G X 1"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 18G X 1-1/2"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 20G X 1"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 21G X 1"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 21G X 1-1/2"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 22G X 1"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 22G X 1-1/2"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 23G X 1"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 23G X 1-1/2"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 25G X 1"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 25G X 1-1/2"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 25G X 5/8"	Tier 3	Healthy Values

Drug Name	Tier	Notes
Carepoint Poly Hub Needle 27G X 1/2"	Tier 3	Healthy Values
Carepoint Poly Hub Needle 30G X 1/2"	Tier 3	Healthy Values
Carepoint Precision Poly Hub 23G X 1"	Tier 3	Healthy Values
CarePoint Safety 1st Needle 23G X 1"	Tier 3	Healthy Values
CarePoint Safety 1st Needle 23G X 1-1/2"	Tier 3	Healthy Values
CarePoint Safety 1st Needle 25G X 1"	Tier 3	Healthy Values
CarePoint Safety 1st Needle 25G X 1-1/2"	Tier 3	Healthy Values
CarePoint Safety 1st Needle 25G X 5/8"	Tier 3	Healthy Values
CarePoint Safety1st Syr/Needle 23G X 1" 1 ML	Tier 3	
CarePoint Safety1st Syr/Needle 23G X 1" 3 ML	Tier 3	
CarePoint Safety1st Syr/Needle 25G X 1" 1 ML	Tier 3	
CarePoint Safety1st Syr/Needle 25G X 1" 3 ML	Tier 3	
CarePoint Safety1st Syr/Needle 25G X 5/8" 3 ML	Tier 3	
Carepoint Syringe Catheter Tip 60 ML	Tier 3	
Carepoint Syringe Luer Lock 1 ML	Tier 3	
Carepoint Syringe Luer Lock 10 ML	Tier 3	
Carepoint Syringe Luer Lock 20 ML	Tier 3	
Carepoint Syringe Luer Lock 20G X 1" 3 ML	Tier 3	
Carepoint Syringe Luer Lock 20G X 1" 3 ML	Tier 3	
Carepoint Syringe Luer Lock 20G X 1-1/2" 3 ML	Tier 3	
Carepoint Syringe Luer Lock 22G X 1" 3 ML	Tier 3	
Carepoint Syringe Luer Lock 22G X 1-1/2" 3 ML	Tier 3	
Carepoint Syringe Luer Lock 23G X 1" 3 ML	Tier 3	
Carepoint Syringe Luer Lock 23G X 1-1/2" 3 ML	Tier 3	
Carepoint Syringe Luer Lock 23G X 1-1/2" 3 ML	Tier 3	
Carepoint Syringe Luer Lock 25G X 1" 3 ML	Tier 3	
Carepoint Syringe Luer Lock 25G X 1-1/2" 3 ML	Tier 3	
Carepoint Syringe Luer Lock 3 ML	Tier 3	
Carepoint Syringe Luer Lock 30 ML	Tier 3	
Carepoint Syringe Luer Lock 5 ML	Tier 3	
Carepoint Syringe Luer Lock 60 ML	Tier 3	
Carepoint Syringe Luer Slip 1 ML	Tier 3	
Carepoint Syringe Luer Slip 60 ML	Tier 3	

Drug Name	Tier	Notes
DropSafe Safety Syringe/Needle 29G X 1/2" 1 ML	Tier 3	Healthy Values
DropSafe Safety Syringe/Needle 31G X 15/64" 0.3 ML	Tier 3	Healthy Values
DropSafe Safety Syringe/Needle 31G X 15/64" 0.5 ML	Tier 3	Healthy Values
DropSafe Safety Syringe/Needle 31G X 15/64" 1 ML	Tier 3	Healthy Values
DropSafe Safety Syringe/Needle 31G X 5/16" 0.3 ML	Tier 3	Healthy Values
DropSafe Safety Syringe/Needle 31G X 5/16" 0.5 ML	Tier 3	Healthy Values
DropSafe Safety Syringe/Needle 31G X 5/16" 1 ML	Tier 3	Healthy Values
DropSafe Sicura 25G X 1"	Tier 3	
DropSafe Sicura 25G X 5/8"	Tier 3	
EasyPoint Needle 23G X 1" (OTC)	Tier 3	
EasyPoint Needle 23G X 1" (Rx)	Tier 3	
EasyPoint Needle 25G X 1" (OTC)	Tier 3	
EasyPoint Needle 25G X 1" (Rx)	Tier 3	
EasyPoint Needle 25G X 5/8" (OTC)	Tier 3	
EasyPoint Needle 25G X 5/8" (Rx)	Tier 3	
EasyPoint Needle/Syringe 18G X 1" 3 ML	Tier 3	
EasyPoint Needle/Syringe 18G X 1-1/2" 3 ML	Tier 3	
EasyPoint Needle/Syringe 23G X 1" 3 ML	Tier 3	
EasyPoint Needle/Syringe 25G X 1" 3 ML	Tier 3	
EasyPoint Needle/Syringe 25G X 5/8" 3 ML	Tier 3	
Embecta Insulin Syringe 28G X 1/2" 0.5 ML	Tier 3	Healthy Values
Embecta Insulin Syringe 28G X 1/2" 1 ML (OTC)	Tier 3	Healthy Values
Embecta Insulin Syringe 28G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
Embecta Insulin Syringe U-500 31G X 6MM 0.5 ML	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 27G X 1/2" 0.5 ML (OTC)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 27G X 1/2" 0.5 ML (Rx)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 27G X 1/2" 1 ML (OTC)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 27G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 28G X 1/2" 0.5 ML (OTC)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 28G X 1/2" 0.5 ML (Rx)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 28G X 1/2" 1 ML (OTC)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 28G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 29G X 1/2" 0.5 ML (OTC)	Tier 3	Healthy Values

Drug Name	Tier	Notes
Insulin Syringe-Needle U-100 29G X 1/2" 0.5 ML (Rx)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 29G X 1/2" 1 ML (OTC)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 29G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 30G X 1/2" 1 ML (OTC)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 30G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 30G X 5/16" 0.5 ML (OTC)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 30G X 5/16" 0.5 ML (Rx)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 31G X 5/16" 0.5 ML (OTC)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 31G X 5/16" 0.5 ML (Rx)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 31G X 5/16" 1 ML (OTC)	Tier 3	Healthy Values
Insulin Syringe-Needle U-100 31G X 5/16" 1 ML (Rx)	Tier 3	Healthy Values
Magellan Insulin Safety Syr 29G X 1/2" 0.3 ML	Tier 3	Healthy Values
Magellan Insulin Safety Syr 29G X 1/2" 0.5 ML	Tier 3	Healthy Values
Magellan Insulin Safety Syr 29G X 1/2" 1 ML	Tier 3	Healthy Values
Magellan Insulin Safety Syr 30G X 5/16" 0.3 ML	Tier 3	Healthy Values
Magellan Insulin Safety Syr 30G X 5/16" 0.5 ML	Tier 3	Healthy Values
Magellan Insulin Safety Syr 30G X 5/16" 1 ML	Tier 3	Healthy Values
Magellan Syringe-Safety Needle 23G X 1" 1 ML	Tier 3	
Magellan Tuberculin Syringe 27G X 1/2" 1 ML	Tier 3	
Magellan Tuberculin Syringe 28G X 1/2" 1 ML	Tier 3	
Marathon Medical Pentips 29G X 12MM	Tier 3	Healthy Values
Marathon Medical Pentips 31G X 5 MM	Tier 3	Healthy Values
Marathon Medical Pentips 31G X 8 MM	Tier 3	Healthy Values
Marathon Medical Pentips 32G X 4 MM	Tier 3	Healthy Values
Monoject Allergist Tray KIT 27G X 1/2" 1 ML	Tier 3	
Monoject Allergist Tray KIT 28G X 1/2" 0.5 ML	Tier 3	
Monoject Allergist Tray KIT 28G X 1/2" 1 ML	Tier 3	
Monoject Bluntip Cannula 20G X 1-1/2"	Tier 3	
Monoject Bluntip Cannula 21G X 1"	Tier 3	
Monoject Bluntip Syr/Cannula 3 ML	Tier 3	
Monoject Bluntip Syr/Cannula 6 ML	Tier 3	
Monoject Control Syringe 12 ML	Tier 3	

Drug Name	Tier	Notes
Monoject Control Syringe 20 ML	Tier 3	
Monoject Filter Needle 18G X 1-1/2"	Tier 3	
Monoject Filter Needle 20G X 1-1/2"	Tier 3	
Monoject Hypodermic Needle 14G X 1"	Tier 3	
Monoject Hypodermic Needle 14G X 1-1/2"	Tier 3	
Monoject Hypodermic Needle 14G X 2"	Tier 3	
Monoject Hypodermic Needle 16G X 1"	Tier 3	
Monoject Hypodermic Needle 16G X 1-1/2"	Tier 3	
Monoject Hypodermic Needle 16G X 3/4"	Tier 3	
Monoject Hypodermic Needle 16G X 5/8"	Tier 3	
Monoject Hypodermic Needle 18G X 1" (Rx)	Tier 3	
Monoject Hypodermic Needle 18G X 1-1/2"	Tier 3	
Monoject Hypodermic Needle 19G X 1" (Rx)	Tier 3	
Monoject Hypodermic Needle 19G X 1-1/2" (Rx)	Tier 3	
Monoject Hypodermic Needle 20G X 1" (Rx)	Tier 3	
Monoject Hypodermic Needle 20G X 1-1/2" (Rx)	Tier 3	
Monoject Hypodermic Needle 21G X 1" (Rx)	Tier 3	
Monoject Hypodermic Needle 21G X 1-1/2" (Rx)	Tier 3	
Monoject Hypodermic Needle 21G X 2"	Tier 3	
Monoject Hypodermic Needle 22G X 1"	Tier 3	
Monoject Hypodermic Needle 22G X 1-1/2"	Tier 3	
Monoject Hypodermic Needle 23G X 1"	Tier 3	
Monoject Hypodermic Needle 23G X 3/4"	Tier 3	
Monoject Hypodermic Needle 25G X 1"	Tier 3	
Monoject Hypodermic Needle 25G X 1-1/2"	Tier 3	
Monoject Hypodermic Needle 25G X 1-1/4"	Tier 3	
Monoject Hypodermic Needle 25G X 2"	Tier 3	
Monoject Hypodermic Needle 25G X 5/8"	Tier 3	
Monoject Hypodermic Needle 26G X 1/2"	Tier 3	
Monoject Hypodermic Needle 26G X 1-1/2"	Tier 3	
Monoject Hypodermic Needle 27G X 1/2"	Tier 3	
Monoject Hypodermic Needle 27G X 1-1/2"	Tier 3	

Drug Name	Tier	Notes
Monoject Hypodermic Needle 27G X 1-1/4"	Tier 3	
Monoject Hypodermic Needle 30G X 3/4"	Tier 3	
Monoject Insulin Syringe 27G X 1/2" 1 ML (OTC)	Tier 3	Healthy Values
Monoject Insulin Syringe 27G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
Monoject Insulin Syringe 28G X 1/2" 0.5 ML (Rx)	Tier 3	Healthy Values
Monoject Insulin Syringe 28G X 1/2" 1 ML (OTC)	Tier 3	Healthy Values
Monoject Insulin Syringe 28G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
Monoject Insulin Syringe 29G X 1/2" 0.3 ML	Tier 3	Healthy Values
Monoject Insulin Syringe 29G X 1/2" 0.5 ML	Tier 3	Healthy Values
Monoject Insulin Syringe 29G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
Monoject Insulin Syringe 30G X 5/16" 0.3 ML	Tier 3	Healthy Values
Monoject Insulin Syringe 30G X 5/16" 0.5 ML (Rx)	Tier 3	Healthy Values
Monoject Insulin Syringe 30G X 5/16" 1 ML (OTC)	Tier 3	Healthy Values
Monoject Insulin Syringe 30G X 5/16" 1 ML (Rx)	Tier 3	Healthy Values
Monoject Insulin Syringe U-100 1 ML	Tier 3	Healthy Values
Monoject Introducer Needle 18G X 1-1/4"	Tier 3	
Monoject LifeShield Syringe 18G X 1" 12 ML	Tier 3	
Monoject LifeShield Syringe 18G X 1" 3 ML	Tier 3	
Monoject Magellan Safety Ndl 18G X 1"	Tier 3	
Monoject Magellan Safety Ndl 18G X 1-1/2"	Tier 3	
Monoject Magellan Safety Ndl 19G X 1"	Tier 3	
Monoject Magellan Safety Ndl 19G X 1-1/2"	Tier 3	
Monoject Magellan Safety Ndl 20G X 1"	Tier 3	
Monoject Magellan Safety Ndl 20G X 1-1/2"	Tier 3	
Monoject Magellan Safety Ndl 21G X 1"	Tier 3	
Monoject Magellan Safety Ndl 21G X 1-1/2"	Tier 3	
Monoject Magellan Safety Ndl 21G X 5/8"	Tier 3	
Monoject Magellan Safety Ndl 22G X 1"	Tier 3	
Monoject Magellan Safety Ndl 22G X 1-1/2"	Tier 3	
Monoject Magellan Safety Ndl 23G X 1"	Tier 3	
Monoject Magellan Safety Ndl 23G X 5/8"	Tier 3	
Monoject Magellan Safety Ndl 25G X 1"	Tier 3	
Monoject Magellan Safety Ndl 25G X 5/8"	Tier 3	
Monoject Magellan Syringe 18G X 1" 12 ML	Tier 3	

Drug Name	Tier	Notes
Monoject Magellan Syringe 18G X 1" 6 ML	Tier 3	
Monoject Magellan Syringe 20G X 1-1/2" 12 ML	Tier 3	
Monoject Magellan Syringe 20G X 1-1/2" 3 ML	Tier 3	
Monoject Magellan Syringe 20G X 1-1/2" 6 ML	Tier 3	
Monoject Magellan Syringe 21G X 1" 12 ML	Tier 3	
Monoject Magellan Syringe 21G X 1" 3 ML	Tier 3	
Monoject Magellan Syringe 21G X 1" 6 ML	Tier 3	
Monoject Magellan Syringe 21G X 1-1/2" 12 ML	Tier 3	
Monoject Magellan Syringe 21G X 1-1/2" 3 ML	Tier 3	
Monoject Magellan Syringe 21G X 1-1/2" 6 ML	Tier 3	
Monoject Magellan Syringe 22G X 1-1/2" 12 ML	Tier 3	
Monoject Magellan Syringe 22G X 1-1/2" 3 ML	Tier 3	
Monoject Magellan Syringe 22G X 1-1/2" 6 ML	Tier 3	
Monoject Magellan Syringe 23G X 1" 1 ML	Tier 3	
Monoject Magellan Syringe 23G X 1" 3 ML	Tier 3	
Monoject Magellan Syringe 25G X 1" 1 ML	Tier 3	
Monoject Magellan Syringe 25G X 1" 3 ML	Tier 3	
Monoject Magellan Syringe 25G X 5/8" 1 ML	Tier 3	
Monoject Magellan Syringe 25G X 5/8" 3 ML	Tier 3	
Monoject Pharmacy Tray 12 ML	Tier 3	
Monoject Pharmacy Tray 20 ML	Tier 3	
Monoject Pharmacy Tray 3 ML	Tier 3	
Monoject Pharmacy Tray 35 ML	Tier 3	
Monoject Pharmacy Tray 6 ML	Tier 3	
Monoject Pharmacy Tray 60 ML	Tier 3	
Monoject Piston Syringe 140 ML	Tier 3	
Monoject Syringe 12 ML	Tier 3	
Monoject Syringe 18G X 1" 12 ML (OTC)	Tier 3	
Monoject Syringe 18G X 1" 12 ML (Rx)	Tier 3	
Monoject Syringe 20G X 1" 3 ML	Tier 3	
Monoject Syringe 20G X 1-1/2" 3 ML	Tier 3	
Monoject Syringe 20G X 1-1/2" 6 ML	Tier 3	

