

PREFERRED GENERIC AND BRANDED MEDICATIONS

Marketplace Drug List

Effective July 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 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
Tier 1 and 2 Lowest Member Cost	Generic drugs
Tier 3 Lower Member Cost	Preferred brand drugs
Tier 4 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.

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 July 1, 2026

Drug Name	Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant - Drugs For The Nervous System		
*Adhd Agent - Selective Alpha Adrenergic Agonists*** - Drugs For Attention Deficit Disorder		
cloNIDine HCl ER Oral Tablet Extended Release 12 Hour 0.1 MG	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)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*** - Drugs For Attention Deficit Disorder		
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)
*Amphetamine Mixtures*** - Drugs For Attention Deficit Disorder		
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 (30 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)

Drug Name	Tier	Notes
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Tier 2	Quantity Limit (60 EA per 30 days)
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	
*Amphetamines*** - Drugs For Attention Deficit Disorder		
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 Oral Solution 5 MG/5ML	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 Oral Tablet Chewable 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	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 Oral Solution 5 MG/5ML	Tier 2	Quantity Limit (1800 ML per 30 days)
Zenzedi Tablet 10 MG Oral	Tier 2	
Zenzedi Tablet 5 MG Oral	Tier 2	
*Analeptics*** - Drugs For The Nervous System		

Drug Name	Tier	Notes
Caffeine Citrate Oral Solution 60 MG/3ML	Tier 2	
*Anorexiant Combinations*** - Drugs For The Nervous System		
Phentermine-Topiramate ER Oral Capsule Extended Release 24 Hour 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
*Anorexiants Non-Amphetamine*** - Drugs For The Nervous System		
Benzphetamine HCl Oral Tablet 50 MG	Tier 2	Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Diethylpropion HCl ER Oral Tablet Extended Release 24 Hour 75 MG	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Diethylpropion HCl Oral Tablet 25 MG	Tier 2	Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Lomaira Oral Tablet 8 MG	Tier 4	Prior Authorization Required; Quantity Limit (90 EA per 30 days); Review your Plan's SPD to confirm coverage
Phendimetrazine Tartrate ER Oral Capsule Extended Release 24 Hour 105 MG	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Phendimetrazine Tartrate Oral Tablet 35 MG	Tier 2	Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Phentermine HCl Oral Capsule 15 MG, 30 MG, 37.5 MG	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
*Anti-Obesity - Gip & Glp-1 Receptor Agonists*** - Drugs For The Nervous System		
Zepbound Subcutaneous Solution Auto-Injector 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days); Review your Plan's SPD to confirm coverage
*Anti-Obesity - Glp-1 Receptor Agonists*** - Drugs For The Nervous System		
Liraglutide -Weight Management Subcutaneous Solution Pen-Injector 18 MG/3ML	Tier 2	Specialty; Quantity Limit (15 ML per 30 days)
Wegovy Oral Tablet 1.5 MG, 25 MG, 4 MG, 9 MG	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage

Drug Name	Tier	Notes
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 only covered indication; Review your Plan's SPD to confirm coverage
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 only 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 only 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 only 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 only covered indication; Review your Plan's SPD to confirm coverage
*Anti-Obesity Agent Combinations** - Drugs For The Nervous System		
Contrave Oral Tablet Extended Release 12 Hour 8-90 MG	Tier 4	Prior Authorization Required; Quantity Limit (120 EA per 30 days); Review your Plan's SPD to confirm coverage
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*** - Drugs For Sleep Disorder		
Sunosi Oral Tablet 150 MG, 75 MG	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Histamine H3-Receptor Antagonist/Inverse Agonists*** - Drugs For Sleep Disorder		
Wakix Oral Tablet 17.8 MG, 4.45 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Stimulant Combinations*** - Drugs For Attention Deficit Disorder		
Azstarys Oral Capsule 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Tier 3	Quantity Limit (30 EA per 30 days)
*Stimulants - Misc.*** - Drugs For Attention Deficit Disorder		
Armodafinil TABLET 150 MG ORAL	Tier 2	

Drug Name	Tier	Notes
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 Oral Capsule Extended Release 24 Hour 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	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)

Drug Name	Tier	Notes
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 Oral Tablet Extended Release 10 MG, 20 MG	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)
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 (60 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 Oral Tablet 100 MG, 200 MG	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)

Drug Name	Tier	Notes
QuilliChew ER Tablet Chewable Extended Release 40 MG Oral	Tier 3	Quantity Limit (30 EA per 30 days)
Quillivant XR Oral Suspension Reconstituted ER 25 MG/5ML	Tier 3	Quantity Limit (360 ML per 30 days)
Allergenic Extracts/Biologicals Misc - Biological Agents		
*Allergenic Extracts*** - Biological Agents		
Grastek Sublingual Tablet Sublingual 2800 BAU	Tier 4	
Palforzia (1 MG Daily Dose) Oral 1 x 1 MG	Tier 4	Specialty
Palforzia (12 MG Daily Dose) Oral 2 x 1 MG & 10 MG	Tier 4	Specialty
Palforzia (120 MG Daily Dose) Oral 20 MG & 100 MG	Tier 4	Specialty
Palforzia (160 MG Daily Dose) Oral 3 x 20 MG & 100 MG	Tier 4	Specialty
Palforzia (20 MG Daily Dose) Oral	Tier 4	Specialty
Palforzia (200 MG Daily Dose) Oral 2 x 100 MG	Tier 4	Specialty
Palforzia (240 MG Daily Dose) Oral 2 x 20 MG & 2 x 100 MG	Tier 4	Specialty
Palforzia (3 MG Daily Dose) Oral 3 x 1 MG	Tier 4	Specialty
Palforzia (300 MG Maintenance) Oral Packet	Tier 4	Specialty
Palforzia (300 MG Titration) Oral Packet	Tier 4	Specialty
Palforzia (40 MG Daily Dose) Oral 2 x 20 MG	Tier 4	Specialty
Palforzia (6 MG Daily Dose) Oral 6 x 1 MG	Tier 4	Specialty
Palforzia (80 MG Daily Dose) Oral 4 x 20 MG	Tier 4	Specialty
Palforzia Initial Dose 1-3yrs Oral 0.5 & 1 & 1.5 & 3 MG	Tier 4	Specialty
Palforzia Initial Dose 4-17yrs Oral 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 4	Specialty
Ragwitek Sublingual Tablet Sublingual 12 AMB A 1-U	Tier 4	
*Mixed Allergenic Extracts*** - Biological Agents		
Odactra Sublingual Tablet Sublingual 12 SQ-HDM	Tier 4	
Oralair Sublingual Tablet Sublingual 300 IR	Tier 4	
Amebicides - Drugs For Infections		
*Amebicides*** - Drugs For Parasites		
Solosec Oral Packet 2 GM	Tier 3	
Aminoglycosides - Drugs For Infections		
*Aminoglycosides*** - Antibiotics		
Arikayce Inhalation Suspension 590 MG/8.4ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (235.2 ML per 28 days)

Drug Name	Tier	Notes
Humatin Oral Capsule 250 MG	Tier 3	
Kitabis Pak (w/ nebulizer) Inhalation Nebulization Solution 300 MG/5ML	Tier 4	
Neomycin Sulfate Oral Tablet 500 MG	Tier 1	
Tobi Podhaler Inhalation Capsule 28 MG	Tier 4	
Tobramycin Nebulization Solution 300 MG/4ML Inhalation	Tier 2	
Tobramycin NEBULIZATION SOLUTION 300 MG/5ML INHALATION	Tier 2	
Analgesics - Anti-Inflammatory - Drugs For Pain And Fever		
*Antirheumatic - Janus Kinase (Jak) Inhibitors*** - Arthritis And Pain Drugs		
Olumiant Oral Tablet 1 MG, 2 MG, 4 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Rinvoq LQ Oral Solution 1 MG/ML	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
Tofacitinib Citrate ER Tablet Extended Release 24 Hour 11 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Tofacitinib Citrate ER Tablet Extended Release 24 Hour 22 MG Oral	Tier 2	Specialty; Prior Authorization Required
Tofacitinib Citrate Oral Solution 1 MG/ML	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (240 ML per 30 days)
Tofacitinib Citrate Tablet 10 MG Oral	Tier 2	Specialty; Prior Authorization Required
Tofacitinib Citrate Tablet 5 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Xeljanz Oral Solution 1 MG/ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (240 ML per 30 days)

Drug Name	Tier	Notes
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
*Antirheumatic Antimetabolites*** - Arthritis And Pain Drugs		
Rasuvo Subcutaneous Solution Auto-Injector 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Tier 3	
*Anti-Tnf-Alpha - Monoclonal Antibodies*** - Arthritis And Pain Drugs		
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) Subcutaneous Auto-Injector Kit 40 MG/0.4ML, 80 MG/0.8ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Simlandi (2 Pen) Subcutaneous Auto-Injector Kit 40 MG/0.4ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Simlandi (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML, 40 MG/0.4ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
*Cyclooxygenase 2 (Cox-2) Inhibitors*** - Arthritis And Pain Drugs		
Celecoxib Capsule 100 MG Oral	Tier 1	
Celecoxib Capsule 200 MG Oral	Tier 1	
Celecoxib Capsule 400 MG Oral	Tier 2	

Drug Name	Tier	Notes
Celecoxib Capsule 50 MG Oral	Tier 1	
Vyscoxa Oral Suspension 10 MG/ML	Tier 4	
*Gold Compounds*** - Arthritis And Pain Drugs		
Auranofin Oral Capsule 3 MG	Tier 4	
Ridaura Oral Capsule 3 MG	Tier 4	
*Interleukin-1 Blockers*** - Arthritis And Pain Drugs		
Arcalyst Subcutaneous Solution Reconstituted 220 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
*Interleukin-6 Receptor Inhibitors*** - Arthritis And Pain Drugs		
Kevzara Subcutaneous Solution Auto-Injector 150 MG/1.14ML, 200 MG/1.14ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2.28 ML per 28 days)
Kevzara Subcutaneous Solution Prefilled Syringe 200 MG/1.14ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2.28 ML per 28 days)
Tyenne Subcutaneous Solution Auto-Injector 162 MG/0.9ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3.6 ML per 28 days)
Tyenne Subcutaneous Solution Prefilled Syringe 162 MG/0.9ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3.6 ML per 28 days)
*Nonsteroidal Anti-Inflammatory Agent Combinations*** - Arthritis And Pain Drugs		
Combogesic Oral Tablet 325-97.5 MG	Tier 4	
Diclofenac-miSOPROStol Oral Tablet Delayed Release 50-0.2 MG, 75-0.2 MG	Tier 2	
Ibuprofen-Famotidine Oral Tablet 800-26.6 MG	Tier 4	
Naproxen-Esomeprazole Mg Oral Tablet Delayed Release 375-20 MG, 500-20 MG	Tier 4	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** - Arthritis And Pain Drugs		
Coxanto Oral Capsule 300 MG	Tier 4	
Diclofenac Potassium Oral Capsule 25 MG	Tier 2	
Diclofenac Potassium Tablet 25 MG Oral	Tier 4	
Diclofenac Potassium TABLET 50 MG ORAL	Tier 2	
Diclofenac Sodium ER Oral Tablet Extended Release 24 Hour 100 MG	Tier 2	

Drug Name	Tier	Notes
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	
Etodolac ER Oral Tablet Extended Release 24 Hour 400 MG, 500 MG, 600 MG	Tier 2	
Etodolac Oral Capsule 200 MG, 300 MG	Tier 2	
Etodolac Oral Tablet 400 MG, 500 MG	Tier 2	
Fenoprofen Calcium Oral Capsule 200 MG, 400 MG	Tier 4	
Fenopron Oral Capsule 300 MG	Tier 4	
Flurbiprofen Oral Tablet 100 MG, 50 MG	Tier 4	
IBU Oral Tablet 400 MG, 600 MG, 800 MG	Tier 1	
Ibuprofen Tablet 300 MG Oral	Tier 4	
Ibuprofen TABLET 400 MG ORAL	Tier 1	
Ibuprofen TABLET 600 MG ORAL	Tier 1	
Ibuprofen TABLET 800 MG ORAL	Tier 1	
Indocin Rectal Suppository 50 MG	Tier 2	Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Indomethacin ER Oral Capsule Extended Release 75 MG	Tier 1	
Indomethacin Oral Capsule 25 MG, 50 MG	Tier 1	
Indomethacin Oral Suspension 25 MG/5ML	Tier 2	
Indomethacin Suppository 50 MG Rectal	Tier 2	Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Ketoprofen Capsule 25 MG Oral	Tier 4	
Ketoprofen Capsule 50 MG Oral	Tier 4	
Ketoprofen ER Oral Capsule Extended Release 24 Hour 200 MG	Tier 4	
Ketorolac Tromethamine TABLET 10 MG ORAL	Tier 1	
Lofena Oral Tablet 25 MG	Tier 4	
Lurbiro Oral Tablet 100 MG	Tier 4	
Meclofenamate Sodium Oral Capsule 100 MG, 50 MG	Tier 4	
Mefenamic Acid Oral Capsule 250 MG	Tier 2	
Meloxicam Oral Capsule 10 MG, 5 MG	Tier 4	

Drug Name	Tier	Notes
Meloxicam Oral Suspension 7.5 MG/5ML	Tier 4	
Meloxicam Oral Tablet 15 MG, 7.5 MG	Tier 1	
Nabumetone Oral Tablet 500 MG, 750 MG	Tier 1	
Naproxen DR Oral Tablet Delayed Release 500 MG	Tier 2	
Naproxen Oral Suspension 125 MG/5ML	Tier 2	
Naproxen Oral Tablet 250 MG, 375 MG, 500 MG	Tier 1	
Naproxen Oral Tablet Delayed Release 375 MG, 500 MG	Tier 2	
Naproxen Sodium ER Oral Tablet Extended Release 24 Hour 375 MG, 500 MG, 750 MG	Tier 2	
Naproxen Sodium TABLET 275 MG ORAL	Tier 2	
Naproxen Sodium TABLET 550 MG ORAL	Tier 2	
Orudis Oral Capsule 75 MG	Tier 4	
Oxaprozin Oral Capsule 300 MG	Tier 4	
Oxaprozin Oral Tablet 600 MG	Tier 2	
Piroxicam Oral Capsule 10 MG, 20 MG	Tier 2	
Relafen DS Oral Tablet 1000 MG	Tier 4	
Sprix Nasal Solution 15.75 MG/SPRAY	Tier 4	
Sulindac Oral Tablet 150 MG, 200 MG	Tier 1	
Tolectin 600 Oral Tablet 600 MG	Tier 4	
Tolectin DS Oral Capsule 400 MG	Tier 4	
Tolmetin Sodium Oral Capsule 400 MG	Tier 4	
Tolmetin Sodium Oral Tablet 200 MG, 600 MG	Tier 4	
Zybic Oral Suspension 7.5 MG/5ML	Tier 4	
*Phosphodiesterase 4 (Pde4) Inhibitors*** - Arthritis And Pain Drugs		
Otezla Oral Tablet 20 MG, 30 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Otezla Oral Tablet Therapy Pack 10 & 20 & 30 MG, 4 x 10 & 51 x20 MG	Tier 3	Specialty; Prior Authorization Required
Otezla XR Oral Tablet Extended Release 24 Hour 75 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Otezla/Otezla XR Initiation Pk Oral Tablet Therapy Pack 10&20&30&(ER)75 MG	Tier 3	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
*Pyrimidine Synthesis Inhibitors*** - Arthritis And Pain Drugs		
Leflunomide Oral Tablet 10 MG, 20 MG	Tier 2	
*Selective Costimulation Modulators*** - Arthritis And Pain Drugs		
Orencia ClickJect Subcutaneous Solution Auto-Injector 125 MG/ML	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)
*Soluble Tumor Necrosis Factor Receptor Agents*** - Arthritis And Pain Drugs		
Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML	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 (2.04 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 Subcutaneous Solution 25 MG/0.5ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Analgesics - Nonnarcotic - Drugs For Pain And Fever		
*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors*** - Arthritis And Pain Drugs		
Journavx Oral Tablet 50 MG	Tier 4	
*Analgesics-Sedatives*** - Arthritis And Pain Drugs		
Allzital Oral Tablet 25-325 MG	Tier 4	Quantity Limit (360 EA per 30 days)
BAC (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 MG	Tier 1	Quantity Limit (180 EA per 30 days)

Drug Name	Tier	Notes
Butalbital-Acetaminophen Oral Capsule 50-300 MG	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-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 Oral Solution 50-325-40 MG/15ML	Tier 4	Quantity Limit (2700 ML per 30 days)
Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG	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 Oral Tablet 50-325 MG	Tier 4	Quantity Limit (180 EA per 30 days)
*Salicylates*** - Arthritis And Pain Drugs		
Diflunisal Oral Tablet 500 MG	Tier 2	
Dolobid Oral Tablet 250 MG, 375 MG	Tier 4	
Salsalate Oral Tablet 500 MG, 750 MG	Tier 2	
Analgesics - Opioid - Drugs For Pain And Fever		
*Codeine Combinations*** - Arthritis And Pain Drugs		
Acetaminophen-Codeine Oral Solution 120-12 MG/5ML, 300-30 MG/12.5ML	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 Oral Capsule 50-325-40-30 MG	Tier 2	Quantity Limit (180 EA per 30 days)
Butalbital-APAP-Caff-Cod Oral Capsule 50-300-40-30 MG, 50-325-40-30 MG	Tier 2	Quantity Limit (180 EA per 30 days)
Butalbital-ASA-Caff-Codeine Oral Capsule 50-325-40-30 MG	Tier 2	Quantity Limit (180 EA per 30 days)
*Dihydrocodeine Combinations*** - Arthritis And Pain Drugs		
APAP-Caff-Dihydrocodeine Oral Capsule 320.5-30-16 MG	Tier 4	Quantity Limit (300 EA per 30 days)
Trezix Oral Capsule 320.5-30-16 MG	Tier 4	Quantity Limit (300 EA per 30 days)
*Hydrocodone Combinations*** - Arthritis And Pain Drugs		
HYDROcodone-Acetaminophen Solution 10-300 MG/15ML Oral	Tier 4	Quantity Limit (2025 ML per 30 days)

Drug Name	Tier	Notes
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)
*Opioid Agonists*** - Arthritis And Pain Drugs		
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 Oral Capsule Extended Release 24 Hour 100 MG, 200 MG, 300 MG	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Diskets Oral Tablet Soluble 40 MG	Tier 2	Quantity Limit (90 EA per 30 days)
fentaNYL Transdermal Patch 72 Hour 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR	Tier 2	Quantity Limit (15 EA per 30 days)
HYDROcodone Bitartrate ER Oral Capsule Extended Release 12 Hour 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	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)

Drug Name	Tier	Notes
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 Oral Tablet Extended Release 24 Hour 12 MG, 16 MG, 32 MG, 8 MG	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
HYDROmorphine HCl Oral Liquid 1 MG/ML	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)
Levorphanol Tartrate Oral Tablet 2 MG, 3 MG	Tier 2	Quantity Limit (120 EA per 30 days)
Meperidine HCl Oral Solution 50 MG/5ML	Tier 2	Quantity Limit (1800 ML per 30 days)
Meperidine HCl Oral Tablet 50 MG	Tier 2	Quantity Limit (360 EA per 30 days)
Methadone HCl Intensol Oral Concentrate 10 MG/ML	Tier 2	Quantity Limit (90 ML per 30 days)
Methadone HCl Oral Concentrate 10 MG/ML	Tier 2	Quantity Limit (90 EA per 30 days)
Methadone HCl Oral Tablet Soluble 40 MG	Tier 2	Quantity Limit (90 EA 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 5 MG Oral	Tier 1	Quantity Limit (90 EA per 30 days)
Methadose Oral Tablet Soluble 40 MG	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 Oral Capsule Extended Release 24 Hour 120 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG	Tier 4	Prior Authorization Required; Quantity Limit (30 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)

Drug Name	Tier	Notes
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 Oral Tablet Extended Release 12 Hour 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Nucynta Oral Tablet 100 MG, 50 MG, 75 MG	Tier 4	Quantity Limit (180 EA per 30 days)
OxyCODONE HCl Oral Capsule 5 MG	Tier 2	Quantity Limit (360 EA per 30 days)
oxyCODONE HCl Oral Concentrate 100 MG/5ML	Tier 2	Quantity Limit (270 ML per 30 days)
oxyCODONE HCl Oral Solution 5 MG/5ML	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)
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 Oral Tablet Extended Release 12 Hour 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Oxymorphone HCl Oral Tablet 10 MG, 5 MG	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)
Tapentadol HCl Oral Tablet 100 MG, 50 MG, 75 MG	Tier 2	Quantity Limit (6 EA per 1 day)

Drug Name	Tier	Notes
traMADol HCl (ER Biphasic) Oral Capsule Extended Release 24 Hour 100 MG, 200 MG, 300 MG	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 200 MG, 300 MG	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 Oral Solution 5 MG/ML	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	
Xyvona Tablet 3 MG Oral	Tier 2	Quantity Limit (120 EA per 30 days)
*Opioid Combinations*** - Arthritis And Pain Drugs		
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 Oral Tablet 2.5-300 MG	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)
oxyCODONE-Acetaminophen Tablet 10-325 MG Oral	Tier 2	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 Oral Solution 10-300 MG/5ML	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)
*Opioid Partial Agonists*** - Arthritis And Pain Drugs		
Belbuca Buccal Film 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	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)
Buprenorphine HCl-Naloxone HCl TABLET SUBLINGUAL 8-2 MG SUBLINGUAL	Tier 2	Quantity Limit (90 EA per 30 days)
Butorphanol Tartrate Nasal Solution 10 MG/ML	Tier 2	Quantity Limit (7.5 ML per 30 days)
Pentazocine-Naloxone HCl Oral Tablet 50-0.5 MG	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)

Drug Name	Tier	Notes
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)
*Tramadol Combinations*** - Arthritis And Pain Drugs		
traMADol-Acetaminophen Oral Tablet 37.5-325 MG	Tier 1	Quantity Limit (240 EA per 30 days)
Androgens-Anabolic - Hormones		
*Androgens*** - Drugs For Men		
Danazol Oral Capsule 100 MG, 200 MG, 50 MG	Tier 2	Prior Authorization Required
Depo-Testosterone Intramuscular Solution 100 MG/ML, 200 MG/ML	Tier 2	Quantity Limit (10 ML per 28 days)
Methitest Oral Tablet 10 MG	Tier 4	Prior Authorization Required; Quantity Limit (600 EA per 30 days)
methylTESTOSTERone Oral Capsule 10 MG	Tier 2	Prior Authorization Required; Quantity Limit (600 EA per 30 days)
Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML	Tier 2	Quantity Limit (10 ML per 28 days)
Testosterone Enanthate Intramuscular Solution 200 MG/ML	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)
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 Transdermal Solution 30 MG/ACT	Tier 2	Quantity Limit (180 ML per 30 days)
Xyosted Subcutaneous Solution Auto-Injector 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 4	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Anorectal And Related Products - Rectal Preparations		
*Intrarectal Steroids*** - Rectal Preparations		
Budesonide Rectal Foam 2 MG, 2 MG/ACT	Tier 2	

Drug Name	Tier	Notes
Cortifoam External Foam 10 %	Tier 3	
Hydrocortisone Rectal Enema 100 MG/60ML	Tier 2	
*Nitrate Vasodilating Agents*** - Rectal Preparations		
Nitroglycerin Rectal Ointment 0.4 %	Tier 2	
*Rectal Anesthetic/Steroids*** - Rectal Preparations		
Analpram HC Cream 1-1 % External	Tier 4	
Analpram HC External Lotion 2.5-1 %	Tier 4	
Hydrocortisone Ace-Pramoxine Cream 1-1 % External	Tier 4	
Lidocaine-Hydrocort (Perianal) External Cream 3-0.5 %	Tier 2	
Lidocort External Cream 3-0.5 %	Tier 2	
Proctofoam HC External Foam 1-1 %	Tier 4	
*Rectal Steroids*** - Rectal Preparations		
Anucort-HC Rectal Suppository 25 MG	Tier 4	
Anusol-HC Rectal Suppository 25 MG	Tier 4	
Hemmorex-HC SUPPOSITORY 25 MG Rectal	Tier 4	
Hydrocortisone (Perianal) Cream 1 % External	Tier 4	
Hydrocortisone (Perianal) Cream 2.5 % External	Tier 2	
Hydrocortisone Acetate SUPPOSITORY 25 MG Rectal	Tier 4	
Proctocort External Cream 1 %	Tier 4	
Procto-Med HC External Cream 2.5 %	Tier 2	
Proctosol HC External Cream 2.5 %	Tier 2	
Proctozone-HC External Cream 2.5 %	Tier 2	
Anthelmintics - Drugs For Infections		
*Anthelmintics*** - Drugs For Parasites		
Albendazole Oral Tablet 200 MG	Tier 2	
Benznidazole Oral Tablet 100 MG, 12.5 MG	Tier 3	
Emverm Oral Tablet Chewable 100 MG	Tier 4	
Ivermectin TABLET 3 MG ORAL	Tier 2	
Ivermectin Tablet 6 MG Oral	Tier 4	
Praziquantel Oral Tablet 600 MG	Tier 2	

Drug Name	Tier	Notes
Antianginal Agents - Drugs For The Heart		
*Antianginals-Other*** - Drugs For Angina		
Ranolazine ER Oral Tablet Extended Release 12 Hour 1000 MG, 500 MG	Tier 2	Healthy Values
*Nitrates*** - Drugs For Angina		
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 Oral Tablet Extended Release 24 Hour 120 MG, 30 MG, 60 MG	Tier 1	Healthy Values
Isosorbide Mononitrate Tablet 10 MG Oral	Tier 4	
Isosorbide Mononitrate Tablet 20 MG Oral	Tier 4	
Nitro-Bid Transdermal Ointment 2 %	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 Sublingual Tablet Sublingual 0.3 MG, 0.4 MG, 0.6 MG	Tier 1	Healthy Values
Nitroglycerin Transdermal Ointment 2 %	Tier 2	
Nitroglycerin Transdermal Patch 24 Hour 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 2	Healthy Values
Nitroglycerin Translingual Solution 0.4 MG/SPRAY	Tier 2	Healthy Values
Nitro-Time Oral Capsule Extended Release 2.5 MG, 6.5 MG, 9 MG	Tier 4	
Antianxiety Agents - Drugs For The Nervous System		
*Antianxiety Agents - Misc.*** - Drugs For Anxiety		
Bucapsol Oral Capsule 10 MG, 15 MG, 7.5 MG	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 Oral Tablet 10 MG, 25 MG, 50 MG	Tier 1	

Drug Name	Tier	Notes
hydrOXYzine HCl Syrup 10 MG/5ML Oral	Tier 2	
HydrOXYzine Pamoate CAPSULE 100 MG ORAL	Tier 4	
HydrOXYzine Pamoate Capsule 25 MG Oral	Tier 1	
HydrOXYzine Pamoate Capsule 50 MG Oral	Tier 1	
Meprobamate Oral Tablet 200 MG, 400 MG	Tier 2	
*Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
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 Oral Concentrate 1 MG/ML	Tier 4	
ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 1	
ALPRAZolam Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG, 2 MG	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 Oral Capsule 10 MG, 25 MG, 5 MG	Tier 1	
Clorazepate Dipotassium Oral Tablet 15 MG, 3.75 MG, 7.5 MG	Tier 2	
diazepam Intensol Oral Concentrate 5 MG/ML	Tier 2	
diazepam Oral Concentrate 5 MG/ML	Tier 2	
diazepam Oral Solution 5 MG/5ML	Tier 1	
diazepam Oral Tablet 10 MG, 2 MG, 5 MG	Tier 1	
LORazepam Intensol Oral Concentrate 2 MG/ML	Tier 2	
LORazepam Oral Concentrate 1 MG/0.5ML, 2 MG/ML	Tier 2	
LORazepam Oral Tablet 0.5 MG, 1 MG, 2 MG	Tier 1	

Drug Name	Tier	Notes
Loreev XR Oral Capsule ER 24 Hour Sprinkle 1 MG, 1.5 MG, 2 MG, 3 MG	Tier 4	
Oxazepam Oral Capsule 10 MG, 15 MG, 30 MG	Tier 2	
Antiarrhythmics - Drugs For The Heart		
*Antiarrhythmics Type I-A*** - Drugs For Abnormal Heart Rhythms		
Disopyramide Phosphate Oral Capsule 100 MG, 150 MG	Tier 2	Healthy Values
Norpace CR Oral Capsule Extended Release 12 Hour 100 MG, 150 MG	Tier 4	
quinidine Gluconate ER Oral Tablet Extended Release 324 MG	Tier 2	Healthy Values
quinidine Sulfate Oral Tablet 200 MG, 300 MG	Tier 4	
*Antiarrhythmics Type I-B*** - Drugs For Abnormal Heart Rhythms		
Mexiletine HCl Oral Capsule 150 MG, 200 MG, 250 MG	Tier 2	Healthy Values
*Antiarrhythmics Type I-C*** - Drugs For Abnormal Heart Rhythms		
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 Oral Capsule Extended Release 12 Hour 225 MG, 325 MG, 425 MG	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
*Antiarrhythmics Type Iii*** - Drugs For Abnormal Heart Rhythms		
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 Oral Tablet 400 MG	Tier 3	
Pacerone TABLET 100 MG ORAL	Tier 2	Healthy Values
Pacerone TABLET 200 MG ORAL	Tier 1	Healthy Values
Antiasthmatic And Bronchodilator Agents - Drugs For The Lungs		

Drug Name	Tier	Notes
*5-Lipoxygenase Inhibitors*** - Drugs For Asthma/Copd		
Zileuton ER Oral Tablet Extended Release 12 Hour 600 MG	Tier 2	Prior Authorization Required
*Adrenergic Combinations*** - Drugs For Asthma/Copd		
Advair HFA Inhalation Aerosol 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (12 GM per 30 days)
Airsupra Inhalation Aerosol 90-80 MCG/ACT	Tier 3	Quantity Limit (32.1 GM per 30 days)
Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)
Breo Ellipta Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)
Breyna Inhalation Aerosol 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	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 Inhalation Aerosol 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 2	Healthy Values; Quantity Limit (30.9 GM per 30 days)
Combivent Respimat Inhalation Aerosol Solution 20-100 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (8 GM per 30 days)
Dulera Inhalation Aerosol 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	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 Inhalation Solution 0.5-2.5 (3) MG/3ML	Tier 2	Healthy Values
Stiolto Respimat Inhalation Aerosol Solution 2.5-2.5 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (4 GM per 30 days)
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
*Anti-Ige Monoclonal Antibodies*** - Drugs For Asthma/Copd		
Xolair Subcutaneous Solution Auto-Injector 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 3	Specialty; Prior Authorization Required
Xolair Subcutaneous Solution Prefilled Syringe 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 3	Specialty; Prior Authorization Required
*Anti-Inflammatory Agents*** - Drugs For Asthma/Copd		
Cromolyn Sodium Inhalation Nebulization Solution 20 MG/2ML	Tier 2	
*Beta Adrenergics*** - Drugs For Asthma/Copd		
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
Albuterol Sulfate Oral Tablet 2 MG, 4 MG	Tier 2	
Albuterol Sulfate Syrup 2 MG/5ML Oral	Tier 1	Healthy Values
Arformoterol Tartrate Inhalation Nebulization Solution 15 MCG/2ML	Tier 2	
Levalbuterol HCl Inhalation Nebulization Solution 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/0.5ML, 1.25 MG/3ML	Tier 2	
Serevent Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (60 EA per 30 days)
Striverdi Respimat Inhalation Aerosol Solution 2.5 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (4 GM per 30 days)
Terbutaline Sulfate Oral Tablet 2.5 MG, 5 MG	Tier 2	
Ventolin HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT	Tier 2	Healthy Values; Quantity Limit (36 GM per 30 days)
*Bronchodilators - Anticholinergics*** - Drugs For Asthma/Copd		

Drug Name	Tier	Notes
Atrovent HFA Inhalation Aerosol Solution 17 MCG/ACT	Tier 4	Quantity Limit (25.8 GM per 30 days)
Incruse Ellipta Inhalation Aerosol Powder Breath Activated 62.5 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (30 EA per 30 days)
Ipratropium Bromide HFA Inhalation Aerosol Solution 17 MCG/ACT	Tier 2	Quantity Limit (25.8 GM per 30 days)
Ipratropium Bromide Inhalation Solution 0.02 %	Tier 1	Healthy Values
Spiriva HandiHaler Inhalation Capsule 18 MCG	Tier 3	Quantity Limit (30 EA per 30 days)
Spiriva Respimat Inhalation Aerosol Solution 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (4 GM per 30 days)
Tiotropium Bromide Inhalation Capsule 18 MCG	Tier 3	Quantity Limit (30 EA per 30 days)
*Interleukin-5 Antagonists (Igg1 Kappa)*** - Drugs For Asthma/Copd		
Fasenra Pen Subcutaneous Solution Auto-Injector 30 MG/ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
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)
Nucala Subcutaneous Solution Auto-Injector 100 MG/ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 ML per 28 days)
*Leukotriene Receptor Antagonists*** - Drugs For Asthma/Copd		
Montelukast Sodium Oral Packet 4 MG	Tier 2	Healthy Values
Montelukast Sodium Oral Tablet 10 MG	Tier 1	Healthy Values
Montelukast Sodium Oral Tablet Chewable 4 MG, 5 MG	Tier 1	Healthy Values
Zafirlukast Oral Tablet 10 MG, 20 MG	Tier 2	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors*** - Drugs For Asthma/Copd		
Roflumilast Oral Tablet 250 MCG, 500 MCG	Tier 2	
*Steroid Inhalants*** - Drugs For Asthma/Copd		
Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (30 EA per 30 days)
Asmanex (120 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (1 EA per 30 days)

Drug Name	Tier	Notes
Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated 110 MCG/ACT, 220 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (1 EA per 30 days)
Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (1 EA per 30 days)
Asmanex HFA Inhalation Aerosol 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 3	Healthy Values; Quantity Limit (13 GM per 30 days)
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	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)
*Thymic Stromal Lymphopoietin (Tslp) Antagonists*** - Drugs For Asthma/Copd		
Tezspire Subcutaneous Solution Auto-Injector 210 MG/1.91ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1.91 ML per 28 days)
*Xanthines*** - Drugs For Asthma/Copd		
Elixophyllin Oral Elixir 80 MG/15ML	Tier 2	Healthy Values
Theo-24 Oral Capsule Extended Release 24 Hour 100 MG, 200 MG, 300 MG, 400 MG	Tier 4	
Theophylline ER Oral Tablet Extended Release 24 Hour 400 MG, 600 MG	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 Oral Elixir 80 MG/15ML	Tier 2	Healthy Values
Theophylline Oral Solution 80 MG/15ML	Tier 2	Healthy Values
Anticoagulants - Drugs For The Blood		
*Coumarin Anticoagulants*** - Drugs To Prevent Blood Clots		
Jantoven TABLET 1 MG, 10MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	Healthy Values
Warfarin Sodium Oral Tablet 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	Healthy Values

Drug Name	Tier	Notes
*Direct Factor Xa Inhibitors*** - Drugs To Prevent Blood Clots		
Eliquis (1.5 MG Pack) Oral Tablet Soluble 3 x 0.5 MG	Tier 3	Quantity Limit (420 EA per 28 days)
Eliquis (2 MG Pack) Oral Tablet Soluble 4 x 0.5 MG	Tier 3	Quantity Limit (560 EA per 28 days)
Eliquis DVT/PE Starter Pack Oral Tablet Therapy Pack 5 MG	Tier 3	
Eliquis Oral Capsule Sprinkle 0.15 MG	Tier 3	Quantity Limit (74 EA per 30 days)
Eliquis Oral Tablet Soluble 0.5 MG	Tier 3	Quantity Limit (140 EA per 28 days)
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)
Rivaroxaban Oral Suspension Reconstituted 1 MG/ML	Tier 2	Quantity Limit (620 ML per 30 days)
Rivaroxaban Oral Tablet 2.5 MG	Tier 2	Quantity Limit (60 EA per 30 days)
Xarelto Oral Suspension Reconstituted 1 MG/ML	Tier 3	Quantity Limit (620 ML per 30 days)
Xarelto Starter Pack Oral Tablet Therapy Pack 15 & 20 MG	Tier 3	Quantity Limit (51 EA 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)
*Heparins And Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots		
Heparin Sodium (Porcine) +RFID Injection Solution 1000 UNIT/ML	Tier 2	
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML	Tier 2	
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	
*Low Molecular Weight Heparins*** - Drugs To Prevent Blood Clots		
Enoxaparin Sodium Injection Solution 300 MG/3ML	Tier 2	
Enoxaparin Sodium Injection Solution Prefilled Syringe 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML	Tier 2	
Fragmin Subcutaneous Solution 10000 UNIT/4ML, 95000 UNIT/3.8ML	Tier 4	

