2023 Bright HealthCare Formulary

(List of Covered Drugs)

Small Group Plans

Tennessee

PLEASE READ: This document contains information about the drugs Bright HealthCare covers in their Small Group Plans.

This formulary was updated on 04/01/2023. For more recent information or other questions, please contact us at 800-336-5939 or visit www.brighthealthcare.com.

Welcome to Bright

Enclosed you will find a list of the drugs included in our Bright HealthCare Small Group Plans from January 1, 2023 - December 31, 2023.

As you review, be sure to have your medications on hand so you can confirm your prescriptions are covered and compare dosage and pricing of the drugs you take.

Keep in mind, this document includes a *comprehensive* list of drugs (formulary) included in our Small Group Plans. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

As a Bright HealthCare member, you must generally use in-network pharmacies to fill your prescriptions. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1st and from time to time during the 2023 calendar year.

Sincerely,
Your Bright HealthCare Team

Frequently Asked Questions:

What is a Formulary (drug list)?

A formulary is a list of covered drugs selected by Bright HealthCare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Bright HealthCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, and the prescription is filled at a Bright HealthCare network pharmacy.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. These types of changes may occur without notice to you. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money, or we can ensure your safety.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. To get updated information about the drugs covered by Bright HealthCare, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find the drugs you take in the formulary:

1. **Medical Condition**

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

2. **Alphabetical Listing**

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Bright HealthCare requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Bright HealthCare before you fill your prescriptions. If you don't get approval, Bright HealthCare may not cover the drug.

- **Quantity Limits:** For certain drugs, Bright HealthCare limits the amount of the drug that we will cover. For example, Bright HealthCare provides 15 tablets every 25 days per prescription for Zolpidem Tartrate 5mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Bright HealthCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Bright HealthCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Bright HealthCare will then cover Drug B.

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

You can ask Bright HealthCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Bright HealthCare Formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by Bright HealthCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Bright HealthCare.

- You can ask Bright HealthCare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Bright HealthCare Formulary?

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Bright HealthCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

For more information

If you have questions about Bright HealthCare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

Our Formulary (drug list)

The formulary below provides coverage information about the drugs covered by our Bright HealthCare Small Group Plans. If you have trouble finding your drug in the list, turn to the Index at the end of the formulary.

The first column of the chart lists the drug name. Brand name drugs are capitalized, and generic drugs are listed in lower-case italics.

The second column of the chart, Drug Tier, tells you which tier the drug falls under. Drug tiers are how we divide prescription drugs into different levels of cost. How much you will pay will depend on your individual plan, however, here is what the drug tier tells you.

- Tier 1: Preventative drugs with no member cost share under the Affordable Care Act
- Tier 2: Preferred Generic Drugs
- Tier 3: Non-Preferred Generic Drugs; Preferred Brand Drugs
- Tier 4: Non-Preferred Generic Drugs; Non-Preferred Brand Drugs
- Tier 5: Specialty Drugs
- Tier 6: $0 Generic Drugs*

*Note: The $0 drug list does not apply to all plans. Check your summary of benefits to determine if your plan qualifies.

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug. Requirements/Limits are defined as:

Formulary Designation	Requirement/ Limit	Description
ACA	Affordable Care Act Preventative Drugs	Affordable Care Act (ACA) preventative health drugs, that are available at no cost share to you, including contraceptive drugs and devices.
AGE	Age Limit	The drug is limited to a certain age range. If your age falls outside of this range, Prior Authorization is required.
OTC	Over the Counter	These drugs are also available for purchase without a Prescription. In order to receive them through your Prescription benefits, you must have a Prescription from your Prescribing provider.
PA	Prior Authorization	You (or your physician) are required to get prior authorization from Bright HealthCare before you fill your prescription for this drug. Without prior approval, Bright HealthCare may not cover this drug.
SP	Specialty Pharmacy	The drug is only available through select specialty pharmacies.
ST	Step therapy	Before Bright HealthCare will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
QL	Quantity Limit	Bright HealthCare limits the amount of this drug that is covered per prescription, or within a specific time frame.

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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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
clotrimazole mucous membrane troche	Tier 2	
CRESEMBA ORAL CAPSULE	Tier 5	PA
fluconazole oral suspension for reconstitution	Tier 2	
fluconazole oral tablet	Tier 2	
flucytosine oral capsule	Tier 5	PA
griseofulvin microsize oral suspension	Tier 2	
griseofulvin microsize oral tablet	Tier 3	
griseofulvin ultramicrosize oral tablet	Tier 3	
itraconazole oral capsule	Tier 3	PA
itraconazole oral solution	Tier 5	PA
ketoconazole oral tablet	Tier 2	
nystatin oral suspension	Tier 2	
nystatin oral tablet	Tier 2	
posaconazole oral tablet,delayed release (dr/ec)	Tier 5	PA
terbinafine hcl oral tablet	Tier 2	
voriconazole oral suspension for reconstitution	Tier 5	PA
voriconazole oral tablet	Tier 5	PA
ANTIVIRALS		
abacavir oral solution	Tier 5	QL (900 per 30 days)
abacavir oral tablet	Tier 2	QL (60 per 30 days)
abacavir-lamivudine oral tablet	Tier 2	QL (30 per 30 days)
acyclovir oral capsule	Tier 2	
acyclovir oral suspension 200 mg/5 ml	Tier 2	
acyclovir oral tablet	Tier 2	
adefovir oral tablet	Tier 5	PA
amantadine hcl oral capsule	Tier 2	
amantadine hcl oral solution	Tier 2	
amantadine hcl oral tablet	Tier 2	
APTIVUS ORAL CAPSULE	Tier 5	QL (120 per 30 days)
atazanavir oral capsule 150 mg, 200 mg	Tier 4	QL (60 per 30 days)
atazanavir oral capsule 300 mg	Tier 4	QL (30 per 30 days)
BIKTARVY ORAL TABLET	Tier 5	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
COMPLERA ORAL TABLET	Tier 5	QL (30 per 30 days)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	Tier 2	
EDURANT ORAL TABLET	Tier 5	QL (60 per 30 days)
efavirenz oral capsule 200 mg	Tier 5	QL (90 per 30 days)
efavirenz oral capsule 50 mg	Tier 5	QL (360 per 30 days)
efavirenz oral tablet	Tier 5	QL (30 per 30 days)
efavirenz-emtricitabin-tenofov oral tablet	Tier 5	QL (30 per 30 days)
emtricitabine oral capsule	Tier 5	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 5	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	Tier 5	$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 720 DAYS; AGE; ACA; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	Tier 5	
entecavir oral tablet	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)
EPIVIR HBV ORAL SOLUTION	Tier 4	QL (1800 per 30 days)
etravirine oral tablet 100 mg	Tier 5	QL (120 per 30 days)
etravirine oral tablet 200 mg	Tier 5	QL (60 per 30 days)
famciclovir oral tablet	Tier 2	
fosamprenavir oral tablet	Tier 5	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 5	QL (120 per 30 days)
ISENTRESS ORAL TABLET	Tier 5	QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 5	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)

Drug Name	Drug Tier	Requirements / Limits
lamivudine oral solution	Tier 2	QL (900 per 30 days)
lamivudine oral tablet 100 mg	Tier 3	QL (90 per 30 days)
lamivudine oral tablet 150 mg, 300 mg	Tier 3	QL (60 per 30 days)
lamivudine-zidovudine oral tablet	Tier 2	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	Tier 5	QL (1575 per 28 days)
lopinavir-ritonavir oral solution	Tier 2	QL (450 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 2	QL (360 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 2	QL (180 per 30 days)
maraviroc oral tablet	Tier 5	QL (120 per 30 days)
nevirapine oral suspension	Tier 2	
nevirapine oral tablet	Tier 2	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 3	
nevirapine oral tablet extended release 24 hr 400 mg	Tier 3	QL (30 per 30 days)
oseltamivir oral capsule	Tier 2	QL (10 per 5 days)
oseltamivir oral suspension for reconstitution	Tier 2	QL (120 per 5 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG	Tier 1	ACA; QL (20 per 30 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 1	ACA; QL (30 per 180 days)
PREZCOBIX ORAL TABLET	Tier 5	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	Tier 5	QL (480 per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 5	QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	Tier 5	QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	Tier 5	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	Tier 5	QL (30 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	Tier 3	QL (20 per 5 days)
rimantadine oral tablet	Tier 2	
ritonavir oral tablet	Tier 2	QL (360 per 30 days)
SELZENTRY ORAL SOLUTION	Tier 5	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	Tier 5	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	Tier 5	QL (60 per 30 days)
stavudine oral capsule 15 mg, 20 mg, 40 mg	Tier 2	QL (60 per 30 days)
STRIBILD ORAL TABLET	Tier 5	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
SUSTIVA ORAL CAPSULE 200 MG	Tier 5	QL (90 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	Tier 5	QL (360 per 30 days)
SYNAGIS INTRAMUSCULAR SOLUTION	Tier 5	PA; SP
tenofovir disoproxil fumarate oral tablet	Tier 2	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	Tier 5	QL (60 per 30 days)
TIVICAY ORAL TABLET 50 MG	Tier 5	QL (30 per 30 days)
valacyclovir oral tablet	Tier 2	
valganciclovir oral recon soln	Tier 5	PA
valganciclovir oral tablet	Tier 4	PA
VEMLIDY ORAL TABLET	Tier 5	PA
VIRACEPT ORAL TABLET 250 MG	Tier 5	QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	Tier 5	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 5	PA; SP; QL (28 per 28 days)
ZEPATIER ORAL TABLET	Tier 5	PA; SP
zidovudine oral capsule	Tier 2	QL (180 per 30 days)
zidovudine oral syrup	Tier 2	QL (1800 per 30 days)
zidovudine oral tablet	Tier 2	QL (60 per 30 days)
CEPHALOSPORINS		
cefaclor oral capsule	Tier 2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 2	
cefadroxil oral capsule	Tier 2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 2	
cefadroxil oral tablet	Tier 2	
cefdinir oral capsule	Tier 2	
cefdinir oral suspension for reconstitution	Tier 2	
cefixime oral capsule	Tier 2	
cefixime oral suspension for reconstitution	Tier 2	
cefpodoxime oral suspension for reconstitution	Tier 2	
cefpodoxime oral tablet	Tier 2	
cefprozil oral suspension for reconstitution	Tier 2	
cefprozil oral tablet	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
ceftriaxone injection recon soln 10 gram	Tier 2	
cefuroxime axetil oral tablet	Tier 2	
cephalexin oral capsule 250 mg, 500 mg	Tier 2	
cephalexin oral suspension for reconstitution	Tier 2	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral packet	Tier 2	
azithromycin oral suspension for reconstitution	Tier 2	
azithromycin oral tablet	Tier 2	
clarithromycin oral suspension for reconstitution	Tier 2	
clarithromycin oral tablet	Tier 2	
clarithromycin oral tablet extended release 24 hr	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 5	PA
DIFICID ORAL TABLET	Tier 5	PA
e.e.s. 400 oral tablet	Tier 4	
erythrocin (as stearate) oral tablet 250 mg	Tier 4	
erythromycin ethylsuccinate oral tablet	Tier 4	
erythromycin oral capsule,delayed release(dr/ec)	Tier 4	
erythromycin oral tablet	Tier 4	
erythromycin oral tablet,delayed release (dr/ec) 333 mg	Tier 4	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet	Tier 4	PA
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	Tier 5	PA
amikacin injection solution 1,000 mg/4 ml	Tier 2	
atovaquone oral suspension	Tier 5	PA
atovaquone-proguanil oral tablet 250-100 mg	Tier 2	
atovaquone-proguanil oral tablet 62.5-25 mg	Tier 2	QL (30 per 30 days)
bacitracin intramuscular recon soln	Tier 3	
chloroquine phosphate oral tablet	Tier 3	
clindamycin hcl oral capsule	Tier 2	
clindamycin pediatric oral recon soln	Tier 2	
COARTEM ORAL TABLET	Tier 3	
dapsone oral tablet	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
EMVERM ORAL TABLET,CHEWABLE	Tier 5	PA; QL (12 per 365 days)
ethambutol oral tablet	Tier 2	
hydroxychloroquine oral tablet	Tier 2	
IMPAVIDO ORAL CAPSULE	Tier 5	PA; QL (84 per 28 days)
isoniazid oral solution	Tier 3	
isoniazid oral tablet	Tier 2	
ivermectin oral tablet	Tier 2	QL (10 per 30 days)
linezolid oral suspension for reconstitution	Tier 5	
linezolid oral tablet	Tier 3	QL (60 per 30 days)
mefloquine oral tablet	Tier 2	
metronidazole oral tablet	Tier 2	
NEBUPENT INHALATION RECON SOLN	Tier 2	
neomycin oral tablet	Tier 2	
nitazoxanide oral tablet	Tier 5	PA
PASER ORAL GRANULES DR FOR SUSP IN PACKET	Tier 4	
pentamidine inhalation recon soln	Tier 2	
praziquantel oral tablet	Tier 5	PA
PRIFTIN ORAL TABLET	Tier 3	
primaquine oral tablet	Tier 2	
pyrazinamide oral tablet	Tier 4	PA
pyrimethamine oral tablet	Tier 5	PA
quinine sulfate oral capsule	Tier 3	
rifabutin oral capsule	Tier 4	PA
rifampin oral capsule	Tier 2	
SIRTURO ORAL TABLET 100 MG	Tier 5	PA
SIVEXTRO ORAL TABLET	Tier 5	PA
tinidazole oral tablet	Tier 2	
tobramycin in 0.225 % nacl inhalation solution for nebulization	Tier 5	PA; SP
tobramycin sulfate injection solution 40 mg/ml	Tier 2	
VABOMERE INTRAVENOUS RECON SOLN	Tier 5	PA
XIFAXAN ORAL TABLET 200 MG	Tier 5	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 5	PA; QL (60 per 30 days)
PENICILLINS		

