



Formulario 2023 de Bright HealthCare

(Lista de medicamentos cubiertos)

Planes para Grupos Pequeños

Colorado

LEA: Este documento contiene información acerca de algunos medicamentos que Bright HealthCare cubre en los Planes individuales y familiares y Planes para Grupos Pequeños.

Este formulario se actualizó el 05/01/2023. Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con nosotros al 800-336-5939 o visite www.brighthealthcare.com.

Bienvenido a Bright

Adjunto encontrará una lista de los medicamentos incluidos en nuestros Planes para Grupos Pequeños de Bright HealthCare, del 1 de enero de 2023 al 31 de diciembre de 2023. A medida que revise, asegúrese de tener sus medicamentos a mano para que pueda confirmar que sus recetas están cubiertas, y comparar la dosis y los precios de los medicamentos que toma.

Tenga en cuenta que este documento incluye una lista de medicamentos *integral* (formulario) incluidos en nuestros Planes para Grupos Pequeños. Para ver un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Como miembro de Bright HealthCare, generalmente debe usar farmacias dentro de la red para surtir sus recetas. Los beneficios, el formulario, la red de farmacias o los copagos o el coseguro pueden cambiar el 1 de enero de, y cada cierto tiempo durante el año.

Atentamente,
Su equipo de Bright HealthCare

Preguntas frecuentes:

¿Qué es un formulario (lista de medicamentos)?

Un formulario es una lista de medicamentos cubiertos seleccionados por Bright HealthCare en consulta con un equipo de proveedores de atención médica, que representa las terapias con medicamentos recetados que se cree son una parte necesaria de un programa de tratamiento de calidad. Por lo general, Bright HealthCare cubrirá los medicamentos incluidos en nuestro formulario siempre que el medicamento sea médicamente necesario y la receta se surta en una farmacia de la red de Bright HealthCare.

¿Puede cambiar el Formulario (lista de medicamentos)?

Por lo general, si está tomando un medicamento de nuestro formulario 2023 que tenía cobertura a principios de año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2023, excepto cuando esté disponible un medicamento genérico menos costoso o cuando se divulgue información nueva adversa acerca de la seguridad o efectividad de un medicamento. Estos tipos de cambios pueden ocurrir sin previo aviso. Creemos que es importante que usted tenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, excepto en los casos en los que puede ahorrar dinero adicional, o podemos garantizar su seguridad.

Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro formulario es inseguro o el fabricante del medicamento lo retira del mercado, inmediatamente retiraremos el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento. Para obtener información actualizada sobre los medicamentos cubiertos por Bright HealthCare, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada.

¿Cómo utilizo el formulario?

Hay dos formas de buscar los medicamentos que toma en el formulario:

1. **Afección médica**

Los medicamentos en este formulario están agrupados en categorías según el tipo de afecciones médicas que se utilizan para el tratamiento. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se incluyen en la categoría "Cardiovascular". Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza a continuación. Luego busque en el nombre de la categoría de su medicamento.

2. **Lista alfabética**

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice al final del formulario. El Índice proporciona una lista en orden alfabético de todos los medicamentos

incluidos en este documento. Tanto los medicamentos de marca como los genéricos se incluyen en el Índice. Consulte el Índice para buscar su medicamento. Al lado de su medicamento, verá el número de página donde puede encontrar la información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Bright HealthCare cubre medicamentos de marca y medicamentos genéricos. Un medicamento genérico es aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA), ya que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Bright HealthCare requiere que usted [o su médico] obtenga una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Bright HealthCare antes de surtir sus recetas. Si no obtiene la aprobación, Bright HealthCare podría no cubrir el medicamento.
- **Límites de cantidad:** en ciertos medicamentos, Bright HealthCare limita la cantidad del medicamento que cubrimos. Por ejemplo, Bright HealthCare proporciona 15 tabletas cada 25 días por receta para Zolpidem Tartrate 5 mg. Esto puede ser adicional a un suministro estándar para un mes o tres meses.
- **Terapia de pasos:** en algunos casos, Bright HealthCare requiere que usted pruebe primero ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, Bright HealthCare podría no cubrir el medicamento B a menos que primero intente usar el medicamento A. Si el medicamento A no funciona para usted, Bright HealthCare cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales revise el formulario. También puede obtener más información acerca de las restricciones que se aplican a medicamentos específicos cubiertos si visita nuestro sitio web, www.brighthouse.com. Hemos publicado en línea documentos que explican nuestro proceso de autorización previa y las restricciones de terapia de pasos. Usted también puede solicitar que le enviemos una copia.

Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede solicitar a Bright HealthCare que haga una excepción a estas restricciones o límites o una lista de otros medicamentos similares que traten la misma afección médica. Consulte la sección “¿Cómo solicito una excepción al Formulario de Bright HealthCare?”, para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios al Miembro y preguntar si su medicamento está cubierto.

Si se entera de que Bright HealthCare no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por Bright HealthCare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Bright HealthCare.
- Puede solicitar a Bright HealthCare que haga una excepción y cubra el medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Bright HealthCare?

Puede solicitarnos que exoneremos las restricciones de cobertura o límites de su medicamento. Por ejemplo, en algunos medicamentos, Bright HealthCare limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que exoneremos el límite y cubramos una cantidad mayor.

Por lo general, Bright HealthCare solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, o las restricciones de utilización adicionales, podrían no ser tan efectivos para tratar su afección o podrían provocarle efectos médicos adversos.

Debe comunicarse con nosotros para pedirnos una decisión inicial de cobertura de una excepción de restricción de formulario, de nivel o de utilización. **Cuando solicite una excepción de restricción al formulario o a la utilización, debe presentar una declaración de su médico o profesional que receta que respalde su solicitud.**

Por lo general, debemos tomar nuestra decisión dentro de las siguientes 72 horas después de recibirla declaración de respaldo del médico que receta. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que su salud podría dañarse gravemente si espera hasta por 72 horas para una decisión. Si se autoriza su solicitud acelerada, debemos proporcionarle una decisión a más tardar 24 horas después de haber recibido una declaración de respaldo del médico u otro profesional que receta.

¿Qué debo hacer antes de que pueda hablar con mi médico sobre un cambio en mis medicamentos o de solicitar una excepción?

Como miembro nuevo o continuado en nuestro plan, puede tomar medicamentos que no se

encuentren en nuestra lista de medicamentos. O bien, usted puede estar tomando un medicamento que no está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, puede necesitar una autorización previa de nuestra parte antes de poder surtir su receta. Usted debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma.

Más información

Si tiene preguntas sobre Bright HealthCare, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Nuestro Formulario (lista de medicamentos)

El formulario a continuación proporciona información de cobertura sobre los medicamentos cubiertos por nuestros planes individuales y familiares y Planes para Grupos Pequeños Bright. Si tiene dificultades para encontrar su medicamento en la lista, consulte el Índice al final del formulario.

La primera columna del cuadro muestra el nombre del medicamento. Los medicamentos de marca están en mayúsculas y los medicamentos genéricos están en minúscula cursiva.

La segunda columna del gráfico, Nivel del medicamento, le indica en qué nivel se encuentra el medicamento. Los niveles de medicamentos son la forma en que dividimos los medicamentos recetados en diferentes niveles de costo. Cuánto pagará dependerá de su Planes individuales y familiares y Planes para Grupos Pequeños, sin embargo, esto es lo que le dice el nivel de medicamentos.

- Nivel 1: Medicamentos preventivos sin costo compartido para el miembro según la Ley del Cuidado de Salud a Bajo Precio
- Nivel 2: Medicamentos genéricos preferidos
- Nivel 3: Medicamentos genéricos no preferidos; Medicamentos de marca preferidos
- Nivel 4: Medicamentos genéricos no preferidos; Medicamentos de marca no preferidos
- Nivel 5: Medicamentos especializados
- Nivel 6: \$0 Medicamentos genéricos
- Nivel 7: Medicamento médico

Nota: La lista de medicamentos de \$0 no se aplica a todos los planes. Consulte su resumen de beneficios para determinar si su plan califica.

La información en la columna de Requisitos/límites indica si nuestros planes tienen algún requisito especial para la cobertura de su medicamento.