Drug Name	Tier	Notes
Fragmin Subcutaneous Solution Prefilled Syringe 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Tier 4	
*Synthetic Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots		
Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	Tier 2	
*Thrombin Inhibitors - Selective Direct & Reversible*** - Drugs To Prevent Blood Clots		
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)
Anticonvulsants - Drugs For The Nervous System		
*Ampa Glutamate Receptor Antagonists*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
Perampanel Oral Suspension 0.5 MG/ML	Tier 2	
Perampanel Oral Tablet 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 2	
*Anticonvulsants - Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
cloBAZam Oral Suspension 10 MG/4ML, 2.5 MG/ML	Tier 2	
cloBAZam Oral Tablet 10 MG, 20 MG	Tier 2	
clonazePAM Oral Tablet 0.5 MG, 1 MG, 2 MG	Tier 1	Healthy Values
clonazePAM Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 2 MG	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 Nasal Solution 5 MG/0.1ML	Tier 4	
Sympazan Oral Film 10 MG, 20 MG, 5 MG	Tier 4	

Drug Name	Tier	Notes
Valtoco 10 MG Dose Nasal Liquid 10 MG/0.1ML	Tier 4	
Valtoco 15 MG Dose Nasal Liquid Therapy Pack 2 x 7.5 MG/0.1ML	Tier 4	
Valtoco 20 MG Dose Nasal Liquid Therapy Pack 2 x 10 MG/0.1ML	Tier 4	
Valtoco 5 MG Dose Nasal Liquid 5 MG/0.1ML	Tier 4	
*Anticonvulsants - Misc.*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
Brivaracetam Oral Solution 10 MG/ML	Tier 2	
Brivaracetam Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	
Briviact Oral Solution 10 MG/ML	Tier 4	
Briviact Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 4	
carBAMazepine ER Oral Capsule Extended Release 12 Hour 100 MG, 200 MG, 300 MG	Tier 2	Healthy Values
carBAMazepine ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG, 400 MG	Tier 2	Healthy Values
carBAMazepine Oral Suspension 100 MG/5ML, 200 MG/10ML	Tier 2	Healthy Values
carBAMazepine Oral Tablet 200 MG	Tier 2	Healthy Values
CarBAMazepine TABLET CHEWABLE 100 MG ORAL	Tier 2	Healthy Values
carBAMazepine Tablet Chewable 200 MG Oral	Tier 4	
Diacomit Oral Capsule 250 MG, 500 MG	Tier 4	Specialty
Diacomit Oral Packet 250 MG, 500 MG	Tier 4	Specialty
Epidiolex Oral Solution 100 MG/ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1000 ML per 30 days)
Eslicarbazepine Acetate Oral Tablet 200 MG, 400 MG, 600 MG, 800 MG	Tier 2	
Fintepla Oral Solution 2.2 MG/ML	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
Gabapentin Capsule 400 MG Oral	Tier 1	Healthy Values
Gabapentin Oral Solution 250 MG/5ML, 300 MG/6ML	Tier 2	Healthy Values
Gabapentin Tablet 600 MG Oral	Tier 1	Healthy Values
Gabapentin Tablet 800 MG Oral	Tier 1	Healthy Values
Gabarone Oral Tablet 100 MG, 400 MG	Tier 4	

Drug Name	Tier	Notes
Lacosamide Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	Healthy Values
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
LaMICtal XR Oral Kit 21 x 25 MG & 7 x 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 4	
lamoTRlgine ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Tier 2	Healthy Values
lamoTRlgine Oral Kit 21 x 25 MG & 7 x 50 MG, 25 & 50 & 100 MG, 42 x 50 MG & 14x100 MG	Tier 2	Healthy Values
lamoTRlgine Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	Healthy Values
LamoTRlgine Oral Tablet Chewable 25 MG, 5 MG	Tier 2	Healthy Values
lamoTRlgine Oral Tablet Dispersible 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	
lamoTRlgine Starter Kit-Blue Oral Kit 35 x 25 MG	Tier 2	Healthy Values
lamoTRlgine Starter Kit-Green Oral Kit 84 x 25 MG & 14x100 MG	Tier 2	Healthy Values
lamoTRlgine Starter Kit-Orange Oral Kit 42 x 25 MG & 7 x 100 MG	Tier 2	Healthy Values
levETIRAcetam ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG	Tier 2	Healthy Values
levETIRAcetam Oral Solution 100 MG/ML, 500 MG/5ML	Tier 2	Healthy Values
levETIRAcetam Oral Tablet Disintegrating Soluble 250 MG, 500 MG	Tier 4	
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
OXcarbazepine ER Oral Tablet Extended Release 24 Hour 150 MG, 300 MG, 600 MG	Tier 2	
OXcarbazepine Oral Suspension 300 MG/5ML	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

Drug Name	Tier	Notes
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
Pregabalin Capsule 50 MG Oral	Tier 1	Healthy Values
Pregabalin Capsule 75 MG Oral	Tier 1	Healthy Values
Pregabalin Oral Solution 20 MG/ML	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
Relgaabi Capsule 300 MG Oral	Tier 1	Healthy Values
Relgaabi Capsule 400 MG Oral	Tier 1	Healthy Values
Roweepra Oral Tablet 500 MG	Tier 1	Healthy Values
Rufinamide Oral Tablet 200 MG, 400 MG	Tier 2	
Rufinamide Suspension 40 MG/ML Oral	Tier 2	
Spritam Oral Tablet Disintegrating Soluble 250 MG, 500 MG	Tier 4	
Subvenite Oral Suspension 10 MG/ML	Tier 4	
Subvenite Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	Healthy Values
Subvenite Starter Kit-Blue Oral Kit 35 x 25 MG	Tier 2	Healthy Values
Subvenite Starter Kit-Green Oral Kit 84 x 25 MG & 14x100 MG	Tier 2	Healthy Values
Subvenite Starter Kit-Orange Oral Kit 42 x 25 MG & 7 x 100 MG	Tier 2	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)

Drug Name	Tier	Notes
Topiramate ER Oral Capsule Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Topiramate Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG	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
Ztalmu Oral Suspension 50 MG/ML	Tier 4	Specialty
*Carbamates*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
Felbamate Oral Suspension 600 MG/5ML	Tier 2	
Felbamate Oral Tablet 400 MG, 600 MG	Tier 2	
Xcopri (250 MG Daily Dose) Oral Tablet Therapy Pack 100 & 150 MG	Tier 4	
Xcopri (350 MG Daily Dose) Oral Tablet Therapy Pack 150 & 200 MG	Tier 4	
Xcopri Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 4	
Xcopri Oral Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG, 14 x 150 MG & 14 x200 MG, 14 x 50 MG & 14 x100 MG	Tier 4	
*Gaba Modulators*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
tiaGABine HCl Oral Tablet 12 MG, 16 MG, 2 MG, 4 MG	Tier 2	
Vigabatrin Oral Packet 500 MG	Tier 2	
Vigabatrin Oral Tablet 500 MG	Tier 2	
Vigadrone Oral Packet 500 MG	Tier 2	
Vigadrone Oral Tablet 500 MG	Tier 2	
Vigafyde Oral Solution 100 MG/ML	Tier 4	
*Hydantoins*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
Dilantin Capsule 30 MG Oral	Tier 3	Healthy Values
Phenytek Oral Capsule 200 MG, 300 MG	Tier 2	Healthy Values
Phenytoin Infatabs Oral Tablet Chewable 50 MG	Tier 2	Healthy Values
Phenytoin Oral Suspension 100 MG/4ML, 125 MG/5ML	Tier 2	Healthy Values
Phenytoin Oral Tablet Chewable 50 MG	Tier 2	Healthy Values
Phenytoin Sodium Extended Oral Capsule 100 MG, 200 MG, 300 MG	Tier 2	Healthy Values

Drug Name	Tier	Notes
*Succinimides*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
Ethosuximide Oral Capsule 250 MG	Tier 2	Healthy Values
Ethosuximide Oral Solution 250 MG/5ML	Tier 2	Healthy Values
Methsuximide Oral Capsule 300 MG	Tier 2	
*Valproic Acid*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG, 500 MG	Tier 2	Healthy Values
Divalproex Sodium Oral Capsule Delayed Release Sprinkle 125 MG	Tier 2	Healthy Values
Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG, 500 MG	Tier 1	Healthy Values
Valproic Acid Oral Capsule 250 MG	Tier 2	Healthy Values
Valproic Acid Oral Solution 250 MG/5ML, 500 MG/10ML	Tier 2	Healthy Values
Antidepressants - Drugs For The Nervous System		
*Alpha-2 Receptor Antagonists (Tetracyclics)*** - Drugs For Depression		
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; Quantity Limit (30 EA per 30 days)
Mirtazapine Tablet 45 MG Oral	Tier 1	Healthy Values; Quantity Limit (30 EA per 30 days)
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)
*Antidepressant - Miscellaneous Combinations*** - Drugs For Depression		
Auvelity Oral Tablet Extended Release 45-105 MG	Tier 4	Quantity Limit (60 EA per 30 days)
Auvelity Titration Pack Oral Tablet Extended Release Therapy Pack 30-105 MG & 45-105 MG	Tier 4	
*Antidepressants - Misc.*** - Drugs For Depression		
buPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 100 MG, 150 MG, 200 MG	Tier 1	Healthy Values

Drug Name	Tier	Notes
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 Oral Tablet 100 MG, 75 MG	Tier 1	Healthy Values
*Gaba Receptor Modulator - Neuroactive Steroid*** - Drugs For Depression		
Zurzuvae Oral Capsule 20 MG, 25 MG, 30 MG	Tier 3	Specialty
*Monoamine Oxidase Inhibitors (Maois)*** - Drugs For Depression		
Emsam Transdermal Patch 24 Hour 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 4	
Marplan Oral Tablet 10 MG	Tier 4	
Nardil Oral Tablet 15 MG	Tier 4	
Phenelzine Sulfate Oral Tablet 15 MG	Tier 4	
Tranlycypromine Sulfate Oral Tablet 10 MG	Tier 2	
*Selective Serotonin Reuptake Inhibitors (SsrIs)*** - Drugs For Depression		
Citalopram Hydrobromide Capsule 30 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Citalopram Hydrobromide Oral Solution 10 MG/5ML, 20 MG/10ML	Tier 2	Healthy Values; Quantity Limit (600 ML per 30 days)
Citalopram Hydrobromide Oral Tablet 10 MG, 20 MG, 40 MG	Tier 1	Healthy Values
Escitalopram Oxalate Oral Capsule 15 MG	Tier 4	Quantity Limit (30 EA per 30 days)
Escitalopram Oxalate Oral Solution 5 MG/5ML	Tier 2	Healthy Values; Quantity Limit (600 ML per 30 days)
Escitalopram Oxalate Oral Tablet 10 MG, 20 MG, 5 MG	Tier 1	Healthy Values
FLUoxetine HCl Oral Capsule 10 MG, 20 MG, 40 MG	Tier 1	Healthy Values
FLUoxetine HCl Oral Capsule Delayed Release 90 MG	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)
fluvoxamine Maleate ER Capsule Extended Release 24 Hour 100 MG Oral	Tier 2	Healthy Values; Quantity Limit (60 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	Healthy Values; 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 Oral Suspension 10 MG/5ML	Tier 4	Quantity Limit (900 ML per 30 days)
PARoxetine HCl Oral Tablet 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	Healthy Values
Sertraline HCl Oral Capsule 150 MG, 200 MG	Tier 4	
Sertraline HCl Oral Concentrate 20 MG/ML	Tier 2	Healthy Values; Quantity Limit (300 ML per 30 days)
Sertraline HCl Oral Tablet 100 MG, 25 MG, 50 MG	Tier 1	Healthy Values
*Serotonin Modulators*** - Drugs For Depression		
Exxua Tablet Extended Release 24 Hour 18.2 MG Oral	Tier 4	Quantity Limit (32 EA per 30 days)
Exxua Tablet Extended Release 24 Hour 36.3 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Exxua Tablet Extended Release 24 Hour 54.5 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Exxua Tablet Extended Release 24 Hour 72.6 MG Oral	Tier 4	Quantity Limit (30 EA per 30 days)
Exxua Titration Pack Oral Tablet Extended Release 24 Hour 18.2 MG	Tier 4	Quantity Limit (32 EA per 30 days)
Nefazodone HCl Oral Tablet 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	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 Oral Tablet 10 MG, 20 MG, 5 MG	Tier 4	Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Vilazodone HCl Oral Tablet 10 MG, 20 MG, 40 MG	Tier 2	Quantity Limit (30 EA per 30 days)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*** - Drugs For Depression		
Desvenlafaxine ER Oral Tablet Extended Release 24 Hour 100 MG, 50 MG	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 Oral Capsule Extended Release 24 Hour 120 MG, 20 MG, 40 MG, 80 MG	Tier 4	Quantity Limit (30 EA per 30 days)
Fetzima Titration Oral Capsule ER 24 Hour Therapy Pack 20 & 40 MG	Tier 4	Quantity Limit (28 EA per 28 days)
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 150 MG, 37.5 MG, 75 MG	Tier 1	Healthy Values
Venlafaxine HCl ER Tablet Extended Release 24 Hour 150 MG Oral	Tier 4	Quantity Limit (60 EA per 30 days)
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 Oral Tablet 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG	Tier 1	Healthy Values
*Tricyclic Agents*** - Drugs For Depression		
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

Drug Name	Tier	Notes
Amoxapine Oral Tablet 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	
clomiPRAMINE HCl Oral Capsule 25 MG, 50 MG, 75 MG	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
Doxepin HCl CAPSULE 75 MG ORAL	Tier 2	Healthy Values
Doxepin HCl Oral Concentrate 10 MG/ML	Tier 1	Healthy Values
Imipramine HCl Oral Tablet 10 MG, 25 MG, 50 MG	Tier 1	Healthy Values
Imipramine Pamoate Oral Capsule 100 MG, 125 MG, 150 MG, 75 MG	Tier 4	
Nortriptyline HCl Oral Capsule 10 MG, 25 MG, 50 MG, 75 MG	Tier 1	Healthy Values
Nortriptyline HCl Oral Solution 10 MG/5ML	Tier 2	Healthy Values
Protriptyline HCl Oral Tablet 10 MG, 5 MG	Tier 2	
Trimipramine Maleate Oral Capsule 100 MG, 25 MG, 50 MG	Tier 2	
Antidiabetics - Hormones		
*Alpha-Glucosidase Inhibitors*** - Drugs For Diabetes		
Acarbose Oral Tablet 100 MG, 25 MG, 50 MG	Tier 2	Healthy Values
Miglitol Oral Tablet 100 MG, 25 MG, 50 MG	Tier 4	
*Biguanides*** - Drugs For Diabetes		
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 Oral Tablet Extended Release 24 Hour 500 MG, 750 MG	Tier 1	Healthy Values
metFORMIN HCl Oral Solution 500 MG/5ML	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
*Diabetic Other*** - Drugs For Diabetes		
Baqsimi One Pack Nasal Powder 3 MG/DOSE	Tier 3	Healthy Values
Baqsimi Two Pack Nasal Powder 3 MG/DOSE	Tier 3	Healthy Values
Diazoxide Oral Suspension 50 MG/ML	Tier 2	
Glucagon Emergency Solution Reconstituted 1 MG Injection	Tier 2	Healthy Values
Glucagon Emergency Solution Reconstituted 1 MG/ML Injection	Tier 3	
Gvoke HypoPen 1-Pack Subcutaneous Solution Auto-Injector 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 3	
Gvoke HypoPen 2-Pack Subcutaneous Solution Auto-Injector 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 3	
Gvoke Kit Subcutaneous Solution 1 MG/0.2ML	Tier 3	
Gvoke PFS Subcutaneous Solution Prefilled Syringe 1 MG/0.2ML	Tier 3	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** - Drugs For Diabetes		
Januvia Oral Tablet 100 MG, 25 MG, 50 MG	Tier 3	Quantity Limit (30 EA per 30 days)
SITagliptin Phosphate Tablet 100 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
SITagliptin Phosphate Tablet 25 MG Oral	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
SITagliptin Phosphate Tablet 50 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** - Drugs For Diabetes		
Janumet Oral Tablet 50-1000 MG, 50-500 MG	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)

Drug Name	Tier	Notes
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)
SITagliptin Phos-metFORMIN HCl Oral Tablet 50-1000 MG, 50-500 MG	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
*Dopamine Receptor Agonists - Ergot Derivatives*** - Drugs For Diabetes		
Cycloset Oral Tablet 0.8 MG	Tier 4	
*Human Insulin*** - Drugs For Diabetes		
Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Fiasp Injection Solution 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Fiasp PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Injection Solution 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Junior KwikPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG KwikPen Subcutaneous Solution Pen-Injector 100 UNIT/ML, 200 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Mix 50/50 KwikPen Subcutaneous Suspension Pen-Injector (50-50) 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Mix 75/25 KwikPen Subcutaneous Suspension Pen-Injector (75-25) 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Mix 75/25 Subcutaneous Suspension (75-25) 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumaLOG Tempo Pen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
HumuLIN R U-500 KwikPen Subcutaneous Solution Pen-Injector 500 UNIT/ML	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)
Insulin Glargine-yfgn Subcutaneous Solution 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 1	Healthy Values; Quantity Limit (100 ML per 30 days)
Insulin Lispro Injection Solution 100 UNIT/ML	Tier 1	Healthy Values; Quantity Limit (100 ML per 30 days)

Drug Name	Tier	Notes
Insulin Lispro Junior KwikPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 1	Healthy Values; Quantity Limit (100 ML per 30 days)
Lyumjev Injection Solution 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Lyumjev KwikPen Subcutaneous Solution Pen-Injector 100 UNIT/ML, 200 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Lyumjev Tempo Pen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG 70/30 FlexPen ReliOn Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG FlexPen ReliOn Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG Injection Solution 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG Mix 70/30 ReliOn Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
NovoLOG ReliOn Injection Solution 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Semglee (yfgn) Subcutaneous Solution 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Semglee (yfgn) Subcutaneous Solution Pen-Injector 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Toujeo Max SoloStar Subcutaneous Solution Pen-Injector 300 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Toujeo SoloStar Subcutaneous Solution Pen-Injector 300 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Tresiba FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML, 200 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
Tresiba Subcutaneous Solution 100 UNIT/ML	Tier 3	Healthy Values; Quantity Limit (100 ML per 30 days)
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)*** - Drugs For Diabetes		
Mounjaro Solution Auto-Injector 10 MG/0.5ML Subcutaneous	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)

Drug Name	Tier	Notes
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
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)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** - Drugs For Diabetes		
Ozempic (0.25 or 0.5 MG/DOSE) Subcutaneous Solution Pen-Injector 2 MG/3ML	Tier 3	Prior Authorization Required; Quantity Limit (3 ML per 28 days)
Ozempic (1 MG/DOSE) Subcutaneous Solution Pen-Injector 4 MG/3ML	Tier 3	Prior Authorization Required; Quantity Limit (3 ML per 28 days)
Ozempic (2 MG/DOSE) Subcutaneous Solution Pen-Injector 8 MG/3ML	Tier 3	Prior Authorization Required; Quantity Limit (3 ML per 28 days)
Ozempic Tablet 1.5 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 180 days)
Ozempic Tablet 4 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 Days)
Ozempic Tablet 9 MG Oral	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 Days)
Rybelsus Oral Tablet 14 MG, 3 MG, 7 MG	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Trulicity Subcutaneous Solution Auto-Injector 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 3	Prior Authorization Required; Quantity Limit (2 ML per 28 days)
*Insulin-Incretin Mimetic Combinations*** - Drugs For Diabetes		
Soliqua Subcutaneous Solution Pen-Injector 100-33 UNT-MCG/ML	Tier 3	Healthy Values; Quantity Limit (18 ML per 30 days)
Xultophy Subcutaneous Solution Pen-Injector 100-3.6 UNIT-MG/ML	Tier 3	Healthy Values; Quantity Limit (15 ML per 30 days)
*Meglitinide Analogues*** - Drugs For Diabetes		
Nateglinide Oral Tablet 120 MG, 60 MG	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
*Progesterone Receptor Antagonists*** - Drugs For Diabetes		

Drug Name	Tier	Notes
miFEPRIStone Tablet 300 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb*** - Drugs For Diabetes		
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)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations*** - Drugs For Diabetes		
Glyxambi Oral Tablet 10-5 MG, 25-5 MG	Tier 3	Quantity Limit (30 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** - Drugs For Diabetes		
Dapagliflozin Tablet 10 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Dapagliflozin Tablet 5 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Jardiance Oral Tablet 10 MG, 25 MG	Tier 3	Quantity Limit (30 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Drugs For Diabetes		
Dapaglifloz Base-metFORMIN ER Tablet Extended Release 24 Hour 10-1000 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Dapaglifloz Base-metFORMIN ER Tablet Extended Release 24 Hour 10-500 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Dapaglifloz Base-metFORMIN ER Tablet Extended Release 24 Hour 5-1000 MG Oral	Tier 2	Quantity Limit (60 EA per 30 Days)
Dapaglifloz Base-metFORMIN ER Tablet Extended Release 24 Hour 5-500 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Synjardy Oral Tablet 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	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)

Drug Name	Tier	Notes
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)
*Sulfonylurea-Biguanide Combinations*** - Drugs For Diabetes		
glipiZIDE-metFORMIN HCl Oral Tablet 2.5-250 MG, 2.5-500 MG, 5-500 MG	Tier 2	Healthy Values
GlyBURIDE-MetFORMIN Oral Tablet 1.25-250 MG, 2.5-500 MG, 5-500 MG	Tier 1	Healthy Values
*Sulfonylureas*** - Drugs For Diabetes		
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 Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG	Tier 1	Healthy Values
GlipiZIDE TABLET 10 MG ORAL	Tier 1	Healthy Values
glipiZIDE Tablet 15 MG Oral	Tier 4	
glipiZIDE Tablet 2.5 MG Oral	Tier 4	
GlipiZIDE TABLET 5 MG ORAL	Tier 1	Healthy Values
glyBURIDE Oral Tablet 1.25 MG, 2.5 MG, 5 MG	Tier 1	Healthy Values
*Sulfonylurea-Thiazolidinedione Combinations*** - Drugs For Diabetes		
Pioglitazone HCl-Glimepiride Oral Tablet 30-2 MG, 30-4 MG	Tier 2	
*Thiazolidinedione-Biguanide Combinations*** - Drugs For Diabetes		
Pioglitazone HCl-metFORMIN HCl Oral Tablet 15-500 MG, 15-850 MG	Tier 2	Healthy Values
*Thiazolidinediones*** - Drugs For Diabetes		
Pioglitazone HCl Oral Tablet 15 MG, 30 MG, 45 MG	Tier 1	Healthy Values
Antidiarrheal/Probiotic Agents - Drugs For The Stomach		
*Antidiarrheal - Chloride Channel Antagonists*** - Drugs For Diarrhea		

Drug Name	Tier	Notes
Mytesi Oral Tablet Delayed Release 125 MG	Tier 4	
*Antiperistaltic Agents*** - Drugs For Diarrhea		
Diphenoxylate-Atropine Oral Liquid 2.5-0.025 MG/5ML	Tier 4	
Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG	Tier 1	
Motofen Oral Tablet 1-0.025 MG	Tier 4	
Antidotes And Specific Antagonists - Drugs For Overdose Or Poisoning		
*Antidotes - Chelating Agents*** - Drugs For Overdose Or Poisoning		
Chemet Oral Capsule 100 MG	Tier 3	
Deferasirox Granules Oral Packet 180 MG, 360 MG, 90 MG	Tier 2	Specialty
Deferasirox Oral Packet 180 MG, 360 MG, 90 MG	Tier 2	Specialty
Deferasirox Oral Tablet 180 MG, 360 MG, 90 MG	Tier 2	Specialty
Deferasirox Oral Tablet Soluble 125 MG, 250 MG, 500 MG	Tier 2	Specialty
Deferiprone Oral Tablet 1000 MG, 500 MG	Tier 2	
Ferriprox Oral Solution 100 MG/ML	Tier 4	Specialty
Ferriprox Twice-A-Day Oral Tablet 1000 MG	Tier 4	Specialty
*Antidotes And Specific Antagonists*** - Drugs For Overdose Or Poisoning		
Vistogard Oral Packet 10 GM	Tier 4	Specialty
*Opioid Antagonists*** - Drugs For Overdose Or Poisoning		
Kloxxado Nasal Liquid 8 MG/0.1ML	Tier 3	
Naloxone HCl Injection Solution Cartridge 0.4 MG/ML	Tier 4	
Naloxone HCl Injection Solution Prefilled Syringe 0.4 MG/ML, 2 MG/2ML	Tier 2	
Naloxone HCl Nasal Liquid 4 MG/0.1ML	Tier 2	
Naloxone HCl SOLUTION 0.4 MG/ML INJECTION	Tier 1	
Naloxone HCl SOLUTION 4 MG/10ML INJECTION	Tier 2	
Naltrexone HCl Oral Tablet 50 MG	Tier 2	
Opvee Nasal Solution 2.7 MG/0.1ML	Tier 3	
Rextovy Nasal Liquid 4 MG/0.25ML	Tier 3	
Zurnai Injection Solution Auto-Injector 1.5 MG/0.5ML	Tier 3	
Antiemetics - Drugs For The Stomach		

Drug Name	Tier	Notes
*5-Ht3 Receptor Antagonists*** - Drugs For Vomiting And Nausea		
Anzemet Oral Tablet 50 MG	Tier 4	
Granisetron HCl Oral Tablet 1 MG	Tier 2	
Granisol Oral Solution 2 MG/10ML	Tier 4	
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 Transdermal Patch 3.1 MG/24HR	Tier 4	
*Antiemetic Combinations*** - Drugs For Vomiting And Nausea		
Bonjesta Oral Tablet Extended Release 20-20 MG	Tier 4	
Doxylamine-Pyridoxine Oral Tablet Delayed Release 10-10 MG	Tier 2	
*Antiemetics - Anticholinergic*** - Drugs For Vomiting And Nausea		
Meclizine HCl Tablet 50 MG Oral	Tier 2	
Scopolamine Transdermal Patch 72 Hour 1 MG/3DAYS	Tier 2	
Trimethobenzamide HCl Oral Capsule 300 MG	Tier 2	
*Antiemetics - Miscellaneous*** - Drugs For Vomiting And Nausea		
Dronabinol Oral Capsule 10 MG, 2.5 MG, 5 MG	Tier 2	
droNABinol Oral Solution 5 MG/ML	Tier 4	Prior Authorization Required
Syndros Oral Solution 5 MG/ML	Tier 4	Prior Authorization Required
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** - Drugs For Vomiting And Nausea		
Aprepitant Oral Capsule 125 MG, 40 MG, 80 MG	Tier 2	
Aprepitant Oral Capsule Therapy Pack 80 & 125 MG	Tier 2	
Emend Oral Suspension Reconstituted 125 MG/5ML	Tier 3	
Varubi (180 MG Dose) Oral Tablet Therapy Pack 2 x 90 MG	Tier 3	
Antifungals - Drugs For Infections		

Drug Name	Tier	Notes
*Antifungals*** - Drugs For Fungus		
Flucytosine Oral Capsule 250 MG, 500 MG	Tier 2	
Griseofulvin Microsize Oral Suspension 125 MG/5ML	Tier 2	
Griseofulvin Microsize Oral Tablet 500 MG	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 Oral Tablet 500000 UNIT	Tier 2	
Terbinafine HCl Oral Tablet 250 MG	Tier 1	
*Imidazoles*** - Drugs For Fungus		
Ketoconazole Oral Tablet 200 MG	Tier 2	
*Tetrazoles*** - Drugs For Fungus		
Vivjoa Oral Capsule Therapy Pack 150 MG	Tier 4	Prior Authorization Required
*Triazoles*** - Drugs For Fungus		
Cresemba Oral Capsule 186 MG, 74.5 MG	Tier 4	Prior Authorization Required
Fluconazole Oral Suspension Reconstituted 10 MG/ML, 40 MG/ML	Tier 2	
Fluconazole Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG	Tier 1	
Itraconazole Oral Capsule 100 MG	Tier 2	
Itraconazole Oral Solution 10 MG/ML	Tier 2	
Noxafil Oral Packet 300 MG	Tier 3	Prior Authorization Required
Posaconazole Oral Suspension 40 MG/ML	Tier 2	Prior Authorization Required
Posaconazole Oral Tablet Delayed Release 100 MG	Tier 2	Prior Authorization Required
Tolsura Oral Capsule 65 MG	Tier 4	
Voriconazole Oral Suspension Reconstituted 40 MG/ML	Tier 2	Prior Authorization Required
Voriconazole Oral Tablet 200 MG, 50 MG	Tier 2	Prior Authorization Required
Antihistamines - Drugs For The Lungs		
*Antihistamines - Alkylamines*** - Drugs For Allergies		
Corphena Oral Solution 2 MG/5ML	Tier 4	
RyClora Oral Solution 2 MG/5ML	Tier 4	
*Antihistamines - Ethanolamines*** - Drugs For Allergies		

Drug Name	Tier	Notes
Carbinoxamine Maleate ER Oral Suspension Extended Release 4 MG/5ML	Tier 4	
Carbinoxamine Maleate Oral Solution 4 MG/5ML	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 Oral Solution 4 MG/5ML	Tier 4	Prior Authorization Required
Clemastine Fumarate Oral Syrup 0.67 MG/5ML	Tier 4	Prior Authorization Required
Clemastine Fumarate Oral Tablet 2.68 MG	Tier 4	
Clemsza Oral Tablet 2.68 MG	Tier 4	
Karbinal ER Oral Suspension Extended Release 4 MG/5ML	Tier 4	
RyVent Oral Tablet 6 MG	Tier 2	Prior Authorization Required
*Antihistamines - Non-Sedating*** - Drugs For Allergies		
Cetirizine HCl Solution 1 MG/ML Oral (Rx)	Tier 2	
Desloratadine Oral Tablet 5 MG	Tier 2	
Desloratadine Oral Tablet Dispersible 2.5 MG, 5 MG	Tier 4	
*Antihistamines - Phenothiazines*** - Drugs For Allergies		
Promethazine HCl Oral Tablet 12.5 MG, 25 MG, 50 MG	Tier 1	
Promethazine HCl Rectal Suppository 12.5 MG, 25 MG	Tier 2	
Promethazine HCl Solution 6.25 MG/5ML Oral	Tier 1	
Promethegan Suppository 12.5 MG Rectal	Tier 2	
Promethegan SUPPOSITORY 25 MG Rectal	Tier 2	
Promethegan Suppository 50 MG Rectal	Tier 4	
*Antihistamines - Piperidines*** - Drugs For Allergies		
Cyproheptadine HCl Oral Tablet 4 MG	Tier 1	
Cyproheptadine HCl Syrup 2 MG/5ML Oral	Tier 1	
Antihyperlipidemics - Drugs For The Heart		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*** - Drugs For Cholesterol		
Nexlizet Oral Tablet 180-10 MG	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*** - Drugs For Cholesterol		

Drug Name	Tier	Notes
Nexletol Oral Tablet 180 MG	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Antihyperlipidemics - Misc.*** - Drugs For Cholesterol		
Icosapent Ethyl Oral Capsule 0.5 GM, 1 GM	Tier 2	
*Bile Acid Sequestrants*** - Drugs For Cholesterol		
Cholestyramine Light Oral Packet 4 GM	Tier 2	
Cholestyramine Light Oral Powder 4 GM/DOSE	Tier 2	
Cholestyramine Oral Packet 4 GM	Tier 2	
Cholestyramine Oral Powder 4 GM/DOSE	Tier 2	
Colesevelam HCl Oral Packet 3.75 GM	Tier 2	
Colesevelam HCl Oral Tablet 625 MG	Tier 2	
Colestipol HCl Oral Granules 5 GM	Tier 2	
Colestipol HCl Oral Packet 5 GM	Tier 2	
Colestipol HCl Oral Tablet 1 GM	Tier 2	
Prevalite Oral Packet 4 GM	Tier 2	
Prevalite Oral Powder 4 GM/DOSE	Tier 2	
*Fibric Acid Derivatives*** - Drugs For Cholesterol		
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	
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	

Drug Name	Tier	Notes
Fenofibric Acid Oral Capsule Delayed Release 135 MG, 45 MG	Tier 2	
Fenofibric Acid Oral Tablet 105 MG, 35 MG	Tier 4	
Gemfibrozil Oral Tablet 600 MG	Tier 1	
Lipofen Oral Capsule 150 MG, 50 MG	Tier 4	
*Hmg Coa Reductase Inhibitors*** - Drugs For Cholesterol		
Atorvaliq Oral Suspension 20 MG/5ML	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
FloLipid Oral Suspension 20 MG/5ML, 40 MG/5ML	Tier 4	
Fluvastatin Sodium ER Oral Tablet Extended Release 24 Hour 80 MG	Tier 2	
Fluvastatin Sodium Oral Capsule 20 MG, 40 MG	Tier 2	No cost if 40-75 years of age; Healthy Values
Lovastatin Oral Tablet 10 MG, 20 MG, 40 MG	Tier 1	No cost if 40-75 years of age; Healthy Values
Pitavastatin Calcium Oral Tablet 1 MG, 2 MG, 4 MG	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

Drug Name	Tier	Notes
Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG, 80 MG	Tier 1	No cost if 40-75 years of age; Healthy Values
Zypitamag Oral Tablet 2 MG, 4 MG	Tier 4	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** - Drugs For Cholesterol		
Ezetimibe-Simvastatin Oral Tablet 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	Tier 2	
*Intestinal Cholesterol Absorption Inhibitors*** - Drugs For Cholesterol		
Ezetimibe Oral Tablet 10 MG	Tier 1	Healthy Values
*Microsomal Triglyceride Transfer Protein Inhibitors*** - Drugs For Cholesterol		
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
*Nicotinic Acid Derivatives*** - Drugs For Cholesterol		
Niacin (Antihyperlipidemic) Oral Tablet 500 MG	Tier 4	
Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 1000 MG, 500 MG, 750 MG	Tier 2	
Niacor Oral Tablet 500 MG	Tier 4	
*Pcsk9 Inhibitors*** - Drugs For Cholesterol		
Repatha Subcutaneous Solution Prefilled Syringe 140 MG/ML	Tier 3	Prior Authorization Required; Quantity Limit (6 ML per 28 days)
Repatha SureClick Subcutaneous Solution Auto-Injector 140 MG/ML	Tier 3	Prior Authorization Required; Quantity Limit (6 ML per 28 days)
Antihypertensives - Drugs For The Heart		
*Ace Inhibitor & Calcium Channel Blocker Combinations*** - Drugs For High Blood Pressure		
amLODIPine Besy-Benazepril HCl Oral Capsule 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG	Tier 1	Healthy Values
Prestalia Oral Tablet 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 4	
Trandolapril-Verapamil HCl ER Oral Tablet Extended Release 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG	Tier 4	
*Ace Inhibitors & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure		
Benazepril-hydroCHLOROthiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG, 5-6.25 MG	Tier 2	Healthy Values

Drug Name	Tier	Notes
Captopril-hydroCHLOROthiazide Oral Tablet 25-15 MG, 25-25 MG, 50-15 MG, 50-25 MG	Tier 4	
Enalapril-Hydrochlorothiazide Oral Tablet 10-25 MG, 5-12.5 MG	Tier 1	Healthy Values
Fosinopril Sodium-HCTZ Oral Tablet 10-12.5 MG, 20-12.5 MG	Tier 2	Healthy Values
Lisinopril-hydroCHLOROthiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 1	Healthy Values
Quinapril-hydroCHLOROthiazide Tablet 10-12.5 MG Oral	Tier 4	Healthy Values
Quinapril-hydroCHLOROthiazide Tablet 20-12.5 MG Oral	Tier 4	Healthy Values
Quinapril-hydroCHLOROthiazide Tablet 20-25 MG Oral	Tier 4	
*Ace Inhibitors*** - Drugs For High Blood Pressure		
Benazepril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	Tier 1	Healthy Values
Captopril Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	Healthy Values
Enalapril Maleate Oral Solution 1 MG/ML	Tier 2	Prior Authorization Required; Healthy Values; Quantity Limit (1200 ML per 30 days)
Enalapril Maleate Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 1	Healthy Values
Fosinopril Sodium Oral Tablet 10 MG, 20 MG, 40 MG	Tier 1	Healthy Values
Lisinopril Oral Tablet 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Tier 1	Healthy Values
Moexipril HCl Oral Tablet 15 MG, 7.5 MG	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 Oral Solution 1 MG/ML	Tier 4	Prior Authorization Required; Quantity Limit (1200 ML per 30 days)
Quinapril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	Tier 1	Healthy Values
Ramipril Oral Capsule 1.25 MG, 10 MG, 2.5 MG, 5 MG	Tier 1	Healthy Values
Trandolapril Oral Tablet 1 MG, 2 MG, 4 MG	Tier 1	Healthy Values
*Agents For Pheochromocytoma*** - Drugs For High Blood Pressure		
metyroSINE Oral Capsule 250 MG	Tier 2	