Drug Name	Tier	Notes
Monoject Syringe 20G X 3/4" 3 ML (Rx)	Tier 3	
Monoject Syringe 21G X 1" 3 ML	Tier 3	
Monoject Syringe 21G X 1" 6 ML	Tier 3	
Monoject Syringe 21G X 1-1/2" 3 ML	Tier 3	
Monoject Syringe 21G X 1-1/2" 6 ML	Tier 3	
Monoject Syringe 22G X 1-1/2" 3 ML	Tier 3	
Monoject Syringe 22G X 1-1/2" 6 ML	Tier 3	
Monoject Syringe 23G X 1" 3 ML	Tier 3	
Monoject Syringe 25G X 1" 3 ML	Tier 3	
Monoject Syringe 25G X 1-1/4" 3 ML	Tier 3	
Monoject Syringe 25G X 5/8" 3 ML	Tier 3	
Monoject Syringe 27G X 1-1/4" 3 ML	Tier 3	
Monoject Syringe 3 ML	Tier 3	
Monoject Syringe 6 ML	Tier 3	
Monoject Syringe Cath Tip 35 ML	Tier 3	
Monoject Syringe Cath Tip 60 ML (OTC)	Tier 3	
Monoject Syringe Cath Tip 60 ML (Rx)	Tier 3	
Monoject Syringe Ecc Luer 20 ML	Tier 3	
Monoject Syringe Ecc Luer 35 ML	Tier 3	
Monoject Syringe Eccentric Tip 60 ML	Tier 3	
Monoject Syringe Luer Lock 20 ML	Tier 3	
Monoject Syringe Luer Lock 35 ML	Tier 3	
Monoject Syringe Luer Lock 6 ML	Tier 3	
Monoject Syringe Luer Lock 60 ML	Tier 3	
Monoject Syringe Luer-Lock Tip 140 ML	Tier 3	
Monoject Syringe Luer-Lock Tip 3 ML	Tier 3	
Monoject Syringe Luer-Lock Tip 60 ML	Tier 3	
Monoject Syringe Pharmacy Tray 1 ML	Tier 3	
Monoject Syringe Reg Luer 20 ML	Tier 3	
Monoject Syringe Reg Luer 3 ML	Tier 3	
Monoject Syringe Reg Luer 35 ML	Tier 3	
Monoject Syringe Reg Luer 6 ML	Tier 3	

Drug Name	Tier	Notes
Monoject Syringe Regular Tip 20 ML	Tier 3	
Monoject Syringe Regular Tip 3 ML	Tier 3	
Monoject Syringe Regular Tip 6 ML	Tier 3	
Monoject Syringe Regular Tip 60 ML	Tier 3	
Monoject Syringe Toomey Type 60 ML	Tier 3	
Monoject TB Safety Syringe 25G X 5/8" 1 ML	Tier 3	
Monoject TB Safety Syringe 28G X 1/2" 1 ML	Tier 3	
Monoject TB Syringe 1 ML (OTC)	Tier 3	
Monoject TB Syringe 1 ML (Rx)	Tier 3	
Monoject TB Syringe 25G X 5/8" 1 ML (OTC)	Tier 3	
Monoject TB Syringe 25G X 5/8" 1 ML (Rx)	Tier 3	
Monoject TB Syringe 26G X 3/8" 1 ML (OTC)	Tier 3	
Monoject TB Syringe 26G X 3/8" 1 ML (Rx)	Tier 3	
Monoject TB Syringe 27G X 1/2" 1 ML	Tier 3	
Monoject TB Syringe 28G X 1/2" 0.5 ML	Tier 3	
Monoject TB Syringe 28G X 1/2" 1 ML (OTC)	Tier 3	
Monoject TB Syringe 28G X 1/2" 1 ML (Rx)	Tier 3	
Monoject Ultra Comfort Syringe 28G X 1/2" 0.5 ML (OTC)	Tier 3	Healthy Values
Monoject Ultra Comfort Syringe 28G X 1/2" 0.5 ML (Rx)	Tier 3	Healthy Values
Monoject Ultra Comfort Syringe 28G X 1/2" 1 ML (OTC)	Tier 3	Healthy Values
Monoject Ultra Comfort Syringe 28G X 1/2" 1 ML (Rx)	Tier 3	Healthy Values
Monoject Ultra Comfort Syringe 30G X 5/16" 0.3 ML (OTC)	Tier 3	Healthy Values
Monoject Ultra Comfort Syringe 30G X 5/16" 0.3 ML (Rx)	Tier 3	Healthy Values
Monoject Ultra Comfort Syringe 30G X 5/16" 0.5 ML (OTC)	Tier 3	Healthy Values
Monoject Ultra Comfort Syringe 30G X 5/16" 0.5 ML (Rx)	Tier 3	Healthy Values
Norm-Ject Luer Slip Syringe 1 ML	Tier 3	
NovoPen Echo DEVICE	Tier 3	
Pen Needles 30G X 5 MM (OTC)	Tier 3	Healthy Values
Pen Needles 30G X 5 MM (Rx)	Tier 3	Healthy Values

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Pen Needles 31G X 5 MM (OTC)	Tier 3	Healthy Values
Pen Needles 31G X 5 MM (Rx)	Tier 3	Healthy Values
Pen Needles 31G X 8 MM (OTC)	Tier 3	Healthy Values
Pen Needles 31G X 8 MM (Rx)	Tier 3	Healthy Values
Pen Needles 32G X 4 MM (OTC)	Tier 3	Healthy Values
Pen Needles 32G X 4 MM (Rx)	Tier 3	Healthy Values
Pentips 29G X 12MM (OTC)	Tier 3	Healthy Values
PenTips 29G X 12MM (Rx)	Tier 3	Healthy Values
PenTips 31G X 5 MM (OTC)	Tier 3	Healthy Values
PenTips 31G X 5 MM (Rx)	Tier 3	Healthy Values
Pentips 31G X 8 MM (OTC)	Tier 3	Healthy Values
PenTips 31G X 8 MM (Rx)	Tier 3	Healthy Values
Pentips 32G X 4 MM (OTC)	Tier 3	Healthy Values
PenTips 32G X 4 MM (Rx)	Tier 3	Healthy Values
Pro Comfort Pen Needles 32G X 4 MM	Tier 3	Healthy Values
Pro Comfort Pen Needles 32G X 5 MM	Tier 3	Healthy Values
Sure Comfort Pen Needles 31G X 6 MM	Tier 3	Healthy Values
Sure Comfort Pen Needles 32G X 4 MM (OTC)	Tier 3	Healthy Values
Sure Comfort Pen Needles 32G X 4 MM (Rx)	Tier 3	Healthy Values
Syringe Luer Lock 10 ML (OTC)	Tier 3	
Syringe Luer Lock 10 ML (Rx)	Tier 3	
Syringe Luer Lock 30 ML (OTC)	Tier 3	
Syringe Luer Lock 30 ML (Rx)	Tier 3	
Syringe Luer Slip 1 ML (OTC)	Tier 3	
Syringe Luer Slip 1 ML (Rx)	Tier 3	
Toomey Syringe 70 ML	Tier 3	
UltiCare Insulin Safety Syr 29G X 1/2" 0.5 ML	Tier 3	Healthy Values
UltiCare Insulin Safety Syr 29G X 1/2" 1 ML	Tier 3	Healthy Values
UltiCare Insulin Syringe 30G X 5/16" 0.5 ML (OTC)	Tier 3	Healthy Values
UltiCare Insulin Syringe 30G X 5/16" 0.5 ML (Rx)	Tier 3	Healthy Values
UltiCare Insulin Syringe 31G X 5/16" 0.3 ML (OTC)	Tier 3	Healthy Values
UltiCare Insulin Syringe 31G X 5/16" 0.3 ML (Rx)	Tier 3	Healthy Values
UltiCare Insulin Syringe 31G X 5/16" 0.5 ML (OTC)	Tier 3	Healthy Values
UltiCare Insulin Syringe 31G X 5/16" 0.5 ML (Rx)	Tier 3	Healthy Values
UltiCare Pen Needles 29G X 12.7MM (OTC)	Tier 3	Healthy Values
UltiCare Pen Needles 29G X 12.7MM (Rx)	Tier 3	Healthy Values

Drug Name	Tier	Notes
UltiCare Short Pen Needles 31G X 8 MM (OTC)	Tier 3	Healthy Values
UltiCare Short Pen Needles 31G X 8 MM (Rx)	Tier 3	Healthy Values
Verisafe Safe Sterile Syringe 25G X 1" 1 ML	Tier 3	
Verisafe Safety Sterile Needle 23G X 1-1/2"	Tier 3	Healthy Values
Verisafe Safety Sterile Needle 25G X 1"	Tier 3	Healthy Values
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies*** - Medical Supplies And Durable Medical Equipment</b>		
AeroChamber Holding Chamber Device	Tier 3	
AeroChamber Mini Chamber DEVICE	Tier 3	
AeroChamber MV	Tier 3	
AeroChamber Pls FloVu Mthpiece Device	Tier 3	
AeroChamber Plus Flo-Vu	Tier 3	
AeroChamber Plus Flo-Vu Interm Device	Tier 3	
AeroChamber Plus Flo-Vu Large Device	Tier 3	
AeroChamber Plus Flo-Vu Medium Device	Tier 3	
AeroChamber Plus Flo-Vu Small Device	Tier 3	
AeroChamber Z-Stat Plus	Tier 3	
AeroChamber Z-Stat Plus Chambr	Tier 3	
AeroChamber Z-Stat Plus/Large	Tier 3	
AeroChamber Z-Stat Plus/Medium	Tier 3	
AeroChamber Z-Stat Plus/Small	Tier 3	
Aerochamber2GO Anti-Static Device	Tier 3	
AeroVent Plus DEVICE	Tier 3	
Breathe Ease Large Device	Tier 3	
Breathe Ease Medium Device	Tier 3	
Breathe Ease Small Device	Tier 3	
BreatheRite Valved MDI Chamber DEVICE	Tier 3	
Clever Choice Holding Chamber Device (OTC)	Tier 3	
Clever Choice Holding Chamber Device (Rx)	Tier 3	
Compact Space Chamber DEVICE	Tier 3	
Compact Space Chamber/Lg Mask DEVICE	Tier 3	
Compact Space Chamber/Med Mask DEVICE	Tier 3	
Compact Space Chamber/Sm Mask DEVICE	Tier 3	

Drug Name	Tier	Notes
EasiVent	Tier 3	
EasiVent Mask Large	Tier 3	
EasiVent Mask Medium	Tier 3	
EasiVent Mask Small	Tier 3	
EQ Space Chamber Anti-Static Device	Tier 3	
EQ Space Chamber Anti-Static L Device	Tier 3	
EQ Space Chamber Anti-Static M Device	Tier 3	
EQ Space Chamber Anti-Static S Device	Tier 3	
Flexichamber Adult Mask/Small	Tier 3	
Flexichamber Child Mask/Large	Tier 3	
Flexichamber Child Mask/Small	Tier 3	
Flexichamber DEVICE	Tier 3	
Inspirease	Tier 3	
Inspirease Reservoir Bags	Tier 3	
Microchamber	Tier 3	
Microchamber Device	Tier 3	
Microspacer	Tier 3	
OptiChamber Diamond	Tier 3	
OptiChamber Diamond DEVICE	Tier 3	
OptiChamber Diamond-Lg Mask DEVICE	Tier 3	
OptiChamber Diamond-Md Mask	Tier 3	
OptiChamber Diamond-Sm Mask	Tier 3	
Pocket Chamber DEVICE	Tier 3	
Pocket Spacer DEVICE	Tier 3	
ProChamber VHC Device	Tier 3	
RiteFlo DEVICE	Tier 3	
Vortex Valve Chamber-Pedi Mask Device	Tier 3	
Vortex Valved Holding Chamber Device	Tier 3	
<b>*Migraine Products* - Drugs For The Nervous System</b>		
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*** - Drugs For Migraine Headaches</b>		
Nurtec Tablet Dispersible 75 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (16 EA per 30 days)

Drug Name	Tier	Notes
Qulipta Tablet 10 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Qulipta Tablet 30 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Qulipta Tablet 60 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ubrelvy Tablet 100 MG Oral	Tier 3	Prior Authorization Required
Ubrelvy Tablet 50 MG Oral	Tier 3	Prior Authorization Required
<b>*Cgrp Receptor Antagonists - Monoclonal Antibodies*** - Drugs For Migraine Headaches</b>		
Aimovig Solution Auto-Injector 140 MG/ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Aimovig Solution Auto-Injector 70 MG/ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Ajovy Solution Auto-Injector 225 MG/1.5ML Subcutaneous	Tier 3	Prior Authorization Required
Ajovy Solution Prefilled Syringe 225 MG/1.5ML Subcutaneous	Tier 3	Prior Authorization Required
Emgality (300 MG Dose) Solution Prefilled Syringe 100 MG/ML Subcutaneous	Tier 3	Prior Authorization Required
Emgality Solution Auto-Injector 120 MG/ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Emgality Solution Prefilled Syringe 120 MG/ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (1 ML per 28 days)
<b>*Ergot Combinations*** - Drugs For Migraine Headaches</b>		
Ergotamine-Caffeine TABLET 1-100 MG ORAL	Tier 4	
Migergot SUPPOSITORY 2-100 MG Rectal	Tier 4	
<b>*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors*** - Drugs For Migraine Headaches</b>		
Elyxyb Solution 120 MG/4.8ML Oral	Tier 4	Prior Authorization Required; Quantity Limit (28.8 ML per 30 days)
<b>*Migraine Products - Nsaids*** - Drugs For Migraine Headaches</b>		
Diclofenac Potassium(Migraine) Packet 50 MG Oral	Tier 4	
<b>*Migraine Products*** - Drugs For Migraine Headaches</b>		
Brekiya Solution Auto-Injector 1 MG/ML Subcutaneous	Tier 4	Prior Authorization Required; Quantity Limit (24 ML per 28 Days)
Dihydroergotamine Mesylate SOLUTION 1 MG/ML Injection	Tier 2	

Drug Name	Tier	Notes
Dihydroergotamine Mesylate Solution 4 MG/ML Nasal	Tier 2	Prior Authorization Required; Quantity Limit (8 ML per 28 days)
Ergomar Tablet Sublingual 2 MG Sublingual	Tier 4	
<b>*Selective Serotonin Agonist-Nsaid Combinations*** - Drugs For Migraine Headaches</b>		
Sumatriptan-Naproxen Sodium Tablet 85-500 MG Oral	Tier 2	Quantity Limit (18 EA per 30 days)
<b>*Selective Serotonin Agonists 5-Ht(1)*** - Drugs For Migraine Headaches</b>		
Almotriptan Malate Tablet 12.5 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
Almotriptan Malate Tablet 6.25 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
Eletriptan Hydrobromide TABLET 20 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
Eletriptan Hydrobromide TABLET 40 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
Frovatriptan Succinate Tablet 2.5 MG Oral	Tier 2	Quantity Limit (18 EA per 30 days)
Imitrex STATdose Refill Solution Cartridge 4 MG/0.5ML Subcutaneous	Tier 4	Quantity Limit (6 ML per 30 days)
Imitrex STATdose Refill Solution Cartridge 6 MG/0.5ML Subcutaneous	Tier 4	Quantity Limit (6 ML per 30 days)
Naratriptan HCl TABLET 1 MG ORAL	Tier 2	Quantity Limit (18 EA per 30 days)
Naratriptan HCl TABLET 2.5 MG ORAL	Tier 2	Quantity Limit (18 EA per 30 days)
Onzetra Xsail Exhaler Powder 11 MG/NOSEPC Nasal	Tier 4	Quantity Limit (32 EA per 30 days)
Rizatriptan Benzoate TABLET 10 MG ORAL	Tier 1	Quantity Limit (18 EA per 30 days)
Rizatriptan Benzoate TABLET 5 MG ORAL	Tier 1	Quantity Limit (18 EA per 30 days)
Rizatriptan Benzoate Tablet Dispersible 10 MG Oral	Tier 1	Quantity Limit (18 EA per 30 days)
Rizatriptan Benzoate Tablet Dispersible 5 MG Oral	Tier 1	Quantity Limit (18 EA per 30 days)
SUMatriptan SOLUTION 20 MG/ACT NASAL	Tier 2	Quantity Limit (12 EA per 30 days)
SUMatriptan SOLUTION 5 MG/ACT NASAL	Tier 2	Quantity Limit (12 EA per 30 days)
SUMatriptan Succinate SOLUTION 6 MG/0.5ML Subcutaneous	Tier 2	Quantity Limit (5 ML per 30 days)
SUMatriptan Succinate Solution Auto-Injector 6 MG/0.5ML Subcutaneous	Tier 2	Quantity Limit (6 ML per 30 days)
SUMatriptan Succinate TABLET 100 MG ORAL	Tier 1	Quantity Limit (18 EA per 30 days)
SUMatriptan Succinate TABLET 25 MG ORAL	Tier 1	Quantity Limit (18 EA per 30 days)
SUMatriptan Succinate TABLET 50 MG ORAL	Tier 1	Quantity Limit (18 EA per 30 days)
Tosymra Solution 10 MG/ACT Nasal	Tier 4	Quantity Limit (18 EA per 30 days)
Zembrace SymTouch Solution Auto-Injector 3 MG/0.5ML Subcutaneous	Tier 4	Quantity Limit (12 ML per 30 days)
ZOLmitriptan Solution 2.5 MG Nasal	Tier 4	Quantity Limit (12 EA per 30 days)
ZOLmitriptan Solution 5 MG Nasal	Tier 2	Quantity Limit (12 EA per 30 days)