Drug Name	Drug Tier	Requirements / Limits
amoxicillin oral capsule	Tier 2	
amoxicillin oral suspension for reconstitution	Tier 2	
amoxicillin oral tablet	Tier 2	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg	Tier 2	
amoxicillin-pot clavulanate oral tablet 875-125 mg	Tier 2	QL (28 per 14 days)
amoxicillin-pot clavulanate oral tablet extended release 12 hr	Tier 3	
amoxicillin-pot clavulanate oral tablet,chewable	Tier 2	
ampicillin oral capsule 500 mg	Tier 2	
dicloxacillin oral capsule	Tier 2	
penicillin v potassium oral recon soln	Tier 2	
penicillin v potassium oral tablet	Tier 2	
QUINOLONES		
BAXDELA ORAL TABLET	Tier 5	PA; QL (28 per 14 days)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML	Tier 4	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML	Tier 2	
ciprofloxacin hcl oral tablet	Tier 2	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	Tier 4	
levofloxacin oral tablet	Tier 2	
moxifloxacin oral tablet	Tier 3	
ofloxacin oral tablet 400 mg	Tier 2	
SULFA'S & RELATED AGENTS		
sulfadiazine oral tablet	Tier 4	
sulfamethoxazole-trimethoprim oral suspension	Tier 2	
sulfamethoxazole-trimethoprim oral tablet	Tier 2	
sulfatrim oral suspension	Tier 2	
TETRACYCLINES		
doxycycline hyclate oral capsule	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
doxycycline hyclate oral tablet 100 mg, 20 mg	Tier 2	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg	Tier 3	
doxycycline monohydrate oral suspension for reconstitution	Tier 2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	Tier 3	
minocycline oral capsule	Tier 2	
tetracycline oral capsule	Tier 3	
XERAVA INTRAVENOUS RECON SOLN 50 MG	Tier 5	PA
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet	Tier 3	
methenamine hippurate oral tablet	Tier 2	
nitrofurantoin macrocrystal oral capsule	Tier 2	
nitrofurantoin monohyd/m-cryst oral capsule	Tier 2	
nitrofurantoin oral suspension	Tier 2	
trimethoprim oral tablet	Tier 2	
VANCOMYCIN		
vancomycin oral capsule	Tier 2	QL (40 per 10 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet	Tier 3	
MESNEX ORAL TABLET	Tier 5	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	Tier 5	PA; SP; QL (120 per 30 days)
abiraterone oral tablet 500 mg	Tier 5	PA; SP; QL (60 per 30 days)
ALECENSA ORAL CAPSULE	Tier 5	PA; SP
anastrozole oral tablet	Tier 2	QL (30 per 30 days)
azathioprine oral tablet 50 mg	Tier 2	
bexarotene oral capsule	Tier 5	PA; SP
bicalutamide oral tablet	Tier 2	
BOSULIF ORAL TABLET 100 MG	Tier 5	PA; SP; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 5	PA; SP; QL (30 per 30 days)
CABOMETYX ORAL TABLET	Tier 5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
capecitabine oral tablet 150 mg	Tier 5	PA; SP; QL (120 per 30 days)
capecitabine oral tablet 500 mg	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)
carboplatin intravenous solution	Tier 2	
COMETRIQ ORAL CAPSULE	Tier 5	PA; SP
cyclophosphamide intravenous recon soln 500 mg	Tier 5	
cyclophosphamide oral capsule	Tier 2	
cyclosporine modified oral capsule 100 mg, 25 mg	Tier 2	
cyclosporine modified oral solution	Tier 3	
cyclosporine oral capsule	Tier 4	
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)	Tier 2	
docetaxel intravenous solution 20 mg/ml (1 ml)	Tier 5	PA
doxorubicin intravenous solution 10 mg/5 ml	Tier 2	
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 60 MG	Tier 5	PA; SP
erlotinib oral tablet 100 mg, 150 mg	Tier 5	PA; SP; QL (30 per 30 days)
erlotinib oral tablet 25 mg	Tier 5	PA; SP; QL (60 per 30 days)
etoposide intravenous solution	Tier 2	
everolimus (antineoplastic) oral tablet 10 mg	Tier 5	PA; SP
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	Tier 5	PA; SP; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension	Tier 5	PA; SP
everolimus (immunosuppressive) oral tablet	Tier 5	PA
exemestane oral tablet	Tier 3	QL (30 per 30 days)
FARYDAK ORAL CAPSULE	Tier 5	PA

Drug Name	Drug Tier	Requirements / Limits
fludarabine intravenous solution	Tier 4	
fulvestrant intramuscular syringe	Tier 5	PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	Tier 4	PA
gengraf oral capsule	Tier 2	
gengraf oral solution	Tier 3	
GILOTRIF ORAL TABLET	Tier 5	PA; SP
GLEOSTINE ORAL CAPSULE	Tier 5	PA
hydroxyurea oral capsule	Tier 2	
IBRANCE ORAL CAPSULE	Tier 5	PA; SP; QL (21 per 28 days)
IBRANCE ORAL TABLET	Tier 5	PA; SP; QL (21 per 28 days)
ICLUSIG ORAL TABLET	Tier 5	PA; QL (30 per 30 days)
IDHIFA ORAL TABLET	Tier 5	PA; SP; QL (30 per 30 days)
imatinib oral tablet 100 mg	Tier 5	PA; SP; QL (90 per 30 days)
imatinib oral tablet 400 mg	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
JAKAFI ORAL TABLET	Tier 5	PA; SP; QL (60 per 30 days)
KANJINTI INTRAVENOUS RECON SOLN 420 MG	Tier 5	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 5	PA; SP; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	Tier 5	PA; SP; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	Tier 5	PA; SP; QL (63 per 28 days)
LANREOTIDE SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
lapatinib oral tablet	Tier 5	PA; SP
lenalidomide oral capsule 10 mg, 15 mg, 5 mg	Tier 5	PA; SP; QL (28 per 28 days)
lenalidomide oral capsule 25 mg	Tier 5	PA; SP; QL (21 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	Tier 5	PA; SP; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	Tier 5	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 5	PA; SP; QL (60 per 30 days)
letrozole oral tablet	Tier 2	QL (30 per 30 days)
LEUKERAN ORAL TABLET	Tier 5	PA
leuprolide subcutaneous kit	Tier 5	PA; SP
LORBRENA ORAL TABLET	Tier 5	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 5	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 5	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 5	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	Tier 5	PA; SP
LYNPARZA ORAL TABLET 100 MG	Tier 5	PA; SP; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150 MG	Tier 5	PA; SP; QL (120 per 30 days)
LYSODREN ORAL TABLET	Tier 5	PA
MATULANE ORAL CAPSULE	Tier 5	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 2	
megestrol oral tablet	Tier 2	
MEKINIST ORAL TABLET 0.5 MG	Tier 5	PA; SP; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 5	PA; SP; QL (30 per 30 days)
melphalan hcl intravenous recon soln	Tier 4	PA
melphalan oral tablet	Tier 4	PA
mercaptopurine oral tablet	Tier 2	
methotrexate sodium (pf) injection recon soln	Tier 2	
methotrexate sodium injection solution	Tier 2	
methotrexate sodium oral tablet	Tier 2	
mycophenolate mofetil oral capsule	Tier 2	
mycophenolate mofetil oral suspension for reconstitution	Tier 5	
mycophenolate mofetil oral tablet	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
mycophenolate sodium oral tablet,delayed release (dr/ec)	Tier 4	
nilutamide oral tablet	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
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	Tier 5	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier 5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA
sirolimus oral solution	Tier 5	PA
sirolimus oral tablet	Tier 5	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
sorafenib oral tablet	Tier 5	PA; SP; QL (120 per 30 days)
SPRYCEL ORAL TABLET	Tier 5	PA; SP
sunitinib malate oral capsule	Tier 5	PA; SP; QL (30 per 30 days)
TABLOID ORAL TABLET	Tier 5	PA
tacrolimus oral capsule	Tier 2	
TAFINLAR ORAL CAPSULE	Tier 5	PA; SP; QL (120 per 30 days)
TALZENNA ORAL CAPSULE	Tier 5	PA; SP
tamoxifen oral tablet	Tier 2	
TASIGNA ORAL CAPSULE	Tier 5	PA; SP
temozolomide oral capsule	Tier 5	PA; SP
THALOMID ORAL CAPSULE	Tier 5	PA; SP
toremifene oral tablet	Tier 5	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier 5	PA
tretinoin (antineoplastic) oral capsule	Tier 5	PA
VERZENIO ORAL TABLET	Tier 5	PA; SP; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
VIZIMPRO ORAL TABLET	Tier 5	PA; SP
VOTRIENT ORAL TABLET	Tier 5	PA; SP; QL (120 per 30 days)
XALKORI ORAL CAPSULE	Tier 5	PA; SP; QL (60 per 30 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2)	Tier 5	PA
XTANDI ORAL CAPSULE	Tier 5	PA; SP; QL (120 per 30 days)
XTANDI ORAL TABLET	Tier 5	PA; SP; QL (120 per 30 days)
YONSA ORAL TABLET	Tier 5	PA; SP
ZEJULA ORAL CAPSULE	Tier 5	PA; SP
ZELBORAF ORAL TABLET	Tier 5	PA; SP; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE	Tier 5	PA; SP
ZYDELIG ORAL TABLET	Tier 5	PA; SP
ZYKADIA ORAL TABLET	Tier 5	PA; SP
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET	Tier 5	PA
BRIVIACT ORAL SOLUTION	Tier 5	ST
BRIVIACT ORAL TABLET	Tier 5	ST
carbamazepine oral capsule, er multiphase 12 hr	Tier 3	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	Tier 2	
carbamazepine oral tablet	Tier 2	
carbamazepine oral tablet extended release 12 hr	Tier 3	
carbamazepine oral tablet,chewable	Tier 2	
CELONTIN ORAL CAPSULE 300 MG	Tier 4	
clobazam oral suspension	Tier 4	PA
clobazam oral tablet	Tier 4	PA
clonazepam oral tablet 0.5 mg, 1 mg	Tier 2	QL (90 per 30 days)
clonazepam oral tablet 2 mg	Tier 2	QL (60 per 30 days)
DILANTIN ORAL CAPSULE	Tier 4	
divalproex oral capsule, delayed rel sprinkle	Tier 2	
divalproex oral tablet extended release 24 hr	Tier 2	
divalproex oral tablet,delayed release (dr/ec)	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
ethosuximide oral capsule	Tier 2	
ethosuximide oral solution	Tier 2	
felbamate oral suspension	Tier 5	
felbamate oral tablet	Tier 2	
FYCOMPA ORAL TABLET	Tier 5	PA
gabapentin oral capsule 100 mg, 300 mg	Tier 2	QL (360 per 30 days)
gabapentin oral capsule 400 mg	Tier 2	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	Tier 2	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	Tier 2	QL (180 per 30 days)
gabapentin oral tablet 800 mg	Tier 2	QL (120 per 30 days)
lacosamide oral solution	Tier 3	PA
lacosamide oral tablet	Tier 3	PA
lamotrigine oral tablet	Tier 6	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)	Tier 2	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	Tier 3	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 250 mg, 300 mg, 50 mg	Tier 3	
lamotrigine oral tablet extended release 24hr 25 mg	Tier 2	
lamotrigine oral tablet, chewable dispersible	Tier 2	
levetiracetam oral solution	Tier 2	
levetiracetam oral tablet	Tier 2	
levetiracetam oral tablet extended release 24 hr	Tier 2	
NAYZILAM NASAL SPRAY,NON-AEROSOL	Tier 5	PA; QL (10 per 30 days)
oxcarbazepine oral suspension	Tier 2	
oxcarbazepine oral tablet	Tier 2	
phenobarbital oral elixir	Tier 2	
phenobarbital oral tablet	Tier 2	
phenytoin oral suspension	Tier 2	
phenytoin oral tablet,chewable	Tier 2	
phenytoin sodium extended oral capsule	Tier 2	
pregabalin oral capsule	Tier 2	
pregabalin oral solution	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
primidone oral tablet	Tier 2	
rufinamide oral suspension	Tier 4	
rufinamide oral tablet	Tier 4	
subvenite oral tablet	Tier 6	
tiagabine oral tablet	Tier 4	
topiramate oral capsule, sprinkle	Tier 2	
topiramate oral tablet	Tier 2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	Tier 2	
valproic acid oral capsule	Tier 2	
vigabatrin oral powder in packet	Tier 5	PA; SP
vigadrone oral powder in packet	Tier 5	PA
zonisamide oral capsule	Tier 2	
ANTIPARKINSONISM AGENTS		
apomorphine subcutaneous cartridge	Tier 5	PA
benztropine oral tablet	Tier 2	
bromocriptine oral capsule	Tier 2	
bromocriptine oral tablet	Tier 2	
carbidopa oral tablet	Tier 5	
carbidopa-levodopa oral tablet	Tier 2	
carbidopa-levodopa oral tablet extended release	Tier 2	
carbidopa-levodopa oral tablet,disintegrating	Tier 2	
carbidopa-levodopa-entacapone oral tablet	Tier 4	
entacapone oral tablet	Tier 3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier 5	PA
pramipexole oral tablet	Tier 2	
pramipexole oral tablet extended release 24 hr	Tier 4	ST; QL (30 per 30 days)
rasagiline oral tablet	Tier 3	
ropinirole oral tablet	Tier 2	
ropinirole oral tablet extended release 24 hr	Tier 3	ST; QL (30 per 30 days)
selegiline hcl oral capsule	Tier 3	
selegiline hcl oral tablet	Tier 3	
tolcapone oral tablet	Tier 5	PA
trihexyphenidyl oral elixir	Tier 2	
trihexyphenidyl oral tablet	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	Tier 3	PA
almotriptan malate oral tablet	Tier 4	ST; QL (9 per 30 days)
dihydroergotamine nasal spray,non-aerosol	Tier 5	PA; QL (8 per 30 days)
eletriptan oral tablet	Tier 3	ST
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	Tier 3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	Tier 3	PA
ergotamine-caffeine oral tablet	Tier 4	QL (40 per 28 days)
frovatriptan oral tablet	Tier 4	ST
naratriptan oral tablet	Tier 2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING	Tier 3	PA
REYVOW ORAL TABLET	Tier 3	PA
rizatriptan oral tablet	Tier 2	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating	Tier 2	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	Tier 2	PA; QL (12 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	Tier 2	PA; QL (24 per 28 days)
sumatriptan succinate oral tablet	Tier 2	QL (9 per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	Tier 3	PA; QL (12 per 28 days)
sumatriptan succinate subcutaneous solution	Tier 3	PA; QL (6 per 28 days)
UBRELVY ORAL TABLET	Tier 3	PA
zolmitriptan oral tablet	Tier 2	QL (6 per 30 days)
zolmitriptan oral tablet,disintegrating	Tier 4	QL (6 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
dalfampridine oral tablet extended release 12 hr	Tier 5	PA; SP
donepezil oral tablet	Tier 2	
donepezil oral tablet,disintegrating	Tier 2	
galantamine oral capsule,ext rel. pellets 24 hr	Tier 3	QL (30 per 30 days)
galantamine oral tablet	Tier 2	
memantine oral solution	Tier 4	PA; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
memantine oral tablet	Tier 2	QL (60 per 30 days)
MEMANTINE ORAL TABLETS,DOSE PACK	Tier 2	QL (49 per 365 days)
rivastigmine tartrate oral capsule	Tier 2	
tetrabenazine oral tablet	Tier 5	PA; SP
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
atracurium intravenous solution	Tier 5	
baclofen oral tablet 10 mg, 20 mg	Tier 2	
carisoprodol oral tablet 350 mg	Tier 2	QL (84 per 90 days)
carisoprodol-aspirin-codeine oral tablet	Tier 3	ST
chlorzoxazone oral tablet 500 mg	Tier 2	PA
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 2	
dantrolene oral capsule	Tier 3	
meprobamate oral tablet	Tier 4	
metaxalone oral tablet	Tier 3	PA
methocarbamol oral tablet 500 mg, 750 mg	Tier 2	
orphenadrine citrate oral tablet extended release	Tier 2	
pyridostigmine bromide oral syrup	Tier 2	PA
pyridostigmine bromide oral tablet 60 mg	Tier 2	
pyridostigmine bromide oral tablet extended release	Tier 4	
regonol injection solution	Tier 5	
tizanidine oral tablet	Tier 2	QL (90 per 30 days)
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	Tier 2	ST
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 2	ST; QL (390 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	Tier 2	ST; QL (180 per 30 days)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	Tier 3	ST
buprenorphine hcl injection syringe	Tier 2	ST
buprenorphine hcl sublingual tablet	Tier 2	
buprenorphine transdermal patch weekly	Tier 3	ST; QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	Tier 4	ST; QL (48 per 25 days)
butalbital-acetaminophen-caff oral capsule	Tier 2	QL (48 per 25 days)