Drug Name	Tier	Notes
Phenoxylbenzamine HCl Oral Capsule 10 MG	Tier 2	
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb*** - Drugs For High Blood Pressure		
amLODIPine Besylate-Valsartan Oral Tablet 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Tier 2	Healthy Values
amLODIPine-Olmesartan Oral Tablet 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Tier 2	Healthy Values
Telmisartan-amLODIPine Oral Tablet 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	Tier 4	
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure		
Candesartan Cilexetil-HCTZ Oral Tablet 16-12.5 MG, 32-12.5 MG, 32-25 MG	Tier 2	Healthy Values
Edarbyclor Oral Tablet 40-12.5 MG, 40-25 MG	Tier 4	
Irbesartan-hydroCHLOROthiazide Oral Tablet 150-12.5 MG, 300-12.5 MG	Tier 1	Healthy Values
Losartan Potassium-HCTZ Oral Tablet 100-12.5 MG, 100-25 MG, 50-12.5 MG	Tier 1	Healthy Values
Olmesartan Medoxomil-HCTZ Oral Tablet 20-12.5 MG, 40-12.5 MG, 40-25 MG	Tier 1	Healthy Values
Telmisartan-HCTZ Oral Tablet 40-12.5 MG, 80-12.5 MG, 80-25 MG	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
*Angiotensin II Receptor Antagonists*** - Drugs For High Blood Pressure		
Arbli Oral Suspension 10 MG/ML	Tier 4	Prior Authorization Required; Quantity Limit (330 ML per 30 days)
Azilsartan Medoxomil Oral Tablet 40 MG, 80 MG	Tier 4	
Candesartan Cilexetil Oral Tablet 16 MG, 32 MG, 4 MG, 8 MG	Tier 2	Healthy Values
Edarbi Oral Tablet 40 MG, 80 MG	Tier 4	
Irbesartan Tablet 150 MG Oral	Tier 1	Healthy Values

Drug Name	Tier	Notes
Irbesartan Tablet 300 MG Oral	Tier 1	Healthy Values
Irbesartan Tablet 75 MG Oral	Tier 1	Healthy Values
Losartan Potassium Oral Tablet 100 MG, 25 MG, 50 MG	Tier 1	Healthy Values
Olmesartan Medoxomil Oral Tablet 20 MG, 40 MG, 5 MG	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 Oral Solution 4 MG/ML	Tier 2	
Valsartan Oral Tablet 160 MG, 320 MG, 40 MG, 80 MG	Tier 1	Healthy Values
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides*** - Drugs For High Blood Pressure		
amLODIPine-Valsartan-HCTZ Oral Tablet 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	Tier 2	
Olmesartan-amLODIPine-HCTZ Oral Tablet 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Tier 2	
*Antiadrenergics - Centrally Acting*** - Drugs For High Blood Pressure		
cloNIDine ER Oral Tablet Extended Release 24 Hour 0.17 MG	Tier 4	
cloNIDine HCl Tablet 0.05 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 Transdermal Patch Weekly 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR	Tier 2	Healthy Values
guanFACINE HCl Oral Tablet 1 MG, 2 MG	Tier 2	Healthy Values
Methyldopa Tablet 250 MG Oral	Tier 2	
Methyldopa Tablet 500 MG Oral	Tier 4	
Nexiclon XR Oral Tablet Extended Release 24 Hour 0.17 MG	Tier 4	
*Antiadrenergics - Peripherally Acting*** - Drugs For High Blood Pressure		
Doxazosin Mesylate Oral Tablet 1 MG, 2 MG, 4 MG, 8 MG	Tier 1	
Prazosin HCl CAPSULE 1 MG ORAL	Tier 1	

Drug Name	Tier	Notes
Prazosin HCl CAPSULE 2 MG ORAL	Tier 1	
Prazosin HCl CAPSULE 5 MG ORAL	Tier 2	
Terazosin HCl Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG	Tier 1	
Tezruly Oral Solution 1 MG/ML	Tier 4	Prior Authorization Required; Quantity Limit (600 ML per 30 days)
*Antihypertensives - Misc.*** - Drugs For High Blood Pressure		
Vecamyl Oral Tablet 2.5 MG	Tier 4	Specialty
*Beta Blocker & Diuretic Combinations*** - Drugs For High Blood Pressure		
Atenolol-Chlorthalidone Oral Tablet 100-25 MG, 50-25 MG	Tier 1	Healthy Values
Bisoprolol-hydroCHLOROthiazide Oral Tablet 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	Tier 1	Healthy Values
Metoprolol-hydroCHLOROthiazide Oral Tablet 100-25 MG, 100-50 MG, 50-25 MG	Tier 2	Healthy Values
*Direct Renin Inhibitors*** - Drugs For High Blood Pressure		
Aliskiren Fumarate Oral Tablet 150 MG, 300 MG	Tier 2	
*Endothelin Receptor Antagonists*** - Drugs For The Heart		
Tryvio Oral Tablet 12.5 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Selective Aldosterone Receptor Antagonists (Saras)*** - Drugs For High Blood Pressure		
Eplerenone Oral Tablet 25 MG, 50 MG	Tier 2	Healthy Values
*Vasodilators*** - Drugs For High Blood Pressure		
hydrALAZINE HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG	Tier 1	Healthy Values
Minoxidil Oral Tablet 10 MG, 2.5 MG	Tier 1	
Anti-Infective Agents - Misc. - Drugs For Infections		
*Anti-Infective Agents - Misc.*** - Drugs For Infections		
Impavido Oral Capsule 50 MG	Tier 3	
metroNIDAZOLE Oral Capsule 375 MG	Tier 2	
metroNIDAZOLE Tablet 250 MG Oral	Tier 1	
metroNIDAZOLE Tablet 500 MG Oral	Tier 1	

Drug Name	Tier	Notes
Pentamidine Isethionate Inhalation Solution Reconstituted 300 MG	Tier 2	
Tinidazole Oral Tablet 250 MG, 500 MG	Tier 2	
Trimethoprim Oral Tablet 100 MG	Tier 2	
Xifaxan Tablet 200 MG Oral	Tier 4	
Xifaxan TABLET 550 MG ORAL	Tier 3	
*Anti-Infective Misc. - Combinations*** - Antibiotics		
Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML, 800-160 MG/20ML	Tier 2	
Sulfamethoxazole-Trimethoprim Oral Tablet 400-80 MG, 800-160 MG	Tier 1	
Sulfatrim Pediatric Oral Suspension 200-40 MG/5ML	Tier 2	
*Antiprotozoal Agents*** - Drugs For Parasites		
Atovaquone Oral Suspension 750 MG/5ML	Tier 2	
Lampit Oral Tablet 120 MG, 30 MG	Tier 4	
Nitazoxanide Oral Tablet 500 MG	Tier 2	
*Glycopeptides*** - Antibiotics		
Vancomycin HCl Oral Capsule 125 MG, 250 MG	Tier 2	
Vancomycin HCl Oral Solution Reconstituted 25 MG/ML, 250 MG/5ML, 50 MG/ML	Tier 2	
*Leprostatics*** - Antibiotics		
Dapsone Oral Tablet 100 MG, 25 MG	Tier 2	
*Lincosamides*** - Antibiotics		
Clindamycin HCl Oral Capsule 150 MG, 300 MG, 75 MG	Tier 1	
Clindamycin Palmitate HCl Oral Solution Reconstituted 75 MG/5ML	Tier 2	
*Monobactams*** - Antibiotics		
Cayston Inhalation Solution Reconstituted 75 MG	Tier 4	Specialty
*Oxazolidinones*** - Antibiotics		
Linezolid Oral Suspension Reconstituted 100 MG/5ML	Tier 2	Prior Authorization Required
Linezolid Oral Tablet 600 MG	Tier 2	
Sivextro Oral Tablet 200 MG	Tier 4	
*Penem Combinations** - Drugs For Infections		
Orlynvah Oral Tablet 500-500 MG	Tier 4	

Drug Name	Tier	Notes
*Urinary Anti-Infectives*** - Antibiotics		
Blujepa Oral Tablet 750 MG	Tier 4	
Fosfomycin Tromethamine Oral Packet 3 GM	Tier 2	
Methenamine Hippurate Oral Tablet 1 GM	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 Oral Capsule 100 MG	Tier 1	
Nitrofurantoin SUSPENSION 25 MG/5ML ORAL	Tier 2	Prior Authorization Required
Nitrofurantoin Suspension 50 MG/5ML Oral	Tier 4	Prior Authorization Required
Antimalarials - Drugs For Infections		
*Antimalarial Combinations*** - Drugs For Parasites		
Atovaquone-Proguanil HCl Oral Tablet 250-100 MG, 62.5-25 MG	Tier 2	
Coartem Oral Tablet 20-120 MG	Tier 4	
*Antimalarials*** - Drugs For Parasites		
Arakoda Oral Tablet 100 MG	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 Oral Tablet 150 MG	Tier 4	
Mefloquine HCl Oral Tablet 250 MG	Tier 1	
Primaquine Phosphate Oral Tablet 26.3 (15 Base) MG	Tier 2	
Pyrimethamine Oral Tablet 25 MG	Tier 2	
QuiNINE Sulfate Oral Capsule 324 MG	Tier 2	
Sovuna Oral Tablet 200 MG, 300 MG	Tier 4	
Antimyasthenic/Cholinergic Agents - Drugs For Nerves And Muscles		
*Antimyasthenic/Cholinergic Agents*** - Drugs For Nerves And Muscles		

Drug Name	Tier	Notes
Firdapse Oral Tablet 10 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (300 EA per 30 days)
Pyridostigmine Bromide ER Oral Tablet Extended Release 180 MG	Tier 2	
pyRIDostigmine Bromide Oral Solution 60 MG/5ML	Tier 2	
Pyridostigmine Bromide Tablet 30 MG Oral	Tier 4	
Pyridostigmine Bromide TABLET 60 MG ORAL	Tier 2	
Antimycobacterial Agents - Drugs For Infections		
*Antimycobacterial Agents*** - Antibiotics		
cycloSERINE Oral Capsule 250 MG	Tier 4	
Ethambutol HCl Oral Tablet 100 MG, 400 MG	Tier 2	
Isoniazid Oral Syrup 50 MG/5ML	Tier 2	
Isoniazid Oral Tablet 100 MG, 300 MG	Tier 1	
Pretomanid Oral Tablet 200 MG	Tier 3	
Priftin Oral Tablet 150 MG	Tier 3	
Pyrazinamide Oral Tablet 500 MG	Tier 2	
Rifabutin Oral Capsule 150 MG	Tier 2	
rifAMPin Oral Capsule 150 MG, 300 MG	Tier 2	
Sirturo Oral Tablet 100 MG, 20 MG	Tier 3	
Antineoplastics And Adjunctive Therapies - Drugs For Cancer		
*Alkylating Agents*** - Drugs For Cancer		
Myleran Oral Tablet 2 MG	Tier 3	Specialty
*Androgen Biosynthesis Inhibitors*** - Drugs For Cancer		
Abiraterone Acetate Micronized Oral Tablet 125 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
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)
Abitrtega Oral Tablet 250 MG	Tier 2	Prior Authorization Required; Quantity Limit (120 EA per 30 days)

Drug Name	Tier	Notes
Yonsa Oral Tablet 125 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
*Antiadrenals*** - Drugs For Cancer		
Lysodren Oral Tablet 500 MG	Tier 3	Specialty; Prior Authorization Required
*Antiandrogens*** - Drugs For Cancer		
Bicalutamide Oral Tablet 50 MG	Tier 1	Specialty
Erleada Tablet 240 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Erleada TABLET 60 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Eulexin Oral Capsule 125 MG	Tier 4	
Nilutamide Oral Tablet 150 MG	Tier 2	
Nubeqa Oral Tablet 300 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Xtandi Oral Capsule 40 MG	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)
*Antiestrogens*** - Drugs For Cancer		
Soltamox Oral Solution 10 MG/5ML	Tier 3	
Tamoxifen Citrate Oral Tablet 10 MG, 20 MG	Tier 1	ACA Drug
Toremifene Citrate Oral Tablet 60 MG	Tier 2	
*Antimetabolites*** - Drugs For Cancer		
Capecitabine Oral Tablet 150 MG, 500 MG	Tier 2	Prior Authorization Required
Jylamvo Oral Solution 2 MG/ML	Tier 4	Prior Authorization Required; Quantity Limit (180 ML per 28 days)
Mercaptopurine Oral Suspension 2000 MG/100ML	Tier 2	
Mercaptopurine Oral Tablet 50 MG	Tier 2	
Methotrexate Sodium (PF) SOLUTION 1 GM/40ML INJECTION	Tier 2	

Drug Name	Tier	Notes
Methotrexate Sodium (PF) SOLUTION 250 MG/10ML INJECTION	Tier 1	
Methotrexate Sodium (PF) SOLUTION 50 MG/2ML Injection	Tier 1	
Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML	Tier 4	
Methotrexate Sodium Injection Solution Reconstituted 1 GM	Tier 2	
Methotrexate Sodium Oral Tablet 2.5 MG	Tier 1	
Onureg Oral Tablet 200 MG, 300 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 28 days)
Tabloid Oral Tablet 40 MG	Tier 3	
Trexall Oral Tablet 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	
Xatmep Oral Solution 2.5 MG/ML	Tier 4	Prior Authorization Required
*Antineoplastic - Akt Inhibitors*** - Drugs For Cancer		
Truqap Oral Tablet 200 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (64 EA per 28 days)
Truqap Tablet Therapy Pack 160 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (64 EA per 28 days)
Truqap Tablet Therapy Pack 200 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (64 EA per 28 days)
*Antineoplastic - Alk Inhibitors*** - Drugs For Cancer		
Alecensa Oral Capsule 150 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Alunbrig Oral Tablet Therapy Pack 90 & 180 MG	Tier 3	Specialty; Prior Authorization Required
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)

Drug Name	Tier	Notes
Lorbrena Tablet 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lorbrena Tablet 25 MG Oral	Tier 4	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)
Xalkori Oral Capsule 200 MG, 250 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Zykadia Oral Tablet 150 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
*Antineoplastic - Anti-Her2 Agents*** - Drugs For Cancer		
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)
*Antineoplastic - Bcl-2 Inhibitors*** - Drugs For Cancer		
Venclexta Starting Pack Oral Tablet Therapy Pack 10 & 50 & 100 MG	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
*Antineoplastic - Bcr-Abl Kinase Inhibitors*** - Drugs For Cancer		
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 Oral Tablet 10 MG, 15 MG, 30 MG, 45 MG	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)

Drug Name	Tier	Notes
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)
*Antineoplastic - Braf Kinase Inhibitors*** - Drugs For Cancer		
Braftovi Oral Capsule 75 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Ojemda Oral Suspension Reconstituted 25 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (96 ML per 28 days)
Ojemda Oral Tablet 100 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (24 EA per 28 days)
Tafinlar Oral Capsule 50 MG, 75 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Tafinlar Oral Tablet Soluble 10 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (840 EA per 28 days)
Zelboraf Oral Tablet 240 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
*Antineoplastic - Btk Inhibitors*** - Drugs For Cancer		
Brukinsa Oral Capsule 80 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Brukinsa Oral Tablet 160 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Calquence Oral Tablet 100 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
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 Oral Suspension 70 MG/ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (216 ML per 30 days)
Imbruvica Oral Tablet 140 MG, 280 MG, 420 MG	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)
*Antineoplastic - Csf1r Kinase Inhibitors*** - Drugs For Cancer		
Romvimza Oral Capsule 14 MG, 20 MG, 30 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
*Antineoplastic - Egfr Inhibitors*** - Drugs For Cancer		
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 Oral Tablet 250 MG	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Gilotrif Oral Tablet 20 MG, 30 MG, 40 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lazcluze Tablet 240 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lazcluze Tablet 80 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Tagrisso Oral Tablet 40 MG, 80 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Vizimpro Oral Tablet 30 MG, 45 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Antineoplastic - Fgfr Kinase Inhibitors*** - Drugs For Cancer		
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) Oral Tablet Therapy Pack 4 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (84 EA per 28 days)
Lytgobi (16 MG Daily Dose) Oral Tablet Therapy Pack 4 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Lytgobi (20 MG Daily Dose) Oral Tablet Therapy Pack 4 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (140 EA per 28 days)
Pemazyre Oral Tablet 13.5 MG, 4.5 MG, 9 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 21 days)
*Antineoplastic - Gamma Secretase Inhibitors*** - Drugs For Cancer		
Ogsiveo Oral Tablet 100 MG, 150 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
*Antineoplastic - Hedgehog Pathway Inhibitors*** - Drugs For Cancer		
Daurismo Tablet 100 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Daurismo Tablet 25 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Erivedge Oral Capsule 150 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Odomzo Oral Capsule 200 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Antineoplastic - Hif-2-Alpha Inhibitors*** - Drugs For Cancer		
Welireg Oral Tablet 40 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
*Antineoplastic - Histone Deacetylase Inhibitors*** - Drugs For Cancer		
Zolinza Oral Capsule 100 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
*Antineoplastic - Hormonal And Related Agent Combinations*** - Drugs For Cancer		
Akeega Oral Tablet 100-500 MG, 50-500 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Antineoplastic - Immunomodulators*** - Drugs For Cancer		
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 Oral Capsule 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
*Antineoplastic - Kras Inhibitors*** - Drugs For Cancer		
Krazati Oral Tablet 200 MG	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)

Drug Name	Tier	Notes
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)
*Antineoplastic - Mek Inhibitors*** - Drugs For Cancer		
Cotellic Oral Tablet 20 MG	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 Oral Tablet Soluble 1 MG	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)
Koselugo Capsule Sprinkle 7.5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Mekinist Oral Solution Reconstituted 0.05 MG/ML	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 Oral Tablet 15 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
*Antineoplastic - Menin Inhibitors*** - Drugs For Cancer		

Drug Name	Tier	Notes
Komzifti Oral Capsule 200 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
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)
*Antineoplastic - Met Inhibitors*** - Drugs For Cancer		
Tabrecta Oral Tablet 150 MG, 200 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Tepmetko Oral Tablet 225 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Antineoplastic - Mtor Kinase Inhibitors*** - Drugs For Cancer		
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)
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)

Drug Name	Tier	Notes
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)
*Antineoplastic - Multikinase Inhibitors*** - Drugs For Cancer		
Cabometyx Oral Tablet 20 MG, 40 MG, 60 MG	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)
Cometriq (100 MG Daily Dose) Oral Kit 80 & 20 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Cometriq (140 MG Daily Dose) Oral Kit 3 x 20 MG & 80 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Cometriq (60 MG Daily Dose) Oral Kit 20 MG	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 Oral Capsule 0.89 MG, 1.34 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Lapatinib Ditosylate Oral Tablet 250 MG	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
Nerlynx Oral Tablet 40 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)

Drug Name	Tier	Notes
PAZOPanib HCl Tablet 200 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Qinlock Oral Tablet 50 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Rydapt Oral Capsule 25 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
SORAfenib Tosylate Oral Tablet 200 MG	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Stivarga Oral Tablet 40 MG	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)
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 Oral Capsule 125 MG	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 Oral Tablet 40 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
*Antineoplastic - Pdgfr-Alpha Inhibitors*** - Drugs For Cancer		
Ayvakit Oral Tablet 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Antineoplastic - Protease Activators*** - Drugs For Cancer		

Drug Name	Tier	Notes
Modeyso Oral Capsule 125 MG	Tier 4	Specialty; Quantity Limit (20 EA per 28 Days)
*Antineoplastic - Proteasome Inhibitors*** - Drugs For Cancer		
Ninlaro Oral Capsule 2.3 MG, 3 MG, 4 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 EA per 28 days)
*Antineoplastic - Ret Inhibitors*** - Drugs For Cancer		
Gavreto Oral Capsule 100 MG	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)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** - Drugs For Cancer		
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 Oral Capsule 200 MG	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 Oral Packet 50 MG	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 Oral Solution 20 MG/ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (300 ML per 30 days)
*Antineoplastic - Xpo1 Inhibitors*** - Drugs For Cancer		
Xpovio (100 MG Once Weekly) Oral Tablet Therapy Pack 50 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
Xpovio (40 MG Once Weekly) Oral Tablet Therapy Pack 10 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (16 EA per 28 days)
Xpovio (40 MG Twice Weekly) Oral Tablet Therapy Pack	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
Xpovio (60 MG Once Weekly) Oral Tablet Therapy Pack	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 EA per 28 days)
Xpovio (60 MG Twice Weekly) Oral Tablet Therapy Pack 20 MG	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) Oral Tablet Therapy Pack 20 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (32 EA per 28 days)
*Antineoplastic Combinations*** - Drugs For Cancer		
Avmakpi Fakzynja Co-Pack Oral Therapy Pack 0.8 & 200 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (66 EA per 28 days)
Inqovi Oral Tablet 35-100 MG	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
*Antineoplastics Misc.*** - Drugs For Cancer		
Actimmune Subcutaneous Solution 100 MCG/0.5ML	Tier 3	Specialty
Besremi Subcutaneous Solution Prefilled Syringe 500 MCG/ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Hydroxyurea Oral Capsule 500 MG	Tier 2	
Matulane Oral Capsule 50 MG	Tier 3	Specialty; Prior Authorization Required
*Aromatase Inhibitors*** - Drugs For Cancer		
Anastrozole Oral Tablet 1 MG	Tier 1	ACA Drug
Exemestane Oral Tablet 25 MG	Tier 2	Healthy Values
Letrozole Oral Tablet 2.5 MG	Tier 1	Healthy Values
*Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer		
Ibrance Oral Capsule 125 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Ibrance Oral Tablet 100 MG, 125 MG, 75 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Kisqali (200 MG Dose) Oral Tablet Therapy Pack	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (21 EA per 28 days)
Kisqali (400 MG Dose) Oral Tablet Therapy Pack 200 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (42 EA per 28 days)
Kisqali (600 MG Dose) Oral Tablet Therapy Pack 200 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (63 EA per 28 days)
Verzenio Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Estrogen Receptor Antagonist*** - Drugs For Cancer		
Inluriyo Oral Tablet 200 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 Days)
*Folic Acid Antagonists Rescue Agents*** - Drugs For Cancer		
Lederle Leucovorin Oral Tablet 5 MG	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)

Drug Name	Tier	Notes
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)
*Gonadotropin Releasing Hormone (Gnrh) Antagonists*** - Drugs For Cancer		
Orgovyx Oral Tablet 120 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 28 days)
*Imidazotetrazines*** - Drugs For Cancer		
Temozolomide Oral Capsule 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	Tier 2	
*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors*** - Drugs For Cancer		
Voranigo Tablet 10 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Voranigo Tablet 40 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** - Drugs For Cancer		
Rezlidhia Oral Capsule 150 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Tibsovo Oral Tablet 250 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*** - Drugs For Cancer		
IDHIFA Oral Tablet 100 MG, 50 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Janus Associated Kinase (Jak) Inhibitors*** - Drugs For Cancer		
Inrebic Oral Capsule 100 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Jakafi Oral Tablet 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Ojjaara Oral Tablet 100 MG, 150 MG, 200 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Vonjo Oral Capsule 100 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
*Lhrh Analogs*** - Drugs For Cancer		
Eligard Subcutaneous Kit 22.5 MG, 30 MG, 45 MG, 7.5 MG	Tier 4	
Leuprolide Acetate Injection Kit 1 MG/0.2ML	Tier 2	
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG, 7.5 MG	Tier 3	
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG, 22.5 MG	Tier 3	
Lupron Depot (4-Month) Intramuscular Kit 30 MG	Tier 3	
Lupron Depot (6-Month) Intramuscular Kit 45 MG	Tier 3	
Vabrinty Kit 30 MG Subcutaneous	Tier 4	
*Mitotic Inhibitors*** - Drugs For Cancer		
Etoposide Oral Capsule 50 MG	Tier 3	
*Nitrogen Mustards And Related Analogues*** - Drugs For Cancer		
Cyclophosphamide Oral Capsule 25 MG, 50 MG	Tier 2	
Cyclophosphamide Oral Tablet 50 MG	Tier 3	
Leukeran Oral Tablet 2 MG	Tier 3	Specialty
*Nitrosoureas*** - Drugs For Cancer		
Gleostine Oral Capsule 10 MG, 100 MG, 40 MG	Tier 3	Specialty
Lomustine Oral Capsule 10 MG, 100 MG, 40 MG	Tier 2	
*Ornithine Decarboxylase (Odc) Inhibitors*** - Drugs For Cancer		
Iwifin Oral Tablet 192 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** - Drugs For Cancer		
Copiktra Oral Capsule 15 MG, 25 MG	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)

Drug Name	Tier	Notes
Itovebi Tablet 9 MG Oral	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Piqray (200 MG Daily Dose) Oral Tablet Therapy Pack	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Piqray (250 MG Daily Dose) Oral Tablet Therapy Pack 200 & 50 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Piqray (300 MG Daily Dose) Oral Tablet Therapy Pack 2 x 150 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Zydelig Oral Tablet 100 MG, 150 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer		
Lynparza Oral Tablet 100 MG, 150 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Rubraca Oral Tablet 200 MG, 250 MG, 300 MG	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 Oral Tablet 100 MG, 200 MG, 300 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Progestins-Antineoplastic*** - Drugs For Cancer		

Drug Name	Tier	Notes
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	
*Retinoids*** - Drugs For Cancer		
Tretinoin Oral Capsule 10 MG	Tier 2	Specialty; Prior Authorization Required
*Selective Estrogen Receptor Degraders*** - Drugs For Cancer		
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)
*Selective Retinoid X Receptor Agonists*** - Drugs For Cancer		
Bexarotene Oral Capsule 75 MG	Tier 2	Specialty; Prior Authorization Required
*Topoisomerase I Inhibitors*** - Drugs For Cancer		
Hycamtin Oral Capsule 0.25 MG, 1 MG	Tier 3	Specialty; Prior Authorization Required
*Urinary Tract Protective Agents*** - Drugs For Cancer		
Mesna Oral Tablet 400 MG	Tier 2	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors*** - Drugs For Cancer		
Fruzaqla Oral Capsule 1 MG, 5 MG	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) Oral Capsule Therapy Pack	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lenvima (12 MG Daily Dose) Oral Capsule Therapy Pack 3 x 4 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)

Drug Name	Tier	Notes
Lenvima (14 MG Daily Dose) Oral Capsule Therapy Pack 10 & 4 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Lenvima (18 MG Daily Dose) Oral Capsule Therapy Pack 10 MG & 2 x 4 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Lenvima (20 MG Daily Dose) Oral Capsule Therapy Pack 2 x 10 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Lenvima (24 MG Daily Dose) Oral Capsule Therapy Pack 2 x 10 MG & 4 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Lenvima (4 MG Daily Dose) Oral Capsule Therapy Pack	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lenvima (8 MG Daily Dose) Oral Capsule Therapy Pack 2 x 4 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Antiparkinson And Related Therapy Agents - Drugs For The Nervous System		
*Adenosine Receptor Antagonist*** - Drugs For Parkinson		
Nourianz Oral Tablet 20 MG, 40 MG	Tier 4	Specialty
*Antiparkinson Anticholinergics*** - Drugs For Parkinson		
Benztropine Mesylate Oral Tablet 0.5 MG, 1 MG, 2 MG	Tier 1	
Trihexyphenidyl HCl Oral Solution 0.4 MG/ML	Tier 4	
Trihexyphenidyl HCl Oral Tablet 2 MG, 5 MG	Tier 1	
*Antiparkinson Dopaminergics*** - Drugs For Parkinson		
Amantadine HCl Oral Capsule 100 MG	Tier 2	
Amantadine HCl Oral Tablet 100 MG	Tier 2	
Amantadine HCl Solution 50 MG/5ML Oral	Tier 2	
Bromocriptine Mesylate Oral Capsule 5 MG	Tier 2	
Bromocriptine Mesylate Oral Tablet 2.5 MG	Tier 2	
Gocovri Oral Capsule Extended Release 24 Hour 137 MG, 68.5 MG	Tier 4	Specialty; Prior Authorization Required
Inbrija Inhalation Capsule 42 MG	Tier 3	Specialty
*Antiparkinson Monoamine Oxidase Inhibitors*** - Drugs For Parkinson		

Drug Name	Tier	Notes
Rasagiline Mesylate Oral Tablet 0.5 MG, 1 MG	Tier 2	
Selegiline HCl Oral Capsule 5 MG	Tier 2	
Selegiline HCl Oral Tablet 5 MG	Tier 2	
Xadago Oral Tablet 100 MG, 50 MG	Tier 4	
Zelapar Oral Tablet Dispersible 1.25 MG	Tier 4	
*Central/Peripheral Comt Inhibitors*** - Drugs For Parkinson		
Tolcapone Oral Tablet 100 MG	Tier 2	
*Decarboxylase Inhibitors*** - Drugs For Parkinson		
Carbidopa Oral Tablet 25 MG	Tier 2	
*Levodopa Combinations*** - Drugs For Parkinson		
Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG	Tier 2	Healthy Values
Carbidopa-Levodopa Oral Tablet Dispersible 10-100 MG, 25-100 MG, 25-250 MG	Tier 4	
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-Entacapone Oral Tablet 12.5-50-200 MG, 18.75-75-200 MG, 25-100-200 MG, 31.25-125-200 MG, 37.5-150-200 MG, 50-200-200 MG	Tier 2	
Duopa Enteral Suspension 4.63-20 MG/ML	Tier 4	
Rytary Oral Capsule Extended Release 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 4	
Vyalev Subcutaneous Solution 12-240 MG/ML	Tier 4	Specialty
*Nonergoline Dopamine Receptor Agonists*** - Drugs For Parkinson		
Apomorphine HCl Subcutaneous Solution Cartridge 30 MG/3ML	Tier 2	Specialty
Neupro Transdermal Patch 24 Hour 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 4	
Onapgo Subcutaneous Solution Cartridge 98 MG/20ML	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

Drug Name	Tier	Notes
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 3.75 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 Oral Tablet 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	Tier 1	Healthy Values
rOPINIRole HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 2	
rOPINIRole HCl Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG	Tier 1	Healthy Values
*Peripheral Comt Inhibitors*** - Drugs For Parkinson		
Entacapone Oral Tablet 200 MG	Tier 2	
Ongentys Capsule 25 MG Oral	Tier 4	
Ongentys Capsule 50 MG Oral	Tier 4	Prior Authorization Required
Antipsychotics/Antimanic Agents - Drugs For The Nervous System		
*Antimanic Agents*** - Drugs For Severe Mental Disorders		
Lithium Carbonate ER Oral Tablet Extended Release 300 MG, 450 MG	Tier 1	Healthy Values
Lithium Carbonate Oral Capsule 150 MG, 300 MG, 600 MG	Tier 1	Healthy Values
Lithium Carbonate Oral Tablet 300 MG	Tier 1	Healthy Values
Lithium Oral Solution 8 MEQ/5ML	Tier 2	
*Antipsychotics - Misc.*** - Drugs For Severe Mental Disorders		
Caplyta Oral Capsule 10.5 MG, 21 MG, 42 MG	Tier 4	Quantity Limit (30 EA per 30 days)
Equetro Oral Capsule Extended Release 12 Hour 100 MG, 200 MG, 300 MG	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)

Drug Name	Tier	Notes
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 Oral Capsule 34 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Nuplazid Oral Tablet 10 MG	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 Oral Capsule 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	Healthy Values; Quantity Limit (60 EA per 30 days)
*Benzisoxazoles*** - Drugs For Severe Mental Disorders		
Fanapt Oral Tablet 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	Quantity Limit (60 EA per 30 days)
Fanapt Titration Pack A Oral Tablet 1 & 2 & 4 & 6 MG	Tier 4	
Fanapt Titration Pack B Oral Tablet 1 & 2 & 6 & 8 MG	Tier 4	
Fanapt Titration Pack C Oral Tablet 1 & 2 & 6 MG	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 Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 1	Healthy Values
RisperidONE SOLUTION 1 MG/ML ORAL	Tier 2	Healthy Values; Quantity Limit (480 ML per 30 days)
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)

Drug Name	Tier	Notes
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)
*Butyrophenones*** - Drugs For Severe Mental Disorders		
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
*Dibenzodiazepines*** - Drugs For Severe Mental Disorders		
CloZAPine TABLET 100 MG ORAL	Tier 2	Healthy Values; Quantity Limit (270 EA per 30 days)
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 Oral Suspension 50 MG/ML	Tier 4	Quantity Limit (540 ML per 30 days)
*Dibenzo-Oxepino Pyrroles*** - Drugs For Severe Mental Disorders		
Asenapine Maleate Sublingual Tablet Sublingual 10 MG, 2.5 MG, 5 MG	Tier 2	Quantity Limit (60 EA per 30 days)
Secuado Transdermal Patch 24 Hour 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 4	Quantity Limit (30 EA per 30 days)
*Dibenzothiazepines*** - Drugs For Severe Mental Disorders		
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)

Drug Name	Tier	Notes
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)
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
*Dibenzoxazepines*** - Drugs For Severe Mental Disorders		
Loxapine Succinate Oral Capsule 10 MG, 25 MG, 50 MG	Tier 2	Healthy Values
*Dihydroindolones*** - Drugs For Severe Mental Disorders		
Molindone HCl Oral Tablet 10 MG, 25 MG, 50 MG	Tier 4	
*Phenothiazines*** - Drugs For Severe Mental Disorders		
chlorproMAZINE HCl Oral Concentrate 100 MG/ML, 30 MG/ML	Tier 4	
chlorproMAZINE HCl Oral Tablet 10 MG, 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	
Compro Rectal Suppository 25 MG	Tier 2	
FluPHENAZine HCl Oral Concentrate 5 MG/ML	Tier 4	
FluPHENAZine HCl Oral Elixir 2.5 MG/5ML	Tier 4	
fluPHENAZine HCl Oral Tablet 1 MG, 10 MG, 2.5 MG, 5 MG	Tier 2	
Perphenazine Oral Tablet 16 MG, 2 MG, 4 MG, 8 MG	Tier 2	Healthy Values
Prochlorperazine Maleate Oral Tablet 10 MG, 5 MG	Tier 1	
Prochlorperazine Rectal Suppository 25 MG	Tier 2	
Thioridazine HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG	Tier 2	
Trifluoperazine HCl Oral Tablet 1 MG, 10 MG, 2 MG, 5 MG	Tier 2	Healthy Values
*Quinolinone Derivatives*** - Drugs For Severe Mental Disorders		

Drug Name	Tier	Notes
ARIPiprazole Oral Tablet Dispersible 10 MG, 15 MG	Tier 2	Quantity Limit (60 EA per 30 days)
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
Rexulti Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	Quantity Limit (30 EA per 30 days)
*Thienbenzodiazepines*** - Drugs For Severe Mental Disorders		
OLANZapine Tablet 10 MG Oral	Tier 1	Healthy Values; Quantity Limit (30 EA per 30 days)
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; Quantity Limit (30 EA per 30 days)
OLANZapine TABLET 20 MG ORAL	Tier 2	Healthy Values; Quantity Limit (30 EA per 30 days)
OLANZapine Tablet 5 MG Oral	Tier 1	Healthy Values; Quantity Limit (30 EA per 30 days)
OLANZapine Tablet 7.5 MG Oral	Tier 1	Healthy Values; Quantity Limit (30 EA per 30 days)
OLANZapine Tablet Dispersible 10 MG Oral	Tier 2	Quantity Limit (30 EA per 30 Days)
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 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 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)
OLANZapine TABLET DISPERSIBLE 5 MG ORAL	Tier 2	Quantity Limit (30 EA per 30 days)
*Thioxanthenes*** - Drugs For Severe Mental Disorders		
Thiothixene Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG	Tier 2	
Antivirals - Drugs For Infections		