Drug Name	Tier	Notes
ZOLMiptan Tablet 2.5 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
ZOLMiptan Tablet 5 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
ZOLMiptan Tablet Dispersible 2.5 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
ZOLMiptan Tablet Dispersible 5 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
Zomig Solution 2.5 MG Nasal	Tier 4	Quantity Limit (12 EA per 30 days)
Zomig Tablet 2.5 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
Zomig Tablet 5 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
<b>*Selective Serotonin Agonists 5-Ht(1F)*** - Drugs For Migraine Headaches</b>		
Reyvow Tablet 100 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (8 EA per 30 days)
Reyvow Tablet 50 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (8 EA per 30 days)
<b>*Minerals &amp; Electrolytes* - Drugs For Nutrition</b>		
<b>*Fluoride Combinations*** - Drugs For Nutrition</b>		
Floriva Liquid 0.25-400 MG-UNIT/ML Oral	Tier 4	
<b>*Fluoride*** - Drugs For Nutrition</b>		
Sodium Fluoride Solution 1.1 (0.5 F) MG/ML Oral	Tier 3	No cost if less than 3 years of age
Sodium Fluoride TABLET 1.1 (0.5 F) MG ORAL	Tier 3	No cost if less than 3 years of age
Sodium Fluoride TABLET 2.2 (1 F) MG ORAL	Tier 3	No cost if less than 3 years of age
Sodium Fluoride Tablet Chewable 0.55 (0.25 F) MG Oral	Tier 1	No cost if less than 3 years of age
Sodium Fluoride Tablet Chewable 1.1 (0.5 F) MG Oral	Tier 1	No cost if less than 3 years of age
Sodium Fluoride Tablet Chewable 2.2 (1 F) MG Oral	Tier 1	No cost if less than 3 years of age
<b>*Phosphate*** - Drugs For Nutrition</b>		
Phospha 250 Neutral TABLET 155-852-130 MG ORAL	Tier 2	
Phosphorous Tablet 155-852-130 MG Oral	Tier 2	
Phospho-Trin 250 Neutral TABLET 155-852-130 MG Oral	Tier 2	
Phospho-Trin K500 Tablet 500 MG Oral	Tier 2	
<b>*Potassium*** - Drugs For Nutrition</b>		
Klor-Con 10 Tablet Extended Release 10 MEQ Oral	Tier 1	
Klor-Con M10 Tablet Extended Release 10 MEQ Oral	Tier 1	
Klor-Con M15 Tablet Extended Release 15 MEQ Oral	Tier 2	
Klor-Con M20 Tablet Extended Release 20 MEQ Oral	Tier 1	
Klor-Con PACKET 20 MEQ Oral	Tier 2	

Drug Name	Tier	Notes
Klor-Con Tablet Extended Release 8 MEQ Oral	Tier 1	
Pokonza Packet 10 MEQ Oral	Tier 4	
Pokonza Packet 15 MEQ Oral	Tier 4	
Potassium Chloride Crys ER Tablet Extended Release 10 MEQ Oral	Tier 1	
Potassium Chloride Crys ER Tablet Extended Release 15 MEQ Oral	Tier 2	
Potassium Chloride Crys ER Tablet Extended Release 20 MEQ Oral	Tier 1	
Potassium Chloride ER Capsule Extended Release 10 MEQ Oral	Tier 1	
Potassium Chloride ER Capsule Extended Release 8 MEQ Oral	Tier 1	
Potassium Chloride ER Tablet Extended Release 10 MEQ Oral	Tier 1	
Potassium Chloride ER Tablet Extended Release 15 MEQ Oral	Tier 4	
Potassium Chloride ER Tablet Extended Release 20 MEQ Oral	Tier 1	
Potassium Chloride ER Tablet Extended Release 8 MEQ Oral	Tier 1	
Potassium Chloride PACKET 20 MEQ ORAL	Tier 2	
Potassium Chloride Packet 40 MEQ Oral	Tier 4	
Potassium Chloride Solution 10 % Oral	Tier 2	
Potassium Chloride SOLUTION 20 MEQ/15ML (10%) ORAL	Tier 2	
Potassium Chloride Solution 40 MEQ/15ML (20%) Oral	Tier 2	
<b>*Zinc*** - Drugs For Nutrition</b>		
Galzin Capsule 25 MG Oral	Tier 4	
Galzin Capsule 50 MG Oral	Tier 4	
<b>*Miscellaneous Therapeutic Classes* - Vitamins And Minerals</b>		
<b>*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent*** - Vitamins And Minerals</b>		
Joenja Tablet 70 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Antileptotics*** - Vitamins And Minerals</b>		

Drug Name	Tier	Notes
Thalomid CAPSULE 100 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Thalomid CAPSULE 50 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors*** - Vitamins And Minerals</b>		
Benlysta Solution Auto-injector 200 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Benlysta Solution Prefilled Syringe 200 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
<b>*Chelating Agents*** - Vitamins And Minerals</b>		
Cuvrior Tablet 300 MG Oral	Tier 4	Specialty; Prior Authorization Required
penicillAMINE Capsule 250 MG Oral	Tier 2	
penicillAMINE Tablet 250 MG Oral	Tier 2	
Trientine HCl Capsule 250 MG Oral	Tier 2	
Trientine HCl Capsule 500 MG Oral	Tier 4	
<b>*Cyclosporine Analogs*** - Vitamins And Minerals</b>		
CycloSPORINE CAPSULE 100 MG ORAL	Tier 2	
CycloSPORINE CAPSULE 25 MG ORAL	Tier 2	
CycloSPORINE Modified Capsule 100 MG Oral	Tier 2	
CycloSPORINE Modified Capsule 25 MG Oral	Tier 2	
cycloSPORINE Modified Capsule 50 MG Oral	Tier 2	
CycloSPORINE Modified SOLUTION 100 MG/ML ORAL	Tier 2	
Gengraf CAPSULE 100 MG ORAL	Tier 2	
Gengraf CAPSULE 25 MG ORAL	Tier 2	
Lupkynis Capsule 7.9 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
<b>*Digital Therapy Application - Visual*** - Vitamins And Minerals</b>		
Luminopia	Tier 4	
<b>*Farnesyltransferase Inhibitors*** - Vitamins And Minerals</b>		

Drug Name	Tier	Notes
Zokinvy Capsule 50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Zokinvy Capsule 75 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
<b>*Immunomodulators - Combinations*** - Vitamins And Minerals</b>		
Vyvgart Hytrulo Solution Prefilled Syringe 1000-10000 MG-UNT/5ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (20 ML per 28 days)
<b>*Immunomodulators For Myelodysplastic Syndromes*** - Vitamins And Minerals</b>		
Lenalidomide Capsule 10 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lenalidomide Capsule 15 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Lenalidomide Capsule 2.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lenalidomide Capsule 20 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Lenalidomide Capsule 25 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Lenalidomide Capsule 5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Revlimid CAPSULE 10 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Revlimid CAPSULE 15 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Revlimid CAPSULE 2.5 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Revlimid CAPSULE 20 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Revlimid CAPSULE 25 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)

Drug Name	Tier	Notes
Revlimid CAPSULE 5 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors*** - Vitamins And Minerals</b>		
Mycophenolate Mofetil CAPSULE 250 MG ORAL	Tier 2	
Mycophenolate Mofetil Suspension Reconstituted 200 MG/ML Oral	Tier 2	
Mycophenolate Mofetil TABLET 500 MG ORAL	Tier 2	
Mycophenolate Sodium Tablet Delayed Release 180 MG Oral	Tier 2	
Mycophenolate Sodium Tablet Delayed Release 360 MG Oral	Tier 2	
Mycophenolic Acid Tablet Delayed Release 180 MG Oral	Tier 2	
Mycophenolic Acid Tablet Delayed Release 360 MG Oral	Tier 2	
Myhibbin Suspension 200 MG/ML Oral	Tier 3	
<b>*Macrolide Immunosuppressants*** - Vitamins And Minerals</b>		
Astagraf XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	Tier 4	
Astagraf XL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG ORAL	Tier 4	
Astagraf XL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Tier 4	
Envarsus XR Tablet Extended Release 24 Hour 0.75 MG Oral	Tier 4	
Envarsus XR Tablet Extended Release 24 Hour 1 MG Oral	Tier 4	
Envarsus XR Tablet Extended Release 24 Hour 4 MG Oral	Tier 4	
Everolimus Tablet 0.25 MG Oral	Tier 2	
Everolimus Tablet 0.5 MG Oral	Tier 2	
Everolimus Tablet 0.75 MG Oral	Tier 2	
Everolimus Tablet 1 MG Oral	Tier 2	
Prograf Packet 0.2 MG Oral	Tier 4	
Prograf Packet 1 MG Oral	Tier 4	
Sirolimus Solution 1 MG/ML Oral	Tier 2	
Sirolimus Tablet 0.5 MG Oral	Tier 2	

Drug Name	Tier	Notes
Sirolimus Tablet 1 MG Oral	Tier 2	
Sirolimus Tablet 2 MG Oral	Tier 2	
Tacrolimus CAPSULE 0.5 MG ORAL	Tier 2	
Tacrolimus CAPSULE 1 MG ORAL	Tier 2	
Tacrolimus CAPSULE 5 MG ORAL	Tier 2	
<b>*Monoclonal Antibodies*** - Vitamins And Minerals</b>		
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required
<b>*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*** - Vitamins And Minerals</b>		
Vioice Packet 50 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Vioice Tablet Therapy Pack 125 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Vioice Tablet Therapy Pack 200 & 50 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Vioice Tablet Therapy Pack 50 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
<b>*Potassium Removing Agents*** - Vitamins And Minerals</b>		
Kionex Suspension 15 GM/60ML Combination	Tier 2	
Lokelma Packet 10 GM Oral	Tier 3	
Lokelma Packet 5 GM Oral	Tier 3	
Sodium Polystyrene Sulfonate POWDER ORAL	Tier 2	
Sodium Polystyrene Sulfonate Suspension 15 GM/60ML Combination	Tier 2	
SPS (Sodium Polystyrene Sulf) Suspension 15 GM/60ML Combination	Tier 2	
SPS (Sodium Polystyrene Sulf) Suspension 30 GM/120ML Rectal	Tier 4	
<b>*Purine Analogs*** - Vitamins And Minerals</b>		
Azasan TABLET 100 MG ORAL	Tier 2	
Azasan TABLET 75 MG ORAL	Tier 2	
azaTHIOprine Tablet 100 MG Oral	Tier 2	
azaTHIOprine Tablet 50 MG Oral	Tier 2	

Drug Name	Tier	Notes
azaTHIOprine Tablet 75 MG Oral	Tier 2	
<b>*Rock Inhibitors*** - Vitamins And Minerals</b>		
Rezurock Tablet 200 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Mouth/Throat/Dental Agents* - Drugs For The Mouth And Throat</b>		
<b>*Anesthetics Topical Oral*** - Drugs For The Mouth And Throat</b>		
Lidocaine Viscous HCl Solution 2 % Mouth/Throat	Tier 1	
<b>*Anti-Infectives - Throat*** - Drugs For The Mouth And Throat</b>		
Clotrimazole TROCHE 10 MG MOUTH/THROAT	Tier 2	
Nystatin Suspension 100000 UNIT/ML Mouth/Throat	Tier 1	
Oravig Tablet 50 MG Buccal	Tier 4	
<b>*Antiseptics - Mouth/Throat*** - Drugs For The Mouth And Throat</b>		
Chlorhexidine Gluconate SOLUTION 0.12 % MOUTH/THROAT	Tier 1	
Periogard Solution 0.12 % Mouth/Throat	Tier 1	
<b>*Dental Products - Combinations*** - Drugs For The Mouth And Throat</b>		
Denta 5000 Plus Sensitive Gel 1.1-5 % Dental	Tier 1	ACA Drug
Fluoridex Sensitivity Relief Gel 1.1-5 % Dental	Tier 1	ACA Drug
FluoriMax 5000 Sensitive Gel 1.1-5 % Dental	Tier 1	ACA Drug
PreviDent 5000 Enamel Protect Gel 1.1-5 % Dental	Tier 1	ACA Drug
PreviDent 5000 Sensitive Gel 1.1-5 % Dental	Tier 1	ACA Drug
Sod Fluoride-Potassium Nitrate Gel 1.1-5 % Dental	Tier 1	ACA Drug
Sodium Fluoride 5000 Enamel Gel 1.1-5 % Dental	Tier 1	ACA Drug
Sodium Fluoride 5000 Sensitive Gel 1.1-5 % Dental	Tier 1	ACA Drug
<b>*Fluoride Dental Products*** - Drugs For The Mouth And Throat</b>		
Clinpro 5000 PASTE 1.1 % DENTAL	Tier 1	ACA Drug; No cost if less than 3 years of age
Denta 5000 Plus Cream 1.1 % Dental	Tier 1	ACA Drug; No cost if less than 3 years of age
DentaGel Gel 1.1 % Dental	Tier 1	ACA Drug; No cost if less than 3 years of age
Easygel GEL 0.4 % DENTAL (OTC)	Tier 2	ACA Drug

Drug Name	Tier	Notes
Easygel GEL 0.4 % DENTAL (Rx)	Tier 2	ACA Drug
Fluoridex Daily Renewal CONCENTRATE 0.63 % Mouth/Throat	Tier 2	
Fluoridex Enhanced Whitening PASTE 1.1 % Dental	Tier 1	No cost if less than 3 years of age
Fluoridex PASTE 1.1 % Dental	Tier 1	No cost if less than 3 years of age
FluoriMax 5000 Paste 1.1 % Dental	Tier 1	No cost if less than 3 years of age
Just Right 5000 Paste 1.1 % Dental	Tier 1	ACA Drug; No cost if less than 3 years of age
SF 5000 Plus CREAM 1.1 % DENTAL	Tier 1	ACA Drug; No cost if less than 3 years of age
SF GEL 1.1 % DENTAL	Tier 1	ACA Drug; No cost if less than 3 years of age
Sodium Fluoride 5000 Plus Cream 1.1 % Dental	Tier 1	No cost if less than 3 years of age
Sodium Fluoride 5000 PPM Gel 1.1 % Dental	Tier 1	No cost if less than 3 years of age
Sodium Fluoride 5000 PPM Paste 1.1 % Dental	Tier 1	No cost if less than 3 years of age
Sodium Fluoride Cream 1.1 % Dental	Tier 1	No cost if less than 3 years of age
Sodium Fluoride Gel 1.1 % Dental	Tier 1	No cost if less than 3 years of age
Sodium Fluoride Solution 0.2 % Mouth/Throat	Tier 1	
<b>*Saliva Stimulants*** - Drugs For The Mouth And Throat</b>		
Cevimeline HCl CAPSULE 30 MG ORAL	Tier 2	
Pilocarpine HCl TABLET 5 MG ORAL	Tier 2	
Pilocarpine HCl TABLET 7.5 MG ORAL	Tier 2	
<b>*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat</b>		
Kourzeq Paste 0.1 % Mouth/Throat	Tier 2	
Oralene PASTE 0.1 % MOUTH/THROAT	Tier 2	
Triamcinolone Acetonide PASTE 0.1 % Mouth/Throat	Tier 2	
<b>*Multivitamins* - Drugs For Nutrition</b>		
<b>*Ped Mv W/ Fluoride*** - Drugs For Nutrition</b>		
Davimet-Fluoride Tablet Chewable 0.75 MG Oral	Tier 4	
Floriva Plus Suspension 0.25 MG/ML Oral	Tier 4	
Flotrex Tablet Chewable 0.25 MG Oral	Tier 4	
Flotrex Tablet Chewable 0.5 MG Oral	Tier 4	
Flotrex Tablet Chewable 1 MG Oral	Tier 4	
Multivitamin w/Fluoride Tablet Chewable 0.25 MG Oral	Tier 4	

Drug Name	Tier	Notes
Multivitamin w/Fluoride Tablet Chewable 0.5 MG Oral	Tier 4	
Multivitamin w/Fluoride Tablet Chewable 1 MG Oral	Tier 4	
Multi-Vitamin/Fluoride Suspension 0.25 MG/ML Oral	Tier 4	
Multi-Vitamin/Fluoride Suspension 0.5 MG/ML Oral	Tier 4	
Multivitamin/Fluoride Tablet Chewable 0.25 MG Oral (Rx)	Tier 4	
Multivitamin/Fluoride Tablet Chewable 0.5 MG Oral (Rx)	Tier 4	
Multivitamin/Fluoride Tablet Chewable 1 MG Oral (Rx)	Tier 4	
Multi-Vit-Flor Tablet Chewable 0.25 MG Oral	Tier 4	
Multi-Vit-Flor Tablet Chewable 0.5 MG Oral	Tier 4	
Multi-Vit-Flor Tablet Chewable 1 MG Oral	Tier 4	
Poly-Vi-Flor TABLET CHEWABLE 0.25 MG ORAL	Tier 4	
Poly-Vi-Flor Tablet Chewable 0.5 MG Oral	Tier 4	
Poly-Vi-Flor TABLET CHEWABLE 1 MG ORAL	Tier 4	
<b>*Prenatal Mv &amp; Min W/Fe-Fa*** - Drugs For Nutrition</b>		
Atabex EC TABLET DELAYED RELEASE 29-1 MG ORAL	Tier 4	
Azesco Tablet 13-1 MG Oral	Tier 4	
C-Nate DHA CAPSULE 28-1-200 MG ORAL	Tier 4	
CompleteNate TABLET CHEWABLE 29-1 MG ORAL	Tier 4	
Co-Natal FA TABLET ORAL	Tier 4	
Concept DHA CAPSULE 53.5-38-1 MG ORAL	Tier 4	
Concept OB CAPSULE 130-92.4-1 MG ORAL	Tier 4	
DermacinRx Pretrate Tablet 1 MG Oral	Tier 4	
Elite-OB TABLET 50-1.25 MG ORAL	Tier 4	
Embriva Tablet 13-1 MG Oral	Tier 4	
EnBrace HR CAPSULE ORAL	Tier 4	
FolateXcel Tablet 20-1 MG Oral	Tier 4	
Folivane-OB Capsule 85-1 MG Oral	Tier 4	
Gestyra Tablet 13-1 MG Oral	Tier 4	
Inatal GT TABLET ORAL	Tier 4	
Jenliva Prenatal/Postnatal Capsule 1 MG Oral	Tier 4	