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

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Nombre Del Medicamento	Nivel	Requisitos/Limites
ANTI – INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane troche</i>	Tier 2	
<i>fluconazole oral suspension for reconstitution</i>	Tier 2	
<i>fluconazole oral tablet</i>	Tier 2	
<i>griseofulvin microsize oral suspension</i>	Tier 2	
<i>griseofulvin microsize oral tablet</i>	Tier 3	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 3	
<i>itraconazole oral capsule</i>	Tier 3	PA
<i>itraconazole oral solution</i>	Tier 5	PA
<i>ketoconazole oral tablet</i>	Tier 2	
<i>nystatin oral suspension</i>	Tier 2	
<i>nystatin oral tablet</i>	Tier 2	
<i>terbinafine hcl oral tablet</i>	Tier 2	
<i>voriconazole oral suspension for reconstitution</i>	Tier 5	PA
<i>voriconazole oral tablet</i>	Tier 5	PA
ANTIVIRALS		
<i>abacavir oral solution</i>	Tier 4	QL (900 per 30 days)
<i>abacavir oral tablet</i>	Tier 2	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>acyclovir oral capsule</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 2	
<i>acyclovir oral tablet</i>	Tier 2	
<i>adefovir oral tablet</i>	Tier 4	PA
<i>amantadine hcl oral capsule</i>	Tier 2	
<i>amantadine hcl oral solution</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	
APTIVUS ORAL CAPSULE	Tier 4	QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Tier 4	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	Tier 4	QL (30 per 30 days)
BIKTARVY ORAL TABLET	Tier 5	QL (30 per 30 days)
COMPLERA ORAL TABLET	Tier 4	QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 2	
EDURANT ORAL TABLET	Tier 4	QL (60 per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>efavirenz oral capsule 200 mg</i>	Tier 4	QL (90 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	Tier 4	QL (360 per 30 days)
<i>efavirenz oral tablet</i>	Tier 4	QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	Tier 4	QL (30 per 30 days)
<i>emtricitabine oral capsule</i>	Tier 5	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 4	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 3	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 720 DAYS; AGE; ACA; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	Tier 5	
<i>entecavir oral tablet</i>	Tier 3	
EPCLUSA ORAL PELLETS IN PACKET	Tier 5	PA; SP; QL (28 per 28 days)
EPCLUSA ORAL TABLET	Tier 5	PA; SP; QL (30 per 30 days)
<i>etravirine oral tablet 100 mg</i>	Tier 5	QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i>	Tier 5	QL (60 per 30 days)
<i>famciclovir oral tablet</i>	Tier 2	
<i>fosamprenavir oral tablet</i>	Tier 4	QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	Tier 5	QL (60 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	Tier 5	PA; SP; QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	Tier 5	PA; SP; QL (60 per 30 days)
HARVONI ORAL TABLET	Tier 5	PA; SP; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	Tier 5	QL (480 per 30 days)
INVIRASE ORAL TABLET	Tier 4	QL (120 per 30 days)
ISENTRESS ORAL TABLET	Tier 4	QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 4	QL (60 per 30 days)
JULUCA ORAL TABLET	Tier 5	QL (30 per 30 days)
LAGEVRIO (EUA) ORAL CAPSULE	Tier 1	ACA; QL (40 per 30 days)
<i>lamivudine oral solution</i>	Tier 2	QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 3	QL (90 per 30 days)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 3	QL (60 per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	Tier 2	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	Tier 4	QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	Tier 2	QL (450 per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 2	QL (360 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 2	QL (180 per 30 days)
<i>maraviroc oral tablet</i>	Tier 4	QL (120 per 30 days)
<i>nevirapine oral suspension</i>	Tier 2	
<i>nevirapine oral tablet</i>	Tier 2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 3	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 3	QL (30 per 30 days)
<i>oseltamivir oral capsule</i>	Tier 2	QL (10 per 5 days)
<i>oseltamivir oral suspension for reconstitution</i>	Tier 2	QL (120 per 5 days)
PREZCOBIX ORAL TABLET	Tier 4	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	Tier 4	QL (480 per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 4	QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	Tier 4	QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	Tier 4	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	Tier 4	QL (30 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	Tier 3	QL (20 per 5 days)
<i>rimantadine oral tablet</i>	Tier 2	
<i>ritonavir oral tablet</i>	Tier 2	QL (360 per 30 days)
SELZENTRY ORAL SOLUTION	Tier 4	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	Tier 4	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	Tier 5	QL (60 per 30 days)
SOVALDI ORAL PELLETS IN PACKET	Tier 4	PA; SP
SOVALDI ORAL TABLET	Tier 4	PA; SP
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	Tier 2	QL (60 per 30 days)
SYNAGIS INTRAMUSCULAR SOLUTION	Tier 5	PA; SP
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	Tier 5	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG	Tier 4	QL (60 per 30 days)
TIVICAY ORAL TABLET 50 MG	Tier 4	QL (30 per 30 days)
TRUVADA ORAL TABLET 167-250 MG	Tier 4	QL (30 per 30 days)
<i>valacyclovir oral tablet</i>	Tier 2	
<i>valganciclovir oral tablet</i>	Tier 4	PA
VIRACEPT ORAL TABLET 250 MG	Tier 4	QL (300 per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
VIRACEPT ORAL TABLET 625 MG	Tier 4	QL (120 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	QL (30 per 30 days)
VOSEVI ORAL TABLET	Tier 4	PA; SP; QL (28 per 28 days)
ZEPATIER ORAL TABLET	Tier 5	PA; SP
<i>zidovudine oral capsule</i>	Tier 2	QL (180 per 30 days)
<i>zidovudine oral syrup</i>	Tier 2	QL (1800 per 30 days)
<i>zidovudine oral tablet</i>	Tier 2	QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefadroxil oral capsule</i>	Tier 2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>cefadroxil oral tablet</i>	Tier 2	
<i>cefdinir oral capsule</i>	Tier 2	
<i>cefdinir oral suspension for reconstitution</i>	Tier 2	
<i>cefixime oral capsule</i>	Tier 2	
<i>cefixime oral suspension for reconstitution</i>	Tier 2	
<i>cefpodoxime oral suspension for reconstitution</i>	Tier 2	
<i>cefpodoxime oral tablet</i>	Tier 2	
<i>cefprozil oral suspension for reconstitution</i>	Tier 2	
<i>cefprozil oral tablet</i>	Tier 2	
<i>ceftriaxone injection recon soln 10 gram</i>	Tier 7	
<i>cefuroxime axetil oral tablet</i>	Tier 2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cephalexin oral suspension for reconstitution</i>	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 4	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet</i>	Tier 2	
<i>azithromycin oral suspension for reconstitution</i>	Tier 2	
<i>azithromycin oral tablet</i>	Tier 2	
<i>clarithromycin oral suspension for reconstitution</i>	Tier 2	
<i>clarithromycin oral tablet</i>	Tier 2	
<i>clarithromycin oral tablet extended release 24 hr</i>	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 5	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
DIFICID ORAL TABLET	Tier 5	PA
<i>erythrocin (as stearate) oral tablet 250 mg</i>	Tier 4	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 4	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	Tier 4	
<i>erythromycin oral tablet</i>	Tier 4	
<i>erythromycin oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 4	
MISCELLANEOUS ANTIINFECTIVES		
<i>amikacin injection solution 1,000 mg/4 ml</i>	Tier 2	
<i>atovaquone oral suspension</i>	Tier 5	PA
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	Tier 2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	Tier 2	QL (30 per 30 days)
<i>chloroquine phosphate oral tablet</i>	Tier 3	
<i>clindamycin hcl oral capsule</i>	Tier 2	
<i>clindamycin pediatric oral recon soln</i>	Tier 2	
<i>dapsone oral tablet</i>	Tier 3	
EMVERM ORAL TABLET,CHEWABLE	Tier 5	QL (12 per 365 days)
<i>ethambutol oral tablet</i>	Tier 2	
<i>hydroxychloroquine oral tablet</i>	Tier 2	
<i>isoniazid oral solution</i>	Tier 3	
<i>isoniazid oral tablet</i>	Tier 2	
<i>ivermectin oral tablet</i>	Tier 2	QL (10 per 30 days)
<i>linezolid oral suspension for reconstitution</i>	Tier 5	
<i>linezolid oral tablet</i>	Tier 3	QL (60 per 30 days)
<i>mefloquine oral tablet</i>	Tier 2	
<i>metronidazole oral tablet</i>	Tier 2	
<i>neomycin oral tablet</i>	Tier 2	
<i>praziquantel oral tablet</i>	Tier 5	PA
<i>primaquine oral tablet</i>	Tier 2	
<i>pyrazinamide oral tablet</i>	Tier 4	PA
<i>pyrimethamine oral tablet</i>	Tier 5	PA
<i>quinine sulfate oral capsule</i>	Tier 3	
<i>rifampin oral capsule</i>	Tier 2	
<i>tinidazole oral tablet</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	Tier 4	PA; SP
<i>tobramycin sulfate injection solution 40 mg/ml</i>	Tier 2	
XIFAXAN ORAL TABLET 550 MG	Tier 5	PA; QL (60 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	Tier 2	
<i>amoxicillin oral suspension for reconstitution</i>	Tier 2	
<i>amoxicillin oral tablet</i>	Tier 2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	Tier 2	QL (28 per 14 days)
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	Tier 3	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
<i>dicloxacillin oral capsule</i>	Tier 2	
<i>penicillin v potassium oral recon soln</i>	Tier 2	
<i>penicillin v potassium oral tablet</i>	Tier 2	
QUINOLONES		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML	Tier 4	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 500 MG/5 ML	Tier 2	
<i>ciprofloxacin hcl oral tablet</i>	Tier 2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i>	Tier 4	
<i>levofloxacin oral tablet</i>	Tier 2	
<i>moxifloxacin oral tablet</i>	Tier 3	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	Tier 4	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>sulfatrim oral suspension</i>	Tier 2	
TETRACYCLINES		
<i>doxycycline hyclate oral capsule</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	Tier 3	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 3	
<i>minocycline oral capsule</i>	Tier 2	
<i>mondoxylene nl oral capsule 100 mg</i>	Tier 3	
<i>tetracycline oral capsule</i>	Tier 3	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	Tier 3	
<i>methenamine hippurate oral tablet</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier 2	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	Tier 2	
<i>nitrofurantoin oral suspension</i>	Tier 2	
<i>trimethoprim oral tablet</i>	Tier 2	
VANCOMYCIN		
<i>vancomycin oral capsule</i>	Tier 2	QL (40 per 10 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet</i>	Tier 3	
MESNEX ORAL TABLET	Tier 5	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	Tier 5	PA; SP; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	Tier 5	PA; SP; QL (60 per 30 days)
ALECENSA ORAL CAPSULE	Tier 5	PA; SP
<i>anastrozole oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	Tier 2	
<i>bexarotene oral capsule</i>	Tier 5	PA; SP
<i>bicalutamide oral tablet</i>	Tier 2	
BOSULIF ORAL TABLET 100 MG	Tier 5	PA; SP; QL (90 per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 5	PA; SP; QL (30 per 30 days)
CABOMETYX ORAL TABLET	Tier 5	PA; SP
<i>capecitabine oral tablet 150 mg</i>	Tier 5	PA; SP; QL (120 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	Tier 5	PA; SP; QL (300 per 30 days)
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 5	PA; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE	Tier 5	PA; SP
<i>cyclophosphamide oral capsule</i>	Tier 2	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Tier 2	
<i>cyclosporine modified oral solution</i>	Tier 3	
<i>cyclosporine oral capsule</i>	Tier 4	
<i>doxorubicin intravenous solution 10 mg/5 ml</i>	Tier 7	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
EMCYT ORAL CAPSULE	Tier 5	PA
ERIVEDGE ORAL CAPSULE	Tier 5	PA; SP
ERLEADA ORAL TABLET 240 MG	Tier 5	PA
ERLEADA ORAL TABLET 60 MG	Tier 5	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 5	PA; SP; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	Tier 5	PA; SP; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet</i>	Tier 5	PA; SP
<i>everolimus (antineoplastic) oral tablet for suspension</i>	Tier 5	PA; SP
<i>everolimus (immunosuppressive) oral tablet</i>	Tier 5	
<i>exemestane oral tablet</i>	Tier 3	QL (30 per 30 days)
<i>fulvestrant intramuscular syringe</i>	Tier 4	PA
<i>gengraf oral capsule</i>	Tier 2	
<i>gengraf oral solution</i>	Tier 3	
GLEOSTINE ORAL CAPSULE	Tier 5	PA
<i>hydroxyurea oral capsule</i>	Tier 2	
IBRANCE ORAL CAPSULE	Tier 5	PA; SP; QL (21 per 28 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
IBRANCE ORAL TABLET	Tier 5	PA; SP; QL (21 per 28 days)
<i>imatinib oral tablet 100 mg</i>	Tier 5	PA; SP; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 5	PA; SP; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Tier 5	PA
IMBRUVICA ORAL TABLET 420 MG, 560 MG	Tier 5	PA; QL (30 per 30 days)
INLYTA ORAL TABLET	Tier 5	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 420 MG	Tier 7	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 5	PA; SP
LANREOTIDE SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
<i>lapatinib oral tablet</i>	Tier 4	PA; SP
<i>lenalidomide oral capsule 10 mg, 15 mg, 5 mg</i>	Tier 5	PA; SP; QL (28 per 28 days)
<i>lenalidomide oral capsule 25 mg</i>	Tier 5	PA; SP; QL (21 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	Tier 4	PA; SP; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	Tier 4	PA; SP; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	Tier 4	PA; SP; QL (60 per 30 days)
<i>letrozole oral tablet</i>	Tier 2	QL (30 per 30 days)
LEUKERAN ORAL TABLET	Tier 4	PA
<i>leuprolide subcutaneous kit</i>	Tier 5	PA; SP
LORBRENA ORAL TABLET	Tier 5	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 4	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 4	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 4	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	Tier 5	PA; SP
LYNPARZA ORAL TABLET 100 MG	Tier 5	PA; SP
LYNPARZA ORAL TABLET 150 MG	Tier 5	PA; SP; QL (120 per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
LYSODREN ORAL TABLET	Tier 5	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 2	
<i>megestrol oral tablet</i>	Tier 2	
<i>melphalan oral tablet</i>	Tier 4	PA
<i>mercaptopurine oral tablet</i>	Tier 2	
<i>methotrexate sodium (pf) injection recon soln</i>	Tier 2	
<i>methotrexate sodium injection solution</i>	Tier 2	
<i>methotrexate sodium oral tablet</i>	Tier 2	
<i>mycophenolate mofetil oral capsule</i>	Tier 2	
<i>mycophenolate mofetil oral tablet</i>	Tier 2	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	Tier 4	
<i>nilutamide oral tablet</i>	Tier 5	PA
NUBEQA ORAL TABLET	Tier 5	PA; SP
ODOMZO ORAL CAPSULE	Tier 5	PA; SP
POMALYST ORAL CAPSULE	Tier 5	PA; SP; QL (21 per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5	PA; SP; QL (28 per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG	Tier 5	PA; SP; QL (21 per 28 days)
SANDIMMUNE ORAL SOLUTION	Tier 5	PA
<i>sirolimus oral solution</i>	Tier 5	PA
<i>sirolimus oral tablet</i>	Tier 5	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
<i>sorafenib oral tablet</i>	Tier 5	PA; SP; QL (120 per 30 days)
SPRYCEL ORAL TABLET	Tier 5	PA; SP
<i>sunitinib malate oral capsule</i>	Tier 5	PA; SP; QL (30 per 30 days)
TABLOID ORAL TABLET	Tier 5	PA
<i>tacrolimus oral capsule</i>	Tier 2	
TALZENNA ORAL CAPSULE	Tier 5	PA; SP
<i>tamoxifen oral tablet</i>	Tier 2	
TASIGNA ORAL CAPSULE	Tier 5	PA; SP
<i>temozolomide oral capsule</i>	Tier 5	PA; SP
THALOMID ORAL CAPSULE	Tier 5	PA; SP
<i>toremifene oral tablet</i>	Tier 5	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>tretinoin (antineoplastic) oral capsule</i>	Tier 5	PA
VERZENIO ORAL TABLET	Tier 5	PA; SP; QL (56 per 28 days)
VIZIMPRO ORAL TABLET	Tier 5	PA; SP
XALKORI ORAL CAPSULE	Tier 5	PA; SP; QL (60 per 30 days)
XTANDI ORAL CAPSULE	Tier 5	PA; SP
XTANDI ORAL TABLET	Tier 5	PA; SP
YONSA ORAL TABLET	Tier 5	PA; SP
ZEJULA ORAL CAPSULE	Tier 5	PA; SP
ZYKADIA ORAL TABLET	Tier 5	PA; SP