Drug Name	Tier	Notes
*Antiretroviral Combinations*** - Drugs For Viral Infections		
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 Oral Tablet 300-300 MG	Tier 3	Quantity Limit (30 EA per 30 days)
Delstrigo Oral Tablet 100-300-300 MG	Tier 3	Quantity Limit (30 EA per 30 days)
Descovy Oral Tablet 120-15 MG, 200-25 MG	Tier 3	ACA Drug; Quantity Limit (30 EA per 30 days)
Dovato Oral Tablet 50-300 MG	Tier 3	Quantity Limit (30 EA per 30 days)
Efavirenz-Emtricitab-Tenofo DF Oral Tablet 600-200-300 MG	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 Oral Tablet 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 2	ACA Drug; Quantity Limit (30 EA per 30 days)
Emtricitab-Rilpivir-Tenofov DF Tablet 200-25-300 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Evotaz Oral Tablet 300-150 MG	Tier 3	Quantity Limit (30 EA per 30 days)
Genvoya Oral Tablet 150-150-200-10 MG	Tier 3	Quantity Limit (30 EA per 30 days)
Juluca Oral Tablet 50-25 MG	Tier 3	Quantity Limit (30 EA per 30 days)
Kaletra Oral Solution 400-100 MG/5ML	Tier 3	Quantity Limit (480 ML per 30 days)
lamiVUDine-Zidovudine Oral Tablet 150-300 MG	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 Oral Tablet 200-25-25 MG	Tier 3	Quantity Limit (30 EA per 30 days)
Prezcobix Oral Tablet 675-150 MG, 800-150 MG	Tier 3	Quantity Limit (30 EA per 30 days)
Stribild Oral Tablet 150-150-200-300 MG	Tier 4	Quantity Limit (30 EA per 30 days)
Symtuza Oral Tablet 800-150-200-10 MG	Tier 3	Quantity Limit (30 EA per 30 days)
Triumeq Oral Tablet 600-50-300 MG	Tier 3	Quantity Limit (30 EA per 30 days)
Triumeq PD Oral Tablet Soluble 60-5-30 MG	Tier 3	Quantity Limit (180 EA per 30 days)
*Antiretrovirals - Capsid Inhibitors*** - Drugs For Viral Infections		
Sunlenca Oral Tablet 300 MG	Tier 4	Specialty
Sunlenca Oral Tablet Therapy Pack 4 x 300 MG, 5 x 300 MG	Tier 4	Specialty
Yeztugo Oral Tablet 300 MG	Tier 3	Specialty; ACA Drug
Yeztugo Subcutaneous Solution 463.5 MG/1.5ML	Tier 3	Specialty; ACA Drug

Drug Name	Tier	Notes
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** - Drugs For Viral Infections		
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 Oral Solution 20 MG/ML	Tier 4	Quantity Limit (1840 ML per 30 days)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor*** - Drugs For Viral Infections		
Rukobia Oral Tablet Extended Release 12 Hour 600 MG	Tier 4	Quantity Limit (60 EA per 30 days)
*Antiretrovirals - Integrase Inhibitors*** - Drugs For Viral Infections		
Apretude Intramuscular Suspension Extended Release 600 MG/3ML	Tier 3	Specialty; ACA Drug
Isentress HD Oral Tablet 600 MG	Tier 3	Quantity Limit (60 EA per 30 days)
Isentress Oral Packet 100 MG	Tier 3	Quantity Limit (60 EA per 30 days)
Isentress Oral Tablet 400 MG	Tier 3	Quantity Limit (60 EA per 30 days)
Isentress Oral Tablet Chewable 100 MG, 25 MG	Tier 3	Quantity Limit (180 EA per 30 days)
Tivicay Oral Tablet 50 MG	Tier 3	Quantity Limit (60 EA per 30 days)
Tivicay PD Oral Tablet Soluble 5 MG	Tier 3	Quantity Limit (360 EA per 30 days)
*Antiretrovirals - Protease Inhibitors*** - Drugs For Viral Infections		
Aptivus Oral Capsule 250 MG	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 Oral Tablet 700 MG	Tier 2	Quantity Limit (120 EA per 30 days)
Norvir Oral Packet 100 MG	Tier 4	Quantity Limit (360 EA per 30 days)
Prezista Oral Suspension 100 MG/ML	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 Oral Packet 50 MG	Tier 4	Quantity Limit (240 EA per 30 days)
Ritonavir Oral Tablet 100 MG	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)
*Antiretrovirals - Rti-Non-Nucleoside Analogues*** - Drugs For Viral Infections		
Edurant Oral Tablet 25 MG	Tier 4	Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
Edurant PED Oral Tablet Soluble 2.5 MG	Tier 4	Quantity Limit (180 EA per 30 days)
Efavirenz Oral Tablet 600 MG	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 Oral Tablet Extended Release 24 Hour 400 MG	Tier 2	Quantity Limit (30 EA per 30 days)
Nevirapine Oral Suspension 50 MG/5ML	Tier 4	Quantity Limit (1200 ML per 30 days)
Nevirapine Oral Tablet 200 MG	Tier 1	Quantity Limit (60 EA per 30 days)
Pifeltro Oral Tablet 100 MG	Tier 4	Quantity Limit (30 EA per 30 days)
Rilpivirine HCl Oral Tablet 25 MG	Tier 4	Quantity Limit (30 EA per 30 Days)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines*** - Drugs For Viral Infections		
Abacavir Sulfate Oral Solution 20 MG/ML	Tier 2	Quantity Limit (960 ML per 30 days)
Abacavir Sulfate Oral Tablet 300 MG	Tier 2	Quantity Limit (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** - Drugs For Viral Infections		
Emtricitabine Oral Capsule 200 MG	Tier 2	Quantity Limit (30 EA per 30 days)
Emtriva Oral Solution 10 MG/ML	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)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** - Drugs For Viral Infections		
Zidovudine Oral Capsule 100 MG	Tier 2	Quantity Limit (180 EA per 30 days)
Zidovudine Oral Syrup 50 MG/5ML	Tier 2	Quantity Limit (1920 ML per 30 days)
Zidovudine Oral Tablet 300 MG	Tier 2	Quantity Limit (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleotide Analogues*** - Drugs For Viral Infections		
Tenofovir Disoproxil Fumarate Tablet 300 MG Oral	Tier 2	Quantity Limit (30 EA per 30 days)
Viread Oral Powder 40 MG/GM	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)
*Antiviral Combinations*** - Drugs For Infections		
Paxlovid (150/100) Oral Tablet Therapy Pack 10 x 150 MG & 10 x 100MG	Tier 3	
Paxlovid (300/100 & 150/100) Oral Tablet Therapy Pack 6 x 150 MG & 5 x 100MG	Tier 3	

Drug Name	Tier	Notes
Paxlovid (300/100) Oral Tablet Therapy Pack 20 x 150 MG & 10 x 100MG	Tier 3	
*Cmv Agents*** - Drugs For Viral Infections		
Livtencity Oral Tablet 200 MG	Tier 4	Quantity Limit (120 EA per 30 days)
Prevmis Oral Packet 120 MG, 20 MG	Tier 4	
Prevmis Oral Tablet 240 MG, 480 MG	Tier 4	
valGANciclovir HCl Oral Solution Reconstituted 50 MG/ML	Tier 2	
valGANciclovir HCl Oral Tablet 450 MG	Tier 2	
*Hepatitis B Agents*** - Drugs For Viral Infections		
Adefovir Dipivoxil Oral Tablet 10 MG	Tier 2	
Baraclude Oral Solution 0.05 MG/ML	Tier 3	
Entecavir Oral Tablet 0.5 MG, 1 MG	Tier 2	
LamiVUDine TABLET 100 MG ORAL	Tier 2	
Vemlidy Oral Tablet 25 MG	Tier 3	
*Hepatitis C Agent - Combinations*** - Drugs For Viral Infections		
Eplusa Oral Packet 150-37.5 MG, 200-50 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Eplusa Oral Tablet 200-50 MG, 400-100 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Harvoni Oral Packet 33.75-150 MG, 45-200 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Harvoni Oral Tablet 45-200 MG, 90-400 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Mavyret Oral Packet 50-20 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (140 EA per 28 days)
Mavyret Oral Tablet 100-40 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (84 EA per 28 days)
Vosevi Oral Tablet 400-100-100 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
*Hepatitis C Agents*** - Drugs For Viral Infections		
Pegsys Subcutaneous Solution 180 MCG/ML	Tier 3	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Pegasis Subcutaneous Solution Prefilled Syringe 180 MCG/0.5ML	Tier 3	Specialty; Prior Authorization Required
Ribavirin Oral Capsule 200 MG	Tier 3	
Ribavirin Oral Tablet 200 MG	Tier 3	
Sovaldi Oral Packet 150 MG, 200 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
Sovaldi Oral Tablet 200 MG, 400 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
*Herpes Agents - Purine Analogues*** - Drugs For Viral Infections		
Acyclovir Oral Capsule 200 MG	Tier 1	
Acyclovir Oral Tablet 400 MG, 800 MG	Tier 1	
Acyclovir SUSPENSION 200 MG/5ML ORAL	Tier 2	
ValACYclovir HCl TABLET 1 GM ORAL	Tier 2	
ValACYclovir HCl TABLET 500 MG ORAL	Tier 1	
*Herpes Agents - Thymidine Analogues*** - Drugs For Viral Infections		
Famciclovir Oral Tablet 125 MG, 250 MG, 500 MG	Tier 2	
*Influenza Agents*** - Drugs For Viral Infections		
riMANTadine HCl Oral Tablet 100 MG	Tier 2	
*Misc. Antivirals*** - Drugs For Viral Infections		
Lagevrio Oral Capsule 200 MG	Tier 3	Quantity Limit (40 EA per 30 days)
*Neuraminidase Inhibitors*** - Drugs For Viral Infections		
Oseltamivir Phosphate Oral Capsule 30 MG, 45 MG, 75 MG	Tier 2	
Oseltamivir Phosphate Suspension Reconstituted 6 MG/ML Oral	Tier 2	
Relenza Diskhaler Inhalation Aerosol Powder Breath Activated 5 MG/ACT	Tier 4	
*Pa Endonuclease Inhibitors*** - Drugs For Viral Infections		
Xofluza (40 MG Dose) Oral Tablet Therapy Pack 1 x 40 MG	Tier 4	
Xofluza (80 MG Dose) Oral Tablet Therapy Pack 1 x 80 MG	Tier 4	
Beta Blockers - Drugs For The Heart		

Drug Name	Tier	Notes
*Alpha-Beta Blockers*** - Drugs For High Blood Pressure		
Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Tier 1	Healthy Values
Carvedilol Phosphate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 40 MG, 80 MG	Tier 2	Prior Authorization Required
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	
*Beta Blockers Cardio-Selective*** - Drugs For High Blood Pressure		
Acebutolol HCl CAPSULE 200 MG Oral	Tier 2	
Acebutolol HCl CAPSULE 400 MG Oral	Tier 2	Healthy Values
Atenolol Oral Tablet 100 MG, 25 MG, 50 MG	Tier 1	Healthy Values
Betaxolol HCl Oral Tablet 10 MG, 20 MG	Tier 2	Healthy Values
Bisoprolol Fumarate Tablet 10 MG Oral	Tier 2	Healthy Values
Bisoprolol Fumarate Tablet 2.5 MG Oral	Tier 4	
Bisoprolol Fumarate Tablet 5 MG Oral	Tier 1	Healthy Values
Kaspargo Sprinkle Oral Capsule ER 24 Hour Sprinkle 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	
Lopressor Oral Solution 10 MG/ML	Tier 4	Prior Authorization Required; Quantity Limit (1350 ML per 30 days)
Lopressor Tablet 12.5 MG Oral	Tier 4	
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG	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 Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 1	Healthy Values
*Beta Blockers Non-Selective*** - Drugs For High Blood Pressure		
Hemangeol Oral Solution 4.28 MG/ML	Tier 3	
Inderal XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral	Tier 4	

Drug Name	Tier	Notes
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
Nadolol Oral Tablet 20 MG, 40 MG, 80 MG	Tier 2	Healthy Values
Pindolol Oral Tablet 10 MG, 5 MG	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 Oral Solution 5 MG/ML	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 4	
Timolol Maleate Tablet 5 MG Oral	Tier 4	

***Calcium Channel Blockers* - Drugs For The Heart**

Drug Name	Tier	Notes
*Calcium Channel Blockers*** - Drugs For High Blood Pressure		
amLODIPine Besylate Tablet 10 MG Oral	Tier 1	Healthy Values
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 Oral Tablet 2.5 MG, 5 MG	Tier 4	
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Tier 1	Healthy Values
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Tier 1	Healthy Values
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Tier 2	Healthy Values
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Tier 2	Healthy Values
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	Tier 2	Healthy Values
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	Tier 2	Healthy Values
dilTIAZem HCl ER Capsule Extended Release 24 Hour 120 MG Oral	Tier 1	Healthy Values
dilTIAZem HCl ER Capsule Extended Release 24 Hour 180 MG Oral	Tier 2	Healthy Values
dilTIAZem HCl ER Capsule Extended Release 24 Hour 240 MG Oral	Tier 2	Healthy Values
dilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 120 MG Oral	Tier 1	Healthy Values
dilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 180 MG Oral	Tier 1	Healthy Values
dilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 240 MG Oral	Tier 1	Healthy Values
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

Drug Name	Tier	Notes
dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 120 MG, 60 MG, 90 MG	Tier 2	Healthy Values
dilTIAZem HCl ER Oral Tablet Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	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 Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG	Tier 1	Healthy Values
Isradipine Oral Capsule 2.5 MG, 5 MG	Tier 2	Healthy Values
Katerzia Oral Suspension 1 MG/ML	Tier 4	Prior Authorization Required; Quantity Limit (300 ML per 30 days)
Levamlodipine Maleate Oral Tablet 2.5 MG, 5 MG	Tier 4	
Matzim LA Oral Tablet Extended Release 24 Hour 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 2	Healthy Values
niCARDipine HCl Oral Capsule 20 MG, 30 MG	Tier 2	
NIFEdipine ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG	Tier 1	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 Oral Capsule 10 MG, 20 MG	Tier 2	Healthy Values
niMODipine Oral Capsule 30 MG	Tier 2	
niMODipine Oral Solution 60 MG/20ML	Tier 4	Prior Authorization Required; Quantity Limit (2520 ML per 21 days)
Nisoldipine ER Oral Tablet Extended Release 24 Hour 17 MG, 34 MG, 8.5 MG	Tier 2	
Norliqva Oral Solution 1 MG/ML	Tier 4	Prior Authorization Required; Quantity Limit (30 ML per 30 Days)

Drug Name	Tier	Notes
Nymalize Oral Solution 6 MG/ML	Tier 4	Prior Authorization Required; Quantity Limit (1260 ML per 21 days)
Tiadylt ER Capsule Extended Release 24 Hour 120 MG Oral	Tier 1	Healthy Values
Tiadylt ER Capsule Extended Release 24 Hour 180 MG Oral	Tier 1	Healthy Values
Tiadylt ER Capsule Extended Release 24 Hour 240 MG Oral	Tier 2	Healthy Values
Tiadylt ER Capsule Extended Release 24 Hour 300 MG Oral	Tier 2	Healthy Values
Tiadylt ER Capsule Extended Release 24 Hour 360 MG Oral	Tier 2	Healthy Values
Tiadylt 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 Oral Tablet 120 MG, 40 MG, 80 MG	Tier 1	Healthy Values
Cardiotonics - Drugs For The Heart		
*Cardiac Glycosides*** - Drugs For The Heart		
Digox Oral Tablet 125 MCG, 250 MCG	Tier 1	Healthy Values
Digoxin Oral Solution 0.05 MG/ML	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

Drug Name	Tier	Notes
Digoxin Tablet 62.5 MCG Oral	Tier 2	Healthy Values
Cardiovascular Agents - Misc. - Drugs For The Heart		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb*** - Drugs For Cholesterol		
amLODIPine-Atorvastatin Oral Tablet 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Tier 2	
*Cardiac Myosin Inhibitors*** - Drugs For The Heart		
Camzyos Oral Capsule 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Cardiovascular Anti-Inflammatory/Immune Modulators*** - Drugs For The Heart		
Lodoco Oral Tablet 0.5 MG	Tier 4	
*Nepriylsin Inhib (Arni)-Angiotensin li Recept Antag Comb*** - Drugs For High Blood Pressure		
Entresto Oral Capsule Sprinkle 15-16 MG, 6-6 MG	Tier 3	Prior Authorization Required; Quantity Limit (240 EA per 30 days)
Sacubitril-Valsartan Oral Tablet 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	
*Nitrate & Vasodilator Combinations*** - Drugs For High Blood Pressure		
Isosorb Dinitrate-hydrALAZINE Oral Tablet 20-37.5 MG	Tier 2	
*Prostaglandin - Impotence Agents*** - Drugs For The Heart		
Caverject Impulse Intracavernosal Kit 10 MCG, 20 MCG	Tier 4	Review your Plan's SPD to confirm coverage
Caverject Intracavernosal Solution Reconstituted 20 MCG, 40 MCG	Tier 4	Review your Plan's SPD to confirm coverage
Edex (2 Cartridge) Intracavernosal Kit 10 MCG, 20 MCG, 40 MCG	Tier 4	Review your Plan's SPD to confirm coverage
Edex (6 Cartridge) Intracavernosal Kit 10 MCG, 20 MCG, 40 MCG	Tier 4	Review your Plan's SPD to confirm coverage
*Prostaglandin Vasodilators*** - Drugs For High Blood Pressure		
Orenitram Month 1 Oral Tablet Extended Release Therapy Pack 0.125 & 0.25 MG	Tier 4	Specialty; Prior Authorization Required
Orenitram Month 2 Oral Tablet Extended Release Therapy Pack 0.125 & 0.25 MG	Tier 4	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Orenitram Month 3 Oral Tablet Extended Release Therapy Pack 0.125 & 0.25 & 1 MG	Tier 4	Specialty; Prior Authorization Required
Orenitram Oral Tablet Extended Release 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	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 112 x 48MCG & 112 x80MCG Inhalation	Tier 4	Specialty
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 Inhalation Powder 16 & 32 & 48 MCG	Tier 4	Specialty; Prior Authorization Required
Tyvaso Inhalation Solution 0.6 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (81.2 ML per 28 days)
Tyvaso Refill Kit Inhalation Solution 0.6 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (81.2 ML per 28 days)
Tyvaso Starter Kit Inhalation Solution 0.6 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (81.2 ML per 180 days)
Yutrepia Inhalation Capsule 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)

Drug Name	Tier	Notes
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For High Blood Pressure		
Adempas Oral Tablet 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
*Pulmonary Hypertension - Activin Signaling Inhibitor*** - Drugs For The Heart		
Winrevair Subcutaneous Kit 2 x 45 MG, 2 x 60 MG, 45 MG, 60 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 21 days)
*Pulmonary Hypertension - Endothelin Receptor Antagonists*** - Drugs For High Blood Pressure		
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 Oral Tablet 125 MG, 62.5 MG	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)
Macitentan Oral Tablet 10 MG	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Opsumit Oral Tablet 10 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors*** - Drugs For High Blood Pressure		
Alyq Oral Tablet 20 MG	Tier 2	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Sildenafil Citrate Oral Suspension Reconstituted 10 MG/ML	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)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist*** - Drugs For High Blood Pressure		
Uptravi Oral Tablet 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
Upravi Titration Oral Tablet Therapy Pack 200 & 800 MCG	Tier 3	Specialty; Prior Authorization Required
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors*** - Drugs For The Heart		
Avanafil Oral Tablet 100 MG, 200 MG, 50 MG	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	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	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	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	
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	
Vardenafil HCl Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 2	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
Vardenafil HCl Oral Tablet Dispersible 10 MG	Tier 2	Quantity Limit (6 EA per 30 days); Review your Plan's SPD to confirm coverage
*Sinus Node Inhibitors** - Drugs For High Blood Pressure		
Corlanor Oral Solution 5 MG/5ML	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)
*Transthyretin Stabilizers*** - Drugs For The Heart		

Drug Name	Tier	Notes
Attruby Oral Tablet Therapy Pack 356 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (112 EA per 28 days)
Vyndamax Oral Capsule 61 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For Angina		
Verquvo Oral Tablet 10 MG, 2.5 MG, 5 MG	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Cephalosporins - Drugs For Infections		
*Cephalosporins - 1St Generation*** - Antibiotics		
Cefadroxil Oral Capsule 500 MG	Tier 1	
Cefadroxil Oral Suspension Reconstituted 250 MG/5ML, 500 MG/5ML	Tier 2	
Cefadroxil Oral Tablet 1 GM	Tier 4	
Cephalexin CAPSULE 250 MG ORAL	Tier 1	
Cephalexin CAPSULE 500 MG ORAL	Tier 1	
Cephalexin Capsule 750 MG Oral	Tier 2	
Cephalexin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	Tier 2	
Cephalexin Oral Tablet 250 MG, 500 MG	Tier 2	
*Cephalosporins - 2Nd Generation*** - Antibiotics		
Cefaclor ER Oral Tablet Extended Release 12 Hour 500 MG	Tier 4	
Cefaclor Oral Capsule 250 MG, 500 MG	Tier 4	
Cefaclor Oral Suspension Reconstituted 250 MG/5ML	Tier 4	
Cefprozil Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	Tier 2	
Cefprozil Oral Tablet 250 MG, 500 MG	Tier 2	
Cefuroxime Axetil Tablet 250 MG Oral	Tier 1	
Cefuroxime Axetil TABLET 500 MG ORAL	Tier 2	
*Cephalosporins - 3Rd Generation*** - Antibiotics		
Cefdinir Oral Capsule 300 MG	Tier 1	
Cefdinir Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	Tier 2	
Cefixime Oral Capsule 400 MG	Tier 2	

Drug Name	Tier	Notes
Cefixime Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML	Tier 2	
Cefixime Oral Tablet 400 MG	Tier 4	
Cefpodoxime Proxetil Oral Suspension Reconstituted 100 MG/5ML, 50 MG/5ML	Tier 4	
Cefpodoxime Proxetil Oral Tablet 100 MG, 200 MG	Tier 2	
Chemicals		
*Bulk Chemicals - Ni's***		
Nicotine Polacrilex Powder	Tier 1	ACA Drug
Nicotine Tartrate Powder	Tier 1	ACA Drug
Contraceptives - Drugs For Women		
*Biphasic Contraceptives - Oral*** - Birth Control Pills		
Azurette Oral Tablet 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA Drug
Desogestrel-Ethinyl Estradiol Oral Tablet 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA Drug
Kariva Oral Tablet 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA Drug
Lo Loestrin Fe Oral Tablet 1 MG-10 MCG / 10 MCG	Tier 3	
Pimtreea Oral Tablet 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA Drug
Simliya Oral Tablet 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA Drug
Viorele Oral Tablet 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA Drug
Volnea Oral Tablet 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA Drug
*Combination Contraceptives - Oral*** - Birth Control Pills		
Afirmelle Oral Tablet 0.1-20 MG-MCG	Tier 1	ACA Drug
Altavera Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Alyacen 1/35 Oral Tablet 1-35 MG-MCG	Tier 1	ACA Drug
Apri Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Aubra EQ Oral Tablet 0.1-20 MG-MCG	Tier 1	ACA Drug
Aurovela 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Aurovela 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Aurovela 24 FE Oral Tablet 1-20 MG-MCG(24)	Tier 1	ACA Drug
Aurovela Fe 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Aurovela FE 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Aviane Oral Tablet 0.1-20 MG-MCG	Tier 1	ACA Drug
Ayuna Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Balziva Oral Tablet 0.4-35 MG-MCG	Tier 2	ACA Drug
Blisovi 24 Fe Oral Tablet 1-20 MG-MCG(24)	Tier 1	ACA Drug

Drug Name	Tier	Notes
Blisovi Fe 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Blisovi FE 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Briellyn Oral Tablet 0.4-35 MG-MCG	Tier 2	ACA Drug
Charlotte 24 Fe Oral Tablet Chewable 1-20 MG-MCG(24)	Tier 2	ACA Drug
Chateal EQ Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Cryselle Oral Tablet 0.3-30 MG-MCG	Tier 1	ACA Drug
Cryselle-28 Oral Tablet 0.3-30 MG-MCG	Tier 1	ACA Drug
Cyred EQ Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Dasetta 1/35 (28) Oral Tablet 1-35 MG-MCG	Tier 1	ACA Drug
Delyla Oral Tablet 0.1-20 MG-MCG	Tier 1	ACA Drug
Drospiren-Eth Estrad-Levomefol Oral Tablet 3-0.02-0.451 MG, 3-0.03-0.451 MG	Tier 2	ACA Drug
Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.02 MG, 3-0.03 MG	Tier 1	ACA Drug
Elinest Oral Tablet 0.3-30 MG-MCG	Tier 1	ACA Drug
Enskyce Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Estarylla Oral Tablet 0.25-35 MG-MCG	Tier 1	ACA Drug
Falmina Oral Tablet 0.1-20 MG-MCG	Tier 1	ACA Drug
Feirza 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Feirza 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Finzala Oral Tablet Chewable 1-20 MG-MCG(24)	Tier 2	ACA Drug
Galbriela Oral Tablet Chewable 0.8-25 MG-MCG	Tier 2	ACA Drug
Gemmily Oral Capsule 1-20 MG-MCG(24)	Tier 2	
Hailey 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Hailey 24 Fe Oral Tablet 1-20 MG-MCG(24)	Tier 1	ACA Drug
Hailey FE 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Hailey FE 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Isibloom Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Jasmiel Oral Tablet 3-0.02 MG	Tier 1	ACA Drug
Joyeaux Oral Tablet 0.1-20 MG-MCG(21)	Tier 2	
Juleber Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Junel 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Junel 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Junel FE 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Junel FE 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Junel Fe 24 Oral Tablet 1-20 MG-MCG(24)	Tier 1	ACA Drug
Kaitlib Fe Oral Tablet Chewable 0.8-25 MG-MCG	Tier 2	ACA Drug

Drug Name	Tier	Notes
Kalliga Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Kelnor 1/35 Oral Tablet 1-35 MG-MCG	Tier 1	ACA Drug
Kurvelo Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Larin 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Larin 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Larin 24 FE Oral Tablet 1-20 MG-MCG(24)	Tier 1	ACA Drug
Larin Fe 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Larin Fe 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Lessina Oral Tablet 0.1-20 MG-MCG	Tier 1	ACA Drug
Levonorgest-Eth Estradiol-Iron Oral Tablet 0.1-20 MG-MCG(21)	Tier 2	
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) Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Loestrin 1.5/30 (21) Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Loestrin 1/20 (21) Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Loestrin Fe 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Loestrin Fe 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Loryna Oral Tablet 3-0.02 MG	Tier 1	ACA Drug
Low-Ogestrel Oral Tablet 0.3-30 MG-MCG	Tier 1	ACA Drug
Lo-Zumandimine Oral Tablet 3-0.02 MG	Tier 1	ACA Drug
Luizza 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Luizza 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Marlissa Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Mibelas 24 Fe Oral Tablet Chewable 1-20 MG-MCG(24)	Tier 2	ACA Drug
Microgestin 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Microgestin 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Microgestin FE 1.5/30 Oral Tablet 1.5-30 MG-MCG	Tier 1	ACA Drug
Microgestin FE 1/20 Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Mili Oral Tablet 0.25-35 MG-MCG	Tier 1	ACA Drug
Minzoya Oral Tablet 0.1-20 MG-MCG(21)	Tier 2	
Mono-Linyah Oral Tablet 0.25-35 MG-MCG	Tier 1	ACA Drug
Necon 0.5/35 (28) Oral Tablet 0.5-35 MG-MCG	Tier 1	ACA Drug
Necon 1/35 (28) Oral Tablet 1-35 MG-MCG	Tier 1	ACA Drug
Nikki Oral Tablet 3-0.02 MG	Tier 1	ACA Drug

Drug Name	Tier	Notes
Norethin Ace-Eth Estrad-FE Oral Capsule 1-20 MG-MCG(24)	Tier 2	
Norethin Ace-Eth Estrad-FE Oral Tablet Chewable 1-20 MG-MCG(24)	Tier 2	ACA Drug
Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Norgestimate-Eth Estradiol Tablet 0.25-35 MG-MCG Oral	Tier 1	ACA Drug
Nortrel 0.5/35 (28) Oral Tablet 0.5-35 MG-MCG	Tier 1	ACA Drug
Nortrel 1/35 (21) Oral Tablet 1-35 MG-MCG	Tier 1	ACA Drug
Nortrel 1/35 (28) Oral Tablet 1-35 MG-MCG	Tier 1	ACA Drug
Nylia 1/35 Oral Tablet 1-35 MG-MCG	Tier 1	ACA Drug
Orsythia Oral Tablet 0.1-20 MG-MCG	Tier 1	ACA Drug
Philith Oral Tablet 0.4-35 MG-MCG	Tier 2	ACA Drug
Portia-28 Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Reclipsen Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Solia Oral Tablet 0.15-30 MG-MCG	Tier 1	ACA Drug
Sprintec 28 Oral Tablet 0.25-35 MG-MCG	Tier 1	ACA Drug
Sronyx Oral Tablet 0.1-20 MG-MCG	Tier 1	ACA Drug
Syeda Oral Tablet 3-0.03 MG	Tier 1	ACA Drug
Tarina 24 Fe Oral Tablet 1-20 MG-MCG(24)	Tier 1	ACA Drug
Tarina FE 1/20 EQ Oral Tablet 1-20 MG-MCG	Tier 1	ACA Drug
Taysofy Oral Capsule 1-20 MG-MCG(24)	Tier 2	
Turqoz Oral Tablet 0.3-30 MG-MCG	Tier 1	ACA Drug
Tyblume Oral Tablet Chewable 0.1-20 MG-MCG	Tier 4	
Tydemy Oral Tablet 3-0.03-0.451 MG	Tier 2	ACA Drug
Valtya 1/35 Oral Tablet 1-35 MG-MCG	Tier 1	ACA Drug
Valtya 1/50 Oral Tablet 1-50 MG-MCG	Tier 2	ACA Drug
Vestura Oral Tablet 3-0.02 MG	Tier 1	ACA Drug
Vienva Oral Tablet 0.1-20 MG-MCG	Tier 1	ACA Drug
Vyfemla Oral Tablet 0.4-35 MG-MCG	Tier 2	ACA Drug
VyLibra Oral Tablet 0.25-35 MG-MCG	Tier 1	ACA Drug
Wera Oral Tablet 0.5-35 MG-MCG	Tier 1	ACA Drug
Wymzya Fe Oral Tablet Chewable 0.4-35 MG-MCG	Tier 2	ACA Drug
Xelria Fe Oral Tablet Chewable 0.4-35 MG-MCG	Tier 2	ACA Drug
Zovia 1/35 (28) Oral Tablet 1-35 MG-MCG	Tier 1	ACA Drug
Zumandimine Oral Tablet 3-0.03 MG	Tier 1	ACA Drug

Drug Name	Tier	Notes
*Combination Contraceptives - Transdermal*** - Birth Control Pills		
Norelgestromin-Eth Estradiol Transdermal Patch Weekly 150-35 MCG/24HR	Tier 2	ACA Drug
Xulane Transdermal Patch Weekly 150-35 MCG/24HR	Tier 2	ACA Drug
Zafemy Transdermal Patch Weekly 150-35 MCG/24HR	Tier 2	ACA Drug
*Combination Contraceptives - Vaginal*** - Birth Control Pills		
NuvaRing Vaginal Ring 0.12-0.015 MG/24HR	Tier 2	ACA Drug
*Continuous Contraceptives - Oral*** - Birth Control Pills		
Amethyst Oral Tablet 90-20 MCG	Tier 2	ACA Drug
Dolishale Oral Tablet 90-20 MCG	Tier 2	ACA Drug
Levonorgestrel-Ethinyl Estrad TABLET 90-20 MCG ORAL	Tier 2	ACA Drug
*Emergency Contraceptives*** - Birth Control Pills		
Ella Oral Tablet 30 MG	Tier 3	ACA Drug
*Extended-Cycle Contraceptives - Oral*** - Birth Control Pills		
Ashlyna Oral Tablet 0.15-0.03 & 0.01 MG	Tier 2	ACA Drug
Camrese Lo Oral Tablet 0.1-0.02 & 0.01 MG	Tier 1	ACA Drug
Camrese Oral Tablet 0.15-0.03 & 0.01 MG	Tier 2	ACA Drug
Daysee Oral Tablet 0.15-0.03 & 0.01 MG	Tier 2	ACA Drug
Iclevia Oral Tablet 0.15-0.03 MG	Tier 1	ACA Drug
Introvale Oral Tablet 0.15-0.03 MG	Tier 1	ACA Drug
Jaimiess Oral Tablet 0.15-0.03 & 0.01 MG	Tier 2	ACA Drug
Jolessa Oral Tablet 0.15-0.03 MG	Tier 1	ACA Drug
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 Oral Tablet 0.1-0.02 & 0.01 MG	Tier 1	ACA Drug
Rivelsa Oral Tablet 42-21-21-7 DAYS	Tier 2	ACA Drug
Rosyrah Oral Tablet 42-21-21-7 DAYS	Tier 2	ACA Drug
Setlakin Oral Tablet 0.15-0.03 MG	Tier 1	ACA Drug
Simpesse Oral Tablet 0.15-0.03 & 0.01 MG	Tier 2	ACA Drug

Drug Name	Tier	Notes
*Four Phase Contraceptives - Oral*** - Birth Control Pills		
Natazia Oral Tablet 3/2-2/2-3/1 MG	Tier 4	
*Progestin Contraceptives - Injectable*** - Birth Control Pills		
Depo-SubQ Provera 104 Subcutaneous Suspension Prefilled Syringe 104 MG/0.65ML	Tier 4	
medroxyPROGESTERone Acetate Intramuscular Suspension 150 MG/ML	Tier 1	ACA Drug
medroxyPROGESTERone Acetate Intramuscular Suspension Prefilled Syringe 150 MG/ML	Tier 1	ACA Drug
*Progestin Contraceptives - Oral*** - Birth Control Pills		
Camila Oral Tablet 0.35 MG	Tier 1	ACA Drug
Deblitane Oral Tablet 0.35 MG	Tier 1	ACA Drug
Emzahh Oral Tablet 0.35 MG	Tier 1	ACA Drug
Errin Oral Tablet 0.35 MG	Tier 1	ACA Drug
Heather Oral Tablet 0.35 MG	Tier 1	ACA Drug
Incassia Oral Tablet 0.35 MG	Tier 1	ACA Drug
Jencycla Oral Tablet 0.35 MG	Tier 1	ACA Drug
Lyleq Oral Tablet 0.35 MG	Tier 1	ACA Drug
Lyza Oral Tablet 0.35 MG	Tier 1	ACA Drug
Meleya Oral Tablet 0.35 MG	Tier 1	ACA Drug
Nora-BE Oral Tablet 0.35 MG	Tier 1	ACA Drug
Norethindrone Oral Tablet 0.35 MG	Tier 1	ACA Drug
Norlyda Oral Tablet 0.35 MG	Tier 1	ACA Drug
Norlyroc Oral Tablet 0.35 MG	Tier 1	ACA Drug
Orquidea Oral Tablet 0.35 MG	Tier 1	ACA Drug
Sharobel Oral Tablet 0.35 MG	Tier 1	ACA Drug
*Triphasic Contraceptives - Oral*** - Birth Control Pills		
Alyacen 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG	Tier 1	ACA Drug
Aranelle Oral Tablet 0.5/1/0.5-35 MG-MCG	Tier 4	ACA Drug
Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG	Tier 1	ACA Drug
Levonest Oral Tablet 50-30/75-40/ 125-30 MCG	Tier 1	ACA Drug
Levonorg-Eth Estrad Triphasic Oral Tablet 50-30/75-40/ 125-30 MCG	Tier 1	ACA Drug
Norgestimate-Eth Estradiol Tablet 0.18/0.215/0.25 MG-25 MCG Oral	Tier 1	ACA Drug

Drug Name	Tier	Notes
Norgestim-Eth Estrad Triphasic Oral Tablet 0.18/0.215/0.25 MG-25 MCG, 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA Drug
Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG	Tier 1	ACA Drug
Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG	Tier 1	ACA Drug
Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG	Tier 1	ACA Drug
Tilia Fe Oral Tablet 1-20/1-30/1-35 MG-MCG	Tier 2	ACA Drug
Tri Femynor Oral Tablet 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA Drug
Tri-Estarylla Oral Tablet 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA Drug
Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 MG-MCG	Tier 2	ACA Drug
Tri-Linyah Oral Tablet 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA Drug
Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA Drug
Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA Drug
Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA Drug
Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA Drug
Tri-Mili Oral Tablet 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA Drug
TriNessa (28) Oral Tablet 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA Drug
Tri-Sprintec Oral Tablet 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA Drug
Trivora (28) Oral Tablet 50-30/75-40/ 125-30 MCG	Tier 1	ACA Drug
Tri-VyLibra Lo Oral Tablet 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA Drug
Tri-VyLibra Oral Tablet 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA Drug
Velivet Oral Tablet 0.1/0.125/0.15 -0.025 MG	Tier 4	
Xarah Fe Oral Tablet 1-20/1-30/1-35 MG-MCG	Tier 2	ACA Drug
Corticosteroids - Hormones		
*Glucocorticosteroids*** - Drugs For Inflammation		
Agamree Oral Suspension 40 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (300 ML per 30 days)
Alkindi Sprinkle Oral Capsule Sprinkle 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4	Specialty; Prior Authorization Required
Budesonide ER Oral Tablet Extended Release 24 Hour 9 MG	Tier 2	Prior Authorization Required
Budesonide Oral Capsule Delayed Release Particles 3 MG	Tier 2	
Cortisone Acetate Oral Tablet 25 MG	Tier 4	