Drug Name	Drug Tier	Requirements / Limits
butalbital-acetaminophen-caff oral tablet	Tier 2	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule	Tier 2	QL (48 per 25 days)
codeine sulfate oral tablet 15 mg, 30 mg	Tier 2	ST
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	Tier 5	ST
fentanyl transdermal patch 72 hour 100 mcg/hr	Tier 3	ST; QL (20 per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 3	ST; QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT	Tier 5	ST
hydrocodone bitartrate oral capsule, oral only, er 12hr	Tier 4	ST; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	Tier 2	ST
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	ST; QL (180 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg	Tier 2	ST; QL (50 per 30 days)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	Tier 2	ST; QL (180 per 30 days)
hydromorphone oral liquid	Tier 2	ST
hydromorphone oral tablet	Tier 2	ST; QL (240 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	Tier 4	ST; QL (30 per 30 days)
hydromorphone oral tablet extended release 24 hr 32 mg	Tier 4	ST; QL (60 per 30 days)
hydromorphone rectal suppository	Tier 4	ST
levorphanol tartrate oral tablet 2 mg	Tier 2	ST
methadone injection solution	Tier 2	
methadone oral concentrate	Tier 2	ST
methadone oral solution	Tier 2	ST
methadone oral tablet 10 mg	Tier 2	ST; QL (240 per 30 days)
methadone oral tablet 5 mg	Tier 2	ST
methadone oral tablet,soluble	Tier 2	ST; QL (9 per 30 days)
methadose oral tablet,soluble	Tier 2	ST; QL (9 per 30 days)
morphine concentrate oral solution	Tier 2	ST
morphine oral solution	Tier 2	ST
morphine oral tablet	Tier 2	ST; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg	Tier 2	ST; QL (90 per 30 days)
morphine rectal suppository 10 mg, 20 mg, 5 mg	Tier 4	ST
morphine rectal suppository 30 mg	Tier 3	ST
oxycodone oral concentrate	Tier 2	ST
oxycodone oral solution	Tier 2	ST
oxycodone oral tablet	Tier 2	ST; QL (180 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	Tier 3	ST
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 2	ST; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg	Tier 2	ST
oxycodone-acetaminophen oral tablet 5-325 mg	Tier 2	ST; QL (360 per 30 days)
oxymorphone oral tablet	Tier 2	ST
oxymorphone oral tablet extended release 12 hr	Tier 4	ST
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg	Tier 2	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	Tier 2	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet	Tier 2	QL (90 per 30 days)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	Tier 3	QL (60 per 30 days)
celecoxib oral capsule 400 mg	Tier 3	QL (30 per 30 days)
diclofenac potassium oral tablet 50 mg	Tier 2	
diclofenac sodium oral tablet extended release 24 hr	Tier 2	
diclofenac sodium oral tablet,delayed release (dr/ec)	Tier 2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic	Tier 3	
diflunisal oral tablet	Tier 2	
etodolac oral capsule	Tier 2	
etodolac oral tablet	Tier 2	
etodolac oral tablet extended release 24 hr	Tier 4	
flurbiprofen oral tablet 100 mg	Tier 2	
ibu oral tablet	Tier 2	
ibuprofen oral suspension	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 2	
indomethacin oral capsule	Tier 2	
ketoprofen oral capsule 50 mg	Tier 2	QL (180 per 30 days)
ketoprofen oral capsule 75 mg	Tier 2	QL (120 per 30 days)
ketorolac oral tablet	Tier 2	QL (20 per 5 days)
meclofenamate oral capsule	Tier 3	
mefenamic acid oral capsule	Tier 3	
meloxicam oral tablet	Tier 2	
nabumetone oral tablet 500 mg	Tier 2	QL (120 per 30 days)
nabumetone oral tablet 750 mg	Tier 2	QL (60 per 30 days)
nalbuphine injection solution 10 mg/ml	Tier 3	ST
naloxone injection solution	Tier 2	
naloxone nasal spray,non-aerosol	Tier 3	
naltrexone oral tablet	Tier 2	
naproxen oral tablet	Tier 2	
naproxen oral tablet,delayed release (dr/ec)	Tier 2	
naproxen sodium oral tablet 275 mg, 550 mg	Tier 2	
OLINVYK INTRAVENOUS SOLUTION	Tier 5	PA
piroxicam oral capsule	Tier 2	
salsalate oral tablet 500 mg	Tier 2	
sulindac oral tablet	Tier 2	
tramadol oral tablet 50 mg	Tier 2	ST; QL (240 per 30 days)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg	Tier 2	ST; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 300 mg	Tier 2	ST; QL (30 per 30 days)
tramadol-acetaminophen oral tablet	Tier 3	PA; ST
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	Tier 5	PA; SP
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	Tier 5	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	Tier 5	PA
alprazolam oral tablet	Tier 2	QL (150 per 30 days)
amitriptyline oral tablet	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
amitriptyline-chlordiazepoxide oral tablet	Tier 2	
amoxapine oral tablet	Tier 2	
aripiprazole oral solution	Tier 4	
aripiprazole oral tablet	Tier 2	QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	Tier 5	ST
armodafinil oral tablet	Tier 2	PA
asenapine maleate sublingual tablet	Tier 4	PA
atomoxetine oral capsule	Tier 3	QL (30 per 30 days)
bupropion hcl oral tablet	Tier 2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 2	
bupropion hcl oral tablet sustained-release 12 hr	Tier 2	
buspirone oral tablet	Tier 2	
chlordiazepoxide hcl oral capsule	Tier 2	
chlorpromazine oral tablet	Tier 4	
citalopram oral solution	Tier 2	
citalopram oral tablet 10 mg, 20 mg	Tier 6	
citalopram oral tablet 40 mg	Tier 6	QL (30 per 30 days)
clomipramine oral capsule	Tier 4	
clonidine hcl oral tablet extended release 12 hr	Tier 4	PA
clorazepate dipotassium oral tablet	Tier 3	
clozapine oral tablet	Tier 2	
clozapine oral tablet,disintegrating	Tier 2	
desipramine oral tablet	Tier 3	QL (60 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr	Tier 2	QL (30 per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 30 mg, 40 mg	Tier 3	QL (30 per 30 days)
dexmethylphenidate oral tablet	Tier 2	
dextroamphetamine sulfate oral capsule, extended release	Tier 2	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 2	
dextroamphetamine-amphetamine oral capsule,extended release 24hr	Tier 2	QL (30 per 30 days)
dextroamphetamine-amphetamine oral tablet	Tier 2	
diazepam injection syringe	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 2	QL (1200 per 30 days)
diazepam oral tablet	Tier 2	QL (120 per 30 days)
doxepin oral capsule	Tier 2	
doxepin oral concentrate	Tier 2	
doxepin oral tablet	Tier 4	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier 4	QL (30 per 30 days)
ergoloid oral tablet	Tier 4	PA
escitalopram oxalate oral solution	Tier 2	QL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg, 5 mg	Tier 2	QL (45 per 30 days)
escitalopram oxalate oral tablet 20 mg	Tier 2	QL (30 per 30 days)
estazolam oral tablet	Tier 2	
eszopiclone oral tablet	Tier 2	QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	Tier 4	PA
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	Tier 4	PA
fluoxetine oral capsule	Tier 6	
fluoxetine oral capsule,delayed release(dr/ec)	Tier 3	QL (4 per 28 days)
fluoxetine oral solution	Tier 2	
fluphenazine decanoate injection solution	Tier 3	
fluphenazine hcl injection solution	Tier 3	
fluphenazine hcl oral concentrate	Tier 3	
fluphenazine hcl oral elixir	Tier 3	
fluphenazine hcl oral tablet	Tier 3	
fluvoxamine oral tablet	Tier 2	
guanfacine oral tablet extended release 24 hr	Tier 4	
haloperidol decanoate intramuscular solution	Tier 2	
haloperidol lactate injection solution	Tier 2	
haloperidol lactate intramuscular syringe	Tier 2	
haloperidol lactate oral concentrate	Tier 2	
haloperidol oral tablet	Tier 2	
imipramine hcl oral tablet	Tier 2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	Tier 5	PA