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

BRIVIACT ORAL SOLUTION	Tier 5	ST
BRIVIACT ORAL TABLET	Tier 5	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 3	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 2	
<i>carbamazepine oral tablet</i>	Tier 2	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 3	
<i>carbamazepine oral tablet, chewable</i>	Tier 2	
CELONTIN ORAL CAPSULE 300 MG	Tier 4	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	Tier 2	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	Tier 2	QL (60 per 30 days)
DILANTIN ORAL CAPSULE	Tier 4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	Tier 2	
<i>divalproex oral tablet extended release 24 hr</i>	Tier 2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>ethosuximide oral capsule</i>	Tier 2	
<i>ethosuximide oral solution</i>	Tier 2	
<i>felbamate oral suspension</i>	Tier 5	
<i>felbamate oral tablet</i>	Tier 2	
<i>gabapentin oral capsule</i>	Tier 2	QL (90 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	Tier 2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Tier 2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Tier 2	QL (120 per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>lacosamide oral solution</i>	Tier 3	PA
<i>lacosamide oral tablet</i>	Tier 3	PA
<i>lamotrigine oral tablet</i>	Tier 6	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	Tier 3	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 250 mg, 300 mg, 50 mg</i>	Tier 3	
<i>lamotrigine oral tablet extended release 24hr 25 mg</i>	Tier 2	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 2	
<i>levetiracetam oral solution</i>	Tier 2	
<i>levetiracetam oral tablet</i>	Tier 2	
<i>levetiracetam oral tablet extended release 24 hr</i>	Tier 2	
<i>oxcarbazepine oral suspension</i>	Tier 2	
<i>oxcarbazepine oral tablet</i>	Tier 2	
<i>phenobarbital oral elixir</i>	Tier 2	
<i>phenobarbital oral tablet</i>	Tier 2	
<i>phenytoin oral suspension</i>	Tier 2	
<i>phenytoin oral tablet, chewable</i>	Tier 2	
<i>phenytoin sodium extended oral capsule</i>	Tier 2	
<i>pregabalin oral capsule</i>	Tier 2	
<i>pregabalin oral solution</i>	Tier 2	
<i>primidone oral tablet</i>	Tier 2	
<i>subvenite oral tablet</i>	Tier 6	
<i>topiramate oral capsule, sprinkle</i>	Tier 2	
<i>topiramate oral capsule, sprinkle, er 24hr 25 mg</i>	Tier 2	
<i>topiramate oral tablet</i>	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	Tier 2	
<i>valproic acid oral capsule</i>	Tier 2	
<i>zonisamide oral capsule</i>	Tier 2	
ANTIPARKINSONISM AGENTS		
<i>benztropine oral tablet</i>	Tier 2	
<i>bromocriptine oral capsule</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>bromocriptine oral tablet</i>	Tier 2	
<i>carbidopa oral tablet</i>	Tier 5	
<i>carbidopa-levodopa oral tablet</i>	Tier 2	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	Tier 2	
<i>entacapone oral tablet</i>	Tier 3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier 5	PA
<i>pramipexole oral tablet</i>	Tier 2	
<i>pramipexole oral tablet extended release 24 hr</i>	Tier 4	ST; QL (30 per 30 days)
<i>rasagiline oral tablet</i>	Tier 3	
<i>ropinirole oral tablet</i>	Tier 2	
<i>selegiline hcl oral tablet</i>	Tier 3	
<i>trihexyphenidyl oral elixir</i>	Tier 2	
<i>trihexyphenidyl oral tablet</i>	Tier 2	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	Tier 3	PA
<i>dihydroergotamine nasal spray, non-aerosol</i>	Tier 5	PA; QL (8 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	Tier 3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	Tier 3	PA
<i>ergotamine-caffeine oral tablet</i>	Tier 4	QL (40 per 28 days)
<i>naratriptan oral tablet</i>	Tier 2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING	Tier 3	PA
REYVOW ORAL TABLET	Tier 3	PA
<i>rizatriptan oral tablet</i>	Tier 2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	Tier 2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	Tier 2	PA; QL (12 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	Tier 2	PA; QL (24 per 28 days)
<i>sumatriptan succinate oral tablet</i>	Tier 2	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 3	PA; QL (12 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 3	PA; QL (6 per 28 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
UBRELVY ORAL TABLET	Tier 3	PA
<i>zolmitriptan oral tablet</i>	Tier 2	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating</i>	Tier 4	QL (6 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine oral tablet extended release 12 hr</i>	Tier 5	PA; SP
<i>donepezil oral tablet</i>	Tier 2	
<i>donepezil oral tablet, disintegrating</i>	Tier 2	
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	Tier 3	QL (30 per 30 days)
<i>galantamine oral tablet</i>	Tier 2	
<i>memantine oral solution</i>	Tier 4	PA; QL (300 per 30 days)
<i>memantine oral tablet</i>	Tier 2	QL (60 per 30 days)
MEMANTINE ORAL TABLETS, DOSE PACK	Tier 2	QL (49 per 365 days)
<i>rivastigmine tartrate oral capsule</i>	Tier 2	
<i>tetrabenazine oral tablet</i>	Tier 5	PA; SP
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>carisoprodol oral tablet 350 mg</i>	Tier 2	QL (84 per 90 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>dantrolene oral capsule</i>	Tier 3	
<i>meprobamate oral tablet</i>	Tier 4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>orphenadrine citrate oral tablet extended release</i>	Tier 2	
<i>pyridostigmine bromide oral syrup</i>	Tier 2	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet extended release</i>	Tier 4	
<i>tizanidine oral tablet</i>	Tier 2	QL (90 per 30 days)
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	Tier 2	ST
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 2	ST; QL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 2	ST; QL (180 per 30 days)
<i>buprenorphine hcl injection syringe</i>	Tier 2	ST
<i>butalbital-acetaminophen-caff oral capsule</i>	Tier 2	QL (48 per 25 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 2	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 2	QL (48 per 25 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 2	ST
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 2	ST; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg</i>	Tier 2	ST
<i>endocet oral tablet 5-325 mg</i>	Tier 2	ST; QL (360 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 3	ST; QL (15 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	Tier 4	ST; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Tier 2	ST
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	ST; QL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	Tier 2	ST; QL (50 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 2	ST; QL (180 per 30 days)
<i>hydromorphone oral liquid</i>	Tier 2	ST
<i>hydromorphone oral tablet</i>	Tier 2	ST; QL (240 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 4	ST; QL (30 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 4	ST; QL (60 per 30 days)
<i>hydromorphone rectal suppository</i>	Tier 4	ST
<i>methadone injection solution</i>	Tier 2	
<i>methadone oral concentrate</i>	Tier 2	ST
<i>methadone oral solution</i>	Tier 2	ST
<i>methadone oral tablet 10 mg</i>	Tier 2	ST; QL (240 per 30 days)
<i>methadone oral tablet 5 mg</i>	Tier 2	ST
<i>methadone oral tablet,soluble</i>	Tier 2	ST; QL (9 per 30 days)
<i>methadose oral tablet,soluble</i>	Tier 2	ST; QL (9 per 30 days)
<i>morphine concentrate oral solution</i>	Tier 2	ST
<i>morphine oral solution</i>	Tier 2	ST
<i>morphine oral tablet</i>	Tier 2	ST; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Tier 2	ST; QL (90 per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i>	Tier 4	ST
<i>morphine rectal suppository 30 mg</i>	Tier 3	ST
<i>oxycodone oral concentrate</i>	Tier 2	ST
<i>oxycodone oral solution</i>	Tier 2	ST
<i>oxycodone oral tablet</i>	Tier 2	ST; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 2	ST; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 2	ST
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Tier 2	ST; QL (360 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>	Tier 2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	Tier 2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i>	Tier 2	QL (90 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 3	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	Tier 3	QL (30 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	Tier 2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>etodolac oral capsule</i>	Tier 2	
<i>etodolac oral tablet</i>	Tier 2	
<i>etodolac oral tablet extended release 24 hr</i>	Tier 4	
<i>ibu oral tablet</i>	Tier 2	
<i>ibuprofen oral suspension</i>	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 2	
<i>indomethacin oral capsule</i>	Tier 2	
<i>ketorolac oral tablet</i>	Tier 2	QL (20 per 5 days)
<i>meloxicam oral tablet</i>	Tier 2	
<i>nabumetone oral tablet 500 mg</i>	Tier 2	QL (120 per 30 days)
<i>nabumetone oral tablet 750 mg</i>	Tier 2	QL (60 per 30 days)
<i>naloxone injection solution</i>	Tier 2	
<i>naloxone nasal spray, non-aerosol</i>	Tier 3	
<i>naltrexone oral tablet</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>naproxen oral tablet</i>	Tier 2	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 2	
<i>salsalate oral tablet 500 mg</i>	Tier 2	
<i>sulindac oral tablet</i>	Tier 2	
<i>tramadol oral tablet 50 mg</i>	Tier 2	ST; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	Tier 2	ST; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	Tier 2	ST; QL (30 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	Tier 5	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	Tier 5	PA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Tier 2	QL (90 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	Tier 2	QL (60 per 30 days)
<i>amitriptyline oral tablet</i>	Tier 2	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	Tier 2	
<i>aripiprazole oral solution</i>	Tier 4	
<i>aripiprazole oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	Tier 5	ST
<i>armodafinil oral tablet</i>	Tier 2	PA
<i>asenapine maleate sublingual tablet</i>	Tier 4	PA
<i>atomoxetine oral capsule</i>	Tier 3	QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	Tier 2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 2	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	Tier 2	
<i>bupirone oral tablet</i>	Tier 2	
<i>chlordiazepoxide hcl oral capsule</i>	Tier 2	
<i>chlorpromazine oral tablet</i>	Tier 4	
<i>citalopram oral solution</i>	Tier 2	
<i>citalopram oral tablet 10 mg, 20 mg</i>	Tier 6	
<i>citalopram oral tablet 40 mg</i>	Tier 6	QL (30 per 30 days)
<i>clomipramine oral capsule</i>	Tier 4	
<i>clorazepate dipotassium oral tablet</i>	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>clozapine oral tablet</i>	Tier 2	
<i>clozapine oral tablet,disintegrating</i>	Tier 2	
<i>desipramine oral tablet</i>	Tier 3	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release</i>	Tier 2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	Tier 2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	Tier 2	
<i>diazepam injection syringe</i>	Tier 2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 2	QL (1200 per 30 days)
<i>diazepam oral tablet</i>	Tier 2	QL (120 per 30 days)
<i>doxepin oral capsule</i>	Tier 2	
<i>doxepin oral concentrate</i>	Tier 2	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 2	QL (60 per 30 days)
<i>ergoloid oral tablet</i>	Tier 4	PA
<i>escitalopram oxalate oral solution</i>	Tier 2	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 2	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 2	QL (30 per 30 days)
<i>fluoxetine oral capsule</i>	Tier 6	
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	Tier 3	QL (4 per 28 days)
<i>fluoxetine oral solution</i>	Tier 2	
<i>fluphenazine decanoate injection solution</i>	Tier 3	
<i>fluphenazine hcl injection solution</i>	Tier 3	
<i>fluphenazine hcl oral concentrate</i>	Tier 3	
<i>fluphenazine hcl oral elixir</i>	Tier 3	
<i>fluphenazine hcl oral tablet</i>	Tier 3	
<i>fluvoxamine oral tablet</i>	Tier 2	
<i>guanfacine oral tablet extended release 24 hr</i>	Tier 4	
<i>haloperidol decanoate intramuscular solution</i>	Tier 2	
<i>haloperidol lactate injection solution</i>	Tier 2	
<i>haloperidol lactate intramuscular syringe</i>	Tier 2	
<i>haloperidol lactate oral concentrate</i>	Tier 2	
<i>haloperidol oral tablet</i>	Tier 2	
<i>imipramine hcl oral tablet</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>lithium carbonate oral capsule</i>	Tier 6	
<i>lithium carbonate oral tablet</i>	Tier 6	
<i>lithium carbonate oral tablet extended release</i>	Tier 2	
<i>lorazepam intensol oral concentrate</i>	Tier 2	QL (90 per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (90 per 30 days)
<i>lorazepam oral tablet</i>	Tier 2	QL (90 per 30 days)
<i>loxapine succinate oral capsule</i>	Tier 2	
<i>lurasidone oral tablet</i>	Tier 5	PA
MARPLAN ORAL TABLET	Tier 4	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier 2	
<i>methylphenidate hcl oral tablet</i>	Tier 2	
<i>methylphenidate hcl oral tablet extended release</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	Tier 4	QL (180 per 30 days)
<i>mirtazapine oral tablet 15 mg</i>	Tier 6	
<i>mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg</i>	Tier 2	
<i>mirtazapine oral tablet, disintegrating</i>	Tier 2	
<i>modafinil oral tablet</i>	Tier 2	PA
<i>nefazodone oral tablet</i>	Tier 4	
<i>nortriptyline oral capsule</i>	Tier 2	
<i>nortriptyline oral solution</i>	Tier 2	
<i>olanzapine intramuscular recon soln</i>	Tier 2	
<i>olanzapine oral tablet</i>	Tier 2	
<i>paliperidone oral tablet extended release 24hr</i>	Tier 4	PA
<i>paroxetine hcl oral tablet</i>	Tier 6	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier 3	
<i>perphenazine oral tablet</i>	Tier 2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg</i>	Tier 2	
<i>phenelzine oral tablet</i>	Tier 2	
<i>pimozide oral tablet</i>	Tier 4	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 6	
<i>quetiapine oral tablet extended release 24 hr</i>	Tier 2	
REXULTI ORAL TABLET	Tier 5	PA
<i>risperidone oral solution</i>	Tier 2	
<i>risperidone oral tablet</i>	Tier 6	
<i>risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	
<i>sertraline oral concentrate</i>	Tier 2	
<i>sertraline oral tablet</i>	Tier 2	
<i>temazepam oral capsule</i>	Tier 2	QL (30 per 30 days)
<i>thioridazine oral tablet</i>	Tier 2	
<i>thiothixene oral capsule</i>	Tier 3	
<i>tranylcypromine oral tablet</i>	Tier 4	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	
<i>triazolam oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>trifluoperazine oral tablet</i>	Tier 2	
<i>trimipramine oral capsule</i>	Tier 4	
<i>venlafaxine oral capsule, extended release 24hr</i>	Tier 2	
<i>venlafaxine oral tablet</i>	Tier 2	
<i>zaleplon oral capsule</i>	Tier 2	QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>ziprasidone hcl oral capsule</i>	Tier 2	
<i>zolpidem oral tablet</i>	Tier 2	QL (30 per 30 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet</i>	Tier 2	
<i>disopyramide phosphate oral capsule</i>	Tier 3	
<i>dofetilide oral capsule</i>	Tier 3	
<i>flecainide oral tablet</i>	Tier 2	
<i>mexiletine oral capsule</i>	Tier 2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 2	
<i>propafenone oral capsule, extended release 12 hr</i>	Tier 4	
<i>propafenone oral tablet</i>	Tier 2	