Drug Name	Tier	Notes
Deflazacort Oral Suspension 22.75 MG/ML	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 Intensol Oral Concentrate 1 MG/ML	Tier 4	
Dexamethasone Oral Elixir 0.5 MG/5ML	Tier 2	
Dexamethasone Oral Solution 0.5 MG/5ML	Tier 4	
Dexamethasone Oral Tablet 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	Tier 1	
Dexamethasone Oral Tablet Therapy Pack 1.5 MG (21), 1.5 MG (35), 1.5 MG (51)	Tier 4	
Dexlyt Oral Tablet 0.25 MG	Tier 4	
Eohilia Oral Suspension 2 MG/10ML	Tier 4	Prior Authorization Required
Hemady Oral Tablet 20 MG	Tier 4	
HiDex 6-Day Oral Tablet Therapy Pack 1.5 MG (21)	Tier 4	
Hydrocortisone Oral Tablet 10 MG, 20 MG, 5 MG	Tier 2	
Jaythari Oral Suspension 22.75 MG/ML	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 Oral Solution 1 MG/ML	Tier 4	Specialty; Prior Authorization Required
Kymbee Oral Suspension 22.75 MG/ML	Tier 2	Prior Authorization Required
Kymbee Tablet 18 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
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	
methylPREDNISolone Oral Tablet Therapy Pack 4 MG	Tier 1	
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	
Orapred ODT Oral Tablet Dispersible 10 MG, 15 MG, 30 MG	Tier 4	
prednisoLONE Oral Solution 15 MG/5ML	Tier 2	
prednisoLONE Oral Tablet 5 MG	Tier 2	
prednisoLONE Sodium Phosphate Oral Tablet Dispersible 10 MG, 15 MG, 30 MG	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	
PredniSONE Intensol Oral Concentrate 5 MG/ML	Tier 4	
PredniSONE Oral Solution 5 MG/5ML	Tier 3	
predniSONE Oral Tablet 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG	Tier 1	
predniSONE Oral Tablet Delayed Release 1 MG, 2 MG	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	

Drug Name	Tier	Notes
PredniSONE Tablet Therapy Pack 5 MG (48) Oral	Tier 1	
Pyquvi Oral Suspension 22.75 MG/ML	Tier 2	Prior Authorization Required
TaperDex 12-Day Oral Tablet Therapy Pack 1.5 MG (49)	Tier 4	
TaperDex 6-Day Oral Tablet Therapy Pack 1.5 MG, 1.5 MG (21)	Tier 4	
TaperDex 7-Day Oral Tablet Therapy Pack 1.5 MG (27)	Tier 4	
*Mineralocorticoids*** - Drugs For Inflammation		
Fludrocortisone Acetate Oral Tablet 0.1 MG	Tier 1	
Cough/Cold/Allergy - Drugs For The Lungs		
*Antitussive - Nonnarcotic*** - Drugs For Allergies		
Benzonatate CAPSULE 100 MG ORAL	Tier 1	
Benzonatate Capsule 150 MG Oral	Tier 4	
Benzonatate CAPSULE 200 MG Oral	Tier 1	
*Antitussive - Opioid*** - Drugs For Cough And Cold		
HYDROcodone Bit-Homatrop MBr Oral Solution 5-1.5 MG/5ML	Tier 1	
HYDROcodone Bit-Homatrop MBr Oral Tablet 5-1.5 MG	Tier 2	
*Decongestant & Antihistamine*** - Drugs For Cough And Cold		
Clarinet-D 12 Hour Oral Tablet Extended Release 12 Hour 2.5-120 MG	Tier 4	
Promethazine-Phenylephrine Oral Syrup 6.25-5 MG/5ML	Tier 2	
*Misc. Respiratory Inhalants*** - Drugs For Allergies		
Nebusal NEBULIZATION SOLUTION 3 % INHALATION	Tier 4	
PulmoSal Inhalation Nebulization Solution 7 %	Tier 1	
Sodium Chloride NEBULIZATION SOLUTION 3 % INHALATION	Tier 4	
Sodium Chloride Nebulization Solution 7 % Inhalation	Tier 1	
*Mucolytics*** - Drugs For The Lungs		
Acetylcysteine Inhalation Solution 10 %, 20 %	Tier 2	
*Non-Narc Antitussive-Antihistamine*** - Drugs For Cough And Cold		

Drug Name	Tier	Notes
Promethazine-DM Oral Syrup 6.25-15 MG/5ML	Tier 1	
*Non-Narc Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold		
Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML	Tier 2	
*Opioid Antitussive-Antihistamine*** - Drugs For Cough And Cold		
Hydrocod Poli-Chlorphe Poli ER Oral Suspension Extended Release 10-8 MG/5ML	Tier 2	
Promethazine-Codeine Oral Solution 6.25-10 MG/5ML	Tier 1	
Promethazine-Codeine Oral Syrup 6.25-10 MG/5ML	Tier 1	
Tuxarin ER Oral Tablet Extended Release 12 Hour 54.3-8 MG	Tier 4	
Dermatologicals - Drugs For The Skin		
*Acne Antibiotics*** - Drugs For The Skin		
Amzeeq External Foam 4 %	Tier 4	
Clindacin ETZ External Swab 1 %	Tier 2	
Clindacin External Foam 1 %	Tier 2	
Clindacin-P External Swab 1 %	Tier 2	
Clindamycin Phos (Twice-Daily) External Gel 1 %	Tier 2	
Clindamycin Phosphate External Foam 1 %	Tier 2	
Clindamycin Phosphate External Lotion 1 %	Tier 2	
Clindamycin Phosphate External Solution 1 %	Tier 2	
Clindamycin Phosphate External Swab 1 %	Tier 2	
Dapsone External Gel 5 %, 7.5 %	Tier 2	
Ery External Pad 2 %	Tier 4	
Erythromycin External Gel 2 %	Tier 4	
Erythromycin External Solution 2 %	Tier 2	
Sulfacetamide Sodium (Acne) External Lotion 10 %	Tier 2	
*Acne Combinations*** - Drugs For The Skin		
Adapalene-Benzoyl Peroxide External Gel 0.1-2.5 %, 0.3-2.5 %	Tier 2	
Avar Cleanser External Liquid 10-5 %	Tier 2	
Avar-e Emollient External Cream 10-5 %	Tier 2	
Benzoyl Peroxide-Erythromycin External Gel 5-3 %	Tier 2	

Drug Name	Tier	Notes
Cabtreo External Gel 0.15-3.1-1.2 %	Tier 4	
Clenia Plus External Suspension 9-4.25 %	Tier 4	
Clindamycin Phos-Benzoyl Perox External Gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	Tier 2	
Clindamycin-Tretinoin External Gel 1.2-0.025 %	Tier 2	
Neuac External Gel 1.2-5 %	Tier 2	
Plexion Cleansing Cloth External Pad 9.8-4.8 %	Tier 4	
SSS 10-5 External Cream 10-5 %	Tier 2	
Sulfacetamide Sodium-Sulfur External Cream 10-2 %, 10-5 %, 9.8-4.8 %	Tier 2	
Sulfacetamide Sodium-Sulfur External Liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	Tier 2	
Sulfacetamide Sodium-Sulfur External Lotion 10-5 %, 9.8-4.8 %	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 External Liquid 9-4 %, 9-4.5 %	Tier 2	
Sulfacetamide-Sulfur in Urea External Emulsion 10-5 %	Tier 4	
SulfaCleanse 8/4 External Suspension 8-4 %	Tier 2	
Sumaxin External Pad 10-4 %	Tier 2	
*Acne Products*** - Drugs For The Skin		
Absorica LD Oral Capsule 16 MG, 24 MG, 32 MG, 8 MG	Tier 3	
Accutane Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
Adapalene External Cream 0.1 %	Tier 2	
Adapalene External Gel 0.1 %, 0.3 %	Tier 2	
Adapalene External Pad 0.1 %	Tier 4	Prior Authorization Required
Adapalene External Solution 0.1 %	Tier 4	Prior Authorization Required
Aklief External Cream 0.005 %	Tier 4	
Amnesteem Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
Azelex External Cream 20 %	Tier 4	

Drug Name	Tier	Notes
Claravis Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
ISOTretinoin Oral Capsule 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Tier 2	
Tretinoin Cream 0.025 % External	Tier 2	
Tretinoin Cream 0.05 % External	Tier 2	
Tretinoin Cream 0.1 % External	Tier 2	
Tretinoin External Gel 0.01 %, 0.025 %, 0.05 %	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 External Cream 1 %	Tier 4	
Zenatane Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
*Agents For External Genital And Perianal Warts*** - Drugs For The Skin		
Veregen External Ointment 15 %	Tier 4	
*Antibiotic Steroid Combinations - Topical*** - Drugs For The Skin		
Neo-Synalar External Cream 0.5-0.025 %	Tier 4	
*Antibiotics - Topical*** - Drugs For The Skin		
Gentamicin Sulfate External Cream 0.1 %	Tier 2	
Gentamicin Sulfate External Ointment 0.1 %	Tier 2	
Mupirocin Calcium External Cream 2 %	Tier 2	
Mupirocin External Ointment 2 %	Tier 1	
Xepi External Cream 1 %	Tier 4	
*Antifungals - Topical Combinations*** - Drugs For The Skin		
Clotrimazole-Betamethasone External Cream 1-0.05 %	Tier 2	
Clotrimazole-Betamethasone External Lotion 1-0.05 %	Tier 4	
Miconazole-Zinc Oxide-Petrolat External Ointment 0.25-15-81.35 %	Tier 4	
Nystatin-Triamcinolone External Cream 100000-0.1 UNIT/GM-%	Tier 2	
Nystatin-Triamcinolone External Ointment 100000-0.1 UNIT/GM-%	Tier 2	

Drug Name	Tier	Notes
Vusion External Ointment 0.25-15-81.35 %	Tier 4	
*Antifungals - Topical*** - Drugs For The Skin		
Ciclodan External Solution 8 %	Tier 2	
Ciclopirox External Gel 0.77 %	Tier 2	
Ciclopirox External Shampoo 1 %	Tier 2	
Ciclopirox External Solution 8 %	Tier 2	
Ciclopirox Olamine External Cream 0.77 %	Tier 1	
Ciclopirox Olamine External Suspension 0.77 %	Tier 2	
Klayesta External Powder 100000 UNIT/GM	Tier 2	
Naftifine HCl CREAM 1 % EXTERNAL	Tier 4	
Naftifine HCl CREAM 2 % EXTERNAL	Tier 2	
Naftifine HCl External Gel 2 %	Tier 2	
Nystatin External Cream 100000 UNIT/GM	Tier 1	
Nystatin External Ointment 100000 UNIT/GM	Tier 1	
Nystatin External Powder 100000 UNIT/GM	Tier 2	
Nystop External Powder 100000 UNIT/GM	Tier 2	
*Anti-Inflammatory Agents - Topical*** - Drugs For The Skin		
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)
Flector Patch 1.3 % External	Tier 4	Quantity Limit (60 EA per 30 days)
Licart External Patch 24 Hour 1.3 %	Tier 4	Quantity Limit (30 EA per 30 days)
*Antineoplastic Alkylating Agents - Topical*** - Drugs For The Skin		
Valchlor External Gel 0.016 %	Tier 3	Specialty
*Antineoplastic Antimetabolites - Topical*** - Drugs For The Skin		
Fluorouracil CREAM 5 % EXTERNAL	Tier 2	
Fluorouracil SOLUTION 2 % EXTERNAL	Tier 4	
Fluorouracil Solution 5 % External	Tier 2	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's*** - Drugs For The Skin		
Diclofenac Sodium Gel 3 % External	Tier 2	
*Antineoplastic Retinoids - Topical*** - Drugs For The Skin		

Drug Name	Tier	Notes
Panretin External Gel 0.1 %	Tier 4	
*Antipruritics - Topical*** - Drugs For The Skin		
Doxepin HCl External Cream 5 %	Tier 2	Prior Authorization Required; Quantity Limit (45 GM per 30 days)
*Antipsoriatics - Systemic*** - Drugs For The Skin		
Acitretin Oral Capsule 10 MG, 17.5 MG, 25 MG	Tier 2	
Cosentyx (300 MG Dose) Subcutaneous Solution Prefilled Syringe 150 MG/ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Cosentyx Sensoready (300 MG) Subcutaneous Solution Auto-Injector 150 MG/ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Cosentyx Sensoready Pen Subcutaneous Solution Auto-Injector 150 MG/ML	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)
Cosentyx UnoReady Subcutaneous Solution Auto-Injector 300 MG/2ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Methoxsalen Rapid Oral Capsule 10 MG	Tier 4	
Otuifi Subcutaneous Solution 45 MG/0.5ML	Tier 3	Specialty; Prior Authorization Required
Otuifi Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML, 90 MG/ML	Tier 3	Specialty; Prior Authorization Required
Skyrizi Pen Subcutaneous Solution Auto-Injector 150 MG/ML	Tier 4	Specialty; Prior Authorization Required
Skyrizi Subcutaneous Solution Prefilled Syringe 150 MG/ML	Tier 4	Specialty; Prior Authorization Required
Sotyktu Oral Tablet 6 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Spevigo Subcutaneous Solution Prefilled Syringe 150 MG/ML, 300 MG/2ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Starjemza Subcutaneous Solution 45 MG/0.5ML	Tier 3	Specialty; Prior Authorization Required
Starjemza Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML, 90 MG/ML	Tier 3	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Tremfya One-Press Solution Pen-Injector 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Tremfya Pen Solution Auto-Injector 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
Tremfya Solution Prefilled Syringe 100 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required
*Antipsoriatics*** - Drugs For The Skin		
Calcipotriene External Cream 0.005 %	Tier 2	
Calcipotriene External Foam 0.005 %	Tier 4	
Calcipotriene External Ointment 0.005 %	Tier 2	
Calcipotriene External Solution 0.005 %	Tier 4	
Calcitrene External Ointment 0.005 %	Tier 2	
Calcitriol External Ointment 3 MCG/GM	Tier 4	
Sorilux External Foam 0.005 %	Tier 4	
Tazarotene External Cream 0.05 %, 0.1 %	Tier 2	
Tazarotene External Gel 0.05 %, 0.1 %	Tier 2	
Vectical External Ointment 3 MCG/GM	Tier 4	
Vtama External Cream 1 %	Tier 4	
*Antiseborrheic Products*** - Drugs For The Skin		
Selenium Sulfide External Lotion 2.5 %	Tier 1	
Sodium Sulfacetamide Shampoo 10 % External	Tier 2	
Sodium Sulfacetamide Wash External Liquid 10 %	Tier 2	
Sulfacetamide Sodium (Cleans) External Gel 10 %	Tier 2	
Sulfacetamide Sodium External Liquid 10 %	Tier 2	
*Antiviral Topical Combinations*** - Drugs For The Skin		
Xerese External Cream 5-1 %	Tier 4	
*Antivirals - Topical*** - Drugs For The Skin		
Acyclovir External Cream 5 %	Tier 2	
Acyclovir External Ointment 5 %	Tier 2	
Penciclovir External Cream 1 %	Tier 2	
Zelsuvmi External Gel 10.3 %	Tier 4	Prior Authorization Required
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*** - Drugs For The Skin		

Drug Name	Tier	Notes
Anzupgo External Cream 20 MG/GM	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 GM per 30 Days)
Cibinqo Oral Tablet 100 MG, 200 MG, 50 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Opzelura External Cream 1.5 %	Tier 4	Prior Authorization Required; Quantity Limit (60 GM per 30 days)
*Atopic Dermatitis - Monoclonal Antibodies*** - Drugs For The Skin		
Adbry Subcutaneous Solution Auto-Injector 300 MG/2ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Adbry Subcutaneous Solution Prefilled Syringe 150 MG/ML	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 Subcutaneous Solution Prefilled Syringe 250 MG/2ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
*Burn Products*** - Drugs For The Skin		
Silver sulfADIAZINE External Cream 1 %	Tier 1	
SSD External Cream 1 %	Tier 1	
Sulfamylon External Cream 85 MG/GM	Tier 4	
*Corticosteroids - Topical*** - Drugs For The Skin		
Ala Scalp External Lotion 2 %	Tier 4	Quantity Limit (118.4 ML per 30 days)
Alclometasone Dipropionate External Cream 0.05 %	Tier 2	Quantity Limit (120 GM per 30 days)
Alclometasone Dipropionate External Ointment 0.05 %	Tier 4	Quantity Limit (120 GM per 30 days)
Amcinonide External Cream 0.1 %	Tier 4	Quantity Limit (120 GM per 30 days)

Drug Name	Tier	Notes
Amcinonide External Ointment 0.1 %	Tier 4	Quantity Limit (120 GM per 30 days)
Betamethasone Dipropionate Aug External Cream 0.05 %	Tier 1	Quantity Limit (200 GM per 28 days)
Betamethasone Dipropionate Aug External Gel 0.05 %	Tier 4	Quantity Limit (200 GM per 28 days)
Betamethasone Dipropionate Aug External Ointment 0.05 %	Tier 2	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 External Cream 0.05 %	Tier 2	Quantity Limit (135 GM per 30 days)
Betamethasone Dipropionate External Lotion 0.05 %	Tier 2	Quantity Limit (120 ML per 30 days)
Betamethasone Dipropionate External Ointment 0.05 %	Tier 2	Quantity Limit (135 GM per 30 days)
Betamethasone Valerate External Cream 0.1 %	Tier 2	Quantity Limit (135 GM per 30 days)
Betamethasone Valerate External Foam 0.12 %	Tier 2	Quantity Limit (150 GM per 30 days)
Betamethasone Valerate External Lotion 0.1 %	Tier 4	Quantity Limit (120 ML per 30 days)
Betamethasone Valerate External Ointment 0.1 %	Tier 2	Quantity Limit (135 GM per 30 days)
Bryhali External Lotion 0.01 %	Tier 4	Quantity Limit (200 GM per 28 days)
Clobetasol Prop Emollient Base External Cream 0.05 %	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 External Cream 0.05 %	Tier 2	Quantity Limit (210 GM per 28 days)
Clobetasol Propionate Emulsion External Foam 0.05 %	Tier 2	Quantity Limit (200 GM per 28 days)
Clobetasol Propionate External Foam 0.05 %	Tier 2	Quantity Limit (200 GM per 28 days)
Clobetasol Propionate External Gel 0.05 %	Tier 2	Quantity Limit (210 GM per 28 days)
Clobetasol Propionate External Liquid 0.05 %	Tier 2	Quantity Limit (236 ML per 28 days)
Clobetasol Propionate External Lotion 0.05 %	Tier 2	Quantity Limit (177 ML per 28 days)
Clobetasol Propionate External Shampoo 0.05 %	Tier 2	Quantity Limit (236 ML per 30 days)
Clobetasol Propionate External Solution 0.05 %	Tier 2	Quantity Limit (200 ML per 28 days)
Clobetasol Propionate Ointment 0.05 % External	Tier 2	
Clobetasol Propionate OINTMENT 0.05 % EXTERNAL	Tier 2	Quantity Limit (210 GM per 28 days)
Clocortolone Pivalate External Cream 0.1 %	Tier 4	Quantity Limit (135 GM per 30 days)
Clodan External Shampoo 0.05 %	Tier 2	Quantity Limit (236 ML per 30 days)
Cordran External Tape 4 MCG/SQCM	Tier 4	Quantity Limit (1 EA per 30 days)
Desonide External Cream 0.05 %	Tier 2	Quantity Limit (120 GM per 30 days)
Desonide External Gel 0.05 %	Tier 4	Quantity Limit (120 GM per 30 days)
Desonide External Lotion 0.05 %	Tier 2	Quantity Limit (118 ML per 30 days)

Drug Name	Tier	Notes
Desonide External Ointment 0.05 %	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 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Desoximetasone Cream 0.25 % External	Tier 2	Quantity Limit (120 EA per 30 days)
Desoximetasone CREAM 0.25 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Desoximetasone External Gel 0.05 %	Tier 4	Quantity Limit (120 GM per 30 days)
Desoximetasone External Liquid 0.25 %	Tier 2	Quantity Limit (100 ML per 30 days)
Desoximetasone External Ointment 0.05 %, 0.25 %	Tier 2	Quantity Limit (120 GM per 30 days)
Diflorasone Diacetate External Cream 0.05 %	Tier 4	Quantity Limit (120 GM per 30 days)
Diflorasone Diacetate External Ointment 0.05 %	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinolone Acetonide Body External Oil 0.01 %	Tier 2	Quantity Limit (118.28 ML per 30 days)
Fluocinolone Acetonide External Cream 0.01 %, 0.025 %	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinolone Acetonide External Ointment 0.025 %	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinolone Acetonide External Solution 0.01 %	Tier 2	Quantity Limit (120 ML per 30 days)
Fluocinolone Acetonide Scalp External Oil 0.01 %	Tier 2	Quantity Limit (118.28 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 External Cream 0.05 %	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinonide External Gel 0.05 %	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinonide External Ointment 0.05 %	Tier 2	Quantity Limit (120 GM per 30 days)
Fluocinonide Solution 0.05 % External	Tier 2	Quantity Limit (120 EA per 30 days)
Fluocinonide SOLUTION 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 ML per 30 days)
Flurandrenolide External Lotion 0.05 %	Tier 4	Quantity Limit (120 ML per 30 days)
Fluticasone Propionate CREAM 0.05 % EXTERNAL	Tier 2	Quantity Limit (120 GM per 30 days)
Fluticasone Propionate External Lotion 0.05 %	Tier 4	Quantity Limit (120 ML per 30 days)
Fluticasone Propionate External Ointment 0.005 %	Tier 2	Quantity Limit (120 GM per 30 days)
Halcinonide External Cream 0.1 %	Tier 2	Quantity Limit (120 GM per 30 days)
Halcinonide External Solution 0.1 %	Tier 4	
Halobetasol Propionate External Cream 0.05 %	Tier 2	Quantity Limit (200 GM per 28 days)
Halobetasol Propionate External Foam 0.05 %	Tier 2	Quantity Limit (200 GM per 28 days)
Halobetasol Propionate External Lotion 0.05 %	Tier 4	Quantity Limit (240 ML per 30 Days)
Halobetasol Propionate External Ointment 0.05 %	Tier 2	Quantity Limit (200 GM per 28 days)
Hydrocortisone Acetate Cream 2.5 % External	Tier 4	
Hydrocortisone Butyrate External Cream 0.1 %	Tier 4	Quantity Limit (135 GM per 30 days)
Hydrocortisone Butyrate External Lotion 0.1 %	Tier 2	Quantity Limit (118 ML per 30 days)

Drug Name	Tier	Notes
Hydrocortisone Butyrate External Ointment 0.1 %	Tier 4	Quantity Limit (135 GM per 30 days)
Hydrocortisone Butyrate External Solution 0.1 %	Tier 4	Quantity Limit (120 ML per 30 days)
Hydrocortisone CREAM 2.5 % EXTERNAL	Tier 1	Quantity Limit (454 GM per 30 days)
Hydrocortisone External Solution 2.5 %	Tier 4	Quantity Limit (120 ML 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 Valerate External Cream 0.2 %	Tier 2	Quantity Limit (120 GM per 30 days)
Hydrocortisone Valerate External Ointment 0.2 %	Tier 2	Quantity Limit (120 GM per 30 days)
Impoz External Cream 0.025 %	Tier 4	Quantity Limit (200 GM per 28 days)
Lexette External Foam 0.05 %	Tier 2	Quantity Limit (200 GM per 28 days)
MiCort HC External Cream 2.5 %	Tier 4	
Mometasone Furoate External Cream 0.1 %	Tier 2	Quantity Limit (135 GM per 30 days)
Mometasone Furoate External Solution 0.1 %	Tier 2	Quantity Limit (120 ML per 30 days)
Mometasone Furoate OINTMENT 0.1 % EXTERNAL	Tier 1	Quantity Limit (135 GM per 30 days)
Sernivo External Emulsion 0.05 %	Tier 4	Quantity Limit (120 ML per 30 days)
Texacort External Solution 2.5 %	Tier 4	Quantity Limit (120 ML per 30 days)
Tovet External Foam 0.05 %	Tier 2	Quantity Limit (200 GM per 28 days)
Triamcinolone Acetonide External Aerosol Solution 0.147 MG/GM	Tier 4	Quantity Limit (126 GM per 30 days)
Triamcinolone Acetonide External Cream 0.025 %, 0.1 %, 0.5 %	Tier 1	Quantity Limit (454 GM per 30 days)
Triamcinolone Acetonide Lotion 0.025 % External	Tier 4	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 External Ointment 0.05 %	Tier 2	Quantity Limit (430 GM per 30 days)
Triderm External Cream 0.5 %	Tier 1	Quantity Limit (454 GM per 30 days)
Ultravate External Lotion 0.05 %	Tier 4	Quantity Limit (240 ML per 30 days)
*Emollients*** - Drugs For The Skin		
Ammonium Lactate External Cream 12 %	Tier 2	
Ammonium Lactate External Lotion 12 %	Tier 2	
*Enzymes - Topical*** - Drugs For The Skin		

Drug Name	Tier	Notes
Santyl External Ointment 250 UNIT/GM	Tier 4	
*Imidazole-Related Antifungals - Topical*** - Drugs For The Skin		
Econazole Nitrate External Cream 1 %	Tier 2	
Econazole Nitrate External Foam 1 %	Tier 4	
Ecoza External Foam 1 %	Tier 4	
Ertaczo External Cream 2 %	Tier 4	
Exelderm External Cream 1 %	Tier 4	
Exelderm External Solution 1 %	Tier 4	
Ketoconazole External Cream 2 %	Tier 2	
Ketoconazole External Foam 2 %	Tier 2	
Ketoconazole External Shampoo 2 %	Tier 1	
Ketodan External Foam 2 %	Tier 2	
Luliconazole External Cream 1 %	Tier 4	
Luzu External Cream 1 %	Tier 4	
Oxiconazole Nitrate External Cream 1 %	Tier 2	
Oxistat External Lotion 1 %	Tier 4	
Sulconazole Nitrate External Cream 1 %	Tier 4	
Sulconazole Nitrate External Solution 1 %	Tier 4	
*Immunomodulators Imidazoquinolinamines - Topical*** - Drugs For The Skin		
Imiquimod Cream 3.75 % External	Tier 2	
Imiquimod Cream 5 % External	Tier 2	Prior Authorization Required
Imiquimod CREAM 5 % EXTERNAL	Tier 2	
Imiquimod Pump External Cream 3.75 %	Tier 2	
*Interleukin-31 Receptor Antagonists - Systemic*** - Drugs For The Skin		
Nemludio Auto-Injector 30 MG Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 28 days)
*Keratolytic/Antimitotic/Vesicant Agents*** - Drugs For The Skin		
Podofilox External Gel 0.5 %	Tier 2	Prior Authorization Required
Podofilox External Solution 0.5 %	Tier 4	
*Local Anesthetics - Topical*** - Drugs For The Skin		

Drug Name	Tier	Notes
Lidocaine HCl External Solution 4 %	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 External Patch 5 %	Tier 2	Quantity Limit (90 EA per 30 days)
Tridacaine III External Patch 5 %	Tier 2	Quantity Limit (90 EA per 30 days)
Tridacaine XL External Patch 5 %	Tier 2	Quantity Limit (90 EA per 30 days)
ZTlido External Patch 1.8 %	Tier 4	Prior Authorization Required; Quantity Limit (90 EA per 30 days)
*Macrolide Immunosuppressants - Topical*** - Drugs For The Skin		
Hyftor External Gel 0.2 %	Tier 4	Prior Authorization Required
Pimecrolimus External Cream 1 %	Tier 2	
Tacrolimus External Ointment 0.03 %, 0.1 %	Tier 2	
*Microtubule Inhibitors - Topical*** - Drugs For The Skin		
Klisyri (250 mg) External Ointment 1 %	Tier 4	
Klisyri (350 mg) External Ointment 1 %	Tier 4	
*Misc. Topical*** - Drugs For The Skin		
Qbrexza External Pad 2.4 %	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Sofdra External Gel 12.45 %	Tier 4	Prior Authorization Required; Quantity Limit (40.2 ML per 30 days)
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** - Drugs For The Skin		
Eucria External Ointment 2 %	Tier 3	
*Rosacea Agents*** - Drugs For The Skin		
Azelaic Acid External Gel 15 %	Tier 2	
Brimonidine Tartrate External Gel 0.33 %	Tier 2	
Doxycycline Oral Capsule Delayed Release 40 MG	Tier 2	
Emrosi Oral Capsule Extended Release 24 Hour 40 MG	Tier 4	
Ivermectin External Cream 1 %	Tier 2	
metroNIDAZOLE External Cream 0.75 %	Tier 2	
metroNIDAZOLE External Gel 0.75 %, 1 %	Tier 2	
metroNIDAZOLE External Lotion 0.75 %	Tier 2	
Zilxi External Foam 1.5 %	Tier 3	

Drug Name	Tier	Notes
*Scabicides & Pediculicides*** - Drugs For The Skin		
Crotan External Lotion 10 %	Tier 4	Prior Authorization Required
Eurax External Cream 10 %	Tier 4	
Malathion External Lotion 0.5 %	Tier 2	
Natroba External Suspension 0.9 %	Tier 4	
Permethrin External Cream 5 %	Tier 2	
Pruradik External Lotion 10 %	Tier 4	Prior Authorization Required
Spinosad External Suspension 0.9 %	Tier 4	
*Steroid-Local Anesthetic Combinations*** - Drugs For The Skin		
Epifoam External Foam 1-1 %	Tier 4	
Pramosone Lotion 1-2.5 % External	Tier 4	
*Topical Anesthetic Combinations*** - Drugs For The Skin		
Lidocaine-Prilocaine External Cream 2.5-2.5 %	Tier 1	Quantity Limit (60 GM per 30 days)
Pliaglis External Cream 7-7 %	Tier 4	Prior Authorization Required; Quantity Limit (120 GM per 30 Days)
*Topical Selective Retinoid X Receptor Agonists*** - Drugs For The Skin		
Bexarotene External Gel 1 %	Tier 2	Specialty; Prior Authorization Required
*Topical Steroid Combinations*** - Drugs For The Skin		
Duobrii External Lotion 0.01-0.045 %	Tier 4	
Enstilar External Foam 0.005-0.064 %	Tier 3	
*Wound Dressings*** - Drugs For The Skin		
Filsuvez External Gel 10 %	Tier 4	Specialty; Prior Authorization Required
Digestive Aids - Drugs For The Stomach		
*Digestive Enzymes*** - Drugs For The Stomach		
Creon Oral Capsule Delayed Release Particles 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 3	
Sucraid Oral Solution 8500 UNIT/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (300 ML per 30 days)

Drug Name	Tier	Notes
Zenpep Oral Capsule Delayed Release Particles 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000- 126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 3	
Diuretics - Drugs For The Heart		
*Carbonic Anhydrase Inhibitors*** - Drugs For High Blood Pressure		
acetaZOLAMIDE ER Oral Capsule Extended Release 12 Hour 500 MG	Tier 2	Healthy Values
acetaZOLAMIDE Tablet 125 MG Oral	Tier 1	Healthy Values
acetaZOLAMIDE Tablet 250 MG Oral	Tier 2	
AcetaZOLAMIDE Tablet 250 MG Oral	Tier 2	Healthy Values
Dichlorphenamide Oral Tablet 50 MG	Tier 2	Specialty; Prior Authorization Required
methazoIAMIDE Oral Tablet 25 MG, 50 MG	Tier 2	
Ormalvi Oral Tablet 50 MG	Tier 2	Specialty; Prior Authorization Required
*Diuretic Combinations*** - Drugs For High Blood Pressure		
aMILoride-hydroCHLORothiazide Oral Tablet 5-50 MG	Tier 4	
Spironolactone-HCTZ Oral Tablet 25-25 MG	Tier 2	Healthy Values
Triamterene-HCTZ Oral Capsule 37.5-25 MG	Tier 1	Healthy Values
Triamterene-HCTZ Oral Tablet 37.5-25 MG, 75-50 MG	Tier 1	Healthy Values
*Loop Diuretics*** - Drugs For High Blood Pressure		
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 Oral Tablet 25 MG	Tier 2	
Furoscix Subcutaneous Cartridge Kit 80 MG/10ML	Tier 4	Specialty; Prior Authorization Required
Furosemide Oral Tablet 20 MG, 40 MG, 80 MG	Tier 1	Healthy Values
Furosemide SOLUTION 10 MG/ML ORAL	Tier 4	Prior Authorization Required; Quantity Limit (1800 ML per 30 days)
Furosemide SOLUTION 8 MG/ML ORAL	Tier 4	Quantity Limit (2250 ML per 30 days)
Lasix ONYU Subcutaneous Cartridge Kit 80 MG/2.67ML	Tier 4	Prior Authorization Required
SOAANZ Oral Tablet 40 MG	Tier 4	
Torsemide Oral Tablet 10 MG, 100 MG, 20 MG, 5 MG	Tier 1	Healthy Values

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

Drug Name	Tier	Notes
*Bisphosphonates*** - Drugs For Menopause And Bone Loss		
Alendronate Sodium Oral Solution 70 MG/75ML	Tier 2	
Alendronate Sodium Oral Tablet 10 MG, 35 MG, 70 MG	Tier 1	Healthy Values
Binosto Oral Tablet Effervescent 70 MG	Tier 4	
Fosamax Plus D Oral Tablet 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 4	
Ibandronate Sodium Oral Tablet 150 MG	Tier 1	Healthy Values
Risedronate Sodium Oral Tablet 150 MG, 30 MG, 35 MG, 5 MG	Tier 2	
Risedronate Sodium Oral Tablet Delayed Release 35 MG	Tier 4	
*Calcimimetic Agents*** - Drugs For Menopause And Bone Loss		
Cinacalcet HCl Oral Tablet 30 MG, 60 MG, 90 MG	Tier 2	Prior Authorization Required
*Calcitonins*** - Drugs For Menopause And Bone Loss		
Calcitonin (Salmon) Injection Solution 200 UNIT/ML	Tier 2	
Calcitonin (Salmon) Nasal Solution 200 UNIT/ACT	Tier 2	
*Carnitine Replenisher - Agents*** - Drugs For Menopause And Bone Loss		
levOCARNitine Oral Solution 1 GM/10ML	Tier 2	
levOCARNitine Oral Tablet 330 MG	Tier 2	
levOCARNitine SF Oral Solution 1 GM/10ML	Tier 2	
*Corticotropin*** - Hormones		
Acthar Injection Gel 80 UNIT/ML	Tier 4	Specialty; Prior Authorization Required
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag - Hormones		
Crenessity Oral Capsule 100 MG, 25 MG, 50 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Crenessity Oral Solution 50 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 ML per 30 days)
*Cortisol Synthesis Inhibitors*** - Hormones		
Isturisa Tablet 1 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)

Drug Name	Tier	Notes
Isturisa Tablet 5 MG Oral	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (360 EA per 30 days)
Recorlev Oral Tablet 150 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 EA per 30 days)
*Dopamine Receptor Agonists*** - Drugs For Women		
Cabergoline Oral Tablet 0.5 MG	Tier 2	
*Fabry Disease - Agents*** - Drugs For Menopause And Bone Loss		
Galafold Oral Capsule 123 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 28 days)
*Familial Chylomicronemia Syndrome (Fcs) - Agents*** - Drugs For Diabetes		
Redemplo Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML	Tier 3	Specialty; Prior Authorization Required
Tryngolza Subcutaneous Solution Auto-Injector 80 MG/0.8ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (0.8 ML per 28 days)
*Gaa Deficiency Treatment - Agents*** - Drugs For Menopause And Bone Loss		
Opfolda Oral Capsule 65 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (8 EA per 28 days)
*Gnrh/Lhrh Antagonists*** - Drugs For Women		
Fyremadel Subcutaneous Solution Prefilled Syringe 250 MCG/0.5ML	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)
*Growth Hormone Receptor Antagonists*** - Drugs For Growth		
Somavert Subcutaneous Solution Reconstituted 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	Specialty
*Growth Hormone Releasing Hormones (Ghrh)*** - Drugs For Growth		
Egrifta SV Subcutaneous Solution Reconstituted 2 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
*Growth Hormones*** - Drugs For Growth		
Genotropin MiniQuick Subcutaneous Prefilled Syringe 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 3	Specialty; Prior Authorization Required
Genotropin Subcutaneous Cartridge 12 MG, 5 MG	Tier 3	Specialty; Prior Authorization Required
Omnitrope Subcutaneous Solution Cartridge 10 MG/1.5ML, 5 MG/1.5ML	Tier 3	Specialty; Prior Authorization Required
Omnitrope Subcutaneous Solution Reconstituted 5.8 MG	Tier 3	Specialty; Prior Authorization Required
Skytrofa Subcutaneous Cartridge 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 4	Specialty; Prior Authorization Required
*Hereditary Orotic Aciduria Treatment - Agents** - Drugs For Menopause And Bone Loss		
Xuriden Oral Packet 2 GM	Tier 4	Specialty
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** - Drugs For Menopause And Bone Loss		
Nitisinone Oral Capsule 10 MG, 2 MG, 20 MG, 5 MG	Tier 2	Specialty
Nityr Oral Tablet 10 MG, 2 MG, 5 MG	Tier 3	Specialty
Orfadin Oral Suspension 4 MG/ML	Tier 3	Specialty
*Homocystinuria Treatment - Agents*** - Drugs For Menopause And Bone Loss		
Betaine Oral Powder	Tier 2	Specialty
*Hyperammonemia Treatment - Agents*** - Drugs For Menopause And Bone Loss		
Carglumic Acid Oral Tablet Soluble 200 MG	Tier 2	Specialty; Prior Authorization Required
*Hyperparathyroid Treatment - Vitamin D Analogs*** - Drugs For Menopause And Bone Loss		
Calcitriol CAPSULE 0.25 MCG ORAL	Tier 1	
Calcitriol Capsule 0.5 MCG Oral	Tier 2	
Calcitriol Oral Solution 1 MCG/ML	Tier 2	
Doxercalciferol Oral Capsule 0.5 MCG, 1 MCG, 2.5 MCG	Tier 4	
Paricalcitol Oral Capsule 1 MCG, 2 MCG, 4 MCG	Tier 2	
Rayaldee Oral Capsule Extended Release 30 MCG	Tier 4	
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs*** - Drugs For Menopause And Bone Loss		