Drug Name	Drug Tier	Requirements / Limits
LATUDA ORAL TABLET	Tier 5	PA
lithium carbonate oral capsule	Tier 6	
lithium carbonate oral tablet	Tier 6	
lithium carbonate oral tablet extended release	Tier 2	
lorazepam intensol oral concentrate	Tier 2	QL (150 per 30 days)
lorazepam oral concentrate	Tier 2	QL (150 per 30 days)
lorazepam oral tablet	Tier 2	QL (90 per 30 days)
loxapine succinate oral capsule	Tier 2	
lurasidone oral tablet	Tier 5	PA
methamphetamine oral tablet	Tier 5	
methylphenidate hcl oral capsule, er biphasic 30-70	Tier 3	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg	Tier 3	QL (30 per 30 days)
methylphenidate hcl oral solution	Tier 2	
methylphenidate hcl oral tablet	Tier 2	
methylphenidate hcl oral tablet extended release	Tier 3	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	Tier 2	QL (30 per 30 days)
methylphenidate hcl oral tablet,chewable	Tier 4	QL (180 per 30 days)
mirtazapine oral tablet 15 mg	Tier 6	
mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg	Tier 2	
mirtazapine oral tablet,disintegrating	Tier 2	
modafinil oral tablet	Tier 2	PA
nefazodone oral tablet	Tier 4	
nortriptyline oral capsule	Tier 2	
nortriptyline oral solution	Tier 2	
olanzapine intramuscular recon soln	Tier 2	
olanzapine oral tablet	Tier 2	
oxazepam oral capsule	Tier 2	
paliperidone oral tablet extended release 24hr	Tier 4	PA
paroxetine hcl oral suspension	Tier 3	PA
paroxetine hcl oral tablet	Tier 6	
paroxetine hcl oral tablet extended release 24 hr	Tier 3	
perphenazine oral tablet	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg	Tier 2	
phenelzine oral tablet	Tier 2	
pimozide oral tablet 1 mg	Tier 4	
pimozide oral tablet 2 mg	Tier 3	
protriptyline oral tablet	Tier 2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 6	
quetiapine oral tablet extended release 24 hr	Tier 2	
ramelteon oral tablet	Tier 3	ST; QL (30 per 30 days)
REXULTI ORAL TABLET	Tier 5	PA
risperidone oral solution	Tier 2	
risperidone oral tablet	Tier 6	
risperidone oral tablet,disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	
sertraline oral concentrate	Tier 2	
sertraline oral tablet	Tier 2	
SUNOSI ORAL TABLET	Tier 5	PA
tasimelteon oral capsule	Tier 5	PA; SP
temazepam oral capsule	Tier 2	QL (30 per 30 days)
thioridazine oral tablet	Tier 2	
thiothixene oral capsule	Tier 3	
tranylcypromine oral tablet	Tier 4	
trazodone oral tablet 100 mg, 150 mg, 50 mg	Tier 2	
triazolam oral tablet	Tier 2	QL (30 per 30 days)
trifluoperazine oral tablet	Tier 2	
trimipramine oral capsule	Tier 4	
TRINTELLIX ORAL TABLET	Tier 4	PA
venlafaxine oral capsule,extended release 24hr	Tier 2	
venlafaxine oral tablet	Tier 2	
VIIBRYD ORAL TABLET	Tier 4	PA
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 4	PA
VRAYLAR ORAL CAPSULE	Tier 5	PA
VRAYLAR ORAL CAPSULE,DOSE PACK	Tier 5	PA
VYVANSE ORAL CAPSULE	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
zaleplon oral capsule	Tier 2	QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	Tier 2	
ziprasidone hcl oral capsule	Tier 2	
zolpidem oral tablet	Tier 2	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase	Tier 2	QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet	Tier 2	
disopyramide phosphate oral capsule	Tier 3	
dofetilide oral capsule	Tier 3	
flecainide oral tablet	Tier 2	
mexiletine oral capsule	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 4	
pacerone oral tablet 100 mg, 200 mg, 400 mg	Tier 2	
procainamide injection solution 100 mg/ml	Tier 2	
propafenone oral capsule,extended release 12 hr	Tier 4	
propafenone oral tablet	Tier 2	
quinidine gluconate oral tablet extended release	Tier 4	
quinidine sulfate oral tablet	Tier 2	
sorine oral tablet	Tier 2	
sotalol af oral tablet	Tier 2	
sotalol oral tablet	Tier 2	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule	Tier 2	
aliskiren oral tablet	Tier 3	QL (30 per 30 days)
amiloride oral tablet	Tier 2	
amiloride-hydrochlorothiazide oral tablet	Tier 2	
amlodipine oral tablet	Tier 2	
amlodipine-benazepril oral capsule	Tier 2	
amlodipine-olmesartan oral tablet	Tier 3	ST
amlodipine-valsartan oral tablet 10-160 mg, 5-160 mg, 5-320 mg	Tier 6	
amlodipine-valsartan oral tablet 10-320 mg	Tier 2	
amlodipine-valsartan-hcthiazid oral tablet	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
atenolol oral tablet	Tier 6	
atenolol-chlorthalidone oral tablet	Tier 2	
benazepril oral tablet	Tier 6	
benazepril-hydrochlorothiazide oral tablet	Tier 2	
betaxolol oral tablet	Tier 2	
bisoprolol fumarate oral tablet	Tier 2	
bisoprolol-hydrochlorothiazide oral tablet	Tier 2	
bumetanide injection solution	Tier 2	
bumetanide oral tablet	Tier 2	
candesartan oral tablet	Tier 3	QL (30 per 30 days)
candesartan-hydrochlorothiazid oral tablet	Tier 3	QL (30 per 30 days)
captopril oral tablet	Tier 3	
cartia xt oral capsule,extended release 24hr	Tier 2	
carvedilol oral tablet	Tier 2	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 2	
clonidine hcl oral tablet 0.1 mg, 0.2 mg	Tier 6	
clonidine hcl oral tablet 0.3 mg	Tier 2	
clonidine transdermal patch weekly	Tier 3	
diltiazem hcl oral capsule,ext.rel 24h degradable	Tier 2	
diltiazem hcl oral capsule,extended release 12 hr	Tier 2	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 2	
diltiazem hcl oral capsule,extended release 24hr	Tier 2	
diltiazem hcl oral tablet	Tier 6	
diltiazem hcl oral tablet extended release 24 hr	Tier 2	
dilt-xr oral capsule,ext.rel 24h degradable	Tier 2	
doxazosin oral tablet	Tier 2	
enalapril maleate oral tablet	Tier 6	
enalapril-hydrochlorothiazide oral tablet	Tier 6	
eprosartan oral tablet	Tier 3	QL (30 per 30 days)
ethacrynic acid oral tablet	Tier 5	PA
felodipine oral tablet extended release 24 hr	Tier 2	
fosinopril oral tablet	Tier 2	
fosinopril-hydrochlorothiazide oral tablet	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 2	
furosemide oral tablet	Tier 6	
guanfacine oral tablet	Tier 2	
hydralazine injection solution	Tier 2	
hydralazine oral tablet	Tier 2	
hydrochlorothiazide oral capsule	Tier 6	
hydrochlorothiazide oral tablet	Tier 6	
indapamide oral tablet	Tier 6	
irbesartan oral tablet	Tier 2	QL (30 per 30 days)
irbesartan-hydrochlorothiazide oral tablet	Tier 6	
isradipine oral capsule	Tier 2	
labetalol oral tablet	Tier 6	
lisinopril oral tablet	Tier 6	
lisinopril-hydrochlorothiazide oral tablet	Tier 6	
losartan oral tablet 100 mg	Tier 2	QL (30 per 30 days)
losartan oral tablet 25 mg, 50 mg	Tier 2	QL (60 per 30 days)
losartan-hydrochlorothiazide oral tablet	Tier 6	
matzim la oral tablet extended release 24 hr	Tier 2	
methyldopa oral tablet	Tier 2	
metolazone oral tablet	Tier 3	
metoprolol succinate oral tablet extended release 24 hr	Tier 2	
metoprolol ta-hydrochlorothiaz oral tablet	Tier 2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 6	
minoxidil oral tablet	Tier 2	
nadolol oral tablet	Tier 2	
nebivolol oral tablet	Tier 4	ST
nifedipine oral tablet extended release	Tier 2	
nifedipine oral tablet extended release 24hr	Tier 2	
olmesartan oral tablet	Tier 2	QL (30 per 30 days)
olmesartan-amlodipin-hcthiazid oral tablet	Tier 3	
olmesartan-hydrochlorothiazide oral tablet	Tier 2	QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE	Tier 5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
phenoxybenzamine oral capsule	Tier 5	PA
pindolol oral tablet	Tier 2	
prazosin oral capsule	Tier 2	
propranolol oral capsule,extended release 24 hr	Tier 2	
propranolol oral solution	Tier 2	
propranolol oral tablet 10 mg, 20 mg, 40 mg	Tier 6	
propranolol oral tablet 60 mg, 80 mg	Tier 2	
quinapril oral tablet	Tier 6	
quinapril-hydrochlorothiazide oral tablet	Tier 2	
ramipril oral capsule	Tier 2	
spironolactone oral tablet	Tier 2	
spironolacton-hydrochlorothiaz oral tablet	Tier 2	
taztia xt oral capsule,extended release 24 hr	Tier 2	
telmisartan oral tablet	Tier 2	QL (30 per 30 days)
telmisartan-hydrochlorothiazid oral tablet	Tier 3	QL (30 per 30 days)
terazosin oral capsule	Tier 2	
tiadylt er oral capsule,extended release 24 hr	Tier 2	
timolol maleate oral tablet	Tier 2	
torsemide oral tablet	Tier 2	
trandolapril oral tablet	Tier 3	
triamterene-hydrochlorothiazid oral capsule	Tier 2	
triamterene-hydrochlorothiazid oral tablet	Tier 2	
UPTRAVI ORAL TABLET	Tier 5	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK	Tier 5	PA; SP
valsartan oral tablet 160 mg, 40 mg, 80 mg	Tier 2	QL (60 per 30 days)
valsartan oral tablet 320 mg	Tier 2	QL (30 per 30 days)
valsartan-hydrochlorothiazide oral tablet	Tier 2	
verapamil oral capsule, 24 hr er pellet ct	Tier 2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	Tier 2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	Tier 2	QL (30 per 30 days)
verapamil oral tablet	Tier 6	
verapamil oral tablet extended release	Tier 2	
CARDIAC GLYCOSIDES		

Drug Name	Drug Tier	Requirements / Limits
digitek oral tablet	Tier 2	
digox oral tablet	Tier 2	
digoxin oral solution	Tier 3	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 2	
COAGULATION THERAPY		
aminocaproic acid oral tablet	Tier 5	PA
aspirin-dipyridamole oral capsule, er multiphase 12 hr	Tier 2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG	Tier 3	QL (60 per 30 days)
cilostazol oral tablet 100 mg	Tier 2	
clopidogrel oral tablet 75 mg	Tier 6	QL (30 per 30 days)
dipyridamole oral tablet 25 mg	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)
enoxaparin subcutaneous solution	Tier 4	
enoxaparin subcutaneous syringe	Tier 4	
fondaparinux subcutaneous syringe	Tier 5	PA
FRAGMIN SUBCUTANEOUS SYRINGE	Tier 5	PA
heparin (porcine) injection solution 1,000 unit/ml	Tier 2	
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	Tier 2	
jantoven oral tablet	Tier 6	
pentoxifylline oral tablet extended release	Tier 2	QL (90 per 30 days)
phytonadione (vitamin k1) oral tablet 5 mg	Tier 2	
prasugrel oral tablet 5 mg	Tier 3	QL (30 per 30 days)
PROMACTA ORAL TABLET	Tier 5	PA; SP
warfarin oral tablet	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)
ZONTIVITY ORAL TABLET	Tier 4	QL (30 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		