Drug Name	Tier	Notes
Kosher Prenatal Plus Iron TABLET 30-1 MG ORAL	Tier 4	
MaternaCel Tablet 20-1 MG Oral	Tier 4	
Matervia Capsule 0.5 MG Oral	Tier 4	
Matronex Tablet 27-1 MG Oral	Tier 4	
M-Natal Plus Tablet 27-1 MG Oral	Tier 4	
Natal PNV Tablet 6-0.5 MG Oral	Tier 4	
Neevo DHA CAPSULE 27-1.13 MG ORAL	Tier 4	
NeoMaterna Tablet 20-1 MG Oral	Tier 4	
Neonatal Complete Tablet 27-1 MG Oral	Tier 4	
NeoNatal Plus Tablet 27-1 MG Oral	Tier 4	
Neo-Vital RX Tablet 1 MG Oral	Tier 4	
Nestabs DHA 32-1 MG ORAL	Tier 4	
Nestabs TABLET 32-1 MG ORAL	Tier 4	
Niva-Plus TABLET 27-1 MG ORAL	Tier 4	
OB Complete One CAPSULE 50-1-476 MG ORAL	Tier 4	
OB Complete Petite CAPSULE 35-5-1-200 MG ORAL	Tier 4	
OB Complete Premier TABLET 30-20-1 MG ORAL	Tier 4	
OB Complete TABLET 50-1.25 MG ORAL	Tier 4	
OB Complete/DHA CAPSULE 30-10-1-200 MG ORAL	Tier 4	
One Vite Womens Plus Tablet 27-1 MG Oral	Tier 4	
OneNatal Rx Tablet 1 MG Oral	Tier 4	
PNV 27-Ca/Fe/FA Tablet 60-1 MG Oral	Tier 4	
PNV Prenatal Plus Multivit+DHA 27-1 & 312 MG ORAL	Tier 4	
PNV Prenatal Plus Multivitamin Tablet 27-1 MG Oral (Rx)	Tier 4	
PNV Tabs 20-1 Tablet 20-1 MG Oral	Tier 4	
PNV-Omega CAPSULE 28-0.6-0.4-340 MG ORAL	Tier 4	
PNV-Select TABLET 27-0.6-0.4 MG ORAL	Tier 4	
PreGenna Tablet 20-1 MG Oral	Tier 4	
Prena1 Pearl Capsule Extended Release 30-1.4-200 MG Oral	Tier 4	
Prenatal 19 TABLET 29-1 MG ORAL	Tier 3	
Prenatal 19 TABLET CHEWABLE 29-1 MG ORAL	Tier 3	

Drug Name	Tier	Notes
Prenatal 19 TABLET CHEWABLE ORAL	Tier 3	
Prenatal Plus TABLET 27-1 MG ORAL	Tier 3	
Prenatal Plus Vitamin/Mineral Tablet 27-1 MG Oral	Tier 4	
Prenatal TABLET 27-1 MG ORAL	Tier 4	
Prenatal-U CAPSULE 106.5-1 MG ORAL	Tier 3	
Prenate Elite TABLET 20-0.6-0.4 MG ORAL	Tier 4	
Prenatol-M Tablet 27-1.2 MG Oral	Tier 4	
Prenatrix Tablet 27-1 MG Oral	Tier 4	
Prenatryl Tablet 27-1 MG Oral	Tier 4	
Provida OB CAPSULE 20-20-1.25 MG ORAL	Tier 4	
Relevia Tablet 27-1 MG Oral	Tier 4	
Reinate DHA Capsule 28-1-200 MG Oral	Tier 4	
Select-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL	Tier 4	
Select-OB TABLET CHEWABLE 29-1 MG ORAL	Tier 4	
Se-Natal 19 TABLET 29-1 MG ORAL	Tier 3	
Se-Natal 19 TABLET CHEWABLE 29-1 MG ORAL	Tier 3	
Taron-C DHA Capsule 35-1 MG Oral	Tier 4	
Thrivite Rx TABLET 29-1 MG ORAL	Tier 4	
Trinatal Rx 1 TABLET 60-1 MG ORAL	Tier 4	
Trinate TABLET ORAL	Tier 3	
Vinate DHA RF CAPSULE 27-1.13 MG ORAL	Tier 4	
Vitafof Gummies TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	Tier 4	
Vitafof-OB TABLET ORAL	Tier 4	
Vitalara Tablet 20-1 MG Oral	Tier 4	
Vithately with Ginger Tablet 27-1 MG Oral	Tier 4	
WesNate DHA Capsule 28-1-200 MG Oral	Tier 4	
WesTab Plus Tablet 27-1 MG Oral	Tier 4	
Zalvit Tablet 13-1 MG Oral	Tier 4	
Ziphex Tablet 13-1 MG Oral	Tier 4	
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Ca-Omega 3 Fish Oil*** - Drugs For Nutrition</b>		
Complete Natal DHA 29-1-200 & 200 MG Oral	Tier 4	

Drug Name	Tier	Notes
WesNatal DHA Complete 29-1-200 & 200 MG Oral	Tier 4	
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Dha*** - Drugs For Nutrition</b>		
CitraNatal 90 DHA 90-1 & 300 MG ORAL	Tier 4	
CitraNatal Assure 35-1 & 300 MG ORAL	Tier 4	
Nestabs One CAPSULE 38-1-225 MG Oral	Tier 4	
PNV-DHA CAPSULE 27-0.6-0.4-300 MG ORAL	Tier 4	
PNV-DHA+Docusate CAPSULE 27-1.25-300 MG ORAL	Tier 4	
PreGen DHA Capsule 28-1-35 MG Oral	Tier 4	
Prena 1 True 30-1.4 & 300 MG ORAL	Tier 4	
Prenate DHA CAPSULE 18-0.6-0.4-300 MG ORAL	Tier 4	
Prenate Enhance CAPSULE 28-0.6-0.4-400 MG ORAL	Tier 4	
Prenate Essential CAPSULE 18-0.6-0.4-300 MG ORAL	Tier 4	
Prenate Mini CAPSULE 18-0.6-0.4-350 MG ORAL	Tier 4	
Prenate Pixie CAPSULE 10-0.6-0.4-200 MG ORAL	Tier 4	
Prenate Restore CAPSULE 27-0.6-0.4-400 MG ORAL	Tier 4	
Select-OB+DHA 29-1 & 250 MG ORAL	Tier 4	
TriStart DHA CAPSULE 31-0.6-0.4-200 MG ORAL	Tier 4	
Vitafof FE+ Capsule 90-0.6-0.4-200 MG Oral	Tier 4	
Vitafof Ultra CAPSULE 29-0.6-0.4-200 MG ORAL	Tier 4	
Vitafof-OB+DHA 65-1 & 250 MG ORAL	Tier 4	
Vitafof-One CAPSULE 29-1-200 MG ORAL	Tier 4	
WesCap-PN DHA Capsule 27-0.6-0.4-300 MG Oral	Tier 4	
WestGel DHA Capsule 31-0.6-0.4-200 MG Oral	Tier 4	
<b>*Prenatal Mv &amp; Minerals W/Fa Without Iron*** - Drugs For Nutrition</b>		
Prenate TABLET CHEWABLE 0.6-0.4 MG ORAL	Tier 4	
<b>*Prenatal Vitamins*** - Drugs For Nutrition</b>		
PremesisRx Tablet 1 MG Oral	Tier 4	
Prena1 TABLET CHEWABLE 1.4 MG ORAL	Tier 4	
Prenate AM TABLET 1 MG ORAL	Tier 4	

Drug Name	Tier	Notes
<b>*Musculoskeletal Therapy Agents* - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
<b>*Central Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
Baclofen Solution 10 MG/5ML Oral	Tier 2	Prior Authorization Required; Quantity Limit (1200 ML per 30 days)
Baclofen Solution 5 MG/5ML Oral	Tier 4	Quantity Limit (2400 ML per 30 days)
Baclofen Suspension 25 MG/5ML Oral	Tier 2	Quantity Limit (480 ML per 30 days)
Baclofen TABLET 10 MG ORAL	Tier 1	
Baclofen Tablet 15 MG Oral	Tier 2	
Baclofen TABLET 20 MG ORAL	Tier 1	
Baclofen Tablet 5 MG Oral	Tier 2	
Carisoprodol Tablet 250 MG Oral	Tier 2	
Carisoprodol Tablet 350 MG Oral	Tier 2	
Chlorzoxazone Tablet 250 MG Oral	Tier 2	
Chlorzoxazone Tablet 375 MG Oral	Tier 2	
Chlorzoxazone TABLET 500 MG ORAL	Tier 2	
Chlorzoxazone Tablet 750 MG Oral	Tier 2	
Cyclobenzaprine HCl ER Capsule Extended Release 24 Hour 15 MG Oral	Tier 2	
Cyclobenzaprine HCl ER Capsule Extended Release 24 Hour 30 MG Oral	Tier 2	
Cyclobenzaprine HCl Tablet 10 MG Oral	Tier 1	
Cyclobenzaprine HCl Tablet 5 MG Oral	Tier 1	
Cyclobenzaprine HCl Tablet 7.5 MG Oral	Tier 2	
Fexmid Tablet 7.5 MG Oral	Tier 2	
Metaxalone Tablet 400 MG Oral	Tier 2	Prior Authorization Required
Metaxalone Tablet 640 MG Oral	Tier 4	Prior Authorization Required
Metaxalone TABLET 800 MG ORAL	Tier 2	
Methocarbamol Tablet 1000 MG Oral	Tier 2	
Methocarbamol Tablet 500 MG Oral	Tier 1	
Methocarbamol Tablet 750 MG Oral	Tier 1	
Orphenadrine Citrate ER Tablet Extended Release 12 Hour 100 MG Oral	Tier 2	
Tanlor Tablet 1000 MG Oral	Tier 2	
TiZANidine HCl CAPSULE 2 MG ORAL	Tier 2	

Drug Name	Tier	Notes
TiZANidine HCl CAPSULE 4 MG ORAL	Tier 2	
TiZANidine HCl CAPSULE 6 MG ORAL	Tier 2	
tiZANidine HCl Capsule 8 MG Oral	Tier 4	
tiZANidine HCl Tablet 2 MG Oral	Tier 1	
TiZANidine HCl TABLET 4 MG ORAL	Tier 1	
Zanaflex Capsule 8 MG Oral	Tier 4	
<b>*Direct Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
Dantrolene Sodium CAPSULE 100 MG ORAL	Tier 2	
Dantrolene Sodium CAPSULE 25 MG ORAL	Tier 2	
Dantrolene Sodium CAPSULE 50 MG ORAL	Tier 2	
<b>*Muscle Relaxant Combinations*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
Norgesic Forte Tablet 50-770-60 MG Oral	Tier 4	Prior Authorization Required
Norgesic Tablet 25-385-30 MG Oral	Tier 4	
Orphenadrine-Aspirin-Caffeine Tablet 25-385-30 MG Oral	Tier 4	
Orphengestic Forte Tablet 50-770-60 MG Oral	Tier 4	Prior Authorization Required
<b>*Retinoic Acid Receptor Gamma Selective Agonists*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
Sohonos Capsule 1 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Sohonos Capsule 1.5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Sohonos Capsule 10 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Sohonos Capsule 2.5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (140 EA per 28 days)
Sohonos Capsule 5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (84 EA per 28 days)
<b>*Nasal Agents - Systemic And Topical* - Drugs For The Nose</b>		
<b>*Antihistamine-Steroid*** - Allergy</b>		

Drug Name	Tier	Notes
Azelastrine-Fluticasone Suspension 137-50 MCG/ACT Nasal	Tier 2	
Ryaltris Suspension 665-25 MCG/ACT Nasal	Tier 4	
<b>*Nasal Anticholinergics*** - Allergy</b>		
Ipratropium Bromide SOLUTION 0.03 % NASAL	Tier 2	
Ipratropium Bromide SOLUTION 0.06 % NASAL	Tier 2	
<b>*Nasal Antihistamines*** - Allergy</b>		
Olopatadine HCl SOLUTION 0.6 % Nasal	Tier 2	
<b>*Nasal Steroids*** - Allergy</b>		
Flunisolide SOLUTION 25 MCG/ACT (0.025%) NASAL	Tier 2	
Omnaris Suspension 50 MCG/ACT Nasal	Tier 4	
Qnasl Aerosol Solution 80 MCG/ACT Nasal	Tier 4	
Qnasl Childrens Aerosol Solution 40 MCG/ACT Nasal	Tier 4	
Xhance Exhaler Suspension 93 MCG/ACT Nasal	Tier 4	Prior Authorization Required; Quantity Limit (32 ML per 30 days)
<b>*Neuromuscular Agents* - Drugs For Nerves And Muscles</b>		
<b>*Als Agents - Miscellaneous*** - Drugs For Nerves And Muscles</b>		
Radicava ORS Starter Kit Suspension 105 MG/5ML Oral	Tier 4	Specialty; Prior Authorization Required
Radicava ORS Suspension 105 MG/5ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (50 ML per 28 days)
<b>*Benzothiazoles*** - Drugs For Nerves And Muscles</b>		
Riluzole Tablet 50 MG Oral	Tier 2	
Tiglutik Suspension 50 MG/10ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (600 ML per 30 days)
<b>*Friedrich's Ataxia Agents - Nrf2 Pathway Activators*** - Drugs For Nerves And Muscles</b>		
Skyclarys Capsule 50 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Muscular Dystrophy - Histone Deacetylase Inhibitors** - Drugs For Nerves And Muscles</b>		

Drug Name	Tier	Notes
DUVYZAT Suspension 8.86 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (420 ML per 30 days)
<b>*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs*** - Drugs For Nerves And Muscles</b>		
Daybue Solution 200 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (3600 ML per 30 days)
Daybue Stix Packet 5000 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Daybue Stix Packet 6000 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Daybue Stix Packet 8000 MG Oral	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Spinal Muscular Atrophy-Smn2 Splicing Modifiers*** - Drugs For Nerves And Muscles</b>		
Evrysdi Solution Reconstituted 0.75 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 ML per 30 days)
Evrysdi Tablet 5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Nutrients* - Drugs For Nutrition</b>		
<b>*Lipids*** - Drugs For Nutrition</b>		
Dojolvi Liquid 100 % Oral	Tier 4	Specialty; Prior Authorization Required
<b>*Ophthalmic Agents* - Drugs For The Eye</b>		
<b>*Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb*** - Drugs For Glaucoma</b>		
Simbrinza SUSPENSION 1-0.2 % OPHTHALMIC	Tier 3	
<b>*Beta-Blockers - Ophthalmic Combinations*** - Drugs For Glaucoma</b>		
Brimonidine Tartrate-Timolol Solution 0.2-0.5 % Ophthalmic	Tier 2	Prior Authorization Required
Dorzolamide HCl-Timolol Mal PF Solution 2-0.5 % Ophthalmic	Tier 2	
Dorzolamide HCl-Timolol Mal Solution 2-0.5 % Ophthalmic	Tier 1	Healthy Values
<b>*Beta-Blockers - Ophthalmic*** - Drugs For Glaucoma</b>		
Betaxolol HCl SOLUTION 0.5 % OPHTHALMIC	Tier 4	