Drug Name	Tier	Notes
Yorvipath Solution Pen-Injector 168 MCG/0.56ML Subcutaneous	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (1.12 ML per 28 days)
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)
*Hypophosphatasia (Hpp) Agents*** - Drugs For Menopause And Bone Loss		
Strensiq Subcutaneous Solution 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 3	Specialty; Prior Authorization Required
*Insulin-Like Growth Factors (Somatomedins)*** - Hormones		
Increlex Subcutaneous Solution 40 MG/4ML	Tier 3	Specialty
*Leptin Analogues*** - Hormones		
Myalept Subcutaneous Solution Reconstituted 11.3 MG	Tier 4	Specialty; Prior Authorization Required
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** - Drugs For Women		
Lupron Depot-Ped (1-Month) Intramuscular Kit 11.25 MG, 15 MG, 7.5 MG	Tier 3	
Lupron Depot-Ped (3-Month) Intramuscular Kit 11.25 MG, 30 MG	Tier 3	
Lupron Depot-Ped (6-Month) Intramuscular Kit 45 MG	Tier 3	
Synarel Nasal Solution 2 MG/ML	Tier 4	Specialty
*Melanocortin 4 (Mc4) Receptor Agonists*** - Drugs For Menopause And Bone Loss		
Imcivree Subcutaneous Solution 10 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (10 ML per 30 days)
*Natriuretic Peptides*** - Drugs For Menopause And Bone Loss		
Voxzogo Subcutaneous Solution Reconstituted 0.4 MG, 0.56 MG, 1.2 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Non-Steroidal Mineralocorticoid Receptor Antagonists*** - Hormones		
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)

Drug Name	Tier	Notes
*Ovulation Stimulants-Gonadotropins*** - Drugs For Women		
Chorionic Gonadotropin Solution Reconstituted 10000 UNIT Intramuscular	Tier 3	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 Subcutaneous Solution 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Gonal-f Injection Solution Reconstituted 450 UNIT	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Gonal-f RFF Rediject Subcutaneous Solution Pen-Injector 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Menopur Subcutaneous Solution Reconstituted 75 UNIT	Tier 4	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Novarel Intramuscular Solution Reconstituted 5000 UNIT	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Ovidrel Subcutaneous Solution Prefilled Syringe 250 MCG/0.5ML	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
Pregnyl Intramuscular Solution Reconstituted 10000 UNIT	Tier 3	Prior Authorization Required; Review your Plan's SPD to confirm coverage
*Ovulation Stimulants-Synthetic*** - Drugs For Women		
Clomid Oral Tablet 50 MG	Tier 2	Review your Plan's SPD to confirm coverage
clomiPHENE Citrate Oral Tablet 50 MG	Tier 2	Review your Plan's SPD to confirm coverage
MiloPhene Oral Tablet 50 MG	Tier 2	Review your Plan's SPD to confirm coverage
*Parathyroid Hormone And Derivatives*** - Drugs For Menopause And Bone Loss		
Teriparatide Solution Pen-Injector 560 MCG/2.24ML Subcutaneous	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (2.24 ML per 28 days)
Tymlos Subcutaneous Solution Pen-Injector 3120 MCG/1.56ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1.56 ML per 30 days)
*Phenylketonuria Treatment - Agents*** - Drugs For Menopause And Bone Loss		
Javygtor Oral Packet 100 MG, 500 MG	Tier 2	Specialty; Prior Authorization Required
Javygtor Oral Tablet 100 MG	Tier 2	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Palynziq Subcutaneous Solution Prefilled Syringe 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	Tier 4	Specialty; Prior Authorization Required
Sapropterin Dihydrochloride Oral Packet 100 MG, 500 MG	Tier 2	Specialty; Prior Authorization Required
Sapropterin Dihydrochloride Oral Tablet 100 MG	Tier 2	Specialty; Prior Authorization Required
Sephience Oral Packet 1000 MG, 250 MG	Tier 4	Specialty; Prior Authorization Required
Zelvysia Oral Packet 100 MG, 500 MG	Tier 2	Specialty; Prior Authorization Required
*Selective Estrogen Receptor Modulators (Serms)*** - Drugs For Menopause And Bone Loss		
Osphena Oral Tablet 60 MG	Tier 4	
Raloxifene HCl Oral Tablet 60 MG	Tier 2	ACA Drug
*Selective Vasopressin V2-Receptor Antagonists*** - Hormones		
Jynarque Oral Tablet Therapy Pack 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
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)
Tolvaptan (Hyponatremia) Oral Tablet 15 MG, 30 MG	Tier 2	Specialty
*Somatostatic Agents*** - Drugs For Growth		
Mycapssa Capsule Delayed Release 20 MG Oral	Tier 4	Specialty
Octreotide Acetate Injection Solution 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 2	Specialty
Octreotide Acetate Subcutaneous Solution Prefilled Syringe 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 4	Specialty
Signifor Subcutaneous Solution 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 4	Specialty
*Urea Cycle Disorder - Agents*** - Drugs For Menopause And Bone Loss		
Glycerol Phenylbutyrate Liquid 1.1 GM/ML Oral	Tier 2	Specialty; Prior Authorization Required
Pheburane Oral Pellet 483 MG/GM	Tier 4	Specialty; Prior Authorization Required
Ravicti Oral Liquid 1.1 GM/ML	Tier 4	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Sodium Phenylbutyrate Oral Powder 3 GM/TSP	Tier 2	Specialty; Prior Authorization Required
Sodium Phenylbutyrate Oral Tablet 500 MG	Tier 2	Specialty; Prior Authorization Required
*Vasopressin*** - Hormones		
Desmopressin Ace Spray Refrig Nasal Solution 0.01 %	Tier 2	
Desmopressin Acetate Injection Solution 4 MCG/ML	Tier 2	
Desmopressin Acetate Oral Tablet 0.1 MG, 0.2 MG	Tier 2	
Desmopressin Acetate PF Injection Solution 4 MCG/ML	Tier 2	
Desmopressin Acetate Spray Nasal Solution 0.01 %	Tier 4	
Estrogens - Hormones		
*Estrogen & Androgen*** - Drugs For Women		
Covaryx HS Oral Tablet 0.625-1.25 MG	Tier 2	
Covaryx Oral Tablet 1.25-2.5 MG	Tier 2	
EEMT HS Oral Tablet 0.625-1.25 MG	Tier 2	
EEMT Oral Tablet 1.25-2.5 MG	Tier 2	
Est Estrogens-Methyltest DS Oral Tablet 1.25-2.5 MG	Tier 2	
Est Estrogens-Methyltest HS Oral Tablet 0.625-1.25 MG	Tier 2	
Est Estrogens-Methyltest Oral Tablet 1.25-2.5 MG	Tier 2	
Estratest H.S. Oral Tablet 0.625-1.25 MG	Tier 2	
*Estrogen & Progestin*** - Drugs For Women		
Abigale Lo Oral Tablet 0.5-0.1 MG	Tier 2	
Abigale Oral Tablet 1-0.5 MG	Tier 2	
Angeliq Oral Tablet 0.25-0.5 MG, 0.5-1 MG	Tier 4	
Climara Pro Transdermal Patch Weekly 0.045-0.015 MG/DAY	Tier 3	Quantity Limit (4 EA per 28 days)
CombiPatch Transdermal Patch Twice Weekly 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 4	Quantity Limit (8 EA per 28 days)
Estradiol-Norethindrone Acet Oral Tablet 0.5-0.1 MG, 1-0.5 MG	Tier 2	
Fyavolv Oral Tablet 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 2	
Jinteli Oral Tablet 1-5 MG-MCG	Tier 2	
Mimvey Oral Tablet 1-0.5 MG	Tier 2	

Drug Name	Tier	Notes
Norethindrone-Eth Estradiol Oral Tablet 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 2	
Premphase Oral Tablet 0.625-5 MG	Tier 3	
Prempro Oral Tablet 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	
*Estrogen-Progestin-Gnrh Antagonist*** - Drugs For Woman		
Myfembree Oral Tablet 40-1-0.5 MG	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
OriaHnn Oral Capsule Therapy Pack 300-1-0.5 & 300 MG	Tier 3	Prior Authorization Required; Quantity Limit (56 EA per 28 days)
*Estrogens*** - Drugs For Women		
Alora Transdermal Patch Twice Weekly 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 4	Quantity Limit (8 EA per 28 days)
Depo-Estradiol Intramuscular Oil 5 MG/ML	Tier 4	
Dotti Transdermal Patch Twice Weekly 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 2	Quantity Limit (8 EA per 28 days)
Elestrin Transdermal Gel 0.52 MG/0.87 GM (0.06%)	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 0.5 MG/0.5GM Transdermal	Tier 2	Quantity Limit (30 EA 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/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 Oral Tablet 0.5 MG, 1 MG, 2 MG	Tier 1	
Estradiol Transdermal Patch Twice Weekly 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 2	Quantity Limit (8 EA per 28 days)
Estradiol Transdermal Patch Weekly 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 2	Quantity Limit (4 EA per 28 days)
Estradiol Valerate Intramuscular Oil 10 MG/ML, 20 MG/ML, 40 MG/ML	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	

Drug Name	Tier	Notes
Evamist Transdermal Solution 1.53 MG/SPRAY	Tier 4	Quantity Limit (40.5 ML per 93 days)
Lyllana Transdermal Patch Twice Weekly 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 2	Quantity Limit (8 EA per 28 days)
Menostar Transdermal Patch Weekly 14 MCG/24HR	Tier 4	Quantity Limit (4 EA per 28 days)
Premarin Oral Tablet 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 3	
*Estrogen-Selective Estrogen Receptor Modulator Comb*** - Drugs For Women		
Duavee Oral Tablet 0.45-20 MG	Tier 3	
Fluoroquinolones - Drugs For Infections		
*Fluoroquinolones*** - Antibiotics		
Baxdela Oral Tablet 450 MG	Tier 4	
Cipro Oral Suspension Reconstituted 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 4	
Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG	Tier 1	
levoFLOXacin Oral Solution 25 MG/ML	Tier 2	
levoFLOXacin Oral Tablet 250 MG, 500 MG, 750 MG	Tier 1	
Moxifloxacin HCl Oral Tablet 400 MG	Tier 2	
Ofloxacin TABLET 300 MG ORAL	Tier 3	
Ofloxacin Tablet 400 MG Oral	Tier 4	
Gastrointestinal Agents - Misc. - Drugs For The Stomach		
*Bile Acid Synthesis Disorder Agents*** - Drugs For The Stomach		
Cholbam Oral Capsule 250 MG, 50 MG	Tier 4	Specialty
Ctexli Oral Tablet 250 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation		
Trulance Oral Tablet 3 MG	Tier 3	
*Gallstone Solubilizing Agents*** - Drugs For The Stomach		
Reltone Oral Capsule 200 MG, 400 MG	Tier 4	
Ursodiol Capsule 200 MG Oral	Tier 4	
Ursodiol CAPSULE 300 MG ORAL	Tier 2	

Drug Name	Tier	Notes
Ursodiol Capsule 400 MG Oral	Tier 4	
Ursodiol Oral Tablet 250 MG, 500 MG	Tier 2	
*Gastrointestinal Antiallergy Agents*** - Drugs For The Stomach		
Cromolyn Sodium Oral Concentrate 100 MG/5ML	Tier 2	
*Gastrointestinal Chloride Channel Activators*** - Drugs For Irritable Bowel Syndrome		
Lubiprostone Oral Capsule 24 MCG, 8 MCG	Tier 4	
*Gastrointestinal Stimulants*** - Drugs For The Stomach		
Gimoti Nasal Solution 15 MG/ACT	Tier 4	
Metoclopramide HCl Oral Tablet 10 MG, 5 MG	Tier 1	
Metoclopramide HCl Solution 5 MG/5ML Oral	Tier 2	
*Glucagon-Like Peptide-2 (Glp-2) Analogs*** - Drugs For The Stomach		
Gattex Subcutaneous Kit 5 MG	Tier 4	Specialty; Prior Authorization Required
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation		
Linzess Oral Capsule 145 MCG, 290 MCG, 72 MCG	Tier 3	
*Ibs Agent - Mu-Opioid Receptor Agonists*** - Drugs For Irritable Bowel Syndrome		
Viberzi Oral Tablet 100 MG, 75 MG	Tier 3	
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** - Drugs For Irritable Bowel Syndrome		
Alosetron HCl Oral Tablet 0.5 MG, 1 MG	Tier 2	
*Ileal Bile Acid Transporter (Ibat) Inhibitors*** - Drugs For The Stomach		
Bylvay (Pellets) Oral Capsule Sprinkle 200 MCG, 600 MCG	Tier 4	Specialty; Prior Authorization Required
Bylvay Oral Capsule 1200 MCG, 400 MCG	Tier 4	Specialty; Prior Authorization Required
Livmarli Oral Solution 19 MG/ML, 9.5 MG/ML	Tier 4	Specialty; Prior Authorization Required
Livmarli Oral Tablet 10 MG, 15 MG, 20 MG, 30 MG	Tier 4	Specialty; Prior Authorization Required
*Inflammatory Bowel Agents*** - Drugs For Inflammatory Bowel Disease		
Balsalazide Disodium Oral Capsule 750 MG	Tier 2	

Drug Name	Tier	Notes
Dipentum Oral Capsule 250 MG	Tier 4	
Mesalamine ER Oral Capsule Extended Release 24 Hour 0.375 GM	Tier 2	
Mesalamine ER Oral Capsule Extended Release 500 MG	Tier 2	
Mesalamine Oral Capsule Delayed Release 400 MG	Tier 2	
Mesalamine Oral Tablet Delayed Release 1.2 GM, 800 MG	Tier 2	
Mesalamine Rectal Enema 4 GM	Tier 2	
Mesalamine Rectal Suppository 1000 MG	Tier 2	
Pentasa Capsule Extended Release 250 MG Oral	Tier 4	
sulfaSALazine Oral Tablet 500 MG	Tier 1	
SulfaSALazine Oral Tablet Delayed Release 500 MG	Tier 2	
*Integrin Receptor Antagonists*** - Drugs For Inflammatory Bowel Disease		
Entyvio Pen Subcutaneous Solution Auto-Injector 108 MG/0.68ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1.36 ML per 28 days)
*Interleukin Antagonists*** - Drugs For Inflammatory Bowel Disease		
Omvoh (300 MG Dose) Subcutaneous Solution Auto-Injector 100 MG/ML & 200 MG/2ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 ML per 28 days)
Omvoh (300 MG Dose) Subcutaneous Solution Prefilled Syringe 100 MG/ML & 200 MG/2ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (3 ML per 28 days)
Omvoh Subcutaneous Solution Auto-Injector 200 MG/2ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Omvoh Subcutaneous Solution Prefilled Syringe 200 MG/2ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)
Skyrizi Subcutaneous Solution Cartridge 180 MG/1.2ML, 360 MG/2.4ML	Tier 4	Specialty; Prior Authorization Required
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 Subcutaneous Solution Auto-Injector 200 MG/2ML	Tier 3	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
*Intestinal Acidifiers*** - Drugs For The Stomach		
Enulose Oral Solution 10 GM/15ML	Tier 1	
Generlac Oral Solution 10 GM/15ML	Tier 1	
Lactulose Encephalopathy Oral Solution 10 GM/15ML	Tier 1	
*Live Fecal Microbiota (Human)** - Drugs For The Stomach		
Vowst Oral Capsule	Tier 4	Specialty; Prior Authorization Required
*Peripheral Opioid Receptor Antagonists*** - Drugs For The Stomach		
Movantik Oral Tablet 12.5 MG, 25 MG	Tier 3	
Symproic Oral Tablet 0.2 MG	Tier 3	
*Peroxisome Proliferator-Activated Receptor Agonists*** - Drugs For The Stomach		
Iqirvo Oral Tablet 80 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Livdelzi Oral Capsule 10 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Phosphate Binder Agents*** - Drugs For The Stomach		
Auryxia Oral Tablet 1 GM 210 MG(Fe)	Tier 4	Quantity Limit (360 EA per 30 days)
Calcium Acetate (Phos Binder) Oral Capsule 667 MG	Tier 2	
Calcium Acetate (Phos Binder) Oral Tablet 667 MG	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	
Sevelamer HCl Tablet 400 MG Oral	Tier 2	Quantity Limit (960 EA per 30 days)

Drug Name	Tier	Notes
Sevelamer HCl Tablet 800 MG Oral	Tier 2	Quantity Limit (480 EA per 30 days)
Velporo Oral Tablet Chewable 500 MG	Tier 3	
*Tryptophan Hydroxylase Inhibitors*** - Drugs For Diarrhea		
Xermelo Oral Tablet 250 MG	Tier 4	Specialty
*Tumor Necrosis Factor Alpha Blockers*** - Drugs For Inflammatory Bowel Disease		
Cimzia (1 Syringe) Subcutaneous Prefilled Syringe Kit 200 MG/ML	Tier 4	Specialty; Prior Authorization Required
Cimzia (2 Syringe) Subcutaneous Prefilled Syringe Kit 200 MG/ML	Tier 4	Specialty; Prior Authorization Required
Cimzia-Starter Subcutaneous Prefilled Syringe Kit 200 MG/ML	Tier 4	Specialty; Prior Authorization Required
Zymfentra (1 Pen) Subcutaneous Auto-Injector Kit 120 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Zymfentra (2 Pen) Subcutaneous Auto-Injector Kit 120 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Zymfentra (2 Syringe) Subcutaneous Prefilled Syringe Kit 120 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (2 EA per 28 days)
Genitourinary Agents - Miscellaneous - Drugs For The Urinary System		
*5-Alpha Reductase Inhibitors*** - Drugs For The Prostate		
Dutasteride Oral Capsule 0.5 MG	Tier 1	
Finasteride Tablet 5 MG Oral	Tier 1	
*Alpha 1-Adrenoceptor Antagonists*** - Drugs For The Prostate		
Alfuzosin HCl ER Oral Tablet Extended Release 24 Hour 10 MG	Tier 1	
Cardura XL Oral Tablet Extended Release 24 Hour 4 MG, 8 MG	Tier 4	
Silodosin Oral Capsule 4 MG, 8 MG	Tier 2	
Tamsulosin HCl Oral Capsule 0.4 MG	Tier 1	
*Citrates*** - Drugs For Infections		
Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)	Tier 2	
Sod Citrate-Citric Acid Solution 1.5-1 GM/15ML Oral	Tier 4	

Drug Name	Tier	Notes
Sod Citrate-Citric Acid Solution 3-2 GM/30ML Oral	Tier 4	
Sod Citrate-Citric Acid Solution 500-334 MG/5ML Oral (Rx)	Tier 4	
Sodium Citrate-Citric Acid Oral Solution 1500-1002 MG/15ML, 3000-2004 MG/30ML	Tier 2	
*Cystinosis Agents*** - Drugs For The Urinary System		
Cystagon Oral Capsule 150 MG, 50 MG	Tier 3	Specialty
Procysbi Oral Capsule Delayed Release 25 MG, 75 MG	Tier 4	Specialty; Prior Authorization Required
Procysbi Oral Packet 300 MG, 75 MG	Tier 4	Specialty; Prior Authorization Required
*Igan Agents - Endothelin & Angiotensin II Receptor Antag*** - Drugs For The Urinary System		
Filspari Oral Tablet 200 MG, 400 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Igan Agents - Endothelin Receptor Antagonist*** - Drugs For The Urinary System		
Vanrafia Oral Tablet 0.75 MG	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
*Interstitial Cystitis Agents*** - Drugs For The Urinary System		
Elmiron Oral Capsule 100 MG	Tier 4	Prior Authorization Required; Quantity Limit (90 EA per 30 days)
*Phosphates*** - Drugs For Infections		
K-Phos No 2 Oral Tablet 305-700 MG	Tier 3	
*Prostatic Hypertrophy Agent Combinations*** - Drugs For The Prostate		
Dutasteride-Tamsulosin HCl Oral Capsule 0.5-0.4 MG	Tier 2	Prior Authorization Required
Entadfi Oral Capsule 5-5 MG	Tier 4	
*Urinary Stone Agents*** - Drugs For The Urinary System		
Lithostat Oral Tablet 250 MG	Tier 4	
Tiopronin Oral Tablet 100 MG	Tier 2	
Tiopronin Oral Tablet Delayed Release 100 MG, 300 MG	Tier 2	
Venxxiva Oral Tablet Delayed Release 100 MG, 300 MG	Tier 2	
Gout Agents - Drugs For Pain And Fever		

Drug Name	Tier	Notes
*Gout Agent Combinations*** - Gout Drugs		
Colchicine-Probenecid Oral Tablet 0.5-500 MG	Tier 2	
*Gout Agents*** - Gout Drugs		
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 Oral Capsule 0.6 MG	Tier 2	Prior Authorization Required
Colchicine Oral Tablet 0.6 MG	Tier 2	
Febuxostat Oral Tablet 40 MG, 80 MG	Tier 2	Healthy Values
Gloperba Oral Solution 0.6 MG/5ML	Tier 4	
*Uricosurics*** - Gout Drugs		
Probenecid Oral Tablet 500 MG	Tier 2	
Hematological Agents - Misc. - Drugs For The Blood		
*Antihemophilic Products - Monoclonal Antibodies*** - Drugs For The Blood		
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)
*Anti-Von Willebrand Factor Agents*** - Drugs For The Blood		
Cablivi Injection Kit 11 MG	Tier 4	Specialty
*Bradykinin B2 Receptor Antagonists*** - Drugs For The Blood		

Drug Name	Tier	Notes
Icatibant Acetate Solution Prefilled Syringe 30 MG/3ML Subcutaneous	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (18 ML per 30 days)
Sajazir Subcutaneous Solution Prefilled Syringe 30 MG/3ML	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (18 ML per 30 days)
*C1 Esterase Inhibitors*** - Drugs For The Blood		
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)
*Complement C3 Inhibitors*** - Drugs For The Blood		
Empaveli Subcutaneous Solution 1080 MG/20ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (160 ML per 28 days)
*Complement Factor B Inhibitors*** - Drugs For The Blood		
Fabhalta Oral Capsule 200 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Direct-Acting P2y12 Inhibitors*** - Drugs For The Blood		
Ticagrelor Oral Tablet 60 MG, 90 MG	Tier 2	
*Hematorheologic Agents*** - Drugs For The Blood		
Pentoxifylline ER Oral Tablet Extended Release 400 MG	Tier 2	
*Phosphodiesterase Iii Inhibitors*** - Drugs For The Blood		
Cilostazol Oral Tablet 100 MG, 50 MG	Tier 1	Healthy Values
*Plasma Factor Xiia Inhibitors - Monoclonal Antibodies*** - Drugs To Prevent Bleeding		
Andemby Subcutaneous Solution Auto-Injector 200 MG/1.2ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1.2 ML per 30 days)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** - Drugs For The Blood		
Takhzyro Solution Prefilled Syringe 150 MG/ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (2 ML per 28 days)

Drug Name	Tier	Notes
Takhzyro Solution Prefilled Syringe 300 MG/2ML Subcutaneous	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
*Plasma Kallikrein Inhibitors*** - Drugs For The Blood		
Orladeyo Oral Capsule 110 MG, 150 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Orladeyo Oral Packet 108 MG, 132 MG, 72 MG, 96 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (28 EA per 28 days)
*Platelet Aggregation Inhibitor Combinations*** - Drugs For The Blood		
Aspirin-Dipyridamole ER Oral Capsule Extended Release 12 Hour 25-200 MG	Tier 2	
Yosprala Oral Tablet Delayed Release 325-40 MG, 81-40 MG	Tier 4	
*Platelet Aggregation Inhibitors*** - Drugs For The Blood		
Dipyridamole Oral Tablet 25 MG, 50 MG, 75 MG	Tier 2	Healthy Values
*Prekallikrein-Directed Antisense Oligonucleotides (Aso)*** - Drugs For The Blood		
Dawnzera Subcutaneous Solution Auto-Injector 80 MG/0.8ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.8 ML per 28 days)
*Protease-Activated Receptor-1 (Par-1) Antagonists*** - Drugs For The Blood		
Zontivity Oral Tablet 2.08 MG	Tier 4	
*Pyruvate Kinase Activators*** - Drugs For The Blood		
Pyrukynd Oral Tablet 20 MG, 5 MG, 50 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
Pyrukynd Taper Pack Oral Tablet Therapy Pack 5 MG, 7 x 20 MG & 7 x 5 MG, 7 x 50 MG & 7 x 20 MG	Tier 3	Specialty; Prior Authorization Required
*Quinazoline Agents*** - Drugs For The Blood		
Anagrelide HCl Oral Capsule 0.5 MG, 1 MG	Tier 2	
*Spleen Tyrosine Kinase (Syk) Inhibitors*** - Drugs For The Blood		
Tavalisse Oral Tablet 100 MG, 150 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)

Drug Name	Tier	Notes
*Thienopyridine Derivatives*** - Drugs For The Blood		
Clopidogrel Bisulfate TABLET 75 MG ORAL	Tier 1	Healthy Values
Prasugrel HCl Oral Tablet 10 MG, 5 MG	Tier 2	Healthy Values
Hematopoietic Agents - Drugs For Nutrition		
*Agents For Gaucher Disease*** - Drugs For Nutrition		
Cerdelga Oral Capsule 84 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
migLUstat Oral Capsule 100 MG	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Yargesa Oral Capsule 100 MG	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
*Amino Acids*** - Drugs For Nutrition		
L-Glutamine Oral Packet 5 GM	Tier 2	Specialty; Prior Authorization Required
*Cobalamins*** - Drugs For Nutrition		
Cyanocobalamin Nasal Solution 500 MCG/0.1ML	Tier 2	
Cyanocobalamin SOLUTION 1000 MCG/ML INJECTION	Tier 1	
Hydroxocobalamin Acetate Intramuscular Solution 1000 MCG/ML	Tier 4	
*Cxcr4 Receptor Antagonist*** - Drugs For Nutrition		
Xolremdi Oral Capsule 100 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
*Cytotoxic Agents*** - Drugs For Nutrition		
Droxia Oral Capsule 200 MG, 300 MG, 400 MG	Tier 4	
Siklos Oral Tablet 100 MG, 1000 MG	Tier 4	
Xromi Oral Solution 100 MG/ML	Tier 4	Prior Authorization Required
*Erythropoiesis-Stimulating Agents (Esas)*** - Drugs For Nutrition		
Aranesp (Albumin Free) Injection Solution 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 3	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Aranesp (Albumin Free) Injection Solution Prefilled Syringe 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 3	Specialty; Prior Authorization Required
Epogen Injection Solution 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 3	Specialty; Prior Authorization Required
Mircera Injection Solution Prefilled Syringe 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier 4	Prior Authorization Required
Procrit Injection Solution 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 3	Specialty; Prior Authorization Required
Retacrit Injection Solution 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 3	Specialty; Prior Authorization Required
*Folic Acid/Folates*** - Drugs For Nutrition		
Folic Acid Tablet 1 MG Oral (OTC)	Tier 1	ACA Drug
Folic Acid Tablet 1 MG Oral (Rx)	Tier 1	ACA Drug
*Granulocyte Colony-Stimulating Factors (G-Csf)*** - Drugs For Nutrition		
Fulphila Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML	Tier 3	
Fylnetra Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML	Tier 3	Specialty
Nivestym Injection Solution 300 MCG/ML, 480 MCG/1.6ML	Tier 3	
Nivestym Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 3	
Zarxio Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 3	
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*** - Drugs For Nutrition		
Leukine Injection Solution Reconstituted 250 MCG	Tier 4	
*Iron*** - Drugs For Nutrition		
ACCRUFerR Oral Capsule 30 MG	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Thrombopoietin (Tpo) Receptor Agonists*** - Drugs For Nutrition		

Drug Name	Tier	Notes
Doptelet Oral Tablet 20 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Doptelet Sprinkle Oral Capsule Sprinkle 10 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Eltrombopag Olamine Oral Packet 12.5 MG, 25 MG	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 Oral Tablet 3 MG	Tier 3	Specialty; Prior Authorization Required
Hemostatics - Drugs For The Blood		
*Hemostatics - Systemic*** - Drugs To Prevent Bleeding		
Aminocaproic Acid Oral Solution 0.25 GM/ML	Tier 2	
Aminocaproic Acid Oral Tablet 1000 MG, 500 MG	Tier 2	
Tranexamic Acid Oral Tablet 650 MG	Tier 2	
Hypnotics/Sedatives/Sleep Disorder Agents - Drugs For The Nervous System		
*Barbiturate Hypnotics*** - Drugs For Insomnia		
PHENobarbital Elixir 20 MG/5ML Oral	Tier 4	Healthy Values
PHENobarbital Elixir 30 MG/7.5ML Oral	Tier 4	Healthy Values
PHENobarbital Elixir 60 MG/15ML Oral	Tier 4	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 4	Healthy Values
PHENobarbital TABLET 60 MG ORAL	Tier 1	Healthy Values

Drug Name	Tier	Notes
PHENobarbital TABLET 64.8 MG ORAL	Tier 4	Healthy Values
PHENobarbital TABLET 97.2 MG ORAL	Tier 4	Healthy Values
*Benzodiazepine Hypnotics*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
Estazolam Oral Tablet 1 MG, 2 MG	Tier 2	
Flurazepam HCl Oral Capsule 15 MG, 30 MG	Tier 4	
Quazepam Oral Tablet 15 MG	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 Oral Tablet 0.125 MG, 0.25 MG	Tier 2	
*Non-Benzodiazepine - Gaba-Receptor Modulators*** - Drugs For Insomnia		
Edluar Sublingual Tablet Sublingual 10 MG, 5 MG	Tier 4	Quantity Limit (30 EA per 30 days)
Eszopiclone Oral Tablet 1 MG, 2 MG, 3 MG	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 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 Oral Capsule 7.5 MG	Tier 4	Quantity Limit (30 EA per 30 days)
Zolpidem Tartrate Oral Tablet 10 MG, 5 MG	Tier 1	
Zolpidem Tartrate Sublingual Tablet Sublingual 1.75 MG, 3.5 MG	Tier 4	Quantity Limit (30 EA per 30 days)
*Orexin Receptor Antagonists*** - Drugs For Insomnia		
Belsomra Oral Tablet 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	Quantity Limit (30 EA per 30 days)
*Selective Melatonin Receptor Agonists*** - Drugs For Insomnia		
Hetlioz LQ Oral Suspension 4 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (158 ML per 30 days)
Tasimelteon Oral Capsule 20 MG	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Laxatives - Drugs For The Stomach		

Drug Name	Tier	Notes
*Bowel Evacuant Combinations*** - Drugs To Prevent Constipation		
GaviLyte-C Oral Solution Reconstituted 240 GM	Tier 4	
GaviLyte-G Oral Solution Reconstituted 236 GM	Tier 1	ACA Drug
GaviLyte-N with Flavor Pack Oral Solution Reconstituted 420 GM	Tier 2	ACA Drug
Na Sulfate-K Sulfate-Mg Sulf Oral Solution 17.5-3.13-1.6 GM/177ML	Tier 2	ACA Drug
PEG 3350-KCl-Na Bicarb-NaCl Oral Solution Reconstituted 420 GM	Tier 2	ACA Drug
PEG-3350/Electrolytes Oral Solution Reconstituted 236 GM	Tier 1	ACA Drug
PEG-Prep Oral Kit 5-210 MG-GM	Tier 4	
*Laxatives - Miscellaneous*** - Drugs To Prevent Constipation		
Constulose Oral Solution 10 GM/15ML	Tier 2	
Kristalose Oral Packet 10 GM, 20 GM	Tier 2	
Lactulose Oral Packet 10 GM, 20 GM	Tier 2	
Lactulose Oral Solution 10 GM/15ML, 20 GM/30ML	Tier 2	
Macrolides - Drugs For Infections		
*Azithromycin*** - Antibiotics		
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	
*Clarithromycin*** - Antibiotics		
Clarithromycin ER Oral Tablet Extended Release 24 Hour 500 MG	Tier 2	
Clarithromycin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	Tier 4	
Clarithromycin Oral Tablet 250 MG, 500 MG	Tier 2	
*Erythromycins*** - Antibiotics		
E.E.S. 400 Oral Tablet 400 MG	Tier 4	
Ery-Tab Oral Tablet Delayed Release 250 MG, 333 MG, 500 MG	Tier 2	

Drug Name	Tier	Notes
Erythromycin Base Oral Capsule Delayed Release Particles 250 MG	Tier 4	
Erythromycin Base Oral Tablet 250 MG, 500 MG	Tier 2	
Erythromycin Base Oral Tablet Delayed Release 250 MG, 333 MG, 500 MG	Tier 2	
Erythromycin Ethylsuccinate Oral Suspension Reconstituted 200 MG/5ML, 400 MG/5ML	Tier 2	
Erythromycin Ethylsuccinate Oral Tablet 400 MG	Tier 4	
Erythromycin Oral Tablet Delayed Release 250 MG, 333 MG, 500 MG	Tier 2	
*Fidaxomicin*** - Antibiotics		
Dificid Oral Suspension Reconstituted 40 MG/ML	Tier 3	
Fidaxomicin Oral Tablet 200 MG	Tier 2	
Medical Devices And Supplies - Medical Supplies And Durable Medical Equipment		
*Cervical Caps*** - Medical Supplies And Durable Medical Equipment		
FemCap Vaginal Device 22 MM, 26 MM, 30 MM	Tier 3	ACA Drug
*Diaphragms*** - Medical Supplies And Durable Medical Equipment		
Caya Vaginal Diaphragm	Tier 3	ACA Drug
Omniflex Diaphragm Vaginal Diaphragm	Tier 3	ACA Drug
Wide-Seal Diaphragm 60 Vaginal Diaphragm 2 %	Tier 3	ACA Drug
Wide-Seal Diaphragm 65 Vaginal Diaphragm 2 %	Tier 3	ACA Drug
Wide-Seal Diaphragm 70 Vaginal Diaphragm 2 %	Tier 3	ACA Drug
Wide-Seal Diaphragm 75 Vaginal Diaphragm 2 %	Tier 3	ACA Drug
Wide-Seal Diaphragm 80 Vaginal Diaphragm 2 %	Tier 3	ACA Drug
Wide-Seal Diaphragm 85 Vaginal Diaphragm 2 %	Tier 3	ACA Drug
Wide-Seal Diaphragm 90 Vaginal Diaphragm 2 %	Tier 3	ACA Drug
Wide-Seal Diaphragm 95 Vaginal Diaphragm 2 %	Tier 3	ACA Drug
*Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment		
BD Microtainer Lancets	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

Drug Name	Tier	Notes
*Insulin Administration Supplies*** - Medical Supplies And Durable Medical Equipment		
llet Contact Detach 23" 6mm	Tier 3	
llet Infusion-Flex 23" 6mm	Tier 3	Quantity Limit (75 EA per 30 days)
llet infusion-Inset 23" 6mm	Tier 3	
llet Infusion-Inset 32" 6mm	Tier 3	
llet Insulin Pump Device	Tier 3	
llet Starter - Contact Detach	Tier 3	
llet Starter Kit - Inset 23"	Tier 3	
llet 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 Libre Intro Kit	Tier 3	Healthy Values
Omnipod 5 Libre 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
*Needles & Syringes*** - Medical Supplies And Durable Medical Equipment		
AQ Insulin Syringe 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 3	Healthy Values
AQInject Pen Needle 31G X 5 MM , 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	

Drug Name	Tier	Notes
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, 31G X 15/64" 0.5 ML, 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
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 1-1/2"	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, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 3	Healthy Values
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	

Drug Name	Tier	Notes
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 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 , 60 ML	Tier 3	
DropSafe Safety Syringe/Needle 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 3	Healthy Values
DropSafe Sicura 25G X 1" , 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, 18G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 3	
Embecta Insulin Syringe 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	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