<i>quinidine gluconate oral tablet extended release</i>	Tier 4	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>quinidine sulfate oral tablet</i>	Tier 2	
<i>sorine oral tablet</i>	Tier 2	
<i>sotalol af oral tablet</i>	Tier 2	
<i>sotalol oral tablet</i>	Tier 2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	Tier 2	
<i>aliskiren oral tablet</i>	Tier 3	QL (30 per 30 days)
<i>amiloride oral tablet</i>	Tier 2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 2	
<i>amlodipine oral tablet</i>	Tier 2	
<i>amlodipine-benazepril oral capsule</i>	Tier 2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 5-160 mg, 5-320 mg</i>	Tier 6	
<i>amlodipine-valsartan oral tablet 10-320 mg</i>	Tier 2	
<i>amlodipine-valsartan-hcthiazyd oral tablet</i>	Tier 3	
<i>atenolol oral tablet</i>	Tier 6	
<i>atenolol-chlorthalidone oral tablet</i>	Tier 2	
<i>benazepril oral tablet</i>	Tier 6	
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 2	
<i>betaxolol oral tablet</i>	Tier 2	
<i>bisoprolol fumarate oral tablet</i>	Tier 2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 2	
<i>bumetanide oral tablet</i>	Tier 2	
<i>candesartan oral tablet</i>	Tier 3	QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet</i>	Tier 3	QL (30 per 30 days)
<i>captopril oral tablet</i>	Tier 3	
<i>cartia xt oral capsule,extended release 24hr</i>	Tier 2	
<i>carvedilol oral tablet</i>	Tier 2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 6	
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 2	
<i>clonidine transdermal patch weekly</i>	Tier 3	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	Tier 2	
<i>diltiazem hcl oral tablet</i>	Tier 6	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	Tier 2	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	Tier 2	
<i>doxazosin oral tablet</i>	Tier 2	
<i>enalapril maleate oral tablet</i>	Tier 6	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 6	
<i>ethacrynic acid oral tablet</i>	Tier 5	PA
<i>felodipine oral tablet extended release 24 hr</i>	Tier 2	
<i>fosinopril oral tablet</i>	Tier 2	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	Tier 2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>furosemide oral tablet</i>	Tier 6	
<i>guanfacine oral tablet</i>	Tier 2	
<i>hydralazine oral tablet</i>	Tier 2	
<i>hydrochlorothiazide oral capsule</i>	Tier 6	
<i>hydrochlorothiazide oral tablet</i>	Tier 6	
<i>indapamide oral tablet</i>	Tier 6	
<i>irbesartan oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier 6	
<i>labetalol oral tablet</i>	Tier 6	
<i>lisinopril oral tablet</i>	Tier 6	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 6	
<i>losartan oral tablet 100 mg</i>	Tier 2	QL (30 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	Tier 2	QL (60 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet</i>	Tier 6	
<i>matzim la oral tablet extended release 24 hr</i>	Tier 2	
<i>methyldopa oral tablet</i>	Tier 2	
<i>metolazone oral tablet</i>	Tier 3	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 6	
<i>minoxidil oral tablet</i>	Tier 2	
<i>nadolol oral tablet</i>	Tier 2	
<i>nifedipine oral tablet extended release</i>	Tier 2	
<i>nifedipine oral tablet extended release 24hr</i>	Tier 2	
<i>olmesartan oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet</i>	Tier 3	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	Tier 2	QL (30 per 30 days)
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	Tier 5	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	Tier 5	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	Tier 5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	Tier 5	PA; SP
<i>phenoxybenzamine oral capsule</i>	Tier 5	PA
<i>pindolol oral tablet</i>	Tier 2	
<i>prazosin oral capsule</i>	Tier 2	
<i>propranolol oral capsule,extended release 24 hr</i>	Tier 2	
<i>propranolol oral solution</i>	Tier 2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 6	
<i>propranolol oral tablet 60 mg, 80 mg</i>	Tier 2	
<i>quinapril oral tablet</i>	Tier 6	
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 2	
<i>ramipril oral capsule</i>	Tier 2	
<i>spironolactone oral tablet</i>	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet</i>	Tier 2	
<i>taztia xt oral capsule,extended release 24 hr</i>	Tier 2	
<i>telmisartan oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet</i>	Tier 3	QL (30 per 30 days)
<i>terazosin oral capsule</i>	Tier 2	
<i>tiadylt er oral capsule,extended release 24 hr</i>	Tier 2	
<i>timolol maleate oral tablet</i>	Tier 2	
<i>torse mide oral tablet</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>trandolapril oral tablet</i>	Tier 3	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet</i>	Tier 2	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	Tier 2	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	Tier 2	QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier 2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	Tier 2	QL (30 per 30 days)
<i>verapamil oral tablet</i>	Tier 6	
<i>verapamil oral tablet extended release</i>	Tier 2	
CARDIAC GLYCOSIDES		
<i>digitek oral tablet</i>	Tier 2	
<i>digox oral tablet</i>	Tier 2	
<i>digoxin oral solution</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	
COAGULATION THERAPY		
<i>aminocaproic acid oral tablet</i>	Tier 5	PA
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	Tier 2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG	Tier 3	QL (60 per 30 days)
<i>cilostazol oral tablet 100 mg</i>	Tier 2	
<i>clopidogrel oral tablet 75 mg</i>	Tier 6	QL (30 per 30 days)
<i>dipyridamole oral tablet 25 mg</i>	Tier 2	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	Tier 3	QL (74 per 30 days)
ELIQUIS ORAL TABLET	Tier 3	QL (60 per 30 days)
<i>enoxaparin subcutaneous solution</i>	Tier 4	
<i>enoxaparin subcutaneous syringe</i>	Tier 4	
<i>fondaparinux subcutaneous syringe</i>	Tier 5	PA
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	Tier 2	
<i>jantoven oral tablet</i>	Tier 6	
<i>pentoxifylline oral tablet extended release</i>	Tier 2	QL (90 per 30 days)
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
<i>prasugrel oral tablet 5 mg</i>	Tier 3	QL (30 per 30 days)
<i>warfarin oral tablet</i>	Tier 6	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	Tier 3	QL (51 per 30 days)
XARELTO ORAL TABLET	Tier 3	QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	Tier 3	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 6	\$0 COPAY AGE 40 THRU 75 YEARS; AGE; ACA
<i>atorvastatin oral tablet 40 mg</i>	Tier 6	
<i>atorvastatin oral tablet 80 mg</i>	Tier 6	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	Tier 3	QL (378 per 30 days)
<i>cholestyramine light oral powder</i>	Tier 3	
<i>colestipol oral granules</i>	Tier 3	
<i>colestipol oral tablet</i>	Tier 3	
<i>ezetimibe oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 2	
<i>fenofibrate nanocrystallized oral tablet</i>	Tier 2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	Tier 2	
<i>fenofibric acid oral tablet</i>	Tier 2	
<i>gemfibrozil oral tablet</i>	Tier 2	
<i>lovastatin oral tablet</i>	Tier 6	\$0 COPAY AGE 40 THRU 75 YEARS; AGE; ACA
<i>omega-3 acid ethyl esters oral capsule</i>	Tier 3	QL (120 per 30 days)
<i>pravastatin oral tablet</i>	Tier 6	\$0 COPAY AGE 40 THRU 75 YEARS; AGE; ACA
<i>prevalite oral powder</i>	Tier 3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	Tier 4	PA; QL (3.5 per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	Tier 4	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 2	\$0 COPAY AGE 40 THRU 75 YEARS; AGE; ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 6	\$0 COPAY AGE 40 THRU 75 YEARS; AGE; ACA
<i>simvastatin oral tablet 80 mg</i>	Tier 6	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	Tier 3	PA; QL (60 per 30 days)
ENTRESTO ORAL TABLET	Tier 3	QL (60 per 30 days)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet</i>	Tier 2	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	Tier 2	
<i>nitro-bid transdermal ointment</i>	Tier 4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 4	
<i>nitroglycerin sublingual tablet</i>	Tier 2	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	
<i>nitroglycerin translingual spray, non-aerosol</i>	Tier 2	
<i>nitro-time oral capsule, extended release 9 mg</i>	Tier 2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	Tier 5	PA
<i>calcipotriene scalp solution</i>	Tier 3	
<i>calcipotriene topical cream</i>	Tier 4	
<i>calcipotriene topical ointment</i>	Tier 3	
<i>selenium sulfide topical lotion</i>	Tier 2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; SP
STELARA SUBCUTANEOUS SOLUTION	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
STELARA SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
TREMFYA SUBCUTANEOUS AUTO- INJECTOR	Tier 5	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
BURN THERAPY		
<i>silver sulfadiazine topical cream</i>	Tier 2	
<i>ssd topical cream</i>	Tier 2	
MISCELLANEOUS DERMATOLOGICALS		
CIBINQO ORAL TABLET	Tier 5	SP
<i>doxepin topical cream</i>	Tier 5	PA
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
<i>fluorouracil topical cream 5 %</i>	Tier 3	
<i>fluorouracil topical solution</i>	Tier 3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	Tier 4	PA
<i>podofilox topical solution</i>	Tier 2	
<i>tacrolimus topical ointment</i>	Tier 4	
THERAPY FOR ACNE		
ADAPALENE TOPICAL LOTION	Tier 2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 3	
<i>amnesteem oral capsule</i>	Tier 4	PA
<i>azelaic acid topical gel</i>	Tier 3	
<i>claravis oral capsule</i>	Tier 4	PA
<i>clindamycin phosphate topical foam</i>	Tier 4	
<i>clindamycin phosphate topical gel</i>	Tier 2	
<i>clindamycin phosphate topical lotion</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>clindamycin phosphate topical solution</i>	Tier 2	
<i>clindamycin phosphate topical swab</i>	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 3	
DIFFERIN TOPICAL LOTION	Tier 2	
<i>erythromycin with ethanol topical gel</i>	Tier 3	
<i>erythromycin with ethanol topical solution</i>	Tier 2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
<i>metronidazole topical cream</i>	Tier 2	
<i>metronidazole topical gel 0.75 %</i>	Tier 2	
<i>metronidazole topical lotion</i>	Tier 3	
<i>rosadan topical cream</i>	Tier 2	
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	Tier 3	PA; QL (45 per 30 days)
<i>zenatane oral capsule</i>	Tier 4	PA
TOPICAL ANESTHETICS		
<i>lidocaine (pf) injection solution 20 mg/ml (2 %)</i>	Tier 7	
<i>lidocaine hcl laryngotracheal solution</i>	Tier 2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 2	PA
<i>lidocaine topical ointment</i>	Tier 2	QL (50 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	Tier 2	
<i>lidocaine-prilocaine topical cream</i>	Tier 2	QL (30 per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 2	QL (1 per 30 days)
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	Tier 2	
<i>gentamicin topical ointment</i>	Tier 2	
<i>mupirocin topical ointment</i>	Tier 2	
TOPICAL ANTIFUNGALS		
<i>clotrimazole topical solution</i>	Tier 2	
<i>clotrimazole-betamethasone topical cream</i>	Tier 2	QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion</i>	Tier 3	QL (60 per 30 days)
<i>econazole topical cream</i>	Tier 2	QL (85 per 30 days)
<i>ketoconazole topical shampoo</i>	Tier 2	QL (120 per 30 days)
<i>nyamyc topical powder</i>	Tier 2	
<i>nystatin topical cream</i>	Tier 2	
<i>nystatin topical ointment</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>nystatin topical powder</i>	Tier 2	
<i>nystatin-triamcinolone topical cream</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment</i>	Tier 2	
<i>nystop topical powder</i>	Tier 2	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	Tier 3	PA
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	Tier 2	QL (120 per 30 days)
<i>alclometasone topical cream</i>	Tier 2	
<i>alclometasone topical ointment</i>	Tier 2	
<i>betamethasone dipropionate topical cream</i>	Tier 2	QL (90 per 30 days)
<i>betamethasone dipropionate topical lotion</i>	Tier 2	QL (120 per 30 days)
<i>betamethasone valerate topical cream</i>	Tier 2	QL (90 per 30 days)
<i>betamethasone valerate topical ointment</i>	Tier 2	QL (90 per 30 days)
<i>betamethasone, augmented topical cream</i>	Tier 2	QL (100 per 30 days)
<i>betamethasone, augmented topical lotion</i>	Tier 2	QL (120 per 30 days)
<i>betamethasone, augmented topical ointment</i>	Tier 2	QL (100 per 30 days)
<i>desonide topical cream</i>	Tier 3	QL (120 per 30 days)
<i>desonide topical ointment</i>	Tier 3	QL (120 per 30 days)
<i>desoximetasone topical cream 0.25 %</i>	Tier 3	QL (200 per 30 days)
<i>fluocinolone and shower cap scalp oil</i>	Tier 2	
<i>fluocinolone topical cream</i>	Tier 2	QL (120 per 30 days)
<i>fluocinolone topical ointment</i>	Tier 2	QL (120 per 30 days)
<i>fluocinolone topical solution</i>	Tier 2	
<i>fluocinonide topical ointment</i>	Tier 2	QL (120 per 30 days)
<i>fluocinonide topical solution</i>	Tier 2	QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	Tier 2	QL (120 per 30 days)
<i>fluticasone propionate topical ointment</i>	Tier 2	QL (120 per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	QL (120 per 30 days)
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	QL (90 per 30 days)
<i>hydrocortisone valerate topical cream</i>	Tier 2	QL (120 per 30 days)
<i>hydrocortisone valerate topical ointment</i>	Tier 2	QL (120 per 30 days)
<i>mometasone topical cream</i>	Tier 2	
<i>mometasone topical ointment</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>mometasone topical solution</i>	Tier 2	
<i>prednicarbate topical ointment</i>	Tier 2	QL (120 per 30 days)
<i>triamcinolone acetonide topical aerosol</i>	Tier 3	PA
<i>triamcinolone acetonide topical cream</i>	Tier 2	
<i>triamcinolone acetonide topical lotion</i>	Tier 2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	
<i>triderm topical cream</i>	Tier 2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	Tier 3	
<i>permethrin topical cream</i>	Tier 2	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>anagrelide oral capsule</i>	Tier 2	
<i>disulfiram oral tablet</i>	Tier 2	
FERRIPROX ORAL SOLUTION	Tier 5	PA
<i>midodrine oral tablet</i>	Tier 2	
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 3	
<i>risedronate oral tablet 30 mg</i>	Tier 3	QL (30 per 30 days)
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; QL (60 per 30 days)
<i>nicorette buccal gum 4 mg</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
<i>nicotine (polacrilex) buccal gum</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
<i>nicotine transdermal patch 24 hour</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
NICOTROL INHALATION CARTRIDGE	Tier 3	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
NICOTROL NS NASAL SPRAY, NON-AEROSOL	Tier 3	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA
<i>quit 2 buccal gum</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
<i>quit 2 buccal lozenge</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
<i>quit 4 buccal gum</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
<i>quit 4 buccal lozenge</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
<i>stop smoking aid buccal lozenge</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; OTC
<i>varenicline oral tablet</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; QL (60 per 30 days)
<i>varenicline oral tablets, dose pack</i>	Tier 2	\$0 COPAY MIN AGE 18 YEARS; AGE; ACA; QL (53 per 30 days)