Drug Name	Tier	Notes
Betoptic-S Suspension 0.25 % Ophthalmic	Tier 4	
Carteolol HCl SOLUTION 1 % OPHTHALMIC	Tier 4	
Levobunolol HCl SOLUTION 0.5 % OPHTHALMIC	Tier 4	
Timolol Hemihydrate Solution 0.5 % Ophthalmic	Tier 2	
Timolol Maleate (Once-Daily) Solution 0.5 % Ophthalmic	Tier 2	Prior Authorization Required
Timolol Maleate Gel Forming Solution 0.25 % Ophthalmic	Tier 2	
Timolol Maleate Gel Forming Solution 0.5 % Ophthalmic	Tier 2	Prior Authorization Required
Timolol Maleate OcuDose Solution 0.5 % Ophthalmic	Tier 2	Prior Authorization Required
Timolol Maleate PF Solution 0.25 % Ophthalmic	Tier 2	
Timolol Maleate PF Solution 0.5 % Ophthalmic	Tier 2	Prior Authorization Required
Timolol Maleate SOLUTION 0.25 % OPHTHALMIC	Tier 1	Healthy Values
Timolol Maleate Solution 0.5 % Ophthalmic	Tier 1	Healthy Values
<b>*Cholinergic Agonists*** - Drugs For The Eye</b>		
Tyrvaya Solution 0.03 MG/ACT Nasal	Tier 4	
<b>*Cycloplegic Mydriatic Combinations*** - Drugs For The Eye</b>		
Cyclomydril SOLUTION 0.2-1 % OPHTHALMIC	Tier 4	
<b>*Cycloplegic Mydriatics*** - Drugs For The Eye</b>		
Atropine Sulfate Solution 1 % Ophthalmic	Tier 2	
Cyclogyl SOLUTION 0.5 % OPHTHALMIC	Tier 4	
Cyclogyl SOLUTION 2 % OPHTHALMIC	Tier 4	
Cyclopentolate HCl SOLUTION 1 % OPHTHALMIC	Tier 1	
<b>*Miotics - Cholinesterase Inhibitors*** - Drugs For Glaucoma</b>		
Phospholine Iodide Solution Reconstituted 0.125 % Ophthalmic	Tier 4	
<b>*Miotics - Direct Acting Pupil Selective*** - Drugs For The Eye</b>		
Vizz Solution 1.44 % Ophthalmic	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
<b>*Miotics - Direct Acting*** - Drugs For Glaucoma</b>		
Pilocarpine HCl SOLUTION 1 % OPHTHALMIC	Tier 2	
Pilocarpine HCl Solution 1.25 % Ophthalmic	Tier 2	Quantity Limit (5 ML per 30 days)

Drug Name	Tier	Notes
Pilocarpine HCl SOLUTION 2 % OPHTHALMIC	Tier 2	
Pilocarpine HCl SOLUTION 4 % OPHTHALMIC	Tier 2	
Qlosi Solution 0.4 % Ophthalmic	Tier 4	Quantity Limit (60 EA per 30 days)
<b>*Ophthalmic Antiallergic*** - Drugs For Itchy Eye</b>		
Alocril SOLUTION 2 % OPHTHALMIC	Tier 4	
Azelastine HCl SOLUTION 0.05 % OPHTHALMIC	Tier 1	
Bepotastine Besilate Solution 1.5 % Ophthalmic	Tier 2	
Cromolyn Sodium Solution 4 % Ophthalmic	Tier 4	
Epinastine HCl SOLUTION 0.05 % OPHTHALMIC	Tier 2	
Olopatadine HCl Solution 0.2 % Ophthalmic (Rx)	Tier 2	
Zerviate Solution 0.24 % Ophthalmic	Tier 4	
<b>*Ophthalmic Antibiotics*** - Anti-Infective/Anti-Inflammatories</b>		
Bacitracin OINTMENT 500 UNIT/GM OPHTHALMIC	Tier 3	
Besifloxacin HCl Suspension 0.6 % Ophthalmic	Tier 4	
Besivance SUSPENSION 0.6 % OPHTHALMIC	Tier 3	
Ciprofloxacin HCl Solution 0.3 % Ophthalmic	Tier 1	
Erythromycin OINTMENT 5 MG/GM OPHTHALMIC	Tier 1	
Gatifloxacin SOLUTION 0.5 % OPHTHALMIC	Tier 2	
Gentamicin Sulfate SOLUTION 0.3 % OPHTHALMIC	Tier 1	
levoFLOXacin Solution 0.5 % Ophthalmic	Tier 4	
levoFLOXacin Solution 1.5 % Ophthalmic	Tier 4	
Moxifloxacin HCl (2X Day) Solution 0.5 % Ophthalmic	Tier 4	
Moxifloxacin HCl SOLUTION 0.5 % Ophthalmic	Tier 2	
Ofloxacin Solution 0.3 % Ophthalmic	Tier 1	
Tobramycin SOLUTION 0.3 % OPHTHALMIC	Tier 1	
<b>*Ophthalmic Antifungal*** - Drugs For The Eye</b>		
Natacyn Suspension 5 % Ophthalmic	Tier 3	
<b>*Ophthalmic Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories</b>		
Bacitracin-Polymyxin B OINTMENT 500-10000 UNIT/GM OPHTHALMIC	Tier 1	
Neomycin-Bacitracin Zn-Polymyx OINTMENT 5-400-10000 OPHTHALMIC	Tier 2	

Drug Name	Tier	Notes
Neomycin-Polymyxin-Gramicidin SOLUTION 1.75-10000-.025 OPHTHALMIC	Tier 4	
Polymyxin B-Trimethoprim SOLUTION 10000-0.1 UNIT/ML-% OPHTHALMIC	Tier 1	
<b>*Ophthalmic Antivirals*** - Anti-Infective/Anti-Inflammatories</b>		
Trifluridine SOLUTION 1 % OPHTHALMIC	Tier 3	
<b>*Ophthalmic Carbonic Anhydrase Inhibitors*** - Drugs For Glaucoma</b>		
Brinzolamide Suspension 1 % Ophthalmic	Tier 1	Prior Authorization Required
Dorzolamide HCl SOLUTION 2 % OPHTHALMIC	Tier 1	Healthy Values
<b>*Ophthalmic Ectoparasiticide** - Drugs For The Eye</b>		
Xdemvy Solution 0.25 % Ophthalmic	Tier 4	Prior Authorization Required
<b>*Ophthalmic Immunomodulators*** - Anti-Infective/Anti-Inflammatories</b>		
Restasis EMULSION 0.05 % OPHTHALMIC	Tier 2	
Restasis Multidose EMULSION 0.05 % Ophthalmic	Tier 2	
Verkazia Emulsion 0.1 % Ophthalmic	Tier 4	
<b>*Ophthalmic Kinase Inhibitors - Combinations*** - Drugs For Glaucoma</b>		
rocklatan Solution 0.02-0.005 % Ophthalmic	Tier 4	Quantity Limit (2.5 ML per 30 days)
<b>*Ophthalmic Nerve Growth Factors*** - Drugs For The Eye</b>		
Oxervate Solution 0.002 % Ophthalmic	Tier 4	Specialty; Prior Authorization Required
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** - Anti-Infective/Anti-Inflammatories</b>		
Bromfenac Sodium (Once-Daily) Solution 0.09 % Ophthalmic	Tier 2	Prior Authorization Required
Bromfenac Sodium Solution 0.075 % Ophthalmic	Tier 2	
Diclofenac Sodium SOLUTION 0.1 % OPHTHALMIC	Tier 1	
Flurbiprofen Sodium Solution 0.03 % Ophthalmic	Tier 4	
Ilevro SUSPENSION 0.3 % OPHTHALMIC	Tier 4	
Ketorolac Tromethamine Solution 0.4 % Ophthalmic	Tier 2	
Ketorolac Tromethamine Solution 0.5 % Ophthalmic	Tier 1	
<b>*Ophthalmic Rho Kinase Inhibitors*** - Drugs For Glaucoma</b>		
Rhopressa Solution 0.02 % Ophthalmic	Tier 4	Quantity Limit (2.5 ML per 30 days)

Drug Name	Tier	Notes
<b>*Ophthalmic Selective Alpha Adrenergic Agonists*** - Drugs For Glaucoma</b>		
Apraclonidine HCl SOLUTION 0.5 % OPHTHALMIC	Tier 4	
Brimonidine Tartrate Solution 0.15 % Ophthalmic	Tier 2	Prior Authorization Required
Brimonidine Tartrate SOLUTION 0.2 % OPHTHALMIC	Tier 1	
<b>*Ophthalmic Steroid Combinations*** - Anti-Infective/Anti-Inflammatories</b>		
Bacitra-Neomycin-Polymyxin-HC OINTMENT 1 % OPHTHALMIC	Tier 2	
Loteprednol-Tobramycin Suspension 0.5-0.3 % Ophthalmic	Tier 2	
Neomycin-Polymyxin-Dexameth OINTMENT 3.5-10000-0.1 OPHTHALMIC	Tier 1	
Neomycin-Polymyxin-Dexameth SUSPENSION 0.1 % OPHTHALMIC	Tier 1	
Neomycin-Polymyxin-Dexameth SUSPENSION 3.5-10000-0.1 OPHTHALMIC	Tier 1	
Neomycin-Polymyxin-HC SUSPENSION 3.5-10000-1 OPHTHALMIC	Tier 4	
Sulfacetamide-Prednisolone SOLUTION 10-0.23 % OPHTHALMIC	Tier 4	
TobraDex ST Suspension 0.3-0.05 % Ophthalmic	Tier 4	
Tobramycin-Dexamethasone Suspension 0.3-0.1 % Ophthalmic	Tier 2	
Zylet SUSPENSION 0.5-0.3 % OPHTHALMIC	Tier 4	
<b>*Ophthalmic Steroids*** - Anti-Infective/Anti-Inflammatories</b>		
Dexamethasone Sodium Phosphate SOLUTION 0.1 % OPHTHALMIC	Tier 3	
Eysuvis Suspension 0.25 % Ophthalmic	Tier 3	
Flarex Suspension 0.1 % Ophthalmic	Tier 4	
Fluorometholone Suspension 0.1 % Ophthalmic	Tier 2	
Lotemax OINTMENT 0.5 % OPHTHALMIC	Tier 3	
Lotemax SM Gel 0.38 % Ophthalmic	Tier 3	
Loteprednol Etabonate Gel 0.5 % Ophthalmic	Tier 2	
Loteprednol Etabonate Suspension 0.2 % Ophthalmic	Tier 2	
Loteprednol Etabonate Suspension 0.5 % Ophthalmic	Tier 2	
Maxidex Suspension 0.1 % Ophthalmic	Tier 4	

Drug Name	Tier	Notes
PrednisOLONE Acetate Suspension 1 % Ophthalmic	Tier 2	
PrednisOLONE Sodium Phosphate SOLUTION 1 % OPTHALMIC	Tier 4	
<b>*Ophthalmic Sulfonamides*** - Anti-Infective/Anti-Inflammatories</b>		
Sulfacetamide Sodium SOLUTION 10 % OPTHALMIC	Tier 4	
<b>*Ophthalmics - Blepharoptosis Agents** - Drugs For The Eye</b>		
Upneeq Solution 0.1 % Ophthalmic	Tier 4	
<b>*Ophthalmics - Cystinosis Agents** - Drugs For The Eye</b>		
Cystadrops Solution 0.37 % Ophthalmic	Tier 4	Specialty
Cystaran Solution 0.44 % Ophthalmic	Tier 4	Specialty
<b>*Ophthalmics - Trpm8 Receptor Agonists*** - Drugs For The Eye</b>		
Tryptyr Solution 0.003 % Ophthalmic	Tier 4	
<b>*Prostaglandins - Ophthalmic*** - Drugs For Glaucoma</b>		
Latanoprost SOLUTION 0.005 % OPTHALMIC	Tier 1	Healthy Values; Quantity Limit (2.5 ML per 30 days)
Lumigan SOLUTION 0.01 % OPTHALMIC	Tier 3	Quantity Limit (2.5 ML per 30 days)
Travoprost (BAK Free) Solution 0.004 % Ophthalmic	Tier 2	Quantity Limit (2.5 ML per 30 days)
Vyzulta Solution 0.024 % Ophthalmic	Tier 4	Quantity Limit (2.5 ML per 30 days)
<b>*Otic Agents* - Drugs For The Ear</b>		
<b>*Otic Agents - Miscellaneous*** - Wax Removal</b>		
Acetic Acid Solution 2 % Otic	Tier 2	
<b>*Otic Anti-Infectives*** - Antibiotics</b>		
Ciprofloxacin HCl SOLUTION 0.2 % OTIC	Tier 2	
Ofloxacin SOLUTION 0.3 % OTIC	Tier 2	
<b>*Otic Steroid-Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories</b>		
Cipro HC Suspension 0.2-1 % Otic	Tier 4	
Ciprofloxacin-Dexamethasone Suspension 0.3-0.1 % Otic	Tier 2	
Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	Tier 4	
Ciprofloxacin-Hydrocortisone Suspension 0.2-1 % Otic	Tier 2	

Drug Name	Tier	Notes
Cortisporin-TC Suspension 3.3-3-10-0.5 MG/ML Otic	Tier 4	
Neomycin-Polymyxin-HC SOLUTION 1 % OTIC	Tier 2	
Neomycin-Polymyxin-HC Solution 3.5-10000-1 Otic	Tier 2	
Neomycin-Polymyxin-HC SUSPENSION 3.5-10000-1 OTIC	Tier 2	
Otovel Solution 0.3-0.025 % Otic	Tier 4	
<b>*Otic Steroids*** - Anti-Infective/Anti-Inflammatories</b>		
Fluocinolone Acetonide Oil 0.01 % Otic	Tier 2	
Hydrocortisone-Acetic Acid Solution 1-2 % Otic	Tier 2	
<b>*Oxytocics* - Hormones</b>		
<b>*Abortifacients/Cervical Ripening - Prostaglandins*** - Drugs For Women</b>		
Cervidil INSERT 10 MG VAGINAL	Tier 4	
<b>*Oxytocics*** - Drugs For Women</b>		
Methergine TABLET 0.2 MG ORAL	Tier 2	
Methylergonovine Maleate Tablet 0.2 MG Oral	Tier 2	
<b>*Penicillins* - Drugs For Infections</b>		
<b>*Aminopenicillins*** - Antibiotics</b>		
Amoxicillin CAPSULE 250 MG ORAL	Tier 1	
Amoxicillin CAPSULE 500 MG ORAL	Tier 1	
Amoxicillin SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	Tier 1	
Amoxicillin SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Tier 1	
Amoxicillin SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	Tier 1	
Amoxicillin SUSPENSION RECONSTITUTED 400 MG/5ML ORAL	Tier 1	
Amoxicillin TABLET 500 MG ORAL	Tier 1	
Amoxicillin TABLET 875 MG ORAL	Tier 1	
Amoxicillin TABLET CHEWABLE 125 MG ORAL	Tier 4	
Amoxicillin TABLET CHEWABLE 250 MG ORAL	Tier 4	
Ampicillin CAPSULE 500 MG ORAL	Tier 1	
<b>*Natural Penicillins*** - Antibiotics</b>		

Drug Name	Tier	Notes
Penicillin V Potassium SOLUTION RECONSTITUTED 125 MG/5ML ORAL	Tier 4	
Penicillin V Potassium SOLUTION RECONSTITUTED 250 MG/5ML ORAL	Tier 4	
Penicillin V Potassium TABLET 250 MG ORAL	Tier 1	
Penicillin V Potassium TABLET 500 MG ORAL	Tier 1	
<b>*Penicillin Combinations*** - Antibiotics</b>		
Amoxicillin-Pot Clavulanate ER Tablet Extended Release 12 Hour 1000-62.5 MG Oral	Tier 2	
Amoxicillin-Pot Clavulanate SUSPENSION RECONSTITUTED 200-28.5 MG/5ML ORAL	Tier 1	
Amoxicillin-Pot Clavulanate Suspension Reconstituted 250-62.5 MG/5ML Oral	Tier 2	
Amoxicillin-Pot Clavulanate SUSPENSION RECONSTITUTED 400-57 MG/5ML ORAL	Tier 2	
Amoxicillin-Pot Clavulanate SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ORAL	Tier 2	
Amoxicillin-Pot Clavulanate TABLET 250-125 MG ORAL	Tier 2	
Amoxicillin-Pot Clavulanate TABLET 500-125 MG ORAL	Tier 1	
Amoxicillin-Pot Clavulanate TABLET 875-125 MG ORAL	Tier 1	
Augmentin Suspension Reconstituted 125-31.25 MG/5ML Oral	Tier 4	
<b>*Penicillinase-Resistant Penicillins*** - Antibiotics</b>		
Dicloxacillin Sodium CAPSULE 250 MG ORAL	Tier 2	
Dicloxacillin Sodium CAPSULE 500 MG ORAL	Tier 2	
<b>*Progestins* - Hormones</b>		
<b>*Progestins*** - Drugs For Women</b>		
Gallifrey Tablet 5 MG Oral	Tier 2	
MedroxyPROGESTERone Acetate TABLET 10 MG ORAL	Tier 1	
MedroxyPROGESTERone Acetate TABLET 2.5 MG ORAL	Tier 1	
MedroxyPROGESTERone Acetate TABLET 5 MG ORAL	Tier 1	
Megestrol Acetate SUSPENSION 625 MG/5ML ORAL	Tier 4	
Norethindrone Acetate TABLET 5 MG ORAL	Tier 2	