Drug Name	Drug Tier	Requirements / Limits
amlodipine-atorvastatin oral tablet	Tier 3	
atorvastatin oral tablet 10 mg, 20 mg	Tier 6	ACA
atorvastatin oral tablet 40 mg	Tier 6	
atorvastatin oral tablet 80 mg	Tier 6	QL (30 per 30 days)
cholestyramine (with sugar) oral powder	Tier 3	QL (378 per 30 days)
cholestyramine light oral powder	Tier 3	
colesevelam oral tablet	Tier 3	
colestipol oral granules	Tier 3	
colestipol oral tablet	Tier 3	
ezetimibe oral tablet	Tier 2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet	Tier 3	ST
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	Tier 2	
fenofibrate nanocrystallized oral tablet	Tier 2	
fenofibrate oral tablet 160 mg, 54 mg	Tier 2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg	Tier 2	
fenofibric acid oral tablet	Tier 2	
gemfibrozil oral tablet	Tier 2	
lovastatin oral tablet	Tier 6	ACA
omega-3 acid ethyl esters oral capsule	Tier 3	
pravastatin oral tablet	Tier 6	ACA
prevalite oral powder	Tier 3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	Tier 4	PA; QL (3.5 per 30 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	Tier 4	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 per 28 days)
rosuvastatin oral tablet 10 mg, 5 mg	Tier 2	$0 COPAY 40 THRU 75 YEARS; AGE; ACA
rosuvastatin oral tablet 20 mg, 40 mg	Tier 2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 6	ACA
simvastatin oral tablet 80 mg	Tier 6	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	Tier 3	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ENTRESTO ORAL TABLET	Tier 3	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr	Tier 3	PA; QL (60 per 30 days)
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 2	
isosorbide mononitrate oral tablet	Tier 2	
isosorbide mononitrate oral tablet extended release 24 hr	Tier 2	
nitro-bid transdermal ointment	Tier 4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 4	
nitroglycerin sublingual tablet	Tier 2	
nitroglycerin transdermal patch 24 hour	Tier 2	
nitroglycerin translingual spray,non-aerosol	Tier 2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule	Tier 5	PA
calcipotriene scalp solution	Tier 3	
calcipotriene topical cream	Tier 4	
calcipotriene topical ointment	Tier 3	
calcipotriene-betamethasone topical ointment	Tier 5	ST; QL (120 per 30 days)
calcitriol topical ointment	Tier 5	PA
selenium sulfide topical lotion	Tier 2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT	Tier 5	PA; SP
STELARA SUBCUTANEOUS SOLUTION	Tier 5	PA; SP
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

Drug Name	Drug Tier	Requirements / Limits
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		
silver sulfadiazine topical cream	Tier 2	
MISCELLANEOUS DERMATOLOGICALS		
CIBINQO ORAL TABLET	Tier 5	SP
doxepin topical cream	Tier 5	PA
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
fluorouracil topical cream 5 %	Tier 3	
fluorouracil topical solution	Tier 3	
methoxsalen oral capsule,liqd-filled,rapid rel	Tier 4	PA
pimecrolimus topical cream	Tier 4	PA; QL (100 per 30 days)
podofilox topical solution	Tier 2	
REGRANEX TOPICAL GEL	Tier 5	PA
tacrolimus topical ointment	Tier 4	
THERAPY FOR ACNE		
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	Tier 3	
amnesteem oral capsule	Tier 4	PA
azelaic acid topical gel	Tier 3	
brimonidine topical gel with pump	Tier 5	PA
claravis oral capsule	Tier 4	PA
clindamycin phosphate topical gel	Tier 2	
clindamycin phosphate topical lotion	Tier 2	
clindamycin phosphate topical solution	Tier 2	
clindamycin phosphate topical swab	Tier 2	
clindamycin-benzoyl peroxide topical gel 1-5 %	Tier 3	
erythromycin with ethanol topical gel	Tier 3	
erythromycin with ethanol topical solution	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	PA
metronidazole topical cream	Tier 2	
metronidazole topical gel 0.75 %	Tier 2	
metronidazole topical lotion	Tier 3	
myorisan oral capsule	Tier 4	PA
tazarotene topical gel	Tier 5	PA
tretinoin topical cream 0.05 %, 0.1 %	Tier 3	PA; QL (45 per 30 days)
zenatane oral capsule	Tier 4	PA
TOPICAL ANESTHETICS		
lidocaine (pf) injection solution 20 mg/ml (2 %)	Tier 2	
lidocaine hcl laryngotracheal solution	Tier 2	
lidocaine topical adhesive patch,medicated 5 %	Tier 2	PA
lidocaine topical ointment	Tier 2	
lidocaine viscous mucous membrane solution	Tier 2	
lidocaine-prilocaine topical cream	Tier 2	QL (30 per 30 days)
lidocaine-prilocaine topical kit	Tier 2	QL (30 per 30 days)
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	Tier 5	PA
gentamicin topical cream	Tier 2	
gentamicin topical ointment	Tier 2	
mupirocin topical ointment	Tier 2	
SULFAMYLON TOPICAL CREAM	Tier 3	QL (56.7 per 30 days)
TOPICAL ANTIFUNGALS		
ciclopirox topical gel	Tier 2	
ciclopirox topical shampoo	Tier 3	
clotrimazole-betamethasone topical cream	Tier 2	QL (90 per 30 days)
clotrimazole-betamethasone topical lotion	Tier 3	QL (60 per 30 days)
econazole topical cream	Tier 2	QL (85 per 30 days)
ERTACZO TOPICAL CREAM	Tier 5	PA
EXELDERM TOPICAL CREAM	Tier 4	PA; QL (60 per 30 days)
EXELDERM TOPICAL SOLUTION	Tier 4	PA; QL (30 per 30 days)
ketoconazole topical cream	Tier 2	QL (60 per 28 days)
ketoconazole topical shampoo	Tier 2	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
LULICONAZOLE TOPICAL CREAM	Tier 4	PA
nyamyc topical powder	Tier 2	
nystatin topical cream	Tier 2	
nystatin topical ointment	Tier 2	
nystatin topical powder	Tier 2	
nystatin-triamcinolone topical cream	Tier 2	
nystatin-triamcinolone topical ointment	Tier 2	
nystop topical powder	Tier 2	
oxiconazole topical cream	Tier 4	PA
SULCONAZOLE TOPICAL SOLUTION	Tier 4	PA; QL (30 per 30 days)
TOPICAL ANTIVIRALS		
acyclovir topical ointment	Tier 3	PA
TOPICAL CORTICOSTEROIDS		
alclometasone topical cream	Tier 2	
alclometasone topical ointment	Tier 2	
betamethasone dipropionate topical cream	Tier 2	QL (90 per 30 days)
betamethasone dipropionate topical lotion	Tier 2	QL (120 per 30 days)
betamethasone valerate topical cream	Tier 2	QL (90 per 30 days)
betamethasone valerate topical ointment	Tier 2	QL (90 per 30 days)
betamethasone, augmented topical cream	Tier 2	QL (100 per 30 days)
clobetasol scalp solution	Tier 3	QL (100 per 30 days)
clobetasol topical ointment	Tier 3	QL (120 per 30 days)
desonide topical cream	Tier 3	QL (120 per 30 days)
desonide topical ointment	Tier 3	QL (120 per 30 days)
desoximetasone topical cream 0.25 %	Tier 3	QL (200 per 30 days)
diflorasone topical cream	Tier 4	QL (120 per 30 days)
diflorasone topical ointment	Tier 4	QL (120 per 30 days)
fluocinolone and shower cap scalp oil	Tier 2	
fluocinolone topical cream	Tier 2	QL (120 per 30 days)
fluocinolone topical oil	Tier 3	
fluocinolone topical ointment	Tier 2	QL (120 per 30 days)
fluocinolone topical solution	Tier 2	
fluocinonide topical cream 0.05 %	Tier 2	
fluocinonide topical gel	Tier 2	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
fluocinonide topical ointment	Tier 2	QL (120 per 30 days)
fluocinonide topical solution	Tier 2	QL (120 per 30 days)
flurandrenolide topical cream	Tier 4	PA
flurandrenolide topical lotion	Tier 5	PA
fluticasone propionate topical cream	Tier 2	QL (120 per 30 days)
fluticasone propionate topical ointment	Tier 2	QL (120 per 30 days)
hydrocortisone butyrate topical ointment	Tier 2	
hydrocortisone topical cream 1 %	Tier 2	QL (120 per 30 days)
hydrocortisone topical cream 2.5 %	Tier 2	
hydrocortisone topical lotion 2.5 %	Tier 2	QL (120 per 30 days)
hydrocortisone topical ointment 2.5 %	Tier 2	QL (90 per 30 days)
hydrocortisone valerate topical cream	Tier 2	QL (120 per 30 days)
mometasone topical cream	Tier 2	
mometasone topical ointment	Tier 2	
mometasone topical solution	Tier 2	
prednicarbate topical cream	Tier 2	QL (120 per 30 days)
prednicarbate topical ointment	Tier 2	QL (120 per 30 days)
triamcinolone acetonide topical aerosol	Tier 3	PA
triamcinolone acetonide topical cream	Tier 2	
triamcinolone acetonide topical lotion	Tier 2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 2	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT	Tier 5	PA; QL (90 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion	Tier 5	ST
EURAX TOPICAL LOTION	Tier 5	ST
lindane topical shampoo	Tier 3	
malathion topical lotion	Tier 3	
permethrin topical cream	Tier 2	
spinosad topical suspension	Tier 4	ST; QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
neomycin-polymyxin b gu irrigation solution	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec)	Tier 2	
anagrelide oral capsule	Tier 2	
cevimeline oral capsule	Tier 3	PA
CHEMET ORAL CAPSULE	Tier 5	
deferasirox oral tablet, dispersible	Tier 5	PA; SP
deferiprone oral tablet 500 mg	Tier 5	PA; SP
disulfiram oral tablet	Tier 2	
FERRIPROX ORAL SOLUTION	Tier 5	PA
FERRIPROX ORAL TABLET 500 MG	Tier 5	PA
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; SP
midodrine oral tablet	Tier 2	
pilocarpine hcl oral tablet 5 mg	Tier 3	
RADIOGARDASE ORAL CAPSULE	Tier 5	
riluzole oral tablet	Tier 4	
risedronate oral tablet 30 mg	Tier 3	QL (30 per 30 days)
sodium phenylbutyrate oral tablet	Tier 5	PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; QL (60 per 30 days)
nicorette buccal gum 4 mg	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
nicotine (polacrilex) buccal gum	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
nicotine (polacrilex) buccal lozenge	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
nicotine (polacrilex) buccal mini lozenge	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
nicotine transdermal patch 24 hour	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
nicotine transdermal patch, td daily, sequential	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
NICOTROL INHALATION CARTRIDGE	Tier 3	$0 COPAY MIN 18 YEARS; AGE; ACA
NICOTROL NS NASAL SPRAY,NON-AEROSOL	Tier 3	$0 COPAY MIN 18 YEARS; AGE; ACA

Drug Name	Drug Tier	Requirements / Limits
quit 2 buccal gum	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
quit 2 buccal lozenge	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
quit 4 buccal gum	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
quit 4 buccal lozenge	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
stop smoking aid buccal lozenge	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; OTC
varenicline oral tablet	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; QL (60 per 30 days)
varenicline oral tablets,dose pack	Tier 2	$0 COPAY MIN 18 YEARS; AGE; ACA; QL (53 per 30 days)
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal aerosol,spray	Tier 2	
azelastine nasal spray,non-aerosol	Tier 2	
chlorhexidine gluconate mucous membrane mouthwash	Tier 2	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	Tier 2	QL (30 per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	Tier 2	QL (15 per 30 days)
olopatadine nasal spray,non-aerosol	Tier 2	QL (31 per 30 days)
oralone dental paste	Tier 2	
paroex oral rinse mucous membrane mouthwash	Tier 2	
pilocarpine hcl oral tablet 7.5 mg	Tier 3	
triamcinolone acetonide dental paste	Tier 2	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution	Tier 2	
ciprofloxacin hcl otic (ear) dropperette	Tier 3	
fluocinolone acetonide oil otic (ear) drops	Tier 3	
hydrocortisone-acetic acid otic (ear) drops	Tier 2	
ofloxacin otic (ear) drops	Tier 2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	Tier 4	PA