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol, spray</i>	Tier 2	
<i>azelastine nasal spray, non-aerosol</i>	Tier 2	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	Tier 2	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	Tier 2	QL (30 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	Tier 2	QL (15 per 30 days)
<i>oralone dental paste</i>	Tier 2	
<i>paroex oral rinse mucous membrane mouthwash</i>	Tier 2	
<i>perio gard mucous membrane mouthwash</i>	Tier 2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	Tier 3	
<i>triamcinolone acetonide dental paste</i>	Tier 2	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear) solution</i>	Tier 2	
<i>fluocinolone acetonide oil otic (ear) drops</i>	Tier 3	
<i>ofloxacin otic (ear) drops</i>	Tier 2	

OTIC STEROID / ANTIBIOTIC

<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension</i>	Tier 3	
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Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	Tier 2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone oral tablet</i>	Tier 3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 4	
<i>dexamethasone intensol oral drops</i>	Tier 2	
<i>dexamethasone oral elixir</i>	Tier 2	
<i>dexamethasone oral tablet</i>	Tier 2	
<i>fludrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablets,dose pack</i>	Tier 2	
<i>prednisolone oral solution</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 2	
<i>prednisone intensol oral concentrate</i>	Tier 4	
<i>prednisone oral solution</i>	Tier 2	
<i>prednisone oral tablet</i>	Tier 2	
<i>prednisone oral tablets,dose pack</i>	Tier 2	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propylthiouracil oral tablet</i>	Tier 2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	Tier 3	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 3	OTC
FREESTYLE LITE STRIPS STRIP	Tier 3	OTC
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 3	OTC
FREESTYLE TEST STRIP	Tier 3	OTC
PRECISION XTRA TEST STRIP	Tier 3	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	Tier 3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	Tier 3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	Tier 3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	Tier 3	
GVOKE SUBCUTANEOUS SOLUTION	Tier 3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	Tier 3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	Tier 3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 2	OTC
AUTOOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 2	OTC
BD MICROTAINER LANCET 30 GAUGE	Tier 3	OTC
BD ULTRA FINE LANCETS	Tier 3	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	Tier 2	OTC
DEXCOM G6 RECEIVER	Tier 3	QL (1 per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 3	QL (3 per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 3	QL (1 per 90 days)
FREESTYLE LIBRE 14 DAY READER	Tier 3	QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3	QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	QL (2 per 28 days)
LANCETS 33 GAUGE	Tier 3	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
INSULIN THERAPY		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	Tier 3	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	Tier 3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	Tier 3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	Tier 3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	Tier 3	
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	Tier 3	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	Tier 3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	Tier 3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	Tier 3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	Tier 3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	Tier 3	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION	Tier 3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	Tier 3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	Tier 3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	Tier 3	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
RELION NOVOLIN R INJECTION SOLUTION	Tier 3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	Tier 3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	Tier 3	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	Tier 3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	Tier 3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	Tier 3	
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet</i>	Tier 2	
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	Tier 2	
<i>calcitriol oral capsule</i>	Tier 2	
<i>calcitriol oral solution</i>	Tier 2	
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	Tier 5	PA; SP
<i>clomiphene citrate oral tablet</i>	Tier 2	QL (8 per 30 days)
<i>danazol oral capsule</i>	Tier 2	PA
<i>desmopressin injection solution</i>	Tier 4	PA; SP
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 3	
<i>desmopressin oral tablet</i>	Tier 2	
<i>fyremadel subcutaneous syringe</i>	Tier 5	PA; SP
<i>ganirelix subcutaneous syringe</i>	Tier 5	PA; SP
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; SP
MENOPUR SUBCUTANEOUS RECON SOLN	Tier 5	PA; SP
<i>methyltestosterone oral capsule</i>	Tier 5	PA
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	PA; SP
<i>oxandrolone oral tablet</i>	Tier 5	PA; QL (60 per 30 days)
<i>paricalcitol oral capsule</i>	Tier 4	PA
PREGNYL INTRAMUSCULAR RECON SOLN	Tier 5	PA; SP
<i>testosterone cypionate intramuscular oil</i>	Tier 2	
<i>testosterone enanthate intramuscular oil</i>	Tier 2	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 3	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 3	PA
TLANDO ORAL CAPSULE	Tier 5	PA; QL (120 per 30 days)
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	Tier 2	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier 3	QL (3.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 3	QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 3	QL (1.2 per 30 days)
CYCLOSET ORAL TABLET	Tier 4	
<i>glimepiride oral tablet</i>	Tier 6	
<i>glipizide oral tablet</i>	Tier 2	
<i>glipizide oral tablet extended release 24hr</i>	Tier 2	QL (60 per 30 days)
<i>glipizide-metformin oral tablet</i>	Tier 2	
<i>glyburide micronized oral tablet</i>	Tier 6	
<i>glyburide oral tablet</i>	Tier 6	
<i>glyburide-metformin oral tablet</i>	Tier 6	
JANUMET ORAL TABLET	Tier 3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	Tier 3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	Tier 3	QL (60 per 30 days)
JANUVIA ORAL TABLET	Tier 3	QL (30 per 30 days)
JARDIANCE ORAL TABLET	Tier 3	QL (30 per 30 days)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 6	
<i>metformin oral tablet extended release 24 hr</i>	Tier 6	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	Tier 3	QL (2 per 28 days)
<i>nateglinide oral tablet</i>	Tier 2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	QL (3 per 28 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 3	QL (1.5 per 28 days)
<i>pioglitazone oral tablet</i>	Tier 6	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet</i>	Tier 3	
<i>pioglitazone-metformin oral tablet</i>	Tier 2	
<i>repaglinide oral tablet</i>	Tier 2	
RYBELSUS ORAL TABLET	Tier 3	QL (30 per 30 days)
SYNJARDY ORAL TABLET	Tier 3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 3	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	Tier 3	QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5- 500 MG	Tier 3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 3	QL (60 per 30 days)
THYROID HORMONES		
<i>levothyroxine oral tablet</i>	Tier 2	
<i>liothyronine oral tablet</i>	Tier 2	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>dicyclomine oral capsule</i>	Tier 2	
<i>dicyclomine oral solution</i>	Tier 2	
<i>dicyclomine oral tablet</i>	Tier 2	
<i>diphenoxylate-atropine oral liquid</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet</i>	Tier 2	
<i>ed-spaz oral tablet, disintegrating</i>	Tier 2	
<i>glycopyrrolate oral tablet 2 mg</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet</i>	Tier 2	
<i>hyoscyamine sulfate sublingual tablet</i>	Tier 2	
<i>methscopolamine oral tablet</i>	Tier 3	
<i>oscimin oral tablet</i>	Tier 2	
<i>oscimin sl sublingual tablet</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
MISCELLANEOUS AGENTS		
<i>sevelamer carbonate oral powder in packet</i>	Tier 5	PA
<i>sevelamer carbonate oral tablet</i>	Tier 3	
<i>sps (with sorbitol) oral suspension</i>	Tier 2	
<i>sps (with sorbitol) rectal enema</i>	Tier 2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>balsalazide oral capsule</i>	Tier 2	
<i>budesonide oral capsule, delayed, extend. release</i>	Tier 3	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	Tier 5	PA; SP
<i>compro rectal suppository</i>	Tier 2	
<i>constulose oral solution</i>	Tier 2	
<i>cromolyn oral concentrate</i>	Tier 4	
<i>dronabinol oral capsule</i>	Tier 3	QL (60 per 30 days)
<i>enulose oral solution</i>	Tier 2	
<i>gavilyte-c oral recon soln</i>	Tier 2	\$0 COPAY IF AGE 45 THROUGH 75 YEARS; AGE; ACA
<i>gavilyte-g oral recon soln</i>	Tier 2	\$0 COPAY IF AGE 45 THROUGH 75 YEARS; AGE; ACA
<i>generlac oral solution</i>	Tier 2	
<i>granisetron hcl oral tablet</i>	Tier 3	QL (60 per 30 days)
<i>hydrocortisone acetate rectal suppository 30 mg</i>	Tier 2	QL (12 per 30 days)
<i>hydrocortisone rectal enema</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 2	
<i>lactulose oral solution</i>	Tier 2	
<i>lubiprostone oral capsule</i>	Tier 4	QL (60 per 30 days)
<i>mesalamine oral capsule, extended release 24hr</i>	Tier 4	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	Tier 4	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Tier 4	QL (180 per 30 days)
<i>mesalamine rectal enema</i>	Tier 3	QL (1680 per 28 days)
<i>metoclopramide hcl oral solution</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 2	
<i>ondansetron hcl oral solution</i>	Tier 2	QL (200 per 28 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	QL (18 per 28 days)
<i>ondansetron oral tablet,disintegrating</i>	Tier 2	QL (18 per 28 days)
<i>peg 3350-electrolytes oral recon soln</i>	Tier 2	\$0 COPAY IF AGE 45 THROUGH 75 YEARS; AGE; ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	Tier 3	\$0 COPAY IF AGE 45 THROUGH 75 YEARS; AGE; ACA
<i>peg-electrolyte soln oral recon soln</i>	Tier 2	\$0 COPAY IF AGE 45 THROUGH 75 YEARS; AGE; ACA
<i>prochlorperazine maleate oral tablet</i>	Tier 2	
<i>prochlorperazine rectal suppository</i>	Tier 2	
<i>procto-med hc topical cream with perineal applicator</i>	Tier 2	
<i>proctosol hc topical cream with perineal applicator</i>	Tier 2	
<i>proctozone-hc topical cream with perineal applicator</i>	Tier 2	
<i>scopolamine base transdermal patch 3 day</i>	Tier 2	QL (10 per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	Tier 5	PA; SP
<i>sodium,potassium,mag sulfates oral recon soln</i>	Tier 3	\$0 COPAY IF AGE 45 THROUGH 75 YEARS; AGE; ACA
<i>sulfasalazine oral tablet</i>	Tier 2	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	Tier 2	
<i>trimethobenzamide oral capsule</i>	Tier 2	
<i>ursodiol oral capsule 300 mg</i>	Tier 4	
<i>ursodiol oral tablet</i>	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 3	
ULCER THERAPY		
<i>cimetidine hcl oral solution</i>	Tier 2	
<i>cimetidine oral tablet</i>	Tier 2	
<i>famotidine oral suspension</i>	Tier 2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	
<i>misoprostol oral tablet</i>	Tier 2	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	Tier 2	QL (60 per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	Tier 2	QL (60 per 30 days)
<i>sucralfate oral suspension</i>	Tier 4	PA
<i>sucralfate oral tablet</i>	Tier 2	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	Tier 4	SP
<i>ribavirin oral tablet 200 mg</i>	Tier 4	SP

BIOTECHNOLOGY DRUGS

FULPHILA SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML	Tier 5	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	Tier 5	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE	Tier 5	PA; SP

INTERFERONS

PEGASYS SUBCUTANEOUS SOLUTION	Tier 5	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE	Tier 5	PA; SP

MULTIPLE SCLEROSIS AGENTS

AUBAGIO ORAL TABLET	Tier 5	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier 5	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i>	Tier 5	PA; SP
<i>fingolimod oral capsule</i>	Tier 5	PA; SP
<i>glatiramer subcutaneous syringe</i>	Tier 5	PA; SP
<i>glatopa subcutaneous syringe</i>	Tier 5	PA; SP