Drug Name	Tier	Notes
Progesterone Capsule 100 MG Oral	Tier 1	
Progesterone Capsule 200 MG Oral	Tier 2	
Progesterone Oil 50 MG/ML Intramuscular	Tier 2	
<b>*Psychotherapeutic And Neurological Agents - Misc.* - Drugs For The Nervous System</b>		
<b>*Agents For Opioid Withdrawal*** - Drugs For The Nervous System</b>		
Lofexidine HCl Tablet 0.18 MG Oral	Tier 2	
<b>*Alcohol Deterrents*** - Drugs For The Nervous System</b>		
Acamprosate Calcium TABLET DELAYED RELEASE 333 MG ORAL	Tier 2	
Disulfiram Tablet 250 MG Oral	Tier 2	
Disulfiram Tablet 500 MG Oral	Tier 2	
<b>*Anti-Cataplectic Agents*** - Drugs For Sleep Disorder</b>		
Lumryz Packet 4.5 GM Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lumryz Packet 6 GM Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lumryz Packet 7.5 GM Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lumryz Packet 9 GM Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lumryz Starter Pack Therapy Pack 4.5 & 6 & 7.5 GM Oral	Tier 4	Specialty; Prior Authorization Required
Sodium Oxybate Solution 500 MG/ML Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (540 ML per 30 days)
<b>*Anti-Cataplectic Combinations*** - Drugs For Sleep Disorder</b>		
Xywav Solution 500 MG/ML Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (540 ML per 30 days)
<b>*Antidementia Agent Combinations*** - Drugs For Alzheimer's Disease</b>		
Memantine HCl-Donepezil HCl ER Capsule Extended Release 24 Hour 14-10 MG Oral	Tier 2	

Drug Name	Tier	Notes
Memantine HCl-Donepezil HCl ER Capsule Extended Release 24 Hour 21-10 MG Oral	Tier 2	
Memantine HCl-Donepezil HCl ER Capsule Extended Release 24 Hour 28-10 MG Oral	Tier 2	
Namzaric CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	Tier 4	
<b>*Antisense Oligonucleotide (Aso) Inhibitor Agents*** - Drugs For The Nervous System</b>		
Wainua Solution Auto-Injector 45 MG/0.8ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (0.8 ML per 28 days)
<b>*Benzodiazepines &amp; Tricyclic Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Chlordiazepoxide-Amitriptyline TABLET 10-25 MG ORAL	Tier 4	
Chlordiazepoxide-Amitriptyline TABLET 5-12.5 MG ORAL	Tier 4	
<b>*Cholinomimetics - Ache Inhibitors*** - Drugs For Alzheimer's Disease</b>		
Donepezil HCl TABLET 10 MG Oral	Tier 1	
Donepezil HCl TABLET 23 MG ORAL	Tier 2	
Donepezil HCl TABLET 5 MG Oral	Tier 1	
Donepezil HCl Tablet Dispersible 10 MG Oral	Tier 1	
Donepezil HCl Tablet Dispersible 5 MG Oral	Tier 1	
Galantamine Hydrobromide ER CAPSULE EXTENDED RELEASE 24 HOUR 16 MG ORAL	Tier 2	
Galantamine Hydrobromide ER CAPSULE EXTENDED RELEASE 24 HOUR 24 MG ORAL	Tier 2	
Galantamine Hydrobromide ER CAPSULE EXTENDED RELEASE 24 HOUR 8 MG ORAL	Tier 2	
Galantamine Hydrobromide SOLUTION 4 MG/ML ORAL	Tier 4	
Galantamine Hydrobromide Tablet 12 MG Oral	Tier 2	
Galantamine Hydrobromide Tablet 4 MG Oral	Tier 2	
Galantamine Hydrobromide Tablet 8 MG Oral	Tier 2	
Rivastigmine Patch 24 Hour 13.3 MG/24HR Transdermal	Tier 2	
Rivastigmine Patch 24 Hour 4.6 MG/24HR Transdermal	Tier 2	
Rivastigmine Patch 24 Hour 9.5 MG/24HR Transdermal	Tier 2	

Drug Name	Tier	Notes
Rivastigmine Tartrate Capsule 1.5 MG Oral	Tier 2	
Rivastigmine Tartrate CAPSULE 3 MG ORAL	Tier 2	
Rivastigmine Tartrate CAPSULE 4.5 MG ORAL	Tier 2	
Rivastigmine Tartrate CAPSULE 6 MG ORAL	Tier 2	
Zunveyl Tablet Delayed Release 10 MG Oral	Tier 4	
Zunveyl Tablet Delayed Release 15 MG Oral	Tier 4	
Zunveyl Tablet Delayed Release 5 MG Oral	Tier 4	
<b>*Fibromyalgia Agent - Snris*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Savella TABLET 100 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
Savella TABLET 12.5 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
Savella TABLET 25 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
Savella TABLET 50 MG ORAL	Tier 4	Quantity Limit (60 EA per 30 days)
Savella Titration Pack 12.5 & 25 & 50 MG ORAL	Tier 4	
<b>*Melanocortin Receptor Agonists*** - Drugs For The Nervous System</b>		
Vyleesi Solution Auto-Injector 1.75 MG/0.3ML Subcutaneous	Tier 4	Specialty; Quantity Limit (1.8 ML per 30 days); Review your Plan's SPD to confirm coverage
<b>*Movement Disorder Drug Therapy*** - Drugs For The Nervous System</b>		
Austedo TABLET 12 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Austedo TABLET 6 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Austedo TABLET 9 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Austedo XR Patient Titration Tablet Extended Release Therapy Pack 12 & 18 & 24 & 30 MG Oral	Tier 4	Specialty; Prior Authorization Required
Austedo XR Tablet Extended Release 24 Hour 12 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Austedo XR Tablet Extended Release 24 Hour 18 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Austedo XR Tablet Extended Release 24 Hour 24 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Austedo XR Tablet Extended Release 24 Hour 30 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Austedo XR Tablet Extended Release 24 Hour 36 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Austedo XR Tablet Extended Release 24 Hour 42 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Austedo XR Tablet Extended Release 24 Hour 48 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Austedo XR Tablet Extended Release 24 Hour 6 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ingrezza Capsule 40 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ingrezza Capsule 60 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ingrezza CAPSULE 80 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ingrezza Capsule Sprinkle 40 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ingrezza Capsule Sprinkle 60 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ingrezza Capsule Sprinkle 80 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ingrezza Capsule Therapy Pack 40 & 80 MG Oral	Tier 4	Specialty; Prior Authorization Required
Tetrabenazine Tablet 12.5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Tetrabenazine TABLET 12.5 MG ORAL	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Tetrabenazine Tablet 25 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)

Drug Name	Tier	Notes
Tetrabenazine TABLET 25 MG ORAL	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors*** - Drugs For Multiple Sclerosis</b>		
Teriflunomide Tablet 14 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Teriflunomide Tablet 7 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
<b>*Multiple Sclerosis Agents - Antimetabolites*** - Drugs For Multiple Sclerosis</b>		
Cladribine (10 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 2	Specialty; Prior Authorization Required
Cladribine (4 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 2	Specialty; Prior Authorization Required
Cladribine (5 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 2	Specialty; Prior Authorization Required
Cladribine (6 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 2	Specialty; Prior Authorization Required
Cladribine (7 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 2	Specialty; Prior Authorization Required
Cladribine (8 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 2	Specialty; Prior Authorization Required
Cladribine (9 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 2	Specialty; Prior Authorization Required
Mavenclad (10 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 3	Specialty; Prior Authorization Required
Mavenclad (4 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 3	Specialty; Prior Authorization Required
Mavenclad (5 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 3	Specialty; Prior Authorization Required
Mavenclad (6 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 3	Specialty; Prior Authorization Required
Mavenclad (7 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 3	Specialty; Prior Authorization Required
Mavenclad (8 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 3	Specialty; Prior Authorization Required
Mavenclad (9 Tabs) Tablet Therapy Pack 10 MG Oral	Tier 3	Specialty; Prior Authorization Required
<b>*Multiple Sclerosis Agents - Interferons*** - Drugs For Multiple Sclerosis</b>		
Avonex Pen Auto-injector Kit 30 MCG/0.5ML Intramuscular	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 28 days)

Drug Name	Tier	Notes
Avonex Prefilled Prefilled Syringe Kit 30 MCG/0.5ML Intramuscular	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 28 days)
Betaseron KIT 0.3 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 28 days)
Plegridy Solution Auto-Injector 125 MCG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Plegridy Solution Prefilled Syringe 125 MCG/0.5ML Intramuscular	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Plegridy Solution Prefilled Syringe 125 MCG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Plegridy Starter Pack Solution Auto-Injector 63 & 94 MCG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Plegridy Starter Pack Solution Prefilled Syringe 63 & 94 MCG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Rebif Rebidose Solution Auto-injector 22 MCG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (6 ML per 28 days)
Rebif Rebidose Solution Auto-injector 44 MCG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (6 ML per 28 days)
Rebif Rebidose Titration Pack Solution Auto-injector 6X8.8 & 6X22 MCG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Rebif Solution Prefilled Syringe 22 MCG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (6 ML per 28 days)
Rebif Solution Prefilled Syringe 44 MCG/0.5ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (6 ML per 28 days)
Rebif Titration Pack Solution Prefilled Syringe 6X8.8 & 6X22 MCG Subcutaneous	Tier 3	Specialty; Prior Authorization Required
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies*** - Drugs For Multiple Sclerosis</b>		
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.4 ML per 28 days)
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators*** - Drugs For Multiple Sclerosis</b>		
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	Tier 2	

Drug Name	Tier	Notes
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Dimethyl Fumarate Starter Pack Capsule Delayed Release Therapy Pack 120 & 240 MG Oral	Tier 2	
Vumerity Capsule Delayed Release 231 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers*** - Drugs For Multiple Sclerosis</b>		
Dalfampridine ER Tablet Extended Release 12 Hour 10 MG Oral	Tier 2	Specialty
<b>*Multiple Sclerosis Agents*** - Drugs For Multiple Sclerosis</b>		
Glatiramer Acetate Solution Prefilled Syringe 20 MG/ML Subcutaneous	Tier 2	Quantity Limit (30 ML per 30 days)
Glatiramer Acetate Solution Prefilled Syringe 40 MG/ML Subcutaneous	Tier 2	Quantity Limit (12 ML per 28 days)
Glatopa Solution Prefilled Syringe 20 MG/ML Subcutaneous	Tier 2	Quantity Limit (30 ML per 30 days)
Glatopa Solution Prefilled Syringe 40 MG/ML Subcutaneous	Tier 2	Quantity Limit (12 ML per 28 days)
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** - Drugs For Alzheimer's Disease</b>		
Memantine HCl ER Capsule Extended Release 24 Hour 14 MG Oral	Tier 2	
Memantine HCl ER Capsule Extended Release 24 Hour 21 MG Oral	Tier 2	
Memantine HCl ER Capsule Extended Release 24 Hour 28 MG Oral	Tier 2	
Memantine HCl ER Capsule Extended Release 24 Hour 7 MG Oral	Tier 2	
Memantine HCl Solution 2 MG/ML Oral	Tier 2	Prior Authorization Required; Quantity Limit (300 ML per 30 days)
Memantine HCl TABLET 10 MG ORAL	Tier 1	
Memantine HCl Tablet 28 x 5 MG & 21 x 10 MG Oral	Tier 2	
Memantine HCl TABLET 5 MG ORAL	Tier 1	
<b>*Phenothiazines &amp; Tricyclic Agents*** - Drugs For Depression</b>		
Perphenazine-Amitriptyline TABLET 2-10 MG ORAL	Tier 4	
Perphenazine-Amitriptyline TABLET 2-25 MG ORAL	Tier 4	
Perphenazine-Amitriptyline TABLET 4-10 MG ORAL	Tier 4	

Drug Name	Tier	Notes
Perphenazine-Amitriptyline TABLET 4-25 MG ORAL	Tier 4	
Perphenazine-Amitriptyline TABLET 4-50 MG ORAL	Tier 4	
<b>*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
Gabapentin (Once-Daily) Tablet 300 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Gabapentin (Once-Daily) Tablet 300 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Gabapentin (Once-Daily) Tablet 450 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Gabapentin (Once-Daily) Tablet 600 MG Oral	Tier 4	Quantity Limit (90 EA per 30 days)
Gabapentin (Once-Daily) Tablet 750 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Gabapentin (Once-Daily) Tablet 900 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
<b>*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris*** - Drugs For Depression</b>		
FLUoxetine HCl (PMDD) TABLET 10 MG ORAL	Tier 4	
FLUoxetine HCl (PMDD) TABLET 20 MG ORAL	Tier 4	
<b>*Pseudobulbar Affect Agent Combinations*** - Drugs For Severe Mental Disorders</b>		
Nuedexta Capsule 20-10 MG Oral	Tier 3	
<b>*Psychotherapeutic And Neurological Agents - Misc.*** - Drugs For Severe Mental Disorders</b>		
Aqneursa Packet 1 GM Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Miplyffa Capsule 124 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Miplyffa Capsule 47 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Miplyffa Capsule 62 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Miplyffa Capsule 93 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Pimozide TABLET 1 MG ORAL	Tier 4	
Pimozide TABLET 2 MG ORAL	Tier 4	
<b>*Restless Leg Syndrome (Rls) Agents*** - Drugs For The Nervous System</b>		
Horizant Tablet Extended Release 300 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
Horizant Tablet Extended Release 600 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag*** - Drugs For The Nervous System</b>		
Addyi TABLET 100 MG ORAL	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
<b>*Smoking Deterrents*** - Drugs For Depression</b>		
BuPROPion HCl ER (Smoking Det) Tablet Extended Release 12 Hour 150 MG Oral	Tier 2	ACA Drug
Nicotrol NS SOLUTION 10 MG/ML NASAL	Tier 3	ACA Drug
Varenicline Tartrate (Starter) Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42 Oral	Tier 2	ACA Drug
Varenicline Tartrate Tablet 0.5 MG Oral	Tier 2	ACA Drug
Varenicline Tartrate Tablet 1 MG Oral	Tier 2	ACA Drug
Varenicline Tartrate(Continue) Tablet 1 MG Oral	Tier 2	ACA Drug
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators*** - Drugs For Multiple Sclerosis</b>		
Fingolimod HCl Capsule 0.5 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Gilenya Capsule 0.25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Mayzent Starter Pack Tablet Therapy Pack 12 x 0.25 MG Oral	Tier 3	Specialty; Prior Authorization Required
Mayzent Starter Pack Tablet Therapy Pack 7 x 0.25 MG Oral	Tier 3	Specialty; Prior Authorization Required
Mayzent Tablet 0.25 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Mayzent Tablet 1 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Mayzent Tablet 2 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Zeposia 7-Day Starter Pack Capsule Therapy Pack 4 x 0.23MG & 3 x 0.46MG Oral	Tier 3	Specialty; Prior Authorization Required
Zeposia Capsule 0.92 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Zeposia Starter Kit Capsule Therapy Pack 0.23MG & 0.46MG 0.92MG(21) Oral	Tier 3	Specialty; Prior Authorization Required
<b>*Thienbenzodiazepines &amp; Opioid Antagonists*** - Drugs For Severe Mental Disorders</b>		
Lybalvi Tablet 10-10 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Lybalvi Tablet 15-10 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Lybalvi Tablet 20-10 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Lybalvi Tablet 5-10 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
<b>*Thienbenzodiazepines &amp; Ssriss*** - Drugs For Severe Mental Disorders</b>		
OLANzapine-FLUoxetine HCl CAPSULE 12-25 MG ORAL	Tier 2	
OLANzapine-FLUoxetine HCl CAPSULE 12-50 MG ORAL	Tier 2	
OLANzapine-FLUoxetine HCl CAPSULE 3-25 MG ORAL	Tier 2	
OLANzapine-FLUoxetine HCl CAPSULE 6-25 MG ORAL	Tier 2	
OLANzapine-FLUoxetine HCl CAPSULE 6-50 MG ORAL	Tier 2	
<b>*Vasomotor Symptom Agents - Ssriss*** - Drugs For The Nervous System</b>		
PARoxetine Mesylate CAPSULE 7.5 MG Oral	Tier 2	
<b>*Respiratory Agents - Misc.* - Drugs For The Lungs</b>		
<b>*Cftr Potentiators*** - Drugs For Cystic Fibrosis</b>		
Kalydeco Packet 13.4 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Kalydeco Packet 25 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Kalydeco Packet 5.8 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Kalydeco PACKET 50 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Kalydeco PACKET 75 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Kalydeco TABLET 150 MG ORAL	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Cystic Fibrosis Agent - Combinations*** - Drugs For Cystic Fibrosis</b>		

Drug Name	Tier	Notes
Alyftrek Tablet 10-50-125 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Alyftrek Tablet 4-20-50 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (84 EA per 28 days)
Orkambi Packet 100-125 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Orkambi Packet 150-188 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Orkambi Packet 75-94 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Orkambi TABLET 100-125 MG ORAL	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Orkambi TABLET 200-125 MG ORAL	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Symdeko Tablet Therapy Pack 100-150 & 150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Trikafta Therapy Pack 100-50-75 & 75 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Trikafta Therapy Pack 80-40-60 & 59.5 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
<b>*Cystic Fibrosis Agents - Miscellaneous*** - Drugs For Cystic Fibrosis</b>		
Bronchitol Capsule 40 MG Inhalation	Tier 4	Specialty
Bronchitol Tolerance Test Capsule 40 MG Inhalation	Tier 4	Specialty
<b>*Dipeptidyl Peptidase 1 (Dpp1) Inhibitors*** - Drugs For Cystic Fibrosis</b>		