Drug Name	Drug Tier	Requirements / Limits
ciprofloxacin-dexamethasone otic (ear) drops,suspension	Tier 3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	Tier 4	PA
neomycin-polymyxin-hc otic (ear) drops,suspension	Tier 2	
neomycin-polymyxin-hc otic (ear) solution	Tier 2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone oral tablet	Tier 3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 4	
dexamethasone intensol oral drops	Tier 2	
dexamethasone oral elixir	Tier 2	
dexamethasone oral tablet	Tier 2	
dexamethasone sodium phosphate injection solution 10 mg/ml	Tier 2	
fludrocortisone oral tablet	Tier 2	
hydrocortisone oral tablet	Tier 2	
methylprednisolone oral tablet	Tier 2	
methylprednisolone oral tablets,dose pack	Tier 2	
prednisolone oral solution	Tier 2	
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)	Tier 2	
prednisone intensol oral concentrate	Tier 4	
prednisone oral solution	Tier 2	
prednisone oral tablet	Tier 2	
prednisone oral tablets,dose pack	Tier 2	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	Tier 2	
propylthiouracil oral tablet	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

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 3	OTC
FREESTYLE TEST STRIP	Tier 3	OTC
PRECISION XTRA TEST STRIP	Tier 3	OTC
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
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	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 DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
INSULIN THERAPY		
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	Tier 4	PA
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	Tier 4	PA
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 INSULN 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 INSULN 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	
RELION NOVOLIN R INJECTION SOLUTION	Tier 3	

Drug Name	Drug Tier	Requirements / Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	Tier 3	QL (30 per 28 days)
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	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	Tier 3	QL (15 per 28 days)
MISCELLANEOUS HORMONES		
cabergoline oral tablet	Tier 2	
calcitonin (salmon) injection solution	Tier 5	PA
calcitonin (salmon) nasal spray,non-aerosol	Tier 2	
calcitriol oral capsule	Tier 2	
calcitriol oral solution	Tier 2	
cinacalcet oral tablet	Tier 5	PA
danazol oral capsule	Tier 4	PA
desmopressin injection solution	Tier 5	PA; SP
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 3	
desmopressin oral tablet	Tier 2	
doxercalciferol oral capsule	Tier 5	PA
oxandrolone oral tablet	Tier 5	PA; QL (60 per 30 days)
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml)	Tier 2	
paricalcitol oral capsule	Tier 4	PA
SOMAVERT SUBCUTANEOUS RECON SOLN	Tier 5	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL	Tier 5	PA
testosterone cypionate intramuscular oil	Tier 2	
testosterone enanthate intramuscular oil	Tier 2	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	Tier 3	PA

Drug Name	Drug Tier	Requirements / Limits
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)	Tier 3	PA
vasopressin intravenous solution	Tier 5	
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet	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	
FARXIGA ORAL TABLET	Tier 3	QL (30 per 30 days)
glimepiride oral tablet	Tier 6	
glipizide oral tablet	Tier 2	
glipizide oral tablet extended release 24hr	Tier 2	QL (60 per 30 days)
glipizide-metformin oral tablet	Tier 2	
glyburide micronized oral tablet	Tier 6	
glyburide oral tablet	Tier 6	
glyburide-metformin oral tablet	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)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 6	
metformin oral tablet extended release 24 hr	Tier 6	
miglitol oral tablet 25 mg, 50 mg	Tier 2	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	Tier 3	QL (2 per 28 days)
nateglinide oral tablet	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)

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 3	QL (1.5 per 28 days)
pioglitazone oral tablet	Tier 6	QL (30 per 30 days)
pioglitazone-glimepiride oral tablet	Tier 4	
pioglitazone-metformin oral tablet	Tier 2	
repaglinide oral tablet	Tier 2	
RYBELSUS ORAL TABLET	Tier 3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	Tier 5	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	Tier 5	PA
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		
levothyroxine oral tablet	Tier 2	
liothyronine oral tablet	Tier 2	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
dicyclomine oral capsule	Tier 2	
dicyclomine oral solution	Tier 2	
dicyclomine oral tablet	Tier 2	
diphenoxylate-atropine oral liquid	Tier 2	
diphenoxylate-atropine oral tablet	Tier 2	
ed-spaz oral tablet,disintegrating	Tier 2	
glycopyrrolate oral tablet 2 mg	Tier 2	
hyoscyamine sulfate oral tablet	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
methscopolamine oral tablet	Tier 3	
MOTOFEN ORAL TABLET	Tier 4	PA
oscimin oral tablet	Tier 2	
oscimin sl sublingual tablet	Tier 2	
MISCELLANEOUS AGENTS		
lanthanum oral tablet,chewable	Tier 5	PA
sevelamer carbonate oral powder in packet	Tier 5	PA
sevelamer carbonate oral tablet	Tier 3	
sevelamer hcl oral tablet	Tier 4	PA
sps (with sorbitol) oral suspension	Tier 2	
sps (with sorbitol) rectal enema	Tier 2	
VELPHORO ORAL TABLET,CHEWABLE	Tier 5	PA
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet	Tier 5	PA
aprepitant oral capsule	Tier 4	ST
balsalazide oral capsule	Tier 2	
betaine oral powder	Tier 5	PA
budesonide oral capsule,delayed,extend.release	Tier 3	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	Tier 5	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT	Tier 5	PA; SP
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	Tier 3	$0 COPAY IF AGE 45 THRU 75 YEARS; AGE; ACA
constulose oral solution	Tier 2	
cromolyn oral concentrate	Tier 4	
DIPENTUM ORAL CAPSULE	Tier 4	PA
dronabinol oral capsule	Tier 3	QL (60 per 30 days)
enulose oral solution	Tier 2	
gavilyte-c oral recon soln	Tier 2	$0 COPAY IF AGE 45 THRU 75 YEARS; AGE; ACA
gavilyte-g oral recon soln	Tier 2	$0 COPAY IF AGE 45 THRU 75 YEARS; AGE; ACA
generlac oral solution	Tier 2	
granisetron hcl oral tablet	Tier 3	QL (60 per 30 days)
hydrocortisone rectal enema	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone topical cream with perineal applicator	Tier 2	
KRISTALOSE ORAL PACKET	Tier 4	PA
lactulose oral packet	Tier 4	PA
lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	Tier 2	
LINZESS ORAL CAPSULE	Tier 3	QL (30 per 30 days)
lubiprostone oral capsule	Tier 4	QL (60 per 30 days)
mesalamine oral capsule,extended release 24hr	Tier 4	QL (120 per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	Tier 4	QL (120 per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 800 mg	Tier 4	QL (180 per 30 days)
mesalamine rectal enema	Tier 3	QL (1680 per 28 days)
mesalamine rectal suppository	Tier 5	PA
metoclopramide hcl oral solution	Tier 2	
metoclopramide hcl oral tablet	Tier 2	
MOVANTIK ORAL TABLET	Tier 4	PA
ondansetron hcl oral solution	Tier 2	QL (200 per 28 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 2	QL (18 per 28 days)
ondansetron oral tablet,disintegrating	Tier 2	QL (18 per 28 days)
peg 3350-electrolytes oral recon soln	Tier 2	$0 COPAY IF AGE 45 THRU 75 YEARS; AGE; ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet	Tier 3	$0 COPAY IF AGE 45 THRU 75 YEARS; AGE; ACA
peg-electrolyte soln oral recon soln	Tier 2	$0 COPAY IF AGE 45 THRU 75 YEARS; AGE; ACA
prochlorperazine maleate oral tablet	Tier 2	
prochlorperazine rectal suppository	Tier 2	
procto-med hc topical cream with perineal applicator	Tier 2	
proctosol hc topical cream with perineal applicator	Tier 2	
proctozone-hc topical cream with perineal applicator	Tier 2	
RECTIV RECTAL OINTMENT	Tier 5	
scopolamine base transdermal patch 3 day	Tier 2	QL (10 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	Tier 5	PA; AGE
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 5	PA; SP
sodium,potassium,mag sulfates oral recon soln	Tier 3	$0 COPAY IF AGE 45 THRU 75 YEARS; AGE; ACA
SUCRAID ORAL SOLUTION	Tier 5	PA
sulfasalazine oral tablet	Tier 2	
sulfasalazine oral tablet,delayed release (dr/ec)	Tier 2	
SUTAB ORAL TABLET	Tier 3	$0 COPAY IF AGE 45 THRU 75 YEARS; AGE; ACA
SYMPROIC ORAL TABLET	Tier 4	PA
trimethobenzamide oral capsule	Tier 2	
TRULANCE ORAL TABLET	Tier 4	PA
ursodiol oral capsule 300 mg	Tier 4	
ursodiol oral tablet	Tier 3	
VARUBI ORAL TABLET	Tier 5	PA; QL (4 per 28 days)
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		
amoxicil-clarithromy-lansopraz oral combo pack	Tier 5	PA
cimetidine hcl oral solution	Tier 2	
cimetidine oral tablet	Tier 2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Tier 2	QL (30 per 30 days)
famotidine oral suspension	Tier 2	
famotidine oral tablet 20 mg, 40 mg	Tier 2	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	Tier 2	QL (30 per 30 days)
misoprostol oral tablet	Tier 2	
nizatidine oral capsule	Tier 3	
omeprazole oral capsule,delayed release(dr/ec)	Tier 2	QL (60 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec)	Tier 2	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec)	Tier 2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
sucralfate oral suspension	Tier 4	PA
sucralfate oral tablet	Tier 2	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
ribavirin oral tablet 200 mg	Tier 4	SP
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN	Tier 5	PA; SP
FULPHILA SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
LEUKINE INJECTION RECON SOLN	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
GROWTH HORMONES		
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; SP
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	PA; SP
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
dimethyl fumarate oral capsule,delayed release(dr/ec)	Tier 5	PA; SP
fingolimod oral capsule	Tier 5	PA; SP
glatiramer subcutaneous syringe	Tier 5	PA; SP
glatopa subcutaneous syringe	Tier 5	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE	Tier 5	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE	Tier 5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
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
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
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)
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION	Tier 1	AGE; ACA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	Tier 1	1 THRU 6 YEARS; AGE; ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	Tier 1	AGE; ACA; QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	Tier 1	AGE; ACA; QL (3 per 365 days)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	Tier 1	AGE; 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

Drug Name	Drug Tier	Requirements / Limits
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)
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 5	PA; SP
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	Tier 1	1 THRU 6 YEARS; AGE; ACA
IPOL INJECTION SUSPENSION	Tier 1	AGE; ACA
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	Tier 1	AGE; 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
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION	Tier 1	ACA

Drug Name	Drug Tier	Requirements / Limits
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION	Tier 1	AGE; ACA
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION	Tier 1	AGE; ACA
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION	Tier 1	AGE; ACA
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	Tier 1	AGE; ACA
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION	Tier 1	AGE; ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	Tier 1	1 MONTH TO 6 YEARS; AGE; ACA
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	AGE; 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	AGE; ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier 1	AGE; ACA
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	Tier 1	AGE; 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	AGE; 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

Drug Name	Drug Tier	Requirements / Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	Tier 1	MIN 6 MONTHS; AGE; ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	Tier 1	1 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	AGE; ACA; QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 1	AGE; ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	Tier 1	AGE; ACA; QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 1	AGE; 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	AGE; 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)
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	Tier 1	1 THRU 6 YEARS; AGE; ACA
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)

Drug Name	Drug Tier	Requirements / Limits
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		
imiquimod topical cream in packet 5 %	Tier 2	QL (12 per 28 days)
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	Tier 6	
COLCHICINE ORAL CAPSULE	Tier 3	
colchicine oral tablet	Tier 3	
febuxostat oral tablet	Tier 3	ST
probenecid oral tablet	Tier 2	
probenecid-colchicine oral tablet	Tier 2	
OSTEOPOROSIS THERAPY		
alendronate oral tablet 10 mg	Tier 6	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	Tier 6	QL (4 per 28 days)
alendronate oral tablet 5 mg	Tier 2	QL (30 per 30 days)
FOSAMAX PLUS D ORAL TABLET	Tier 4	PA
ibandronate oral tablet	Tier 2	QL (1 per 28 days)
PROLIA SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
raloxifene oral tablet	Tier 2	
risedronate oral tablet 150 mg	Tier 3	QL (1 per 28 days)
risedronate oral tablet 35 mg	Tier 3	
risedronate oral tablet 5 mg	Tier 3	QL (30 per 30 days)
OTHER RHEUMATOLOGICALS		

Drug Name	Drug Tier	Requirements / Limits
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-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	Tier 5	PA; SP
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
leflunomide oral tablet	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