Drug Name	Tier	Notes
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
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, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 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, 28G X 1/2" 1 ML	Tier 3	
Marathon Medical Pentips 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 3	Healthy Values
Monoject Allergist Tray Kit 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 3	
Monoject Bluntip Cannula 20G X 1-1/2" , 21G X 1"	Tier 3	
Monoject Bluntip Syr/Cannula 3 ML , 6 ML	Tier 3	
Monoject Control Syringe 12 ML , 20 ML	Tier 3	
Monoject Filter Needle 18G X 1-1/2" , 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	

Drug Name	Tier	Notes
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	Healthy Values
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	Healthy Values
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	Healthy Values
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	Healthy Values
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	Healthy Values
Monoject Hypodermic Needle 27G X 1-1/2"	Tier 3	
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

Drug Name	Tier	Notes
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, 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	Healthy Values
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	Healthy Values
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	Healthy Values
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	
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	

Drug Name	Tier	Notes
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	
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	

Drug Name	Tier	Notes
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 , 60 ML	Tier 3	
Monoject Syringe Ecc Luer 20 ML , 35 ML	Tier 3	
Monoject Syringe Eccentric Tip 60 ML	Tier 3	
Monoject Syringe Luer Lock 20 ML , 35 ML , 6 ML , 60 ML	Tier 3	
Monoject Syringe Luer-Lock Tip 140 ML , 3 ML , 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	
Monoject Syringe Regular Tip 20 ML , 3 ML , 6 ML , 60 ML	Tier 3	
Monoject Syringe Toomey Type 60 ML	Tier 3	
Monoject TB Safety Syringe 25G X 5/8" 1 ML, 28G X 1/2" 1 ML	Tier 3	
Monoject TB Syringe 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	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

Drug Name	Tier	Notes
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
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, 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

Drug Name	Tier	Notes
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
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	
*Spacer/Aerosol-Holding Chambers & Supplies*** - Medical Supplies And Durable Medical Equipment		
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	Tier 3	
Compact Space Chamber Device	Tier 3	
Compact Space Chamber/Lg Mask Device	Tier 3	

Drug Name	Tier	Notes
Compact Space Chamber/Med Mask Device	Tier 3	
Compact Space Chamber/Sm Mask Device	Tier 3	
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	

***Migraine Products* - Drugs For The Nervous System**

Drug Name	Tier	Notes
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*** - Drugs For Migraine Headaches		
Nurtec Oral Tablet Dispersible 75 MG	Tier 3	Prior Authorization Required; Quantity Limit (16 EA per 30 days)
Qulipta Oral Tablet 10 MG, 30 MG, 60 MG	Tier 3	Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ubrelvy Oral Tablet 100 MG, 50 MG	Tier 3	Prior Authorization Required
*Cgrp Receptor Antagonists - Monoclonal Antibodies*** - Drugs For Migraine Headaches		
Aimovig Subcutaneous Solution Auto-Injector 140 MG/ML, 70 MG/ML	Tier 3	Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Ajovy Subcutaneous Solution Auto-Injector 225 MG/1.5ML	Tier 3	Prior Authorization Required
Ajovy Subcutaneous Solution Prefilled Syringe 225 MG/1.5ML	Tier 3	Prior Authorization Required
Emgality (300 MG Dose) Subcutaneous Solution Prefilled Syringe 100 MG/ML	Tier 3	Prior Authorization Required
Emgality Subcutaneous Solution Auto-Injector 120 MG/ML	Tier 3	Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Emgality Subcutaneous Solution Prefilled Syringe 120 MG/ML	Tier 3	Prior Authorization Required; Quantity Limit (1 ML per 28 days)
*Ergot Combinations*** - Drugs For Migraine Headaches		
Cafergot Oral Tablet 1-100 MG	Tier 4	
Ergotamine-Caffeine Oral Tablet 1-100 MG	Tier 4	
Migergot Rectal Suppository 2-100 MG	Tier 4	
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors*** - Drugs For Migraine Headaches		
Elyxyb Oral Solution 120 MG/4.8ML	Tier 4	Prior Authorization Required; Quantity Limit (28.8 ML per 30 days)
*Migraine Products - Nsaids*** - Drugs For Migraine Headaches		
Diclofenac Potassium(Migraine) Packet 50 MG Oral	Tier 2	
*Migraine Products*** - Drugs For Migraine Headaches		
Brekiya Subcutaneous Solution Auto-Injector 1 MG/ML	Tier 4	Prior Authorization Required; Quantity Limit (24 ML per 28 Days)
Dihydroergotamine Mesylate Injection Solution 1 MG/ML	Tier 2	
Dihydroergotamine Mesylate Solution 4 MG/ML Nasal	Tier 2	Prior Authorization Required; Quantity Limit (8 ML per 28 days)

Drug Name	Tier	Notes
Ergomar Sublingual Tablet Sublingual 2 MG	Tier 4	
*Selective Serotonin Agonist-Nsaid Combinations*** - Drugs For Migraine Headaches		
Sumatriptan-Naproxen Sodium Oral Tablet 85-500 MG	Tier 2	Quantity Limit (18 EA per 30 days)
*Selective Serotonin Agonists 5-Ht(1)*** - Drugs For Migraine Headaches		
Almotriptan Malate Oral Tablet 12.5 MG, 6.25 MG	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 Oral Tablet 2.5 MG	Tier 2	Quantity Limit (18 EA per 30 days)
Imitrex STATdose Refill Subcutaneous Solution Cartridge 4 MG/0.5ML, 6 MG/0.5ML	Tier 4	Quantity Limit (6 ML per 30 days)
Naratriptan HCl Oral Tablet 1 MG, 2.5 MG	Tier 2	Quantity Limit (18 EA per 30 days)
Onzetra Xsail Nasal Exhaler Powder 11 MG/NOSEPC	Tier 4	Quantity Limit (32 EA per 30 days)
Rizatriptan Benzoate Oral Tablet 10 MG, 5 MG	Tier 1	Quantity Limit (18 EA per 30 days)
Rizatriptan Benzoate Oral Tablet Dispersible 10 MG, 5 MG	Tier 1	Quantity Limit (18 EA per 30 days)
SUMatriptan Nasal Solution 20 MG/ACT, 5 MG/ACT	Tier 2	Quantity Limit (12 EA per 30 days)
SUMatriptan Succinate Solution Auto-Injector 6 MG/0.5ML Subcutaneous	Tier 2	Quantity Limit (6 ML per 30 days)
SUMatriptan Succinate Subcutaneous Solution 6 MG/0.5ML	Tier 2	Quantity Limit (5 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 Nasal Solution 10 MG/ACT	Tier 4	Quantity Limit (18 EA per 30 days)
Zembrace SymTouch Subcutaneous Solution Auto-Injector 3 MG/0.5ML	Tier 4	Quantity Limit (12 ML per 30 days)
ZOLMitriptan Oral Tablet 2.5 MG, 5 MG	Tier 2	Quantity Limit (12 EA 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)
ZOLMitriptan Tablet Dispersible 2.5 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
ZOLMitriptan Tablet Dispersible 5 MG Oral	Tier 2	Quantity Limit (12 EA per 30 days)
Zomig Oral Tablet 2.5 MG, 5 MG	Tier 2	Quantity Limit (12 EA per 30 days)
Zomig Solution 2.5 MG Nasal	Tier 4	Quantity Limit (12 EA per 30 days)
Minerals & Electrolytes - Drugs For Nutrition		
*Fluoride Combinations*** - Drugs For Nutrition		
Floriva Oral Liquid 0.25-400 MG-UNIT/ML	Tier 4	

Drug Name	Tier	Notes
*Fluoride*** - Drugs For Nutrition		
Sodium Fluoride Oral Tablet 1.1 (0.5 F) MG, 2.2 (1 F) MG	Tier 3	No cost if less than 3 years of age
Sodium Fluoride Oral Tablet Chewable 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	Tier 1	No cost if less than 3 years of age
Sodium Fluoride Solution 1.1 (0.5 F) MG/ML Oral	Tier 3	No cost if less than 3 years of age
*Phosphate*** - Drugs For Nutrition		
Phospha 250 Neutral Oral Tablet 155-852-130 MG	Tier 4	
Phosphorous Oral Tablet 155-852-130 MG	Tier 4	
Phospho-Trin 250 Neutral Oral Tablet 155-852-130 MG	Tier 4	
Phospho-Trin K500 Oral Tablet 500 MG	Tier 4	
*Potassium*** - Drugs For Nutrition		
Klor-Con 10 Oral Tablet Extended Release 10 MEQ	Tier 1	
Klor-Con M10 Oral Tablet Extended Release 10 MEQ	Tier 1	
Klor-Con M15 Oral Tablet Extended Release 15 MEQ	Tier 2	
Klor-Con M20 Oral Tablet Extended Release 20 MEQ	Tier 1	
Klor-Con Oral Packet 20 MEQ	Tier 2	
Klor-Con Oral Tablet Extended Release 8 MEQ	Tier 1	
Pokonza Oral Packet 10 MEQ, 15 MEQ	Tier 4	
Pokonza Oral Solution 10 MEQ/15ML (5%)	Tier 4	Quantity Limit (9000 ML per 30 Days)
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 Oral Capsule Extended Release 10 MEQ, 8 MEQ	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 Oral Solution 10 %, 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)	Tier 2	

Drug Name	Tier	Notes
Potassium Chloride PACKET 20 MEQ ORAL	Tier 2	
Potassium Chloride Packet 40 MEQ Oral	Tier 4	
*Zinc*** - Drugs For Nutrition		
Galzin Oral Capsule 25 MG, 50 MG	Tier 4	
Miscellaneous Therapeutic Classes - Vitamins And Minerals		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent*** - Vitamins And Minerals		
Joenja Oral Tablet 70 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Antileptotics*** - Vitamins And Minerals		
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-Lymphocyte Stimulator (Blys)-Specific Inhibitors*** - Vitamins And Minerals		
Benlysta Subcutaneous Solution Auto-Injector 200 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
Benlysta Subcutaneous Solution Prefilled Syringe 200 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (4 ML per 28 days)
*Chelating Agents*** - Vitamins And Minerals		
Cuvrior Oral Tablet 300 MG	Tier 4	Specialty; Prior Authorization Required
penicillAMINE Oral Capsule 250 MG	Tier 2	Specialty; Prior Authorization Required
penicillAMINE Oral Tablet 250 MG	Tier 2	Specialty
Trientine HCl Capsule 250 MG Oral	Tier 2	
Trientine HCl Capsule 500 MG Oral	Tier 4	
*Cyclosporine Analogs*** - Vitamins And Minerals		
cycloSPORINE Modified Oral Capsule 100 MG, 25 MG, 50 MG	Tier 2	
CycloSPORINE Modified Oral Solution 100 MG/ML	Tier 2	
CycloSPORINE Oral Capsule 100 MG, 25 MG	Tier 2	
Gengraf Oral Capsule 100 MG, 25 MG	Tier 2	

Drug Name	Tier	Notes
Lupkynis Oral Capsule 7.9 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (180 EA per 30 days)
*Digital Therapy Application - Visual*** - Vitamins And Minerals		
Luminopia	Tier 4	
*Farnesyltransferase Inhibitors*** - Vitamins And Minerals		
Zokinvy Oral Capsule 50 MG, 75 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
*Immunomodulators - Btk Inhibitors*** - Vitamins And Minerals		
Rhapsido Oral Tablet 25 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Immunomodulators - Combinations*** - Vitamins And Minerals		
Vyvgart Hytrulo Subcutaneous Solution Prefilled Syringe 1000-10000 MG-UNT/5ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (20 ML per 28 days)
*Immunomodulators For Myelodysplastic Syndromes*** - Vitamins And Minerals		
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)

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

Drug Name	Tier	Notes
Tacrolimus Oral Capsule 0.5 MG, 1 MG, 5 MG	Tier 2	
*Monoclonal Antibodies*** - Vitamins And Minerals		
Enspryng Subcutaneous Solution Prefilled Syringe 120 MG/ML	Tier 4	Specialty; Prior Authorization Required
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*** - Vitamins And Minerals		
Vioice Oral Packet 50 MG	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)
*Potassium Removing Agents*** - Vitamins And Minerals		
Kionex Combination Suspension 15 GM/60ML	Tier 2	
Lokelma Oral Packet 10 GM, 5 GM	Tier 3	
Sodium Polystyrene Sulfonate Combination Suspension 15 GM/60ML	Tier 2	
Sodium Polystyrene Sulfonate Oral Powder	Tier 2	
SPS (Sodium Polystyrene Sulf) Combination Suspension 15 GM/60ML	Tier 2	
SPS (Sodium Polystyrene Sulf) Rectal Suspension 30 GM/120ML	Tier 4	
*Purine Analogs*** - Vitamins And Minerals		
Azasan Oral Tablet 100 MG, 75 MG	Tier 2	
azaTHIOprine Oral Tablet 100 MG, 50 MG, 75 MG	Tier 2	
*Rock Inhibitors*** - Vitamins And Minerals		
Rezurock Oral Tablet 200 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Mouth/Throat/Dental Agents - Drugs For The Mouth And Throat		
*Anesthetics Topical Oral*** - Drugs For The Mouth And Throat		
Lidocaine Viscous HCl Mouth/Throat Solution 2 %	Tier 1	

Drug Name	Tier	Notes
*Anti-Infectives - Throat*** - Drugs For The Mouth And Throat		
Clotrimazole Mouth/Throat Troche 10 MG	Tier 2	
Nystatin Suspension 100000 UNIT/ML Mouth/Throat	Tier 1	
Oravig Buccal Tablet 50 MG	Tier 4	
*Antiseptics - Mouth/Throat*** - Drugs For The Mouth And Throat		
Chlorhexidine Gluconate Mouth/Throat Solution 0.12 %	Tier 1	
Periogard Mouth/Throat Solution 0.12 %	Tier 1	
*Dental Products - Combinations*** - Drugs For The Mouth And Throat		
Denta 5000 Plus Sensitive Dental Gel 1.1-5 %	Tier 1	ACA Drug
Fluoridex Sensitivity Relief Dental Gel 1.1-5 %	Tier 1	ACA Drug
FluoriMax 5000 Sensitive Dental Gel 1.1-5 %	Tier 1	ACA Drug
PreviDent 5000 Enamel Protect Dental Gel 1.1-5 %	Tier 1	ACA Drug
PreviDent 5000 Sensitive Dental Gel 1.1-5 %	Tier 1	ACA Drug
Sod Fluoride-Potassium Nitrate Dental Gel 1.1-5 %	Tier 1	ACA Drug
Sodium Fluoride 5000 Enamel Dental Gel 1.1-5 %	Tier 1	ACA Drug
Sodium Fluoride 5000 Sensitive Dental Gel 1.1-5 %	Tier 1	ACA Drug
*Fluoride Dental Products*** - Drugs For The Mouth And Throat		
Clinpro 5000 Dental Paste 1.1 %	Tier 1	ACA Drug; No cost if less than 3 years of age
Denta 5000 Plus Dental Cream 1.1 %	Tier 1	ACA Drug; No cost if less than 3 years of age
DentaGel Dental Gel 1.1 %	Tier 1	ACA Drug; No cost if less than 3 years of age
Easygel Dental Gel 0.4 %	Tier 2	ACA Drug
Fluoridex Daily Renewal Mouth/Throat Concentrate 0.63 %	Tier 2	
Fluoridex Dental Paste 1.1 %	Tier 1	No cost if less than 3 years of age
Fluoridex Enhanced Whitening Dental Paste 1.1 %	Tier 1	No cost if less than 3 years of age
FluoriMax 5000 Dental Paste 1.1 %	Tier 1	No cost if less than 3 years of age
Just Right 5000 Dental Paste 1.1 %	Tier 1	ACA Drug; No cost if less than 3 years of age
SF 5000 Plus Dental Cream 1.1 %	Tier 1	ACA Drug; No cost if less than 3 years of age
SF Dental Gel 1.1 %	Tier 1	ACA Drug; No cost if less than 3 years of age

Drug Name	Tier	Notes
Sodium Fluoride 5000 Plus Dental Cream 1.1 %	Tier 1	No cost if less than 3 years of age
Sodium Fluoride 5000 PPM Dental Gel 1.1 %	Tier 1	No cost if less than 3 years of age
Sodium Fluoride 5000 PPM Dental Paste 1.1 %	Tier 1	No cost if less than 3 years of age
Sodium Fluoride Dental Cream 1.1 %	Tier 1	No cost if less than 3 years of age
Sodium Fluoride Dental Gel 1.1 %	Tier 1	No cost if less than 3 years of age
Sodium Fluoride Mouth/Throat Solution 0.2 %	Tier 1	
*Saliva Stimulants*** - Drugs For The Mouth And Throat		
Cevimeline HCl Oral Capsule 30 MG	Tier 2	
Pilocarpine HCl Oral Tablet 5 MG, 7.5 MG	Tier 2	
*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat		
Kourzeq Mouth/Throat Paste 0.1 %	Tier 2	
Oralene Mouth/Throat Paste 0.1 %	Tier 2	
Triamcinolone Acetonide Mouth/Throat Paste 0.1 %	Tier 2	
Multivitamins - Drugs For Nutrition		
*Ped Mv W/ Fluoride*** - Drugs For Nutrition		
Davimet-Fluoride Oral Tablet Chewable 0.75 MG	Tier 4	
Flotrex Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	Tier 4	
Multivitamin w/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	Tier 4	
Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	Tier 4	
Multi-Vit-Flor Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	Tier 4	
Poly-Vi-Flor Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	Tier 4	
*Prenatal Mv & Min W/Fe-Fa*** - Drugs For Nutrition		
Atabex EC Oral Tablet Delayed Release 29-1 MG	Tier 4	
Azentra Oral Tablet 13-1 MG	Tier 4	
Azesco Oral Tablet 13-1 MG	Tier 4	
C-Nate DHA Oral Capsule 28-1-200 MG	Tier 4	
CompleteNate Oral Tablet Chewable 29-1 MG	Tier 4	
Co-Natal FA Oral Tablet	Tier 4	
Concept DHA Oral Capsule 53.5-38-1 MG	Tier 4	

Drug Name	Tier	Notes
Concept OB Oral Capsule 130-92.4-1 MG	Tier 4	
DermacinRx Pretrate Oral Tablet 1 MG	Tier 4	
Elite-OB Oral Tablet 50-1.25 MG	Tier 4	
Embriva Oral Tablet 13-1 MG	Tier 4	
EnBrace HR Oral Capsule	Tier 4	
FolateXcel Oral Tablet 20-1 MG	Tier 4	
Folivane-OB Oral Capsule 85-1 MG	Tier 4	
Gestyra Oral Tablet 13-1 MG	Tier 4	
Inatal GT Oral Tablet	Tier 4	
Jenliva Prenatal/Postnatal Oral Capsule 1 MG	Tier 4	
Kosher Prenatal Plus Iron Oral Tablet 30-1 MG	Tier 4	
MaternaCel Oral Tablet 20-1 MG	Tier 4	
Matervia Oral Capsule 0.5 MG	Tier 4	
Matronex Oral Tablet 27-1 MG	Tier 4	
M-Natal Plus Oral Tablet 27-1 MG	Tier 4	
Natal PNV Oral Tablet 6-0.5 MG	Tier 4	
NatalChew Oral Tablet Chewable 29-1 MG	Tier 4	
Neevo DHA Oral Capsule 27-1.13 MG	Tier 4	
NeoMaterna Oral Tablet 20-1 MG	Tier 4	
Neonatal Complete Oral Tablet 27-1 MG	Tier 4	
NeoNatal Plus Oral Tablet 27-1 MG	Tier 4	
Neo-Vital RX Oral Tablet 1 MG	Tier 4	
Nestabs DHA Oral 32-1 MG	Tier 4	
Nestabs Oral Tablet 32-1 MG	Tier 4	
Niva-Plus Oral Tablet 27-1 MG	Tier 4	
Novyra Oral Tablet 1 MG	Tier 4	
OB Complete One Oral Capsule 50-1-476 MG	Tier 4	
OB Complete Oral Tablet 50-1.25 MG	Tier 4	
OB Complete Petite Oral Capsule 35-5-1-200 MG	Tier 4	
OB Complete Premier Oral Tablet 30-20-1 MG	Tier 4	
OB Complete/DHA Oral Capsule 30-10-1-200 MG	Tier 4	
One Vite Womens Plus Oral Tablet 27-1 MG	Tier 4	

Drug Name	Tier	Notes
OneNatal Rx Oral Tablet 1 MG	Tier 4	
PNV 27-Ca/Fe/FA Oral Tablet 60-1 MG	Tier 4	
PNV Prenatal Plus Multivit+DHA Oral 27-1 & 312 MG	Tier 4	
PNV Prenatal Plus Multivitamin Oral Tablet 27-1 MG	Tier 4	
PNV Tabs 20-1 Oral Tablet 20-1 MG	Tier 4	
PNV-Omega Oral Capsule 28-0.6-0.4-340 MG	Tier 4	
PNV-Select Oral Tablet 27-0.6-0.4 MG	Tier 4	
PreGenna Oral Tablet 20-1 MG	Tier 4	
Prena1 Pearl Oral Capsule Extended Release 30-1.4-200 MG	Tier 4	
Prenatal 19 Oral Tablet Chewable	Tier 3	
Prenatal 19 TABLET 29-1 MG ORAL	Tier 3	
Prenatal Plus Oral Tablet 27-1 MG	Tier 3	
Prenatal Plus Vitamin/Mineral Oral Tablet 27-1 MG	Tier 4	
Prenatal TABLET 27-1 MG ORAL	Tier 4	
Prenatal-U Oral Capsule 106.5-1 MG	Tier 3	
Prenate Elite Oral Tablet 20-0.6-0.4 MG	Tier 4	
Prenatol-M Oral Tablet 27-1.2 MG	Tier 4	
Prenatrix Oral Tablet 27-1 MG	Tier 4	
Prenatryl Oral Tablet 27-1 MG	Tier 4	
Prenova Oral Tablet 0.8 MG	Tier 4	
Prenyra Oral Tablet 1 MG	Tier 4	
Provida OB Oral Capsule 20-20-1.25 MG	Tier 4	
Relevia Oral Tablet 27-1 MG	Tier 4	
Reinate DHA Oral Capsule 28-1-200 MG	Tier 4	
Select-OB Oral Tablet Chewable 29-0.6-0.4 MG, 29-1 MG	Tier 4	
Taron-C DHA Oral Capsule 35-1 MG	Tier 4	
Thrivite Rx Oral Tablet 29-1 MG	Tier 4	
Trinatal Rx 1 Oral Tablet 60-1 MG	Tier 4	
Trinate Oral Tablet	Tier 3	
Vinate DHA RF Oral Capsule 27-1.13 MG	Tier 4	
Vitafof Gummies Oral Tablet Chewable 3.33-0.333-34.8 MG	Tier 4	

Drug Name	Tier	Notes
VitafoI-OB Oral Tablet	Tier 4	
Vitalara Oral Tablet 20-1 MG	Tier 4	
Vitathely with Ginger Oral Tablet 27-1 MG	Tier 4	
WesNate DHA Oral Capsule 28-1-200 MG	Tier 4	
WesTab Plus Oral Tablet 27-1 MG	Tier 4	
Zalvit Oral Tablet 13-1 MG	Tier 4	
Ziphex Oral Tablet 13-1 MG	Tier 4	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil*** - Drugs For Nutrition		
Complete Natal DHA Oral 29-1-200 & 200 MG	Tier 4	
*Prenatal Mv & Min W/Fe-Fa-Dha*** - Drugs For Nutrition		
CitraNatal 90 DHA Oral 90-1 & 300 MG	Tier 4	
CitraNatal Assure Oral 35-1 & 300 MG	Tier 4	
Nestabs One Oral Capsule 38-1-225 MG	Tier 4	
PNV-DHA Oral Capsule 27-0.6-0.4-300 MG	Tier 4	
PNV-DHA+Docusate Oral Capsule 27-1.25-300 MG	Tier 4	
PreGen DHA Oral Capsule 28-1-35 MG	Tier 4	
Prena 1 True Oral 30-1.4 & 300 MG	Tier 4	
Prenate DHA Oral Capsule 18-0.6-0.4-300 MG	Tier 4	
Prenate Enhance Oral Capsule 28-0.6-0.4-400 MG	Tier 4	
Prenate Essential Oral Capsule 18-0.6-0.4-300 MG	Tier 4	
Prenate Mini Oral Capsule 18-0.6-0.4-350 MG	Tier 4	
Prenate Pixie Oral Capsule 10-0.6-0.4-200 MG	Tier 4	
Prenate Restore Oral Capsule 27-0.6-0.4-400 MG	Tier 4	
Select-OB+DHA Oral 29-1 & 250 MG	Tier 4	
TriStart DHA Oral Capsule 31-0.6-0.4-200 MG	Tier 4	
VitafoI FE+ Oral Capsule 90-0.6-0.4-200 MG	Tier 4	
VitafoI Ultra Oral Capsule 29-0.6-0.4-200 MG	Tier 4	
VitafoI-OB+DHA Oral 65-1 & 250 MG	Tier 4	
VitafoI-One Oral Capsule 29-1-200 MG	Tier 4	
WesCap-PN DHA Oral Capsule 27-0.6-0.4-300 MG	Tier 4	
WestGel DHA Oral Capsule 31-0.6-0.4-200 MG	Tier 4	

Drug Name	Tier	Notes
*Prenatal Mv & Minerals W/Fa Without Iron*** - Drugs For Nutrition		
Prenate Oral Tablet Chewable 0.6-0.4 MG	Tier 4	
*Prenatal Vitamins*** - Drugs For Nutrition		
PremesisRx Oral Tablet 1 MG	Tier 4	
Prena1 Oral Tablet Chewable 1.4 MG	Tier 4	
Musculoskeletal Therapy Agents - Drugs For Muscles, Ligaments, Tendons, And Bones		
*Central Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
Baclofen Oral Suspension 25 MG/5ML	Tier 2	Quantity Limit (480 ML per 30 days)
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 Tablet 10 MG Oral	Tier 2	
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 Oral Tablet 250 MG, 350 MG	Tier 2	
Chlorzoxazone Oral Tablet 250 MG, 375 MG, 500 MG, 750 MG	Tier 2	
Cyclobenzaprine HCl ER Oral Capsule Extended Release 24 Hour 15 MG, 30 MG	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 Oral Tablet 7.5 MG	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 Oral Tablet Extended Release 12 Hour 100 MG	Tier 2	

Drug Name	Tier	Notes
Tanlor Oral Tablet 1000 MG	Tier 2	
TiZANidine HCl CAPSULE 2 MG ORAL	Tier 2	
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 Oral Tablet 2 MG, 4 MG	Tier 1	
Zanaflex Capsule 8 MG Oral	Tier 4	
*Direct Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
Dantrolene Sodium Oral Capsule 100 MG, 25 MG, 50 MG	Tier 2	
*Muscle Relaxant Combinations*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
Norgesic Forte Oral Tablet 50-770-60 MG	Tier 4	Prior Authorization Required
Norgesic Oral Tablet 25-385-30 MG	Tier 4	
Orphenadrine-Aspirin-Caffeine Oral Tablet 25-385-30 MG	Tier 4	
Orphengesic Forte Oral Tablet 50-770-60 MG	Tier 4	Prior Authorization Required
*Retinoic Acid Receptor Gamma Selective Agonists*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
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)
Nasal Agents - Systemic And Topical - Drugs For The Nose		
*Antihistamine-Steroid*** - Allergy		
Azelastine-Fluticasone Nasal Suspension 137-50 MCG/ACT	Tier 2	

Drug Name	Tier	Notes
Ryaltris Nasal Suspension 665-25 MCG/ACT	Tier 4	
*Nasal Anticholinergics*** - Allergy		
Ipratropium Bromide Nasal Solution 0.03 %, 0.06 %	Tier 2	
*Nasal Antihistamines*** - Allergy		
Olopatadine HCl Nasal Solution 0.6 %	Tier 2	
*Nasal Steroids*** - Allergy		
Flunisolide Nasal Solution 25 MCG/ACT (0.025%)	Tier 2	
Omnaris Nasal Suspension 50 MCG/ACT	Tier 4	
Qnasl Childrens Nasal Aerosol Solution 40 MCG/ACT	Tier 4	
Qnasl Nasal Aerosol Solution 80 MCG/ACT	Tier 4	
Xhance Nasal Exhaler Suspension 93 MCG/ACT	Tier 4	Prior Authorization Required; Quantity Limit (32 ML per 30 days)
Neuromuscular Agents - Drugs For Nerves And Muscles		
*Als Agents - Miscellaneous*** - Drugs For Nerves And Muscles		
Radicava ORS Oral Suspension 105 MG/5ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (50 ML per 28 days)
Radicava ORS Starter Kit Oral Suspension 105 MG/5ML	Tier 4	Specialty; Prior Authorization Required
*Benzothiazoles*** - Drugs For Nerves And Muscles		
Riluzole Oral Tablet 50 MG	Tier 2	
Tiglutik Oral Suspension 50 MG/10ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (600 ML per 30 days)
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators*** - Drugs For Nerves And Muscles		
Skyclarys Oral Capsule 50 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
*Muscular Dystrophy - Histone Deacetylase Inhibitors** - Drugs For Nerves And Muscles		
DUVYZAT Oral Suspension 8.86 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (420 ML per 30 days)
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs*** - Drugs For Nerves And Muscles		

Drug Name	Tier	Notes
Daybue Oral Solution 200 MG/ML	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)
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers*** - Drugs For Nerves And Muscles		
Evrysdi Oral Solution Reconstituted 0.75 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (240 ML per 30 days)
Evrysdi Oral Tablet 5 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Nutrients - Drugs For Nutrition		
*Lipids*** - Drugs For Nutrition		
Dojolvi Oral Liquid 100 %	Tier 4	Specialty; Prior Authorization Required
Ophthalmic Agents - Drugs For The Eye		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*** - Drugs For Glaucoma		
Simbrinza Ophthalmic Suspension 1-0.2 %	Tier 3	
*Beta-Blockers - Ophthalmic Combinations*** - Drugs For Glaucoma		
Brimonidine Tartrate-Timolol Ophthalmic Solution 0.2-0.5 %	Tier 2	Prior Authorization Required
Dorzolamide HCl-Timolol Mal Ophthalmic Solution 2-0.5 %	Tier 1	Healthy Values
Dorzolamide HCl-Timolol Mal PF Ophthalmic Solution 2-0.5 %	Tier 2	
*Beta-Blockers - Ophthalmic*** - Drugs For Glaucoma		
Betaxolol HCl Ophthalmic Solution 0.5 %	Tier 4	
Betoptic-S Ophthalmic Suspension 0.25 %	Tier 4	
Carteolol HCl Ophthalmic Solution 1 %	Tier 4	
Levobunolol HCl Ophthalmic Solution 0.5 %	Tier 4	
Timolol Hemihydrate Ophthalmic Solution 0.5 %	Tier 2	

Drug Name	Tier	Notes
Timolol Maleate (Once-Daily) Solution 0.5 % Ophthalmic	Tier 2	
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 Ocodose Ophthalmic Solution 0.5 %	Tier 2	Prior Authorization Required
Timolol Maleate Ophthalmic Solution 0.25 %, 0.5 %	Tier 1	Healthy Values
Timolol Maleate PF Solution 0.25 % Ophthalmic	Tier 2	
Timolol Maleate PF Solution 0.5 % Ophthalmic	Tier 2	Prior Authorization Required
*Cholinergic Agonists*** - Drugs For The Eye		
Tyrvaya Nasal Solution 0.03 MG/ACT	Tier 4	
*Cycloplegic Mydriatic Combinations*** - Drugs For The Eye		
Cyclomydril Ophthalmic Solution 0.2-1 %	Tier 4	
*Cycloplegic Mydriatics*** - Drugs For The Eye		
Atropine Sulfate Solution 1 % Ophthalmic	Tier 2	
Cyclogyl SOLUTION 0.5 % OPHTHALMIC	Tier 4	
Cyclogyl SOLUTION 2 % OPHTHALMIC	Tier 4	
Cyclopentolate HCl Ophthalmic Solution 1 %	Tier 1	
*Miotics - Cholinesterase Inhibitors*** - Drugs For Glaucoma		
Phospholine Iodide Ophthalmic Solution Reconstituted 0.125 %	Tier 4	
*Miotics - Direct Acting Pupil Selective*** - Drugs For The Eye		
Vizz Solution 1.44 % Ophthalmic	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 Days)
*Miotics - Direct Acting*** - Drugs For Glaucoma		
Pilocarpine HCl SOLUTION 1 % OPHTHALMIC	Tier 2	
Pilocarpine HCl Solution 1.25 % Ophthalmic	Tier 2	Quantity Limit (5 ML per 30 days)
Pilocarpine HCl SOLUTION 2 % OPHTHALMIC	Tier 2	
Pilocarpine HCl SOLUTION 4 % OPHTHALMIC	Tier 2	
Qlosi Ophthalmic Solution 0.4 %	Tier 4	Quantity Limit (60 EA per 30 days)
*Ophthalmic Antiallergic*** - Drugs For Itchy Eye		
Azelastine HCl Ophthalmic Solution 0.05 %	Tier 1	

Drug Name	Tier	Notes
Bepotastine Besilate Ophthalmic Solution 1.5 %	Tier 2	
Cromolyn Sodium Ophthalmic Solution 4 %	Tier 4	
Epinastine HCl Ophthalmic Solution 0.05 %	Tier 2	
Olopatadine HCl Solution 0.2 % Ophthalmic (Rx)	Tier 2	
Zerviate Ophthalmic Solution 0.24 %	Tier 4	
*Ophthalmic Antibiotics*** - Anti-Infective/Anti-Inflammatories		
Besifloxacin HCl Ophthalmic Suspension 0.6 %	Tier 4	
Besivance Ophthalmic Suspension 0.6 %	Tier 3	
Ciprofloxacin HCl Ophthalmic Solution 0.3 %	Tier 1	
Erythromycin Ophthalmic Ointment 5 MG/GM	Tier 1	
Gatifloxacin Ophthalmic Solution 0.5 %	Tier 2	
Gentamicin Sulfate Ophthalmic Solution 0.3 %	Tier 1	
levoFLOxacin Ophthalmic Solution 0.5 %, 1.5 %	Tier 4	
Moxifloxacin HCl (2X Day) Ophthalmic Solution 0.5 %	Tier 4	
Moxifloxacin HCl Ophthalmic Solution 0.5 %	Tier 2	
Ofloxacin Ophthalmic Solution 0.3 %	Tier 1	
Tobramycin Ophthalmic Solution 0.3 %	Tier 1	
*Ophthalmic Antifungal*** - Drugs For The Eye		
Natacyn Ophthalmic Suspension 5 %	Tier 3	
*Ophthalmic Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories		
Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM	Tier 1	
Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment 5-400-10000	Tier 4	
Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025	Tier 4	
Polymyxin B-Trimethoprim Ophthalmic Solution 10000-0.1 UNIT/ML-%	Tier 1	
*Ophthalmic Antivirals*** - Anti-Infective/Anti-Inflammatories		
Trifluridine Ophthalmic Solution 1 %	Tier 3	
*Ophthalmic Carbonic Anhydrase Inhibitors*** - Drugs For Glaucoma		
Brinzolamide Suspension 1 % Ophthalmic	Tier 1	Prior Authorization Required
Dorzolamide HCl Ophthalmic Solution 2 %	Tier 1	Healthy Values

Drug Name	Tier	Notes
*Ophthalmic Ectoparasiticide** - Drugs For The Eye		
Xdemvy Ophthalmic Solution 0.25 %	Tier 4	Prior Authorization Required
*Ophthalmic Immunomodulators*** - Anti-Infective/Anti-Inflammatories		
cycloSPORINE (PF) Ophthalmic Emulsion 0.05 %	Tier 2	
Restasis MultiDose Ophthalmic Emulsion 0.05 %	Tier 2	
Restasis Ophthalmic Emulsion 0.05 %	Tier 2	
Verkazia Ophthalmic Emulsion 0.1 %	Tier 4	
*Ophthalmic Kinase Inhibitors - Combinations*** - Drugs For Glaucoma		
rocklatan Ophthalmic Solution 0.02-0.005 %	Tier 4	Quantity Limit (2.5 ML per 30 days)
*Ophthalmic Nerve Growth Factors*** - Drugs For The Eye		
Oxervate Ophthalmic Solution 0.002 %	Tier 4	Specialty; Prior Authorization Required
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** - Anti-Infective/Anti-Inflammatories		
Bromfenac Sodium (Once-Daily) Ophthalmic Solution 0.09 %	Tier 2	Prior Authorization Required
Bromfenac Sodium Solution 0.075 % Ophthalmic	Tier 2	
Diclofenac Sodium Ophthalmic Solution 0.1 %	Tier 1	
Flurbiprofen Sodium Ophthalmic Solution 0.03 %	Tier 4	
Ilevro Ophthalmic Suspension 0.3 %	Tier 4	
Ketorolac Tromethamine Solution 0.4 % Ophthalmic	Tier 2	
Ketorolac Tromethamine Solution 0.5 % Ophthalmic	Tier 1	
*Ophthalmic Rho Kinase Inhibitors*** - Drugs For Glaucoma		
Rhopressa Ophthalmic Solution 0.02 %	Tier 4	Quantity Limit (2.5 ML per 30 days)
*Ophthalmic Selective Alpha Adrenergic Agonists*** - Drugs For Glaucoma		
Apraclonidine HCl Ophthalmic Solution 0.5 %	Tier 4	
Brimonidine Tartrate Solution 0.15 % Ophthalmic	Tier 2	Prior Authorization Required
Brimonidine Tartrate SOLUTION 0.2 % OPHTHALMIC	Tier 1	
*Ophthalmic Steroid Combinations*** - Anti-Infective/Anti-Inflammatories		
Bacitra-Neomycin-Polymyxin-HC Ophthalmic Ointment 1 %	Tier 4	