Drug Name	Tier	Notes
Brinsupri Tablet 10 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 Days)
Brinsupri Tablet 25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 Days)
<b>*Hydrolytic Enzymes*** - Drugs For The Lungs</b>		
Pulmozyme Solution 2.5 MG/2.5ML Inhalation	Tier 3	
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For The Lungs</b>		
Ofev CAPSULE 100 MG ORAL	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Ofev CAPSULE 150 MG ORAL	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
<b>*Pulmonary Fibrosis Agents*** - Drugs For The Lungs</b>		
Pirfenidone Capsule 267 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Pirfenidone Tablet 267 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Pirfenidone Tablet 534 MG Oral	Tier 4	Specialty; Prior Authorization Required
Pirfenidone Tablet 801 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
<b>*Sulfonamides* - Drugs For Infections</b>		
<b>*Sulfonamides*** - Antibiotics</b>		
sulfADIAZINE Tablet 500 MG Oral	Tier 2	
<b>*Tetracyclines* - Drugs For Infections</b>		
<b>*Aminomethylcyclines*** - Antibiotics</b>		
Nuzyra Tablet 150 MG Oral	Tier 4	
<b>*Tetracyclines*** - Antibiotics</b>		
Avidoxy TABLET 100 MG ORAL	Tier 1	
Demeclocycline HCl TABLET 150 MG ORAL	Tier 2	
Demeclocycline HCl TABLET 300 MG ORAL	Tier 2	
Doryx MPC Tablet Delayed Release 60 MG Oral	Tier 4	

Drug Name	Tier	Notes
Doxycycline Hyclate CAPSULE 100 MG ORAL	Tier 1	
Doxycycline Hyclate Capsule 50 MG Oral	Tier 1	
Doxycycline Hyclate TABLET 100 MG ORAL	Tier 1	
Doxycycline Hyclate Tablet 150 MG Oral	Tier 2	
Doxycycline Hyclate Tablet 20 MG Oral	Tier 1	
Doxycycline Hyclate Tablet 50 MG Oral	Tier 4	
Doxycycline Hyclate Tablet 75 MG Oral	Tier 4	
Doxycycline Hyclate TABLET DELAYED RELEASE 100 MG ORAL	Tier 4	
Doxycycline Hyclate TABLET DELAYED RELEASE 150 MG ORAL	Tier 4	
Doxycycline Hyclate Tablet Delayed Release 200 MG Oral	Tier 4	
Doxycycline Hyclate Tablet Delayed Release 50 MG Oral	Tier 4	
Doxycycline Hyclate TABLET DELAYED RELEASE 75 MG ORAL	Tier 4	
Doxycycline Monohydrate CAPSULE 100 MG ORAL	Tier 1	
Doxycycline Monohydrate Capsule 150 MG Oral	Tier 4	
Doxycycline Monohydrate CAPSULE 50 MG ORAL	Tier 1	
Doxycycline Monohydrate CAPSULE 75 MG ORAL	Tier 4	
Doxycycline Monohydrate Suspension Reconstituted 25 MG/5ML Oral	Tier 2	
Doxycycline Monohydrate TABLET 100 MG ORAL	Tier 1	
Doxycycline Monohydrate TABLET 150 MG ORAL	Tier 2	
Doxycycline Monohydrate TABLET 50 MG ORAL	Tier 1	
Doxycycline Monohydrate TABLET 75 MG ORAL	Tier 2	
Minocycline HCl CAPSULE 100 MG ORAL	Tier 2	
Minocycline HCl CAPSULE 50 MG ORAL	Tier 1	
Minocycline HCl CAPSULE 75 MG Oral	Tier 2	
Minocycline HCl ER Tablet Extended Release 24 Hour 105 MG Oral	Tier 4	
Minocycline HCl ER Tablet Extended Release 24 Hour 115 MG Oral	Tier 4	
Minocycline HCl ER Tablet Extended Release 24 Hour 135 MG Oral	Tier 4	

Drug Name	Tier	Notes
Minocycline HCl ER Tablet Extended Release 24 Hour 45 MG Oral	Tier 4	
Minocycline HCl ER Tablet Extended Release 24 Hour 55 MG Oral	Tier 4	
Minocycline HCl ER Tablet Extended Release 24 Hour 65 MG Oral	Tier 4	
Minocycline HCl ER Tablet Extended Release 24 Hour 80 MG Oral	Tier 4	
Minocycline HCl ER Tablet Extended Release 24 Hour 90 MG Oral	Tier 4	
Minocycline HCl TABLET 100 MG ORAL	Tier 4	
Minocycline HCl TABLET 50 MG ORAL	Tier 4	
Minocycline HCl TABLET 75 MG Oral	Tier 4	
Mondoxyne NL CAPSULE 100 MG ORAL	Tier 1	
TargaDOX TABLET 50 MG ORAL	Tier 4	
Tetracycline HCl CAPSULE 250 MG ORAL	Tier 2	
Tetracycline HCl CAPSULE 500 MG ORAL	Tier 2	
<b>*Thyroid Agents* - Hormones</b>		
<b>*Antithyroid Agents*** - Drugs For Thyroid</b>		
methIMAzole Tablet 10 MG Oral	Tier 1	
methIMAzole Tablet 5 MG Oral	Tier 1	
Propylthiouracil Tablet 50 MG Oral	Tier 2	
<b>*Thyroid Hormones*** - Drugs For Thyroid</b>		
Armour Thyroid TABLET 120 MG ORAL	Tier 4	
Armour Thyroid TABLET 15 MG ORAL	Tier 4	
Armour Thyroid TABLET 180 MG ORAL	Tier 4	
Armour Thyroid TABLET 240 MG ORAL	Tier 4	
Armour Thyroid TABLET 30 MG ORAL	Tier 4	
Armour Thyroid TABLET 300 MG ORAL	Tier 4	
Armour Thyroid TABLET 60 MG ORAL	Tier 4	
Armour Thyroid TABLET 90 MG ORAL	Tier 4	
EvexiTHROID Tablet 120 MG Oral	Tier 4	
EvexiTHROID Tablet 15 MG Oral	Tier 4	
EvexiTHROID Tablet 180 MG Oral	Tier 4	
EvexiTHROID Tablet 30 MG Oral	Tier 4	

Drug Name	Tier	Notes
EvexiTHROID Tablet 45 MG Oral	Tier 4	
EvexiTHROID Tablet 60 MG Oral	Tier 4	
EvexiTHROID Tablet 75 MG Oral	Tier 4	
EvexiTHROID Tablet 90 MG Oral	Tier 4	
Levo-T TABLET 100 MCG ORAL	Tier 1	
Levo-T TABLET 112 MCG ORAL	Tier 1	
Levo-T TABLET 125 MCG ORAL	Tier 1	
Levo-T TABLET 137 MCG ORAL	Tier 1	
Levo-T TABLET 150 MCG ORAL	Tier 1	
Levo-T TABLET 175 MCG ORAL	Tier 1	
Levo-T TABLET 200 MCG ORAL	Tier 1	
Levo-T TABLET 25 MCG ORAL	Tier 1	
Levo-T TABLET 300 MCG ORAL	Tier 1	
Levo-T TABLET 50 MCG ORAL	Tier 1	
Levo-T TABLET 75 MCG ORAL	Tier 1	
Levo-T TABLET 88 MCG ORAL	Tier 1	
Levothyroxine Sodium Capsule 100 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 112 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 125 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 13 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 137 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 150 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 175 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 200 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 25 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 50 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 75 MCG Oral	Tier 4	
Levothyroxine Sodium Capsule 88 MCG Oral	Tier 4	
Levothyroxine Sodium TABLET 100 MCG ORAL	Tier 1	
Levothyroxine Sodium TABLET 112 MCG ORAL	Tier 1	
Levothyroxine Sodium TABLET 125 MCG ORAL	Tier 1	
Levothyroxine Sodium TABLET 137 MCG ORAL	Tier 1	

Drug Name	Tier	Notes
Levothyroxine Sodium TABLET 150 MCG ORAL	Tier 1	
Levothyroxine Sodium TABLET 175 MCG ORAL	Tier 1	
Levothyroxine Sodium TABLET 200 MCG ORAL	Tier 1	
Levothyroxine Sodium TABLET 25 MCG ORAL	Tier 1	
Levothyroxine Sodium TABLET 300 MCG ORAL	Tier 1	
Levothyroxine Sodium TABLET 50 MCG ORAL	Tier 1	
Levothyroxine Sodium TABLET 75 MCG ORAL	Tier 1	
Levothyroxine Sodium TABLET 88 MCG ORAL	Tier 1	
Levoxyl TABLET 100 MCG ORAL	Tier 1	
Levoxyl TABLET 112 MCG ORAL	Tier 1	
Levoxyl TABLET 125 MCG ORAL	Tier 1	
Levoxyl TABLET 137 MCG ORAL	Tier 1	
Levoxyl TABLET 150 MCG ORAL	Tier 1	
Levoxyl TABLET 175 MCG ORAL	Tier 1	
Levoxyl TABLET 200 MCG ORAL	Tier 1	
Levoxyl TABLET 25 MCG ORAL	Tier 1	
Levoxyl TABLET 50 MCG ORAL	Tier 1	
Levoxyl TABLET 75 MCG ORAL	Tier 1	
Levoxyl TABLET 88 MCG ORAL	Tier 1	
Liomny Tablet 25 MCG Oral	Tier 2	
Liomny Tablet 5 MCG Oral	Tier 1	
Liomny Tablet 50 MCG Oral	Tier 2	
Liothyronine Sodium Tablet 25 MCG Oral	Tier 2	
Liothyronine Sodium Tablet 5 MCG Oral	Tier 1	
Liothyronine Sodium Tablet 50 MCG Oral	Tier 2	
Niva Thyroid Tablet 120 MG Oral	Tier 4	
Niva Thyroid Tablet 15 MG Oral	Tier 4	
Niva Thyroid Tablet 30 MG Oral	Tier 4	
Niva Thyroid Tablet 60 MG Oral	Tier 4	
Niva Thyroid Tablet 90 MG Oral	Tier 4	
NP Thyroid TABLET 120 MG Oral	Tier 4	
NP Thyroid TABLET 15 MG ORAL	Tier 4	

Drug Name	Tier	Notes
NP Thyroid TABLET 30 MG ORAL	Tier 4	
NP Thyroid TABLET 60 MG ORAL	Tier 4	
NP Thyroid TABLET 90 MG ORAL	Tier 4	
RenThyroid Tablet 120 MG Oral	Tier 4	
RenThyroid Tablet 15 MG Oral	Tier 4	
RenThyroid Tablet 30 MG Oral	Tier 4	
RenThyroid Tablet 45 MG Oral	Tier 4	
RenThyroid Tablet 60 MG Oral	Tier 4	
RenThyroid Tablet 75 MG Oral	Tier 4	
RenThyroid Tablet 90 MG Oral	Tier 4	
Thyquidity Solution 100 MCG/5ML Oral	Tier 4	
Thyroid Tablet 120 MG Oral	Tier 4	
Thyroid Tablet 15 MG Oral	Tier 4	
Thyroid Tablet 30 MG Oral	Tier 4	
Thyroid Tablet 60 MG Oral	Tier 4	
Thyroid Tablet 90 MG Oral	Tier 4	
Tirosint Capsule 100 MCG Oral	Tier 4	
Tirosint Capsule 112 MCG Oral	Tier 4	
Tirosint Capsule 125 MCG Oral	Tier 4	
Tirosint Capsule 13 MCG Oral	Tier 4	
Tirosint Capsule 137 MCG Oral	Tier 4	
Tirosint Capsule 150 MCG Oral	Tier 4	
Tirosint Capsule 175 MCG Oral	Tier 4	
Tirosint Capsule 200 MCG Oral	Tier 4	
Tirosint Capsule 25 MCG Oral	Tier 4	
Tirosint Capsule 37.5 MCG Oral	Tier 4	
Tirosint Capsule 44 MCG Oral	Tier 4	
Tirosint Capsule 50 MCG Oral	Tier 4	
Tirosint Capsule 62.5 MCG Oral	Tier 4	
Tirosint Capsule 75 MCG Oral	Tier 4	
Tirosint Capsule 88 MCG Oral	Tier 4	
Tirosint-SOL Solution 100 MCG/ML Oral	Tier 4	

Drug Name	Tier	Notes
Tirosint-SOL Solution 112 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 125 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 13 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 137 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 150 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 175 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 200 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 25 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 37.5 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 44 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 50 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 62.5 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 75 MCG/ML Oral	Tier 4	
Tirosint-SOL Solution 88 MCG/ML Oral	Tier 4	
Unithroid TABLET 100 MCG ORAL	Tier 1	
Unithroid TABLET 112 MCG ORAL	Tier 1	
Unithroid TABLET 125 MCG ORAL	Tier 1	
Unithroid TABLET 137 MCG ORAL	Tier 1	
Unithroid TABLET 150 MCG ORAL	Tier 1	
Unithroid TABLET 175 MCG ORAL	Tier 1	
Unithroid TABLET 200 MCG ORAL	Tier 1	
Unithroid TABLET 25 MCG ORAL	Tier 1	
Unithroid TABLET 300 MCG ORAL	Tier 1	
Unithroid TABLET 50 MCG ORAL	Tier 1	
Unithroid TABLET 75 MCG ORAL	Tier 1	
Unithroid TABLET 88 MCG ORAL	Tier 1	
<b>*Toxoids* - Biological Agents</b>		
<b>*Toxoid Combinations*** - Vaccines</b>		
Adacel SUSPENSION 5-2-15.5 LF-MCG/0.5 Intramuscular	Tier 3	ACA Drug
Adacel Suspension Prefilled Syringe 5-2-15.5 LF-MCG/0.5 Intramuscular	Tier 3	ACA Drug
Boostrix Suspension Prefilled Syringe 5-2.5-18.5 LF-MCG/0.5 Intramuscular	Tier 3	ACA Drug

Drug Name	Tier	Notes
Daptacel Suspension 23-15-5 Intramuscular	Tier 3	ACA Drug
Infanrix SUSPENSION 25-58-10 Intramuscular	Tier 3	ACA Drug
Kinrix Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Pediarix Suspension Prefilled Syringe Intramuscular	Tier 3	ACA Drug
Pentacel Suspension Reconstituted Intramuscular	Tier 3	ACA Drug
Quadracel Suspension Intramuscular	Tier 3	ACA Drug
Quadracel Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Tenivac Suspension 5-2 LF/0.5ML Intramuscular	Tier 3	ACA Drug
Vaxelis Suspension Intramuscular	Tier 3	ACA Drug
Vaxelis Suspension Prefilled Syringe Intramuscular	Tier 3	ACA Drug
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics* - Drugs For The Stomach</b>		
<b>*Anticholinergic Combinations*** - Drugs For Stomach Cramps</b>		
chlordiazePOXIDE-Clidinium Capsule 5-2.5 MG Oral	Tier 2	
<b>*Antispasmodics*** - Drugs For Stomach Cramps</b>		
Dicyclomine HCl Capsule 10 MG Oral	Tier 1	Healthy Values
Dicyclomine HCl Solution 10 MG/5ML Oral	Tier 2	Healthy Values
Dicyclomine HCl Solution 20 MG/10ML Oral	Tier 2	Healthy Values
Dicyclomine HCl TABLET 20 MG ORAL	Tier 1	Healthy Values
Dicyclomine HCl Tablet 40 MG Oral	Tier 4	
<b>*Belladonna Alkaloids*** - Drugs For Stomach Cramps</b>		
Hyoscyamine Sulfate Elixir 0.125 MG/5ML Oral	Tier 2	
Hyoscyamine Sulfate ER Tablet Extended Release 12 Hour 0.375 MG Oral	Tier 2	
Hyoscyamine Sulfate SL Tablet Sublingual 0.125 MG Sublingual	Tier 2	
Hyoscyamine Sulfate Solution 0.125 MG/ML Oral	Tier 2	
Hyoscyamine Sulfate Tablet 0.125 MG Oral	Tier 2	
Hyoscyamine Sulfate Tablet Sublingual 0.125 MG Sublingual	Tier 2	
Hyosyne ELIXIR 0.125 MG/5ML ORAL	Tier 2	
Hyosyne SOLUTION 0.125 MG/ML ORAL	Tier 2	
Oscimin TABLET 0.125 MG ORAL	Tier 2	