Drug Name	Drug Tier	Requirements / Limits
penicillamine oral tablet	Tier 5	PA; QL (180 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 5	PA; SP
SAVELLA ORAL TABLET	Tier 4	PA
SAVELLA ORAL TABLETS,DOSE PACK	Tier 4	PA
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	AGE; ACA
FC2 FEMALE CONDOM	Tier 1	AGE; ACA; OTC; QL (30 per 30 days)
FEMCAP VAGINAL DEVICE 22 MM	Tier 1	AGE; ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	Tier 1	AGE; ACA; QL (1 per 300 days)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	Tier 1	AGE; SP; ACA; QL (1 per 300 days)
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	Tier 1	AGE; ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	Tier 1	AGE; ACA; QL (1 per 300 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	Tier 1	AGE; ACA; QL (1 per 300 days)
WIDE-SEAL DIAPHRAGM	Tier 1	AGE; ACA
ESTROGENS & PROGESTINS		
amabelz oral tablet	Tier 2	
camila oral tablet	Tier 1	AGE; ACA
CRINONE VAGINAL GEL 4 %	Tier 5	PA
deblitane oral tablet	Tier 1	AGE; ACA
DEPO-ESTRADIOL INTRAMUSCULAR OIL	Tier 4	

Drug Name	Drug Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	Tier 1	AGE; ACA
dotti transdermal patch semiweekly	Tier 2	QL (8 per 28 days)
DUAVEE ORAL TABLET	Tier 4	QL (30 per 30 days)
errin oral tablet	Tier 1	AGE; ACA
estradiol oral tablet	Tier 2	
estradiol transdermal patch semiweekly	Tier 2	QL (8 per 28 days)
estradiol transdermal patch weekly	Tier 2	QL (4 per 28 days)
estradiol vaginal cream	Tier 3	
estradiol valerate intramuscular oil	Tier 2	
estradiol-norethindrone acet oral tablet	Tier 2	
ESTRING VAGINAL RING	Tier 4	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	Tier 4	
fyavolv oral tablet	Tier 2	QL (28 per 28 days)
heather oral tablet	Tier 1	AGE; ACA
incassia oral tablet	Tier 1	AGE; ACA
jencycla oral tablet	Tier 1	AGE; ACA
jinteli oral tablet	Tier 2	QL (28 per 28 days)
lyleq oral tablet	Tier 1	AGE; ACA
lyllana transdermal patch semiweekly	Tier 2	QL (8 per 28 days)
lyza oral tablet	Tier 1	AGE; ACA
medroxyprogesterone intramuscular suspension	Tier 1	AGE; ACA; QL (1 per 90 days)
medroxyprogesterone intramuscular syringe	Tier 1	AGE; ACA; QL (1 per 90 days)
medroxyprogesterone oral tablet	Tier 2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 4	
mimvey oral tablet	Tier 2	
nora-be oral tablet	Tier 1	AGE; ACA
norethindrone (contraceptive) oral tablet	Tier 1	AGE; ACA
norethindrone acetate oral tablet	Tier 2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 2	QL (28 per 28 days)
progesterone micronized oral capsule	Tier 2	
sharobel oral tablet	Tier 1	AGE; ACA
tulana oral tablet	Tier 1	AGE; ACA

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	Tier 1	AGE; ACA
CLEOCIN VAGINAL SUPPOSITORY	Tier 4	
clindamycin phosphate vaginal cream	Tier 2	
eluryng vaginal ring	Tier 1	AGE; ACA
etonogestrel-ethinyl estradiol vaginal ring	Tier 1	AGE; ACA
GYNAZOLE-1 VAGINAL CREAM	Tier 3	
INTRAROSA VAGINAL INSERT	Tier 4	PA
metronidazole vaginal gel	Tier 2	
NEXPLANON SUBDERMAL IMPLANT	Tier 1	AGE; SP; ACA
OSPHENA ORAL TABLET	Tier 4	PA
terconazole vaginal cream	Tier 2	
terconazole vaginal suppository	Tier 2	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	Tier 1	AGE; ACA; OTC
tranexamic acid oral tablet	Tier 4	
VCF CONTRACEPTIVE FILM VAGINAL FILM	Tier 1	AGE; ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	Tier 1	AGE; ACA; OTC
xulane transdermal patch weekly	Tier 1	AGE; ACA
zafemy transdermal patch weekly	Tier 1	AGE; ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet	Tier 1	AGE; ACA
after pill oral tablet	Tier 1	AGE; ACA; OTC
AFTERA ORAL TABLET	Tier 1	ACA; OTC
altavera (28) oral tablet	Tier 1	AGE; ACA
alyacen 1/35 (28) oral tablet	Tier 1	AGE; ACA
alyacen 7/7/7 (28) oral tablet	Tier 1	AGE; ACA
amethia oral tablets,dose pack,3 month	Tier 1	AGE; ACA
amethyst (28) oral tablet	Tier 1	AGE; ACA
apri oral tablet	Tier 1	AGE; ACA
aranelle (28) oral tablet	Tier 1	AGE; ACA
ashlyna oral tablets,dose pack,3 month	Tier 1	AGE; ACA
aubra eq oral tablet	Tier 1	AGE; ACA
aubra oral tablet	Tier 1	AGE; ACA
aurovela 1.5/30 (21) oral tablet	Tier 1	AGE; ACA

Drug Name	Drug Tier	Requirements / Limits
aurovela 1/20 (21) oral tablet	Tier 1	AGE; ACA
aurovela 24 fe oral tablet	Tier 1	AGE; ACA
aurovela fe 1.5/30 (28) oral tablet	Tier 1	AGE; ACA
aurovela fe 1-20 (28) oral tablet	Tier 1	AGE; ACA
aviane oral tablet	Tier 1	AGE; ACA
ayuna oral tablet	Tier 1	AGE; ACA
azurette (28) oral tablet	Tier 1	AGE; ACA
BALCOLTRA ORAL TABLET	Tier 1	AGE; ACA
balziva (28) oral tablet	Tier 1	AGE; ACA
blisovi 24 fe oral tablet	Tier 1	AGE; ACA
blisovi fe 1.5/30 (28) oral tablet	Tier 1	AGE; ACA
blisovi fe 1/20 (28) oral tablet	Tier 1	AGE; ACA
briellyn oral tablet	Tier 1	AGE; ACA
camrese lo oral tablets,dose pack,3 month	Tier 1	AGE; ACA
camrese oral tablets,dose pack,3 month	Tier 1	AGE; ACA
caziant (28) oral tablet	Tier 1	AGE; ACA
charlotte 24 fe oral tablet,chewable	Tier 1	AGE; ACA
chateal (28) oral tablet	Tier 1	AGE; ACA
chateal eq (28) oral tablet	Tier 1	AGE; ACA
cryselle (28) oral tablet	Tier 1	AGE; ACA
cyred eq oral tablet	Tier 1	AGE; ACA
cyred oral tablet	Tier 1	AGE; ACA
dasetta 1/35 (28) oral tablet	Tier 1	AGE; ACA
dasetta 7/7/7 (28) oral tablet	Tier 1	AGE; ACA
daysee oral tablets,dose pack,3 month	Tier 1	AGE; ACA
desog-e.estradiol/e.estradiol oral tablet	Tier 1	AGE; ACA
desogestrel-ethinyl estradiol oral tablet	Tier 1	AGE; ACA
dolishale oral tablet	Tier 1	AGE; ACA
drospirenone-e.estradiol-lm.fa oral tablet	Tier 1	AGE; ACA
drospirenone-ethinyl estradiol oral tablet	Tier 1	AGE; ACA
econtra ez oral tablet	Tier 1	AGE; ACA; OTC
econtra one-step oral tablet	Tier 1	AGE; ACA; OTC
elinest oral tablet	Tier 1	AGE; ACA
ELLA ORAL TABLET	Tier 1	AGE; ACA

Drug Name	Drug Tier	Requirements / Limits
enpresse oral tablet	Tier 1	AGE; ACA
enskyce oral tablet	Tier 1	AGE; ACA
estarylla oral tablet	Tier 1	AGE; ACA
ethynodiol diac-eth estradiol oral tablet	Tier 1	AGE; ACA
falmina (28) oral tablet	Tier 1	AGE; ACA
gemmily oral capsule	Tier 1	AGE; ACA
hailey 24 fe oral tablet	Tier 1	AGE; ACA
hailey fe 1.5/30 (28) oral tablet	Tier 1	AGE; ACA
hailey fe 1/20 (28) oral tablet	Tier 1	AGE; ACA
hailey oral tablet	Tier 1	AGE; ACA
iclevia oral tablets,dose pack,3 month	Tier 1	AGE; ACA
isibloom oral tablet	Tier 1	AGE; ACA
jaimiess oral tablets,dose pack,3 month	Tier 1	AGE; ACA
jasmiel (28) oral tablet	Tier 1	AGE; ACA
jolessa oral tablets,dose pack,3 month	Tier 1	AGE; ACA
juleber oral tablet	Tier 1	AGE; ACA
junel 1.5/30 (21) oral tablet	Tier 1	AGE; ACA
junel 1/20 (21) oral tablet	Tier 1	AGE; ACA
junel fe 1.5/30 (28) oral tablet	Tier 1	AGE; ACA
junel fe 1/20 (28) oral tablet	Tier 1	AGE; ACA
junel fe 24 oral tablet	Tier 1	AGE; ACA
kaitlib fe oral tablet,chewable	Tier 1	AGE; ACA
kalliga oral tablet	Tier 1	AGE; ACA
kariva (28) oral tablet	Tier 1	AGE; ACA
kelnor 1/35 (28) oral tablet	Tier 1	AGE; ACA
kelnor 1-50 (28) oral tablet	Tier 1	AGE; ACA
kurvelo (28) oral tablet	Tier 1	AGE; ACA
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month	Tier 1	AGE; ACA
larin 1.5/30 (21) oral tablet	Tier 1	AGE; ACA
larin 1/20 (21) oral tablet	Tier 1	AGE; ACA
larin 24 fe oral tablet	Tier 1	AGE; ACA
larin fe 1.5/30 (28) oral tablet	Tier 1	AGE; ACA
larin fe 1/20 (28) oral tablet	Tier 1	AGE; ACA
layolis fe oral tablet,chewable	Tier 1	AGE; ACA

Drug Name	Drug Tier	Requirements / Limits
leena 28 oral tablet	Tier 1	AGE; ACA
lessina oral tablet	Tier 1	AGE; ACA
levonest (28) oral tablet	Tier 1	AGE; ACA
levonorgestrel oral tablet	Tier 1	AGE; ACA; OTC
levonorgestrel-ethinyl estrad oral tablet	Tier 1	AGE; ACA
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	Tier 1	AGE; ACA
levonorg-eth estrad triphasic oral tablet	Tier 1	AGE; ACA
levora-28 oral tablet	Tier 1	AGE; ACA
LO LOESTRIN FE ORAL TABLET	Tier 1	AGE; ACA
lojaimiess oral tablets,dose pack,3 month	Tier 1	AGE; ACA
low-ogestrel (28) oral tablet	Tier 1	AGE; ACA
lo-zumandimine (28) oral tablet	Tier 1	AGE; ACA
lutera (28) oral tablet	Tier 1	AGE; ACA
marlissa (28) oral tablet	Tier 1	AGE; ACA
merzee oral capsule	Tier 1	AGE; ACA
mibelas 24 fe oral tablet,chewable	Tier 1	AGE; ACA
microgestin 1.5/30 (21) oral tablet	Tier 1	AGE; ACA
microgestin 1/20 (21) oral tablet	Tier 1	AGE; ACA
microgestin 24 fe oral tablet	Tier 1	ACA
microgestin fe 1.5/30 (28) oral tablet	Tier 1	AGE; ACA
microgestin fe 1/20 (28) oral tablet	Tier 1	ACA
mili oral tablet	Tier 1	AGE; ACA
mono-linyah oral tablet	Tier 1	AGE; ACA
my choice oral tablet	Tier 1	AGE; ACA; OTC
my way oral tablet	Tier 1	AGE; ACA; OTC
NATAZIA ORAL TABLET	Tier 1	AGE; ACA
necon 0.5/35 (28) oral tablet	Tier 1	AGE; ACA
new day oral tablet	Tier 1	AGE; ACA; OTC
NEXTSTELLIS ORAL TABLET	Tier 1	AGE; ACA; QL (28 per 28 days)
nikki (28) oral tablet	Tier 1	AGE; ACA
noreth-ethinyl estradiol-iron oral tablet,chewable	Tier 1	AGE; ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 1	AGE; ACA
norethindrone-e.estradiol-iron oral capsule	Tier 1	AGE; ACA