Drug Name	Tier	Notes
Loteprednol-Tobramycin Ophthalmic Suspension 0.5-0.3 %	Tier 2	
Neomycin-Polymyxin-Dexameth Ophthalmic Ointment 3.5-10000-0.1	Tier 1	
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 0.1 %, 3.5-10000-0.1	Tier 1	
Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1	Tier 4	
Sulfacetamide-prednisoLONE Ophthalmic Solution 10-0.23 %	Tier 4	
TobraDex ST Ophthalmic Suspension 0.3-0.05 %	Tier 4	
Tobramycin-Dexamethasone Ophthalmic Suspension 0.3-0.1 %	Tier 2	
Zylet Ophthalmic Suspension 0.5-0.3 %	Tier 4	
*Ophthalmic Steroids*** - Anti-Infective/Anti-Inflammatories		
Dexamethasone Sodium Phosphate Ophthalmic Solution 0.1 %	Tier 3	
Eysuvis Ophthalmic Suspension 0.25 %	Tier 3	
Flarex Ophthalmic Suspension 0.1 %	Tier 4	
Fluorometholone Ophthalmic Suspension 0.1 %	Tier 2	
Lotemax Ophthalmic Ointment 0.5 %	Tier 3	
Lotemax SM Ophthalmic Gel 0.38 %	Tier 3	
Loteprednol Etabonate Ophthalmic Gel 0.5 %	Tier 2	
Loteprednol Etabonate Ophthalmic Suspension 0.2 %, 0.5 %	Tier 2	
Maxidex Ophthalmic Suspension 0.1 %	Tier 4	
prednisoLONE Acetate Ophthalmic Suspension 1 %	Tier 2	
PrednisoLONE Sodium Phosphate Ophthalmic Solution 1 %	Tier 4	
*Ophthalmic Sulfonamides*** - Anti-Infective/Anti-Inflammatories		
Sulfacetamide Sodium Ophthalmic Solution 10 %	Tier 4	
*Ophthalmics - Blepharoptosis Agents** - Drugs For The Eye		
Upneeq Ophthalmic Solution 0.1 %	Tier 4	
*Ophthalmics - Cystinosis Agents** - Drugs For The Eye		
Cystadrops Ophthalmic Solution 0.37 %	Tier 4	Specialty

Drug Name	Tier	Notes
Cystaran Ophthalmic Solution 0.44 %	Tier 4	Specialty
*Ophthalmics - Trpm8 Receptor Agonists*** - Drugs For The Eye		
Tryptyr Ophthalmic Solution 0.003 %	Tier 4	
*Prostaglandins - Ophthalmic*** - Drugs For Glaucoma		
Bimatoprost Solution 0.01 % Ophthalmic	Tier 2	Quantity Limit (2.5 ML per 30 days)
Latanoprost Ophthalmic Solution 0.005 %	Tier 1	Healthy Values; Quantity Limit (2.5 ML per 30 days)
Lumigan Ophthalmic Solution 0.01 %	Tier 3	Quantity Limit (2.5 ML per 30 days)
Travoprost (BAK Free) Ophthalmic Solution 0.004 %	Tier 2	Quantity Limit (2.5 ML per 30 days)
Vyzulta Ophthalmic Solution 0.024 %	Tier 4	Quantity Limit (2.5 ML per 30 days)
Otic Agents - Drugs For The Ear		
*Otic Agents - Miscellaneous*** - Wax Removal		
Acetic Acid Otic Solution 2 %	Tier 2	
*Otic Anti-Infectives*** - Antibiotics		
Ciprofloxacin HCl Otic Solution 0.2 %	Tier 2	
Ofloxacin Otic Solution 0.3 %	Tier 2	
*Otic Steroid-Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories		
Cipro HC Otic Suspension 0.2-1 %	Tier 4	
Ciprofloxacin-Dexamethasone Otic Suspension 0.3-0.1 %	Tier 2	
Ciprofloxacin-Fluocinolone PF Otic Solution 0.3-0.025 %	Tier 4	
Ciprofloxacin-Hydrocortisone Otic Suspension 0.2-1 %	Tier 2	
Cortisporin-TC Otic Suspension 3.3-3-10-0.5 MG/ML	Tier 4	
Neomycin-Polymyxin-HC Otic Solution 1 %, 3.5-10000-1	Tier 2	
Neomycin-Polymyxin-HC Otic Suspension 3.5-10000-1	Tier 2	
Otovel Otic Solution 0.3-0.025 %	Tier 4	
*Otic Steroids*** - Anti-Infective/Anti-Inflammatories		
Fluocinolone Acetonide Otic Oil 0.01 %	Tier 2	
Hydrocortisone-Acetic Acid Otic Solution 1-2 %	Tier 2	
Oxytocics - Hormones		

Drug Name	Tier	Notes
*Abortifacients/Cervical Ripening - Prostaglandins*** - Drugs For Women		
Cervidil Vaginal Insert 10 MG	Tier 4	
*Oxytocics*** - Drugs For Women		
Methergine Oral Tablet 0.2 MG	Tier 2	
Methylergonovine Maleate Oral Tablet 0.2 MG	Tier 2	
Penicillins - Drugs For Infections		
*Aminopenicillins*** - Antibiotics		
Amoxicillin Oral Capsule 250 MG, 500 MG	Tier 1	
Amoxicillin Oral Suspension Reconstituted 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	Tier 1	
Amoxicillin Oral Tablet 500 MG, 875 MG	Tier 1	
Amoxicillin Oral Tablet Chewable 125 MG, 250 MG	Tier 4	
Ampicillin Oral Capsule 500 MG	Tier 1	
*Natural Penicillins*** - Antibiotics		
Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML, 250 MG/5ML	Tier 4	
Penicillin V Potassium Oral Tablet 250 MG, 500 MG	Tier 1	
*Penicillin Combinations*** - Antibiotics		
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 Oral Suspension Reconstituted 125-31.25 MG/5ML	Tier 4	
*Penicillinase-Resistant Penicillins*** - Antibiotics		

Drug Name	Tier	Notes
Dicloxacillin Sodium Oral Capsule 250 MG, 500 MG	Tier 2	
Progestins - Hormones		
*Progestins*** - Drugs For Women		
Gallifrey Oral Tablet 5 MG	Tier 2	
MedroxyPROGESTERone Acetate Oral Tablet 10 MG, 2.5 MG, 5 MG	Tier 1	
Megestrol Acetate SUSPENSION 625 MG/5ML ORAL	Tier 4	
Norethindrone Acetate Oral Tablet 5 MG	Tier 2	
Progesterone Capsule 100 MG Oral	Tier 1	
Progesterone Capsule 200 MG Oral	Tier 2	
Progesterone Intramuscular Oil 50 MG/ML	Tier 2	
Psychotherapeutic And Neurological Agents - Misc. - Drugs For The Nervous System		
*Agents For Opioid Withdrawal*** - Drugs For The Nervous System		
Lofexidine HCl Oral Tablet 0.18 MG	Tier 2	
*Alcohol Deterrents*** - Drugs For The Nervous System		
Acamprosate Calcium Oral Tablet Delayed Release 333 MG	Tier 2	
Disulfiram Oral Tablet 250 MG, 500 MG	Tier 2	
*Anti-Cataleptic Agents*** - Drugs For Sleep Disorder		
Lumryz Oral Packet 4.5 GM, 6 GM, 7.5 GM, 9 GM	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Lumryz Starter Pack Oral Therapy Pack 4.5 & 6 & 7.5 GM	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)
*Anti-Cataleptic Combinations*** - Drugs For Sleep Disorder		
Xywav Oral Solution 500 MG/ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (540 ML per 30 days)
*Antidementia Agent Combinations*** - Drugs For Alzheimer's Disease		

Drug Name	Tier	Notes
Memantine HCl-Donepezil HCl ER Oral Capsule Extended Release 24 Hour 14-10 MG, 21-10 MG, 28-10 MG	Tier 2	
Namzaric CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	Tier 4	
*Antisense Oligonucleotide (Aso) Inhibitor Agents*** - Drugs For The Nervous System		
Wainua Subcutaneous Solution Auto-Injector 45 MG/0.8ML	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (0.8 ML per 28 days)
*Benzodiazepines & Tricyclic Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
Chlordiazepoxide-Amitriptyline Oral Tablet 10-25 MG, 5-12.5 MG	Tier 4	
*Cholinomimetics - Ache Inhibitors*** - Drugs For Alzheimer's Disease		
Donepezil HCl Oral Tablet Dispersible 10 MG, 5 MG	Tier 1	
Donepezil HCl TABLET 10 MG Oral	Tier 1	
Donepezil HCl TABLET 23 MG ORAL	Tier 2	
Donepezil HCl TABLET 5 MG Oral	Tier 1	
Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 16 MG, 24 MG, 8 MG	Tier 2	
Galantamine Hydrobromide Oral Solution 4 MG/ML	Tier 4	
Galantamine Hydrobromide Oral Tablet 12 MG, 4 MG, 8 MG	Tier 2	
Rivastigmine Tartrate Oral Capsule 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	
Rivastigmine Transdermal Patch 24 Hour 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	Tier 2	
Zunveyl Oral Tablet Delayed Release 10 MG, 15 MG, 5 MG	Tier 4	
*Fibromyalgia Agent - Miscellaneous*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
Tonmya Sublingual Tablet Sublingual 2.8 MG	Tier 4	Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Fibromyalgia Agent - Snris*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
Milnacipran HCl Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	Quantity Limit (60 EA per 30 Days)
Savella Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 4	Quantity Limit (60 EA per 30 days)
Savella Titration Pack Oral 12.5 & 25 & 50 MG	Tier 4	

Drug Name	Tier	Notes
*Melanocortin Receptor Agonists*** - Drugs For The Nervous System		
Vyleesi Subcutaneous Solution Auto-Injector 1.75 MG/0.3ML	Tier 4	Specialty; Quantity Limit (1.8 ML per 30 days); Review your Plan's SPD to confirm coverage
*Movement Disorder Drug Therapy*** - Drugs For The Nervous System		
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 Oral Tablet Extended Release 24 Hour 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Austedo XR Patient Titration Oral Tablet Extended Release Therapy Pack 12 & 18 & 24 & 30 MG	Tier 4	Specialty; Prior Authorization Required
Ingrezza Oral Capsule 40 MG, 60 MG, 80 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ingrezza Oral Capsule Sprinkle 40 MG, 60 MG, 80 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Ingrezza Oral Capsule Therapy Pack 40 & 80 MG	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 25 MG ORAL	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
*Ms Agents - Pyrimidine Synthesis Inhibitors*** - Drugs For Multiple Sclerosis		
Teriflunomide Oral Tablet 14 MG, 7 MG	Tier 2	Quantity Limit (30 EA per 30 days)
*Multiple Sclerosis Agents - Antimetabolites*** - Drugs For Multiple Sclerosis		
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

Drug Name	Tier	Notes
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) Oral Tablet Therapy Pack 10 MG	Tier 3	Specialty; Prior Authorization Required
Mavenclad (4 Tabs) Oral Tablet Therapy Pack 10 MG	Tier 3	Specialty; Prior Authorization Required
Mavenclad (5 Tabs) Oral Tablet Therapy Pack 10 MG	Tier 3	Specialty; Prior Authorization Required
Mavenclad (6 Tabs) Oral Tablet Therapy Pack 10 MG	Tier 3	Specialty; Prior Authorization Required
Mavenclad (7 Tabs) Oral Tablet Therapy Pack 10 MG	Tier 3	Specialty; Prior Authorization Required
Mavenclad (8 Tabs) Oral Tablet Therapy Pack 10 MG	Tier 3	Specialty; Prior Authorization Required
Mavenclad (9 Tabs) Oral Tablet Therapy Pack 10 MG	Tier 3	Specialty; Prior Authorization Required
*Multiple Sclerosis Agents - Interferons*** - Drugs For Multiple Sclerosis		
Avonex Pen Intramuscular Auto-Injector Kit 30 MCG/0.5ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 28 days)
Avonex Prefilled Intramuscular Prefilled Syringe Kit 30 MCG/0.5ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 EA per 28 days)
Betaseron Subcutaneous Kit 0.3 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (14 EA per 28 days)
Plegridy Intramuscular Solution Prefilled Syringe 125 MCG/0.5ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Plegridy Starter Pack Subcutaneous Solution Auto-Injector 63 & 94 MCG/0.5ML	Tier 3	Specialty; Prior Authorization Required
Plegridy Starter Pack Subcutaneous Solution Prefilled Syringe 63 & 94 MCG/0.5ML	Tier 3	Specialty; Prior Authorization Required

Drug Name	Tier	Notes
Plegridy Subcutaneous Solution Auto-Injector 125 MCG/0.5ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Plegridy Subcutaneous Solution Prefilled Syringe 125 MCG/0.5ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (1 ML per 28 days)
Rebif Rebidoso Subcutaneous Solution Auto-Injector 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (6 ML per 28 days)
Rebif Rebidoso Titration Pack Subcutaneous Solution Auto-Injector 6X8.8 & 6X22 MCG	Tier 3	Specialty; Prior Authorization Required
Rebif Subcutaneous Solution Prefilled Syringe 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (6 ML per 28 days)
Rebif Titration Pack Subcutaneous Solution Prefilled Syringe 6X8.8 & 6X22 MCG	Tier 3	Specialty; Prior Authorization Required
*Multiple Sclerosis Agents - Monoclonal Antibodies*** - Drugs For Multiple Sclerosis		
Kesimpta Subcutaneous Solution Auto-Injector 20 MG/0.4ML	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (0.4 ML per 28 days)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators*** - Drugs For Multiple Sclerosis		
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	Tier 2	
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	Tier 2	Quantity Limit (60 EA per 30 days)
Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack 120 & 240 MG	Tier 2	
Vumerity Oral Capsule Delayed Release 231 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
*Multiple Sclerosis Agents - Potassium Channel Blockers*** - Drugs For Multiple Sclerosis		
Dalfampridine ER Oral Tablet Extended Release 12 Hour 10 MG	Tier 2	
*Multiple Sclerosis Agents*** - Drugs For Multiple Sclerosis		
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)

Drug Name	Tier	Notes
Glatopa Solution Prefilled Syringe 40 MG/ML Subcutaneous	Tier 2	Quantity Limit (12 ML per 28 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** - Drugs For Alzheimer's Disease		
Memantine HCl ER Oral Capsule Extended Release 24 Hour 14 MG, 21 MG, 28 MG, 7 MG	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 4	
Memantine HCl TABLET 5 MG ORAL	Tier 1	
*Phenothiazines & Tricyclic Agents*** - Drugs For Depression		
Perphenazine-Amitriptyline Oral Tablet 2-10 MG, 2-25 MG, 4-10 MG, 4-25 MG, 4-50 MG	Tier 4	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
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)
*Premenstrual Dysphoric Disorder (Pmdd) Agents - SsrIs*** - Drugs For Depression		
FLUoxetine HCl (PMDD) Oral Tablet 10 MG, 20 MG	Tier 4	
*Pseudobulbar Affect Agent Combinations*** - Drugs For Severe Mental Disorders		
Nuedexta Oral Capsule 20-10 MG	Tier 3	
*Psychotherapeutic And Neurological Agents - Misc.*** - Drugs For Severe Mental Disorders		
Aqneursa Oral Packet 1 GM	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Miplyffa Oral Capsule 124 MG, 47 MG, 62 MG, 93 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Pimozide Oral Tablet 1 MG, 2 MG	Tier 4	
*Restless Leg Syndrome (Rls) Agents*** - Drugs For The Nervous System		

Drug Name	Tier	Notes
Horizant Oral Tablet Extended Release 300 MG, 600 MG	Tier 4	Quantity Limit (60 EA per 30 days)
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag*** - Drugs For The Nervous System		
Addyi Oral Tablet 100 MG	Tier 4	Prior Authorization Required; Quantity Limit (30 EA per 30 days); Review your Plan's SPD to confirm coverage
*Smoking Deterrents*** - Drugs For Depression		
buPROPion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour 150 MG	Tier 2	ACA Drug
Nicotrol NS Nasal Solution 10 MG/ML	Tier 3	ACA Drug
Varenicline Tartrate (Starter) Oral Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42	Tier 2	ACA Drug
Varenicline Tartrate Oral Tablet 0.5 MG, 1 MG	Tier 2	ACA Drug
Varenicline Tartrate(Continue) Oral Tablet 1 MG	Tier 2	ACA Drug
*Sphingosine 1-Phosphate (S1p) Receptor Modulators*** - Drugs For Multiple Sclerosis		
Fingolimod HCl Oral Capsule 0.5 MG	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 Oral Tablet Therapy Pack 12 x 0.25 MG, 7 x 0.25 MG	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 Oral Capsule Therapy Pack 4 x 0.23MG & 3 x 0.46MG	Tier 3	Specialty; Prior Authorization Required
Zeposia Oral Capsule 0.92 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 days)
Zeposia Starter Kit Oral Capsule Therapy Pack 0.23MG & 0.46MG 0.92MG(21)	Tier 3	Specialty; Prior Authorization Required
*Thienbenzodiazepines & Opioid Antagonists*** - Drugs For Severe Mental Disorders		
Lybalvi Oral Tablet 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 4	Quantity Limit (30 EA per 30 days)

Drug Name	Tier	Notes
*Thienbenzodiazepines & Ssriss*** - Drugs For Severe Mental Disorders		
OLANzapine-FLUoxetine HCl Oral Capsule 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	Tier 2	
*Vasomotor Symptom Agents - Ssriss*** - Drugs For The Nervous System		
PARoxetine Mesylate Oral Capsule 7.5 MG	Tier 2	
Respiratory Agents - Misc. - Drugs For The Lungs		
*Cftr Potentiators*** - Drugs For Cystic Fibrosis		
Kalydeco Oral Packet 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Kalydeco Oral Tablet 150 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Cystic Fibrosis Agent - Combinations*** - Drugs For Cystic Fibrosis		
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 Oral Packet 100-125 MG, 150-188 MG, 75-94 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Orkambi Oral Tablet 100-125 MG, 200-125 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (120 EA per 30 days)
Symdeko Oral Tablet Therapy Pack 100-150 & 150 MG, 50-75 & 75 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Trikafta Oral Tablet Therapy Pack 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (90 EA per 30 days)
Trikafta Oral Therapy Pack 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 3	Specialty; Prior Authorization Required; Quantity Limit (56 EA per 28 days)
*Cystic Fibrosis Agents - Miscellaneous*** - Drugs For Cystic Fibrosis		
Bronchitol Inhalation Capsule 40 MG	Tier 4	Specialty
Bronchitol Tolerance Test Inhalation Capsule 40 MG	Tier 4	Specialty

Drug Name	Tier	Notes
*Dipeptidyl Peptidase 1 (Dpp1) Inhibitors*** - Drugs For Cystic Fibrosis		
Brinsupri Oral Tablet 10 MG, 25 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (30 EA per 30 Days)
*Hydrolytic Enzymes*** - Drugs For The Lungs		
Pulmozyme Inhalation Solution 2.5 MG/2.5ML	Tier 3	
*Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For The Lungs		
Nintedanib Esylate Capsule 100 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Nintedanib Esylate Capsule 150 MG Oral	Tier 2	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
Ofev Oral Capsule 100 MG, 150 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Pulmonary Fibrosis Agents - Phosphodiesterase 4 (Pde4) Inhib*** - Drugs For Cystic Fibrosis		
Jascayd Oral Tablet 18 MG, 9 MG	Tier 4	Specialty; Prior Authorization Required; Quantity Limit (60 EA per 30 days)
*Pulmonary Fibrosis Agents*** - Drugs For The Lungs		
Pirfenidone Oral Capsule 267 MG	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)
Sulfonamides - Drugs For Infections		
*Sulfonamides*** - Antibiotics		
sulfADIAZINE Oral Tablet 500 MG	Tier 2	
Tetracyclines - Drugs For Infections		
*Aminomethylcyclines*** - Antibiotics		
Nuzyra Oral Tablet 150 MG	Tier 4	

Drug Name	Tier	Notes
*Tetracyclines*** - Antibiotics		
Avidoxy Oral Tablet 100 MG	Tier 1	
Demeclocycline HCl Oral Tablet 150 MG, 300 MG	Tier 2	
Doryx MPC Oral Tablet Delayed Release 60 MG	Tier 4	
Doxycycline Hyclate Oral Capsule 100 MG, 50 MG	Tier 1	
Doxycycline Hyclate Oral Tablet Delayed Release 100 MG, 150 MG, 200 MG, 50 MG, 75 MG	Tier 4	
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 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 Oral Suspension Reconstituted 25 MG/5ML	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 Oral Tablet Extended Release 24 Hour 105 MG, 115 MG, 135 MG, 45 MG, 55 MG, 65 MG, 80 MG, 90 MG	Tier 4	
Minocycline HCl Oral Tablet 100 MG, 50 MG, 75 MG	Tier 4	
Mondoxyne NL Oral Capsule 100 MG	Tier 1	
TargaDOX Oral Tablet 50 MG	Tier 4	
Tetracycline HCl Oral Capsule 250 MG, 500 MG	Tier 2	
Thyroid Agents - Hormones		
*Antithyroid Agents*** - Drugs For Thyroid		

Drug Name	Tier	Notes
methIMazole Oral Tablet 10 MG, 5 MG	Tier 1	
Propylthiouracil Oral Tablet 50 MG	Tier 2	
*Thyroid Hormones*** - Drugs For Thyroid		
Armour Thyroid Oral Tablet 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 4	
EvexiTHROID Oral Tablet 120 MG, 15 MG, 180 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG	Tier 4	
Levo-T Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
Levothyroxine Sodium Oral Capsule 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4	
Levothyroxine Sodium Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
Levoxyl Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	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 Oral Tablet 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 4	
NP Thyroid Oral Tablet 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 4	
RenThyroid Oral Tablet 120 MG, 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG	Tier 4	
Thyquidity Oral Solution 100 MCG/5ML	Tier 4	
Thyroid Oral Tablet 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 4	
Tirosint Oral Capsule 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Tier 4	

Drug Name	Tier	Notes
Tirosint-SOL Oral Solution 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 4	
Unithroid Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
Toxoids - Biological Agents		
*Toxoid Combinations*** - Vaccines		
Adacel Intramuscular Suspension 5-2-15.5 LF-MCG/0.5	Tier 3	ACA Drug
Adacel Intramuscular Suspension Prefilled Syringe 5-2-15.5 LF-MCG/0.5	Tier 3	ACA Drug
Boostrix Intramuscular Suspension Prefilled Syringe 5-2.5-18.5 LF-MCG/0.5	Tier 3	ACA Drug
Daptacel Intramuscular Suspension 23-15-5	Tier 3	ACA Drug
Infanrix Intramuscular Suspension 25-58-10	Tier 3	ACA Drug
Kinrix Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	ACA Drug
Pediarix Intramuscular Suspension Prefilled Syringe	Tier 3	ACA Drug
Pentacel Intramuscular Suspension Reconstituted	Tier 3	ACA Drug
Quadracel Intramuscular Suspension	Tier 3	ACA Drug
Quadracel Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	ACA Drug
Tenivac Intramuscular Suspension 5-2 LF/0.5ML	Tier 3	ACA Drug
Vaxelis Intramuscular Suspension Prefilled Syringe	Tier 3	ACA Drug
Ulcer Drugs/Antispasmodics/Anticholinergics - Drugs For The Stomach		
*Anticholinergic Combinations*** - Drugs For Stomach Cramps		
chlordiazePOXIDE-Clidinium Oral Capsule 5-2.5 MG	Tier 2	
*Antispasmodics*** - Drugs For Stomach Cramps		
Dicyclomine HCl Oral Capsule 10 MG	Tier 1	Healthy Values
Dicyclomine HCl Oral Solution 10 MG/5ML, 20 MG/10ML	Tier 2	Healthy Values
Dicyclomine HCl TABLET 20 MG ORAL	Tier 1	Healthy Values
Dicyclomine HCl Tablet 40 MG Oral	Tier 4	
*Belladonna Alkaloids*** - Drugs For Stomach Cramps		

Drug Name	Tier	Notes
Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour 0.375 MG	Tier 2	
Hyoscyamine Sulfate Oral Elixir 0.125 MG/5ML	Tier 2	
Hyoscyamine Sulfate Oral Solution 0.125 MG/ML	Tier 2	
Hyoscyamine Sulfate Oral Tablet 0.125 MG	Tier 2	
Hyoscyamine Sulfate SL Sublingual Tablet Sublingual 0.125 MG	Tier 2	
Hyoscyamine Sulfate Sublingual Tablet Sublingual 0.125 MG	Tier 2	
Hyosyne Oral Elixir 0.125 MG/5ML	Tier 2	
Hyosyne Oral Solution 0.125 MG/ML	Tier 2	
Oscimin Oral Tablet 0.125 MG	Tier 2	
Oscimin Sublingual Tablet Sublingual 0.125 MG	Tier 2	
*H-2 Antagonists*** - Drugs For Ulcers And Stomach Acid		
Cimetidine HCl Oral Solution 300 MG/5ML	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	
*Misc. Anti-Ulcer*** - Drugs For Ulcers And Stomach Acid		
Sucralfate Oral Tablet 1 GM	Tier 2	
Sucralfate Suspension 1 GM/10ML Oral	Tier 2	Quantity Limit (1200 ML per 30 days)
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)*** - Drugs For Ulcers And Stomach Acid		
Voquezna Oral Tablet 10 MG, 20 MG	Tier 4	Quantity Limit (30 EA per 30 days)
*Proton Pump Inhibitor-Antacid Combinations*** - Drugs For Ulcers And Stomach Acid		
Konvomep Oral Suspension Reconstituted 2-84 MG/ML	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)

Drug Name	Tier	Notes
Omeprazole-Sodium Bicarbonate Oral Packet 20-1680 MG, 40-1680 MG	Tier 2	Quantity Limit (60 EA per 30 days)
*Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid		
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)
Esomeprazole Magnesium CAPSULE DELAYED RELEASE 40 MG ORAL	Tier 2	
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 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	
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	Quantity Limit (60 EA per 30 Days)
Omeprazole CAPSULE DELAYED RELEASE 40 MG ORAL	Tier 1	
Pantoprazole Sodium Oral Packet 40 MG	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	Quantity Limit (60 EA per 30 days)
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 Oral Capsule Sprinkle 10 MG	Tier 4	Quantity Limit (30 EA per 30 days)
RABEprazole Sodium Oral Tablet Delayed Release 20 MG	Tier 2	
*Quaternary Anticholinergics*** - Drugs For Stomach Cramps		
Glycate Oral Tablet 1.5 MG	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	

Drug Name	Tier	Notes
Glycopyrrolate Tablet 2 MG Oral	Tier 2	
Methscopolamine Bromide Oral Tablet 2.5 MG, 5 MG	Tier 2	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid		
Amoxicill-Clarithro-Lansopraz Oral Therapy Pack 500 & 500 & 30 MG	Tier 4	
Talicia Oral Capsule Delayed Release 250-12.5-10 MG	Tier 3	
*Ulcer Drugs - Prostaglandins*** - Drugs For Ulcers And Stomach Acid		
miSOPROStol Oral Tablet 100 MCG, 200 MCG	Tier 1	
Urinary Antispasmodics - Drugs For The Urinary System		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** - Drugs For The Bladder		
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 Oral Solution 5 MG/5ML	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 Transdermal Patch Twice Weekly 3.9 MG/24HR	Tier 4	Quantity Limit (8 EA per 28 days)
Solifenacin Succinate Oral Tablet 10 MG, 5 MG	Tier 1	Quantity Limit (30 EA per 30 days)
Tolterodine Tartrate ER Oral Capsule Extended Release 24 Hour 2 MG, 4 MG	Tier 2	Quantity Limit (30 EA per 30 days)
Tolterodine Tartrate Oral Tablet 1 MG, 2 MG	Tier 2	Quantity Limit (60 EA per 30 days)
Tropium Chloride ER Oral Capsule Extended Release 24 Hour 60 MG	Tier 2	Quantity Limit (30 EA per 30 days)
Tropium Chloride Oral Tablet 20 MG	Tier 2	Quantity Limit (60 EA per 30 days)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** - Drugs For The Bladder		
Gemtesa Oral Tablet 75 MG	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 Oral Suspension Reconstituted ER 8 MG/ML	Tier 3	Quantity Limit (300 ML per 28 days)

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

Drug Name	Tier	Notes
Twinrix Intramuscular Suspension Prefilled Syringe 720-20 ELU-MCG/ML	Tier 3	ACA Drug
*Viral Vaccines*** - Vaccines		
Abrysvo Intramuscular Solution Reconstituted 120 MCG/0.5ML	Tier 3	ACA Drug
Afluria Intramuscular Suspension	Tier 3	ACA Drug
Afluria Preservative Free Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	ACA Drug
Arexvy Intramuscular Suspension Reconstituted 120 MCG/0.5ML	Tier 3	ACA Drug
Comirnaty 5-11 Years Intramuscular Suspension 10 MCG/0.3ML	Tier 3	ACA Drug
Comirnaty Intramuscular Suspension Prefilled Syringe 30 MCG/0.3ML	Tier 3	ACA Drug
Dengvaxia Subcutaneous Suspension Reconstituted	Tier 4	Review your Plan's SPD to confirm coverage
Engerix-B Injection Suspension 20 MCG/ML	Tier 3	ACA Drug
Engerix-B Injection Suspension Prefilled Syringe 10 MCG/0.5ML, 20 MCG/ML	Tier 3	ACA Drug
Ervebo Intramuscular Suspension	Tier 4	Review your Plan's SPD to confirm coverage
Fluad Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	ACA Drug
Fluarix Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	ACA Drug
Flublok Intramuscular Solution Prefilled Syringe 0.5 ML	Tier 3	ACA Drug
Flucelvax Intramuscular Suspension	Tier 3	ACA Drug
Flucelvax Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	ACA Drug
Flulaval Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	ACA Drug
FluMist Liquid Nasal	Tier 3	ACA Drug
Fluzone High-Dose Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	ACA Drug
Fluzone Intramuscular Suspension	Tier 3	ACA Drug
Fluzone Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	ACA Drug
Gardasil 9 Intramuscular Suspension 0.5 ML	Tier 3	ACA Drug
Gardasil 9 Intramuscular Suspension Prefilled Syringe 0.5 ML	Tier 3	ACA Drug

Drug Name	Tier	Notes
Havrix Intramuscular Suspension Prefilled Syringe 1440 EL U/ML, 720 EL U/0.5ML	Tier 3	ACA Drug
Heplisav-B Intramuscular Solution Prefilled Syringe 20 MCG/0.5ML	Tier 3	ACA Drug
Imovax Rabies Intramuscular Suspension Reconstituted 2.5 UNIT/ML	Tier 3	
Ipol Injection Suspension	Tier 3	ACA Drug
Ixiaro Intramuscular Suspension	Tier 4	Review your Plan's SPD to confirm coverage
Jynneos Subcutaneous Suspension 0.5 ML	Tier 3	ACA Drug
mNexspike Intramuscular Suspension Prefilled Syringe 10 MCG/0.2ML	Tier 3	ACA Drug
MResvia Intramuscular Suspension Prefilled Syringe 50 MCG/0.5ML	Tier 3	ACA Drug
Nuvaxovid COVID-19 Vaccine Intramuscular Suspension Prefilled Syringe 5 MCG/0.5ML	Tier 3	
RabAvert Intramuscular Suspension Reconstituted	Tier 3	
Recombivax HB Injection Suspension 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 3	ACA Drug
Recombivax HB Injection Suspension Prefilled Syringe 10 MCG/ML, 5 MCG/0.5ML	Tier 3	ACA Drug
Rotarix Oral Suspension	Tier 3	ACA Drug
RotaTeq Oral Solution	Tier 3	ACA Drug
Shingrix Intramuscular Suspension Prefilled Syringe 50 MCG/0.5ML	Tier 3	ACA Drug
Shingrix Intramuscular Suspension Reconstituted 50 MCG/0.5ML	Tier 3	ACA Drug
Spikevax 6m-11y Intramuscular Suspension Prefilled Syringe 25 MCG/0.25ML	Tier 3	ACA Drug
Spikevax Intramuscular Suspension Prefilled Syringe 50 MCG/0.5ML	Tier 3	ACA Drug
Ticovac Intramuscular Suspension Prefilled Syringe 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	Tier 4	Review your Plan's SPD to confirm coverage
Vaqta Intramuscular Suspension 25 UNIT/0.5ML, 50 UNIT/ML	Tier 3	ACA Drug
Vaqta Intramuscular Suspension Prefilled Syringe 25 UNIT/0.5ML, 50 UNIT/ML	Tier 3	ACA Drug
Varivax Injection Suspension Reconstituted 1350 PFU/0.5ML	Tier 3	ACA Drug
YF-VAX Subcutaneous Suspension Reconstituted	Tier 4	Review your Plan's SPD to confirm coverage

Drug Name	Tier	Notes
Vaginal And Related Products - Drugs For Women		
*Imidazole-Related Antifungals*** - Drugs For Infections		
Gynazole-1 Vaginal Cream 2 %	Tier 4	
Miconazole 3 Vaginal Suppository 200 MG	Tier 4	
Terconazole Vaginal Cream 0.4 %, 0.8 %	Tier 2	
Terconazole Vaginal Suppository 80 MG	Tier 2	
*Miscellaneous Vaginal Products*** - Drugs For Women		
Intrarosa Vaginal Insert 6.5 MG	Tier 4	
*Vaginal Anti-Infectives*** - Drugs For Infections		
Clindamycin Phosphate Vaginal Cream 2 %	Tier 2	
Clindesse Vaginal Cream 2 %	Tier 4	
metroNIDAZOLE Vaginal Gel 0.75 %	Tier 2	
Nuversa Vaginal Gel 1.3 %	Tier 4	
Vandazole Vaginal Gel 0.75 %	Tier 4	
*Vaginal Contraceptive Ph Modulator - Combinations*** - Drugs For Women		
Phexx Vaginal Gel 1.8-1-0.4 %	Tier 4	ACA Drug
*Vaginal Estrogens*** - Drugs For Women		
Estradiol Cream 0.01 % Vaginal	Tier 2	
Estradiol Vaginal Tablet 10 MCG	Tier 2	
Estring Vaginal Ring 7.5 MCG/24HR	Tier 3	Quantity Limit (1 EA per 90 days)
Premarin Vaginal Cream 0.625 MG/GM	Tier 3	
Yuvaferm Vaginal Tablet 10 MCG	Tier 2	
*Vaginal Progestins*** - Drugs For Women		
Progesterone Insert 100 MG Vaginal	Tier 3	Quantity Limit (84 EA per 28 days); Review your Plan's SPD to confirm coverage
Vasopressors - Drugs For The Heart		
*Anaphylaxis Therapy Agents*** - Drugs For Serious Allergic Reaction		
Auvi-Q Injection Solution Auto-Injector 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	Tier 3	
EPINEPHrine Solution Auto-Injector 0.15 MG/0.3ML Injection	Tier 2	

Drug Name	Tier	Notes
EPINEPHrine Solution Auto-Injector 0.3 MG/0.3ML Injection	Tier 2	
*Neurogenic Orthostatic Hypotension (Noh) - Agents*** - Drugs For Serious Allergic Reaction		
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)
*Vasopressors*** - Drugs For Serious Allergic Reaction		
Midodrine HCl Oral Tablet 10 MG, 2.5 MG, 5 MG	Tier 2	
Vitamins - Drugs For Nutrition		
*Vitamin D*** - Drugs For Nutrition		
Ergocalciferol Oral Capsule 1.25 MG (50000 UT)	Tier 1	
Vitamin D (Ergocalciferol) Capsule 1.25 MG (50000 UT) Oral	Tier 1	
*Vitamin K*** - Drugs For Nutrition		
Phytonadione Oral Tablet 5 MG	Tier 2	