VACCINES & MISCELLANEOUS IMMUNOLOGICALS

ACTHIB (PF) INTRAMUSCULAR RECON SOLN	Tier 1	MIN 1 MONTH; AGE; ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	Tier 1	MIN 7 YEARS; AGE; ACA; QL (0.5 per 365 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 7 YEARS; AGE; ACA; QL (0.5 per 365 days)
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 6 MONTHS; AGE; ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION	Tier 1	MIN 6 MONTHS; AGE; ACA
BEXSERO INTRAMUSCULAR SYRINGE	Tier 1	MIN 10 YEARS; AGE; ACA; QL (1 per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	Tier 1	MIN 7 YEARS; AGE; ACA; QL (0.5 per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	Tier 1	MIN 7 YEARS; AGE; ACA; QL (0.5 per 365 days)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	Tier 1	1 MONTH THRU 6 YEARS; AGE; ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	Tier 1	ACA; QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	Tier 1	ACA; QL (3 per 365 days)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	Tier 1	ACA
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 6 MONTHS; AGE; ACA
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 6 MONTHS; AGE; ACA
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 6 MONTHS; AGE; ACA
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 6 MONTHS; AGE; ACA
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION	Tier 1	MIN 6 MONTHS; AGE; ACA
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 6 MONTHS; AGE; ACA
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE	Tier 1	MIN 6 MONTHS; AGE; ACA
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE	Tier 1	MIN 6 MONTHS; AGE; ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION	Tier 1	MIN 6 MONTHS; AGE; ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 6 MONTHS; AGE; ACA
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION	Tier 1	MIN 6 MONTHS; AGE; ACA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	Tier 1	9 TO 46 YEARS; AGE; ACA; QL (1.5 per 365 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	Tier 1	9 TO 46 YEARS; AGE; ACA; QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	Tier 1	MIN 1 YEAR; AGE; ACA; QL (2 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier 1	MIN 1 YEAR; AGE; ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 18 YEARS; AGE; ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	Tier 1	MIN 1 MONTH; AGE; ACA
HYQVIA SUBCUTANEOUS SOLUTION	Tier 4	PA; SP
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	Tier 1	1 MONTH THRU 6 YEARS; AGE; ACA
IPOL INJECTION SUSPENSION	Tier 1	ACA
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	Tier 1	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	Tier 1	4 TO 7 YEARS; AGE; ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	Tier 1	MIN 9 MONTHS; AGE; ACA; QL (0.5 per 365 days)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	Tier 1	MIN 2 YEARS; AGE; ACA; QL (0.5 per 365 days)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	Tier 1	MIN 2 MONTHS; AGE; ACA; QL (1 per 365 days)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	Tier 1	MIN 6 MONTHS; AGE; ACA; QL (2 per 365 days)
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION	Tier 1	ACA
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION	Tier 1	ACA
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION	Tier 1	ACA
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION	Tier 1	ACA
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	Tier 1	ACA
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION	Tier 1	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	Tier 1	1 MONTH TO 6 YEARS; AGE; ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	Tier 1	MIN 1 MONTH; AGE; ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	Tier 1	1 MONTH TO 5 YEARS; AGE; ACA
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION	Tier 1	ACA
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier 1	ACA
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier 1	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION	Tier 1	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier 1	ACA
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier 1	ACA
PNEUMOVAX-23 INJECTION SOLUTION	Tier 1	MIN 2 YEARS; AGE; ACA
PNEUMOVAX-23 INJECTION SYRINGE	Tier 1	MIN 2 YEARS; AGE; ACA; QL (0.5 per 365 days)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	Tier 1	ACA; QL (3 per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 1 MONTH; AGE; ACA; QL (0.5 per 365 days)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 19 YEARS; AGE; ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	Tier 1	MIN 6 MONTHS; AGE; ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	Tier 1	1 YEAR TO 13 YEARS; AGE; ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	Tier 1	4 TO 7 YEARS; AGE; ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	Tier 1	4 TO 7 YEARS; AGE; ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML	Tier 1	ACA; QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	Tier 1	ACA; QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 1	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	Tier 1	1 TO 9 MONTHS; AGE; ACA
ROTATEQ VACCINE ORAL SOLUTION	Tier 1	1 TO 9 MONTHS; AGE; ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier 1	MIN 50 YEARS; AGE; ACA; QL (2 per 365 days)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION	Tier 1	ACA
TDVAX INTRAMUSCULAR SUSPENSION	Tier 1	MIN 7 YEARS; AGE; ACA; QL (0.5 per 365 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	Tier 1	MIN 7 YEARS; AGE; ACA; QL (0.5 per 365 days)
TENIVAC (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 7 YEARS; AGE; ACA; QL (0.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE	Tier 1	MIN 10 YEARS; AGE; ACA; QL (1.5 per 365 days)
TWINRIX (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 18 YEARS; AGE; ACA; QL (4 per 365 days)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier 1	MIN 1 YEAR; AGE; ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Tier 1	MIN 1 YEAR; AGE; ACA; QL (2 per 365 days)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	Tier 1	MIN 1 YEAR; AGE; ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	Tier 1	MIN 1 YEAR; AGE; ACA; QL (2 per 365 days)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	Tier 1	MIN 1 YEAR; AGE; ACA; QL (2 per 365 days)
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	Tier 1	1 MONTH TO 5 YEARS; AGE; ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	Tier 1	1 MONTH TO 5 YEARS; AGE; ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	Tier 1	MIN 19 YEARS; AGE; ACA
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	QL (12 per 28 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 6	
COLCHICINE ORAL CAPSULE	Tier 3	
<i>colchicine oral tablet</i>	Tier 3	
<i>probenecid oral tablet</i>	Tier 2	
<i>probenecid-colchicine oral tablet</i>	Tier 2	
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg</i>	Tier 6	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 6	QL (4 per 28 days)
<i>alendronate oral tablet 5 mg</i>	Tier 2	QL (30 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
<i>raloxifene oral tablet</i>	Tier 2	
<i>risedronate oral tablet 150 mg</i>	Tier 3	QL (1 per 28 days)
<i>risedronate oral tablet 35 mg</i>	Tier 3	
<i>risedronate oral tablet 5 mg</i>	Tier 3	QL (30 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; SP
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	Tier 5	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
AMJEVITA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA
AMJEVITA SUBCUTANEOUS SYRINGE	Tier 5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE	Tier 5	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN	Tier 5	PA; SP
ENBREL SUBCUTANEOUS SOLUTION	Tier 5	PA; SP
ENBREL SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	Tier 5	PA; SP
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	Tier 5	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT	Tier 5	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	Tier 5	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	Tier 5	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	Tier 5	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 5	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	Tier 5	PA; SP
<i>leflunomide oral tablet</i>	Tier 3	
OTEZLA ORAL TABLET	Tier 5	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	Tier 5	PA; SP
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR	Tier 3	QL (1.6 per 28 days)
<i>penicillamine oral tablet</i>	Tier 5	PA; QL (180 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 5	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 5	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA; SP
XELJANZ ORAL SOLUTION	Tier 5	PA; SP
XELJANZ ORAL TABLET	Tier 5	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	Tier 5	PA; SP
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM	Tier 1	ACA
FC2 FEMALE CONDOM	Tier 1	ACA; OTC; QL (30 per 30 days)
FEMCAP VAGINAL DEVICE 22 MM	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	Tier 1	ACA; QL (1 per 300 days)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	Tier 1	SP; ACA; QL (1 per 300 days)
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	Tier 1	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	Tier 1	ACA; QL (1 per 300 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	Tier 1	ACA; QL (1 per 300 days)
WIDE-SEAL DIAPHRAGM	Tier 1	ACA
ESTROGENS & PROGESTINS		
<i>amabelz oral tablet</i>	Tier 2	
<i>camila oral tablet</i>	Tier 1	ACA
<i>deblitane oral tablet</i>	Tier 1	ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	Tier 1	ACA
<i>dotti transdermal patch semiweekly</i>	Tier 2	QL (8 per 28 days)
<i>errin oral tablet</i>	Tier 1	ACA
<i>estradiol oral tablet</i>	Tier 2	
<i>estradiol transdermal patch semiweekly</i>	Tier 2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 2	QL (4 per 28 days)