Drug Name	Tier	Notes
Oscimin TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	Tier 2	
<b>*H-2 Antagonists*** - Drugs For Ulcers And Stomach Acid</b>		
Cimetidine HCl Solution 300 MG/5ML Oral	Tier 2	Prior Authorization Required; Quantity Limit (1200 ML per 30 days)
Cimetidine TABLET 300 MG ORAL	Tier 2	
Cimetidine TABLET 400 MG ORAL	Tier 2	
Cimetidine TABLET 800 MG ORAL	Tier 2	
Famotidine Suspension Reconstituted 40 MG/5ML Oral	Tier 2	Quantity Limit (2400 ML per 30 days)
Famotidine TABLET 40 MG ORAL	Tier 1	
Nizatidine CAPSULE 150 MG ORAL	Tier 2	
Nizatidine CAPSULE 300 MG ORAL	Tier 4	
<b>*Misc. Anti-Ulcer*** - Drugs For Ulcers And Stomach Acid</b>		
Sucralfate Suspension 1 GM/10ML Oral	Tier 2	Prior Authorization Required; Quantity Limit (1200 ML per 30 days)
Sucralfate TABLET 1 GM ORAL	Tier 2	
<b>*Ppi - Potassium-Competitive Acid Blockers (P-Cab)*** - Drugs For Ulcers And Stomach Acid</b>		
Voquezna Tablet 10 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Voquezna Tablet 20 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
<b>*Proton Pump Inhibitor-Antacid Combinations*** - Drugs For Ulcers And Stomach Acid</b>		
Konvomep Suspension Reconstituted 2-84 MG/ML Oral	Tier 4	Quantity Limit (600 ML per 30 days)
Omeprazole-Sodium Bicarbonate CAPSULE 40-1100 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Omeprazole-Sodium Bicarbonate PACKET 20-1680 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Omeprazole-Sodium Bicarbonate PACKET 40-1680 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
<b>*Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid</b>		
Dexlansoprazole Capsule Delayed Release 30 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Dexlansoprazole Capsule Delayed Release 60 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Dexlansoprazole Capsule Delayed Release 60 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Esomeprazole Magnesium CAPSULE DELAYED RELEASE 40 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Esomeprazole Magnesium Packet 10 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Esomeprazole Magnesium Packet 10 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Esomeprazole Magnesium Packet 2.5 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Esomeprazole Magnesium Packet 20 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Esomeprazole Magnesium Packet 20 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Esomeprazole Magnesium Packet 40 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Esomeprazole Magnesium Packet 5 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Lansoprazole CAPSULE DELAYED RELEASE 30 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Lansoprazole Tablet Delayed Release Dispersible 30 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Omeprazole Capsule Delayed Release 10 MG Oral	Tier 1	
Omeprazole CAPSULE DELAYED RELEASE 40 MG ORAL	Tier 1	
Pantoprazole Sodium Packet 40 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Pantoprazole Sodium TABLET DELAYED RELEASE 20 MG ORAL	Tier 1	
Pantoprazole Sodium TABLET DELAYED RELEASE 40 MG ORAL	Tier 1	
PriLOSEC PACKET 10 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
PriLOSEC PACKET 2.5 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
RABEprazole Sodium Capsule Sprinkle 10 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
RABEprazole Sodium TABLET DELAYED RELEASE 20 MG ORAL	Tier 2	
<b>*Quaternary Anticholinergics*** - Drugs For Stomach Cramps</b>		
Glycate Tablet 1.5 MG Oral	Tier 4	
Glycopyrrolate Solution 1 MG/5ML Oral	Tier 2	Quantity Limit (1350 ML per 30 days)
Glycopyrrolate Tablet 1 MG Oral	Tier 2	
Glycopyrrolate Tablet 1.5 MG Oral	Tier 4	
Glycopyrrolate Tablet 2 MG Oral	Tier 2	
Methscopolamine Bromide Tablet 2.5 MG Oral	Tier 2	
Methscopolamine Bromide Tablet 5 MG Oral	Tier 2	
<b>*Ulcer Anti-Infective W/ Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid</b>		
Amoxicill-Clarithro-Lansopraz Therapy Pack 500 & 500 & 30 MG Oral	Tier 4	

Drug Name	Tier	Notes
Talcia Capsule Delayed Release 250-12.5-10 MG Oral	Tier 3	
<b>*Ulcer Drugs - Prostaglandins*** - Drugs For Ulcers And Stomach Acid</b>		
miSOPROStol Tablet 100 MCG Oral	Tier 1	
miSOPROStol Tablet 200 MCG Oral	Tier 1	
<b>*Urinary Antispasmodics* - Drugs For The Urinary System</b>		
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** - Drugs For The Bladder</b>		
Oxybutynin Chloride ER Tablet Extended Release 24 Hour 10 MG Oral	Tier 1	Quantity Limit (60 EA per 30 days)
Oxybutynin Chloride ER Tablet Extended Release 24 Hour 15 MG Oral	Tier 1	Quantity Limit (60 EA per 30 days)
Oxybutynin Chloride ER Tablet Extended Release 24 Hour 5 MG Oral	Tier 1	Quantity Limit (30 EA per 30 days)
oxyBUTYnin Chloride Solution 5 MG/5ML Oral	Tier 1	Quantity Limit (600 ML per 30 days)
Oxybutynin Chloride TABLET 5 MG ORAL	Tier 1	Quantity Limit (120 EA per 30 days)
Oxytrol Patch Twice Weekly 3.9 MG/24HR Transdermal	Tier 4	Quantity Limit (8 EA per 28 days)
Solifenacin Succinate Tablet 10 MG Oral	Tier 1	Quantity Limit (30 EA per 30 days)
Solifenacin Succinate Tablet 5 MG Oral	Tier 1	Quantity Limit (30 EA per 30 days)
Tolterodine Tartrate ER CAPSULE EXTENDED RELEASE 24 HOUR 2 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Tolterodine Tartrate ER CAPSULE EXTENDED RELEASE 24 HOUR 4 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Tolterodine Tartrate TABLET 1 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Tolterodine Tartrate TABLET 2 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
Trospium Chloride ER CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
Trospium Chloride TABLET 20 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** - Drugs For The Bladder</b>		
Gemtesa Tablet 75 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Mirabegron ER Tablet Extended Release 24 Hour 25 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Mirabegron ER Tablet Extended Release 24 Hour 50 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Myrbetriq Suspension Reconstituted ER 8 MG/ML Oral	Tier 3	Quantity Limit (300 ML per 28 days)

Drug Name	Tier	Notes
<b>*Urinary Antispasmodics - Cholinergic Agonists*** - Drugs For The Bladder</b>		
Bethanechol Chloride TABLET 10 MG ORAL	Tier 2	
Bethanechol Chloride TABLET 25 MG ORAL	Tier 2	
Bethanechol Chloride TABLET 5 MG ORAL	Tier 2	
Bethanechol Chloride TABLET 50 MG ORAL	Tier 2	
<b>*Urinary Antispasmodics - Direct Muscle Relaxants*** - Drugs For The Bladder</b>		
FlavoxATE HCI TABLET 100 MG ORAL	Tier 2	
<b>*Vaccines* - Biological Agents</b>		
<b>*Bacterial Vaccines*** - Vaccines</b>		
ActHIB SOLUTION RECONSTITUTED Intramuscular	Tier 3	ACA Drug
Bexsero Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Capvaxive Solution Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Hiberix Solution Reconstituted 10 MCG Injection	Tier 3	ACA Drug
MenQuadfi Solution 0.5 ML Intramuscular	Tier 3	ACA Drug
Menveo Solution Intramuscular	Tier 3	ACA Drug
Menveo SOLUTION RECONSTITUTED Intramuscular	Tier 3	ACA Drug
Pedvax HIB SUSPENSION 7.5 MCG/0.5ML Intramuscular	Tier 3	ACA Drug
Penbraya Suspension Reconstituted Intramuscular	Tier 3	ACA Drug
Penmenvy Suspension Reconstituted Intramuscular	Tier 3	ACA Drug
Pneumovax 23 Solution Prefilled Syringe 25 MCG/0.5ML Injection	Tier 3	ACA Drug
Pprevnar 20 Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Trumenba Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Typhim VI Solution Prefilled Syringe 25 MCG/0.5ML Intramuscular	Tier 4	Review your Plan's SPD to confirm coverage
Vaxchora Suspension Reconstituted Oral	Tier 4	Review your Plan's SPD to confirm coverage
Vaxneuvance Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Vivotif Capsule Delayed Release Oral	Tier 4	Review your Plan's SPD to confirm coverage
<b>*Viral Vaccine Combinations*** - Vaccines</b>		

Drug Name	Tier	Notes
M-M-R II Solution Reconstituted Injection	Tier 3	ACA Drug
Priorix Suspension Reconstituted Subcutaneous	Tier 3	ACA Drug
ProQuad Suspension Reconstituted Subcutaneous	Tier 3	ACA Drug
Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular	Tier 3	ACA Drug
<b>*Viral Vaccines*** - Vaccines</b>		
Abrysvo Solution Reconstituted 120 MCG/0.5ML Intramuscular	Tier 3	ACA Drug
Afluria Preservative Free Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Afluria Suspension Intramuscular	Tier 3	ACA Drug
Arexvy Suspension Reconstituted 120 MCG/0.5ML Intramuscular	Tier 3	ACA Drug
Comirnaty 5-11 Years Suspension 10 MCG/0.3ML Intramuscular	Tier 3	ACA Drug
Comirnaty Suspension Prefilled Syringe 30 MCG/0.3ML Intramuscular	Tier 3	ACA Drug
Dengvaxia Suspension Reconstituted Subcutaneous	Tier 4	Review your Plan's SPD to confirm coverage
Engerix-B SUSPENSION 20 MCG/ML INJECTION	Tier 3	ACA Drug
Engerix-B Suspension Prefilled Syringe 10 MCG/0.5ML Injection	Tier 3	ACA Drug
Engerix-B Suspension Prefilled Syringe 20 MCG/ML Injection	Tier 3	ACA Drug
Ervebo Suspension Intramuscular	Tier 4	Review your Plan's SPD to confirm coverage
Fluad Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Fluarix Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Flublok Solution Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Flucelvax Suspension Intramuscular	Tier 3	ACA Drug
Flucelvax Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Flulaval Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
FluMist Liquid Nasal	Tier 3	ACA Drug
Fluzone High-Dose Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Fluzone Suspension Intramuscular	Tier 3	ACA Drug

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Fluzone Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Gardasil 9 Suspension 0.5 ML Intramuscular	Tier 3	ACA Drug
Gardasil 9 Suspension Prefilled Syringe 0.5 ML Intramuscular	Tier 3	ACA Drug
Havrix Suspension Prefilled Syringe 1440 EL U/ML Intramuscular	Tier 3	ACA Drug
Havrix Suspension Prefilled Syringe 720 EL U/0.5ML Intramuscular	Tier 3	ACA Drug
Hepilisav-B Solution Prefilled Syringe 20 MCG/0.5ML Intramuscular	Tier 3	ACA Drug
Imovax Rabies Suspension Reconstituted 2.5 UNIT/ML Intramuscular	Tier 3	
Ipol Suspension Injection	Tier 3	ACA Drug
Ixiaro SUSPENSION Intramuscular	Tier 4	Review your Plan's SPD to confirm coverage
Jynneos Suspension 0.5 ML Subcutaneous	Tier 3	ACA Drug
mNexspike Suspension Prefilled Syringe 10 MCG/0.2ML Intramuscular	Tier 3	ACA Drug
MResvia Suspension Prefilled Syringe 50 MCG/0.5ML Intramuscular	Tier 3	ACA Drug
Nuvaxovid COVID-19 Vaccine Suspension Prefilled Syringe 5 MCG/0.5ML Intramuscular	Tier 3	ACA Drug
RabAvert Suspension Reconstituted Intramuscular	Tier 3	
Recombivax HB SUSPENSION 10 MCG/ML INJECTION	Tier 3	ACA Drug
Recombivax HB SUSPENSION 40 MCG/ML INJECTION	Tier 3	ACA Drug
Recombivax HB SUSPENSION 5 MCG/0.5ML INJECTION	Tier 3	ACA Drug
Recombivax HB Suspension Prefilled Syringe 10 MCG/ML Injection	Tier 3	ACA Drug
Recombivax HB Suspension Prefilled Syringe 5 MCG/0.5ML Injection	Tier 3	ACA Drug
Rotarix Suspension Oral	Tier 3	ACA Drug
RotaTeq SOLUTION ORAL	Tier 3	ACA Drug
Shingrix Suspension Prefilled Syringe 50 MCG/0.5ML Intramuscular	Tier 3	ACA Drug
Shingrix Suspension Reconstituted 50 MCG/0.5ML Intramuscular	Tier 3	ACA Drug
Spikevax 6m-11y Suspension Prefilled Syringe 25 MCG/0.25ML Intramuscular	Tier 3	ACA Drug

Drug Name	Tier	Notes
Spikevax Suspension Prefilled Syringe 50 MCG/0.5ML Intramuscular	Tier 3	ACA Drug
Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular	Tier 4	Review your Plan's SPD to confirm coverage
Ticovac Suspension Prefilled Syringe 2.4 MCG/0.5ML Intramuscular	Tier 4	Review your Plan's SPD to confirm coverage
Vaqta SUSPENSION 25 UNIT/0.5ML Intramuscular	Tier 3	ACA Drug
Vaqta SUSPENSION 50 UNIT/ML Intramuscular	Tier 3	ACA Drug
Vaqta Suspension Prefilled Syringe 25 UNIT/0.5ML Intramuscular	Tier 3	ACA Drug
Vaqta Suspension Prefilled Syringe 50 UNIT/ML Intramuscular	Tier 3	ACA Drug
Varivax Suspension Reconstituted 1350 PFU/0.5ML Injection	Tier 3	ACA Drug
YF-VAX Suspension Reconstituted Subcutaneous	Tier 4	Review your Plan's SPD to confirm coverage
<b>*Vaginal And Related Products* - Drugs For Women</b>		
<b>*Imidazole-Related Antifungals*** - Drugs For Infections</b>		
Gynazole-1 CREAM 2 % VAGINAL	Tier 4	
Miconazole 3 SUPPOSITORY 200 MG VAGINAL	Tier 4	
Terconazole CREAM 0.4 % VAGINAL	Tier 2	
Terconazole CREAM 0.8 % VAGINAL	Tier 2	
Terconazole SUPPOSITORY 80 MG VAGINAL	Tier 2	
<b>*Miscellaneous Vaginal Products*** - Drugs For Women</b>		
Intrarosa Insert 6.5 MG Vaginal	Tier 4	
<b>*Vaginal Anti-Infectives*** - Drugs For Infections</b>		
Clindamycin Phosphate CREAM 2 % VAGINAL	Tier 2	
Clindesse CREAM 2 % VAGINAL	Tier 4	
metroNIDAZOLE Gel 0.75 % Vaginal	Tier 2	
Nuversa GEL 1.3 % Vaginal	Tier 4	
Vandazole GEL 0.75 % VAGINAL	Tier 4	
<b>*Vaginal Contraceptive Ph Modulator - Combinations*** - Drugs For Women</b>		
Phexx Vaginal Gel 1.8-1-0.4 %	Tier 4	ACA Drug
<b>*Vaginal Estrogens*** - Drugs For Women</b>		

Drug Name	Tier	Notes
Estradiol Cream 0.01 % Vaginal	Tier 2	
Estradiol TABLET 10 MCG Vaginal	Tier 2	
Estring Ring 7.5 MCG/24HR Vaginal	Tier 3	Quantity Limit (1 EA per 90 days)
Premarin CREAM 0.625 MG/GM VAGINAL	Tier 3	
Yuvaferm TABLET 10 MCG VAGINAL	Tier 2	
<b>*Vaginal Progestins*** - Drugs For Women</b>		
Progesterone Insert 100 MG Vaginal	Tier 3	Quantity Limit (84 EA per 28 days); Review your Plan's SPD to confirm coverage
<b>*Vasopressors* - Drugs For The Heart</b>		
<b>*Anaphylaxis Therapy Agents*** - Drugs For Serious Allergic Reaction</b>		
Auvi-Q Solution Auto-Injector 0.1 MG/0.1ML Injection	Tier 3	
Auvi-Q Solution Auto-Injector 0.15 MG/0.15ML Injection	Tier 3	
Auvi-Q Solution Auto-Injector 0.3 MG/0.3ML Injection	Tier 3	
EPINEPHrine Solution Auto-Injector 0.15 MG/0.3ML Injection	Tier 2	
EPINEPHrine Solution Auto-Injector 0.3 MG/0.3ML Injection	Tier 2	
<b>*Neurogenic Orthostatic Hypotension (Noh) - Agents*** - Drugs For Serious Allergic Reaction</b>		
Droxidopa Capsule 100 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (450 EA per 30 days)
Droxidopa Capsule 200 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Droxidopa Capsule 300 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
<b>*Vasopressors*** - Drugs For Serious Allergic Reaction</b>		
Midodrine HCl TABLET 10 MG ORAL	Tier 2	
Midodrine HCl TABLET 2.5 MG ORAL	Tier 2	
Midodrine HCl TABLET 5 MG ORAL	Tier 2	
<b>*Vitamins* - Drugs For Nutrition</b>		
<b>*Vitamin D*** - Drugs For Nutrition</b>		
Ergocalciferol Capsule 1.25 MG (50000 UT) Oral	Tier 1	

Drug Name	Tier	Notes
Vitamin D (Ergocalciferol) Capsule 1.25 MG (50000 UT) Oral	Tier 1	
<b>*Vitamin K*** - Drugs For Nutrition</b>		
Phytonadione Tablet 5 MG Oral	Tier 2	