<i>estradiol vaginal cream</i>	Tier 3	
<i>estradiol valerate intramuscular oil</i>	Tier 2	
<i>estradiol-norethindrone acet oral tablet</i>	Tier 2	
<i>fyavolv oral tablet</i>	Tier 2	QL (28 per 28 days)
<i>heather oral tablet</i>	Tier 1	ACA
<i>incassia oral tablet</i>	Tier 1	ACA
<i>jencycla oral tablet</i>	Tier 1	ACA
<i>jinteli oral tablet</i>	Tier 2	QL (28 per 28 days)
<i>lyleq oral tablet</i>	Tier 1	ACA
<i>lyllana transdermal patch semiweekly</i>	Tier 2	QL (8 per 28 days)
<i>lyza oral tablet</i>	Tier 1	ACA
<i>medroxyprogesterone intramuscular suspension</i>	Tier 1	ACA; QL (1 per 90 days)
<i>medroxyprogesterone intramuscular syringe</i>	Tier 1	ACA; QL (1 per 90 days)
<i>mimvey oral tablet</i>	Tier 2	
<i>nora-be oral tablet</i>	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>norethindrone (contraceptive) oral tablet</i>	Tier 1	ACA
<i>norethindrone acetate oral tablet</i>	Tier 2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 2	QL (28 per 28 days)
<i>progesterone micronized oral capsule</i>	Tier 2	
<i>sharobel oral tablet</i>	Tier 1	ACA
<i>tulana oral tablet</i>	Tier 1	ACA
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	Tier 1	ACA
CLEOCIN VAGINAL SUPPOSITORY	Tier 4	
<i>clindamycin phosphate vaginal cream</i>	Tier 2	
<i>eluryng vaginal ring</i>	Tier 1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 1	ACA
<i>metronidazole vaginal gel</i>	Tier 2	
NEXPLANON SUBDERMAL IMPLANT	Tier 1	SP; ACA; QL (1 per 365 days)
<i>terconazole vaginal cream</i>	Tier 2	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	Tier 1	ACA; OTC
<i>tranexamic acid oral tablet</i>	Tier 4	
<i>vandazole vaginal gel</i>	Tier 2	
VCF CONTRACEPTIVE FILM VAGINAL FILM	Tier 1	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	Tier 1	ACA; OTC
<i>xulane transdermal patch weekly</i>	Tier 1	ACA
<i>zafemy transdermal patch weekly</i>	Tier 1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	Tier 1	ACA
<i>after pill oral tablet</i>	Tier 1	ACA; OTC
AFTERA ORAL TABLET	Tier 1	ACA; OTC
<i>altavera (28) oral tablet</i>	Tier 1	ACA
<i>alyacen 1/35 (28) oral tablet</i>	Tier 1	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	Tier 1	ACA
<i>amethia oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>amethyst (28) oral tablet</i>	Tier 1	ACA
<i>apri oral tablet</i>	Tier 1	ACA
<i>aranelle (28) oral tablet</i>	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>ashlyna oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>aubra eq oral tablet</i>	Tier 1	ACA
<i>aubra oral tablet</i>	Tier 1	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	Tier 1	ACA
<i>aurovela 1/20 (21) oral tablet</i>	Tier 1	ACA
<i>aurovela 24 fe oral tablet</i>	Tier 1	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	Tier 1	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	Tier 1	ACA
<i>aviane oral tablet</i>	Tier 1	ACA
<i>ayuna oral tablet</i>	Tier 1	ACA
<i>azurette (28) oral tablet</i>	Tier 1	ACA
BALCOLTRA ORAL TABLET	Tier 1	ACA
<i>balziva (28) oral tablet</i>	Tier 1	ACA
<i>blisovi 24 fe oral tablet</i>	Tier 1	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	Tier 1	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	Tier 1	ACA
<i>briellyn oral tablet</i>	Tier 1	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>camrese oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>caziant (28) oral tablet</i>	Tier 1	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	Tier 1	ACA
<i>chateal (28) oral tablet</i>	Tier 1	ACA
<i>chateal eq (28) oral tablet</i>	Tier 1	ACA
<i>cryselles (28) oral tablet</i>	Tier 1	ACA
<i>cyred eq oral tablet</i>	Tier 1	ACA
<i>cyred oral tablet</i>	Tier 1	ACA
<i>dasetta 1/35 (28) oral tablet</i>	Tier 1	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	Tier 1	ACA
<i>daysee oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	Tier 1	ACA
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1	ACA
<i>dolishale oral tablet</i>	Tier 1	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	Tier 1	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 1	ACA
<i>econtra ez oral tablet</i>	Tier 1	ACA; OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>econtra one-step oral tablet</i>	Tier 1	ACA; OTC
<i>elinest oral tablet</i>	Tier 1	ACA
ELLA ORAL TABLET	Tier 1	ACA
<i>enpresse oral tablet</i>	Tier 1	ACA
<i>enskyce oral tablet</i>	Tier 1	ACA
<i>estarylla oral tablet</i>	Tier 1	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 1	ACA
<i>falmina (28) oral tablet</i>	Tier 1	ACA
<i>gemmily oral capsule</i>	Tier 1	ACA
<i>hailey 24 fe oral tablet</i>	Tier 1	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	Tier 1	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	Tier 1	ACA
<i>hailey oral tablet</i>	Tier 1	ACA
<i>iclevia oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>isibloom oral tablet</i>	Tier 1	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>jasmiel (28) oral tablet</i>	Tier 1	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>juleber oral tablet</i>	Tier 1	ACA
<i>junel 1.5/30 (21) oral tablet</i>	Tier 1	ACA
<i>junel 1/20 (21) oral tablet</i>	Tier 1	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	Tier 1	ACA
<i>junel fe 1/20 (28) oral tablet</i>	Tier 1	ACA
<i>junel fe 24 oral tablet</i>	Tier 1	ACA
<i>kaitlib fe oral tablet,chewable</i>	Tier 1	ACA
<i>kalliga oral tablet</i>	Tier 1	ACA
<i>kariva (28) oral tablet</i>	Tier 1	ACA
<i>kelnor 1/35 (28) oral tablet</i>	Tier 1	ACA
<i>kelnor 1-50 (28) oral tablet</i>	Tier 1	ACA
<i>kurvelo (28) oral tablet</i>	Tier 1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>larin 1.5/30 (21) oral tablet</i>	Tier 1	ACA
<i>larin 1/20 (21) oral tablet</i>	Tier 1	ACA
<i>larin 24 fe oral tablet</i>	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>larin fe 1.5/30 (28) oral tablet</i>	Tier 1	ACA
<i>larin fe 1/20 (28) oral tablet</i>	Tier 1	ACA
<i>layolis fe oral tablet,chewable</i>	Tier 1	ACA
<i>leena 28 oral tablet</i>	Tier 1	ACA
<i>lessina oral tablet</i>	Tier 1	ACA
<i>levonest (28) oral tablet</i>	Tier 1	ACA
<i>levonorgestrel oral tablet</i>	Tier 1	ACA; OTC
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>levonorg-eth estrad triphasic oral tablet</i>	Tier 1	ACA
<i>levora-28 oral tablet</i>	Tier 1	ACA
LO LOESTRIN FE ORAL TABLET	Tier 1	ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>low-ogestrel (28) oral tablet</i>	Tier 1	ACA
<i>lo-zumandimine (28) oral tablet</i>	Tier 1	ACA
<i>lutra (28) oral tablet</i>	Tier 1	ACA
<i>marlissa (28) oral tablet</i>	Tier 1	ACA
<i>merzee oral capsule</i>	Tier 1	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	Tier 1	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	Tier 1	ACA
<i>microgestin 1/20 (21) oral tablet</i>	Tier 1	ACA
<i>microgestin 24 fe oral tablet</i>	Tier 1	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	Tier 1	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	Tier 1	ACA
<i>mili oral tablet</i>	Tier 1	ACA
<i>mono-linyah oral tablet</i>	Tier 1	ACA
<i>my choice oral tablet</i>	Tier 1	ACA; OTC
<i>my way oral tablet</i>	Tier 1	ACA; OTC
NATAZIA ORAL TABLET	Tier 1	ACA
<i>necon 0.5/35 (28) oral tablet</i>	Tier 1	ACA
<i>new day oral tablet</i>	Tier 1	ACA; OTC
NEXTSTELLIS ORAL TABLET	Tier 1	ACA; QL (28 per 28 days)
<i>nikki (28) oral tablet</i>	Tier 1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	Tier 1	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	Tier 1	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 1	ACA
<i>nortrel 1/35 (21) oral tablet</i>	Tier 1	ACA
<i>nortrel 1/35 (28) oral tablet</i>	Tier 1	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	Tier 1	ACA
<i>nylia 1/35 (28) oral tablet</i>	Tier 1	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	Tier 1	ACA
<i>nymyo oral tablet</i>	Tier 1	ACA
<i>ocella oral tablet</i>	Tier 1	ACA
<i>opcicon one-step oral tablet</i>	Tier 1	ACA; OTC
<i>option-2 oral tablet</i>	Tier 1	ACA; OTC
<i>philith oral tablet</i>	Tier 1	ACA
<i>pimtreea (28) oral tablet</i>	Tier 1	ACA
<i>pirmella oral tablet</i>	Tier 1	ACA
<i>portia 28 oral tablet</i>	Tier 1	ACA
<i>reclipsen (28) oral tablet</i>	Tier 1	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>setlakin oral tablets,dose pack,3 month</i>	Tier 1	ACA
<i>simliya (28) oral tablet</i>	Tier 1	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	Tier 1	ACA
SLYND ORAL TABLET	Tier 1	ACA
<i>sprintec (28) oral tablet</i>	Tier 1	ACA
<i>sronyx oral tablet</i>	Tier 1	ACA
<i>syeda oral tablet</i>	Tier 1	ACA
TAKE ACTION ORAL TABLET	Tier 1	ACA; OTC
<i>tarina 24 fe oral tablet</i>	Tier 1	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	Tier 1	ACA
<i>taysofy oral capsule</i>	Tier 1	ACA
<i>tilia fe oral tablet</i>	Tier 1	ACA
<i>tri-estarylla oral tablet</i>	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>tri-legest fe oral tablet</i>	Tier 1	ACA
<i>tri-linyah oral tablet</i>	Tier 1	ACA
<i>tri-lo-estarylla oral tablet</i>	Tier 1	ACA
<i>tri-lo-marzia oral tablet</i>	Tier 1	ACA
<i>tri-lo-mili oral tablet</i>	Tier 1	ACA
<i>tri-lo-sprintec oral tablet</i>	Tier 1	ACA
<i>tri-mili oral tablet</i>	Tier 1	ACA
<i>tri-nymyo oral tablet</i>	Tier 1	ACA
<i>tri-sprintec (28) oral tablet</i>	Tier 1	ACA
<i>trivora (28) oral tablet</i>	Tier 1	ACA
<i>tri-vylibra lo oral tablet</i>	Tier 1	ACA
<i>tri-vylibra oral tablet</i>	Tier 1	ACA
TYBLUME ORAL TABLET,CHEWABLE	Tier 1	ACA
<i>tydemy oral tablet</i>	Tier 1	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	Tier 1	ACA
<i>vestura (28) oral tablet</i>	Tier 1	ACA
<i>vienva oral tablet</i>	Tier 1	ACA
<i>viorele (28) oral tablet</i>	Tier 1	ACA
<i>volnea (28) oral tablet</i>	Tier 1	ACA
<i>vyfemla (28) oral tablet</i>	Tier 1	ACA
<i>vylibra oral tablet</i>	Tier 1	ACA
<i>wera (28) oral tablet</i>	Tier 1	ACA
<i>wymzya fe oral tablet,chewable</i>	Tier 1	ACA
<i>zarah oral tablet</i>	Tier 1	ACA
<i>zovia 1-35 (28) oral tablet</i>	Tier 1	ACA
<i>zumandimine (28) oral tablet</i>	Tier 1	ACA

OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic (eye) ointment</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	Tier 2	
<i>erythromycin ophthalmic (eye) ointment</i>	Tier 2	
<i>gentamicin ophthalmic (eye) drops</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	Tier 2	
<i>ofloxacin ophthalmic (eye) drops</i>	Tier 2	
<i>polycin ophthalmic (eye) ointment</i>	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	Tier 2	
<i>tobramycin ophthalmic (eye) drops</i>	Tier 2	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	Tier 3	PA
BETA-BLOCKERS		
<i>carteolol ophthalmic (eye) drops</i>	Tier 2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>timolol maleate ophthalmic (eye) drops</i>	Tier 2	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	Tier 4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops</i>	Tier 2	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2	
MISCELLANEOUS OPHTHALMOLOGICS		
ALCAINE OPHTHALMIC (EYE) DROPS	Tier 2	
<i>altacaine ophthalmic (eye) drops</i>	Tier 2	
<i>azelastine ophthalmic (eye) drops</i>	Tier 2	QL (6 per 28 days)
<i>cromolyn ophthalmic (eye) drops</i>	Tier 2	
<i>proparacaine ophthalmic (eye) drops</i>	Tier 2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	Tier 3	QL (60 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	Tier 3	QL (60 per 28 days)
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	Tier 2	
<i>tetracaine hcl ophthalmic (eye) drops</i>	Tier 2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	Tier 3	QL (60 per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops</i>	Tier 2	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	Tier 2	
<i>ketorolac ophthalmic (eye) drops</i>	Tier 2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	Tier 2	QL (60 per 30 days)
<i>acetazolamide oral tablet</i>	Tier 2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	Tier 3	QL (5 per 28 days)
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	Tier 4	QL (15 per 28 days)
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	Tier 2	
<i>dorzolamide ophthalmic (eye) drops</i>	Tier 2	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	Tier 3	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	Tier 3	
<i>latanoprost ophthalmic (eye) drops</i>	Tier 6	QL (5 per 28 days)
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	Tier 2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	Tier 2	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	Tier 2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	Tier 2	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	Tier 2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	Tier 4	

Nombre Del Medicamento	Nivel	Requisitos/Limites
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	Tier 3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	Tier 2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	Tier 2	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	Tier 2	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	Tier 2	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops</i>	Tier 2	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	Tier 3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 6	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	Tier 2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 2	
<i>cyproheptadine oral syrup</i>	Tier 2	
<i>cyproheptadine oral tablet</i>	Tier 2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	Tier 2	QL (4 per 30 days)
<i>hydroxyzine hcl intramuscular solution</i>	Tier 2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule</i>	Tier 6	
<i>promethazine injection solution 25 mg/ml</i>	Tier 2	
<i>promethazine oral syrup</i>	Tier 2	
<i>promethazine oral tablet</i>	Tier 2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 2	QL (12 per 30 days)
<i>promethegan rectal suppository</i>	Tier 2	QL (12 per 30 days)
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>codeine-guaifenesin oral liquid</i>	Tier 2	
<i>g tussin ac oral liquid</i>	Tier 2	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 2	
<i>hydromet oral syrup</i>	Tier 2	
<i>maxi-tuss ac oral liquid</i>	Tier 2	
<i>promethazine vc oral syrup</i>	Tier 2	
<i>promethazine vc-codeine oral syrup</i>	Tier 2	
<i>promethazine-codeine oral syrup</i>	Tier 2	
<i>promethazine-dm oral syrup</i>	Tier 2	
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	Tier 3	
ADEMPAS ORAL TABLET	Tier 5	PA; SP
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	Tier 2	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	Tier 3	QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 2	QL (2 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	Tier 2	
<i>albuterol sulfate oral syrup</i>	Tier 2	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	Tier 2	
<i>ambrisentan oral tablet</i>	Tier 5	PA; SP
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	Tier 3	QL (60 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	Tier 3	QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER	Tier 4	ST; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 4	ST; QL (1 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	Tier 3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization</i>	Tier 3	QL (120 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
FASENRA SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	Tier 3	QL (60 per 30 days)
<i>flunisolide nasal spray,non-aerosol</i>	Tier 2	QL (1250 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	Tier 2	QL (16 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization</i>	Tier 5	PA; QL (120 per 30 days)
<i>icatibant subcutaneous syringe</i>	Tier 4	PA
<i>ipratropium bromide inhalation solution</i>	Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization</i>	Tier 2	
<i>montelukast oral granules in packet</i>	Tier 2	
<i>montelukast oral tablet</i>	Tier 2	
<i>montelukast oral tablet,chewable</i>	Tier 2	
<i>nebusal inhalation solution for nebulization 3 %</i>	Tier 2	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 4	PA; SP; QL (56 per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	Tier 4	PA; SP
ORKAMBI ORAL TABLET	Tier 4	PA; SP; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	Tier 5	SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 5	PA; SP
PULMOZYME INHALATION SOLUTION	Tier 5	PA; SP
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	Tier 4	ST; QL (10.6 per 30 days)
<i>roflumilast oral tablet</i>	Tier 4	QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 3	PA; SP
<i>sodium chloride inhalation solution for nebulization</i>	Tier 2	
SPIRIVA RESPIMAT INHALATION MIST	Tier 3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	Tier 3	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	Tier 5	PA; SP
<i>terbutaline oral tablet</i>	Tier 2	
<i>terbutaline subcutaneous solution</i>	Tier 2	
<i>theophylline oral elixir</i>	Tier 3	
<i>theophylline oral solution</i>	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	Tier 3	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 3	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	Tier 3	QL (60 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	Tier 4	PA; SP

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>oxybutynin chloride oral syrup</i>	Tier 2	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier 2	
<i>tolterodine oral capsule, extended release 24hr</i>	Tier 3	ST
<i>tolterodine oral tablet</i>	Tier 3	ST

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr</i>	Tier 2	
<i>dutasteride oral capsule</i>	Tier 2	
<i>finasteride oral tablet 5 mg</i>	Tier 2	
<i>tamsulosin oral capsule</i>	Tier 2	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride oral tablet</i>	Tier 2	
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MISCELLANEOUS UROLOGICALS

ELMIRON ORAL CAPSULE	Tier 5	PA
<i>potassium citrate oral tablet extended release</i>	Tier 3	

VITAMINS, HEMATINICS & ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind) oral capsule</i>	Tier 2	
<i>calcium acetate(phosphat bind) oral tablet</i>	Tier 2	
<i>klor-con m10 oral tablet,er particles/crystals</i>	Tier 2	
<i>klor-con m15 oral tablet,er particles/crystals</i>	Tier 2	
<i>klor-con m20 oral tablet,er particles/crystals</i>	Tier 2	
PHOSLYRA ORAL SOLUTION	Tier 3	PA
<i>potassium chloride oral capsule, extended release</i>	Tier 2	
<i>potassium chloride oral liquid</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>potassium chloride oral packet</i>	Tier 3	
<i>potassium chloride oral tablet extended release</i>	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals</i>	Tier 2	
VITAMINS & HEMATINICS		
<i>cyanocobalamin (vitamin b-12) injection solution</i>	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>fluoride (sodium) oral drops</i>	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 1	THRU 50 YEARS; AGE; ACA; OTC; QL (30 per 30 days)
<i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable</i>	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg</i>	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
<i>mvc-fluoride oral tablet,chewable</i>	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
<i>tri-vitamin with fluoride oral drops</i>	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
<i>vitamins a,c,d and fluoride oral drops</i>	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC

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NOVOLIN N FLEXPEN	ORENITRAM MONTH 2		PFIZER COVID-19
NOVOLIN R FLEXPEN	TITRATION KT	24	VACCINE (EUA)
NOVOLOG FLEXPEN U-100	ORENITRAM MONTH 3		phenelzine.....
INSULIN.....	TITRATION KT	24	phenobarbital
NOVOLOG MIX 70-30 U-100	ORKAMBI.....	59	phenoxybenzamine
INSULN	orphenadrine citrate.....	15	phenytoin
NOVOLOG MIX 70-	oscimin	38	phenytoin sodium extended..
30FLEXPEN U-100	oscimin sl.....	38	philith.....
NOVOLOG PENFILL U-100	oseltamivir	4	PHOSLYRA
INSULIN.....	OTEZLA	47	PHOSPHOLINE IODIDE
NOVOLOG U-100 INSULIN	OTEZLA STARTER.....	47	phytonadione (vitamin k1) ...
ASPART.....	OTREXUP (PF)	47	pilocarpine hcl
NUBEQA	oxandrolone	36	pimozide
NURTEC ODT.....	oxcarbazepine.....	13	pimtrea (28)
nyamyc	oxybutynin chloride.....	60	pindolol.....
nylia 1/35 (28).....	oxycodone	17	pioglitazone
nylia 7/7/7 (28).....	oxycodone-acetaminophen...	17	pioglitazone-glimepiride.....
nymyo.....	OZEMPIC	37, 38	pioglitazone-metformin
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nystop	paliperidone	20	PNEUMOVAX-23
O	pantoprazole	41	podofilox.....
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ODOMZO	paricalcitol	36	polymyxin b sulf-trimethoprim
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olanzapine.....	paroxetine hcl	20	POMALYST.....
olmesartan	PEDIARIX (PF)	43	portia 28.....
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hcthiazid	peg 3350-electrolytes	40	potassium citrate
olmesartan-	peg3350-sod sul-nacl-kcl-asb-c		pramipexole
hydrochlorothiazide.....	40	prasugrel
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omeprazole	peg-electrolyte soln	40	praziquantel
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5).....	PENTACEL (PF)	44	prednicarbate
OMNIPOD CLASSIC PODS	pentoxifylline.....	26	prednisolone
(GEN 3).....	perigard.....	32	prednisolone acetate
OMNIPOD DASH INTRO	permethrin	31	PREDNISOLONE ACETATE
KIT (GEN 4)	perphenazine.....	20	(PF).....
OMNIPOD DASH PODS	perphenazine-amitriptyline...	20	prednisolone sodium phosphate
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ondansetron	UP)(PF)	44	prednisone.....
ondansetron hcl	PFIZER COVID BIVAL(5-		prednisone intensol.....
opcicon one-step.....	11YR)(PF)	44	pregabalin
option-2			PREGNYL.....

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prevalite.....	26	45		sirolimus.....	11
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