Drug Name	Drug Tier	Requirements / Limits
norethindrone-e.estradiol-iron oral tablet	Tier 1	AGE; ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	Tier 1	AGE; ACA
nortrel 0.5/35 (28) oral tablet	Tier 1	AGE; ACA
nortrel 1/35 (21) oral tablet	Tier 1	AGE; ACA
nortrel 1/35 (28) oral tablet	Tier 1	AGE; ACA
nortrel 7/7/7 (28) oral tablet	Tier 1	AGE; ACA
nylia 1/35 (28) oral tablet	Tier 1	AGE; ACA
nylia 7/7/7 (28) oral tablet	Tier 1	AGE; ACA
nymyo oral tablet	Tier 1	AGE; ACA
ocella oral tablet	Tier 1	AGE; ACA
opcicon one-step oral tablet	Tier 1	AGE; ACA; OTC
option-2 oral tablet	Tier 1	AGE; ACA; OTC
philith oral tablet	Tier 1	AGE; ACA
pimtrea (28) oral tablet	Tier 1	AGE; ACA
pirmella oral tablet	Tier 1	AGE; ACA
portia 28 oral tablet	Tier 1	AGE; ACA
reclipsen (28) oral tablet	Tier 1	AGE; ACA
rivelsa oral tablets,dose pack,3 month	Tier 1	AGE; ACA
setlakin oral tablets,dose pack,3 month	Tier 1	AGE; ACA
simliya (28) oral tablet	Tier 1	AGE; ACA
simpesse oral tablets,dose pack,3 month	Tier 1	AGE; ACA
SLYND ORAL TABLET	Tier 1	AGE; ACA
sprintec (28) oral tablet	Tier 1	AGE; ACA
sronyx oral tablet	Tier 1	AGE; ACA
syeda oral tablet	Tier 1	AGE; ACA
TAKE ACTION ORAL TABLET	Tier 1	ACA; OTC
tarina 24 fe oral tablet	Tier 1	AGE; ACA
tarina fe 1/20 (28) oral tablet	Tier 1	AGE; ACA
taysofy oral capsule	Tier 1	AGE; ACA
tilia fe oral tablet	Tier 1	AGE; ACA
tri-estarylla oral tablet	Tier 1	AGE; ACA
tri-legest fe oral tablet	Tier 1	AGE; ACA
tri-linyah oral tablet	Tier 1	AGE; ACA
tri-lo-estarylla oral tablet	Tier 1	AGE; ACA

Drug Name	Drug Tier	Requirements / Limits
tri-lo-marzia oral tablet	Tier 1	AGE; ACA
tri-lo-mili oral tablet	Tier 1	AGE; ACA
tri-lo-sprintec oral tablet	Tier 1	AGE; ACA
tri-mili oral tablet	Tier 1	AGE; ACA
tri-nymyo oral tablet	Tier 1	AGE; ACA
tri-sprintec (28) oral tablet	Tier 1	AGE; ACA
trivora (28) oral tablet	Tier 1	AGE; ACA
tri-vylibra lo oral tablet	Tier 1	AGE; ACA
tri-vylibra oral tablet	Tier 1	AGE; ACA
TYBLUME ORAL TABLET,CHEWABLE	Tier 1	AGE; ACA
tydemy oral tablet	Tier 1	AGE; ACA
velivet triphasic regimen (28) oral tablet	Tier 1	AGE; ACA
vestura (28) oral tablet	Tier 1	AGE; ACA
vienva oral tablet	Tier 1	AGE; ACA
viorele (28) oral tablet	Tier 1	AGE; ACA
volnea (28) oral tablet	Tier 1	AGE; ACA
vyfemla (28) oral tablet	Tier 1	AGE; ACA
vylibra oral tablet	Tier 1	AGE; ACA
wera (28) oral tablet	Tier 1	AGE; ACA
wymzya fe oral tablet,chewable	Tier 1	AGE; ACA
zarah oral tablet	Tier 1	AGE; ACA
zovia 1-35 (28) oral tablet	Tier 1	AGE; ACA
zumandimine (28) oral tablet	Tier 1	AGE; ACA
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac ophthalmic (eye) ointment	Tier 2	
AZASITE OPHTHALMIC (EYE) DROPS	Tier 4	PA
bacitracin ophthalmic (eye) ointment	Tier 2	
bacitracin-polymyxin b ophthalmic (eye) ointment	Tier 2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	Tier 3	PA
CILOXAN OPHTHALMIC (EYE) OINTMENT	Tier 4	
ciprofloxacin hcl ophthalmic (eye) drops	Tier 2	
erythromycin ophthalmic (eye) ointment	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
gentak ophthalmic (eye) ointment	Tier 2	
gentamicin ophthalmic (eye) drops	Tier 2	
levofloxacin ophthalmic (eye) drops 0.5 %	Tier 2	PA
levofloxacin ophthalmic (eye) drops 1.5 %	Tier 2	
moxifloxacin ophthalmic (eye) drops	Tier 2	
moxifloxacin ophthalmic (eye) drops, viscous	Tier 2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	Tier 4	PA
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	Tier 2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	Tier 2	
neo-polycin ophthalmic (eye) ointment	Tier 2	
ofloxacin ophthalmic (eye) drops	Tier 2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	Tier 2	
tobramycin ophthalmic (eye) drops	Tier 2	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops	Tier 3	PA
ZIRGAN OPHTHALMIC (EYE) GEL	Tier 4	PA
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops	Tier 2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	Tier 4	PA
carteolol ophthalmic (eye) drops	Tier 2	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 2	
timolol maleate ophthalmic (eye) drops	Tier 2	
timolol maleate ophthalmic (eye) gel forming solution 0.5 %	Tier 4	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	Tier 4	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops	Tier 2	
tropicamide ophthalmic (eye) drops	Tier 2	
DIRECT ACTING MIOTICS		

Drug Name	Drug Tier	Requirements / Limits
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 2	
MISCELLANEOUS OPHTHALMOLOGICS		
ALCAINE OPHTHALMIC (EYE) DROPS	Tier 2	
ALOCRIL OPHTHALMIC (EYE) DROPS	Tier 4	PA
ALOMIDE OPHTHALMIC (EYE) DROPS	Tier 3	PA
azelastine ophthalmic (eye) drops	Tier 2	QL (6 per 28 days)
bepotastine besilate ophthalmic (eye) drops	Tier 4	PA
cromolyn ophthalmic (eye) drops	Tier 2	
epinastine ophthalmic (eye) drops	Tier 2	
proparacaine ophthalmic (eye) drops	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	
tetracaine hcl ophthalmic (eye) drops	Tier 2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	Tier 3	QL (60 per 28 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops	Tier 3	
diclofenac sodium ophthalmic (eye) drops	Tier 2	
flurbiprofen sodium ophthalmic (eye) drops	Tier 2	
ketorolac ophthalmic (eye) drops	Tier 2	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release	Tier 2	QL (60 per 30 days)
acetazolamide oral tablet	Tier 2	
methazolamide oral tablet	Tier 4	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops	Tier 3	QL (5 per 28 days)
brimonidine-timolol ophthalmic (eye) drops	Tier 4	
brinzolamide ophthalmic (eye) drops,suspension	Tier 4	QL (15 per 28 days)
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	Tier 2	
dorzolamide ophthalmic (eye) drops	Tier 2	
latanoprost ophthalmic (eye) drops	Tier 6	QL (5 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 4	ST; QL (7.5 per 28 days)
travoprost ophthalmic (eye) drops	Tier 3	QL (5 per 28 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	Tier 4	ST; QL (30 per 28 days)
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	Tier 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	Tier 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	Tier 2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	Tier 2	
neo-polycin hc ophthalmic (eye) ointment	Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	Tier 4	QL (3.5 per 28 days)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension	Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	Tier 5	PA
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops	Tier 2	
difluprednate ophthalmic (eye) drops	Tier 4	
fluorometholone ophthalmic (eye) drops,suspension	Tier 2	
loteprednol etabonate ophthalmic (eye) drops,suspension	Tier 4	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	Tier 3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	Tier 2	
prednisolone acetate ophthalmic (eye) drops,suspension	Tier 2	
prednisolone sodium phosphate ophthalmic (eye) drops	Tier 2	
STEROID-SULFONAMIDE COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
sulfacetamide-prednisolone ophthalmic (eye) drops	Tier 2	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops	Tier 2	
SYMPATHOMIMETICS		
apraclonidine ophthalmic (eye) drops	Tier 2	
brimonidine ophthalmic (eye) drops 0.15 %	Tier 3	
brimonidine ophthalmic (eye) drops 0.2 %	Tier 6	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	Tier 4	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
carbinoxamine maleate oral liquid	Tier 2	
carbinoxamine maleate oral tablet 4 mg	Tier 2	
clemastine oral tablet 2.68 mg	Tier 2	
cyproheptadine oral syrup	Tier 2	
cyproheptadine oral tablet	Tier 2	
desloratadine oral tablet	Tier 2	
diphenhydramine hcl injection solution 50 mg/ml	Tier 2	
epinephrine injection auto-injector 0.15 mg/0.3 ml	Tier 2	QL (4 per 30 days)
hydroxyzine hcl intramuscular solution	Tier 2	
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 2	
hydroxyzine hcl oral tablet	Tier 2	
hydroxyzine pamoate oral capsule	Tier 6	
levocetirizine oral tablet	Tier 2	
promethazine injection solution 25 mg/ml	Tier 2	
promethazine oral syrup	Tier 2	
promethazine oral tablet	Tier 2	
promethazine rectal suppository 12.5 mg, 25 mg	Tier 2	QL (12 per 30 days)
promethegan rectal suppository	Tier 2	QL (12 per 30 days)
QUZYTTIR INTRAVENOUS SOLUTION	Tier 5	
COUGH & COLD THERAPY		
guaiatussin ac oral liquid	Tier 2	
promethazine-codeine oral syrup	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
promethazine-dm oral syrup	Tier 2	
promethazine-phenyleph-codeine oral syrup	Tier 2	
promethazine-phenylephrine oral syrup	Tier 2	
PULMONARY AGENTS		
acetylcysteine solution	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)
albuterol sulfate inhalation hfa aerosol inhaler	Tier 2	QL (2 per 30 days)
albuterol sulfate inhalation solution for nebulization	Tier 2	
albuterol sulfate oral syrup	Tier 2	
albuterol sulfate oral tablet extended release 12 hr	Tier 2	
alyq oral tablet	Tier 5	PA
ambrisentan oral tablet	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)
ATROVENT HFA INHALATION HFA AEROSOL INHALER	Tier 3	QL (12.9 per 30 days)
azelastine-fluticasone nasal spray,non-aerosol	Tier 3	PA
BECONASE AQ NASAL SPRAY,NON-AEROSOL	Tier 4	ST
bosentan oral tablet	Tier 5	PA; SP
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	Tier 3	QL (60 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	Tier 3	QL (10.7 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
budesonide inhalation suspension for nebulization	Tier 3	QL (240 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST	Tier 3	QL (4 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA; SP
FASENRA SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	Tier 3	QL (60 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	Tier 3	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 3	QL (10.6 per 30 days)
flunisolide nasal spray,non-aerosol	Tier 2	QL (50 per 30 days)
fluticasone propionate nasal spray,suspension	Tier 2	QL (16 per 30 days)
formoterol fumarate inhalation solution for nebulization	Tier 5	PA; QL (120 per 30 days)
icatibant subcutaneous syringe	Tier 5	PA
ipratropium bromide inhalation solution	Tier 2	
ipratropium-albuterol inhalation solution for nebulization	Tier 2	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	Tier 2	ST
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	Tier 2	
mometasone nasal spray,non-aerosol	Tier 3	ST
montelukast oral granules in packet	Tier 2	
montelukast oral tablet	Tier 2	
montelukast oral tablet,chewable	Tier 2	
OPSUMIT ORAL TABLET	Tier 5	PA; SP
ORKAMBI ORAL TABLET	Tier 5	PA; SP; QL (112 per 28 days)
pirfenidone oral capsule	Tier 5	PA; SP
pirfenidone oral tablet 267 mg, 801 mg	Tier 5	PA; SP
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	Tier 4	ST; QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION	Tier 5	PA; SP
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	Tier 4	ST; QL (10.6 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
roflumilast oral tablet	Tier 4	QL (30 per 30 days)
sajazir subcutaneous syringe	Tier 5	PA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	Tier 3	QL (1 per 30 days)
sildenafil (pulm.hypertension) oral tablet	Tier 3	PA; SP
sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %	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)
STIOLTO RESPIMAT INHALATION MIST	Tier 3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	Tier 3	QL (4 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER	Tier 3	QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	Tier 5	PA; SP
tadalafil (pulm. hypertension) oral tablet	Tier 5	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier 5	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	Tier 5	PA; SP
terbutaline oral tablet	Tier 2	
terbutaline subcutaneous solution	Tier 2	
theophylline oral elixir	Tier 3	
theophylline oral solution	Tier 3	
theophylline oral tablet extended release 12 hr 450 mg	Tier 3	
theophylline oral tablet extended release 24 hr	Tier 3	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	Tier 3	QL (60 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	Tier 5	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN	Tier 5	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE	Tier 5	PA; SP
zafirlukast oral tablet	Tier 2	
zileuton oral tablet, er multiphase 12 hr	Tier 5	PA

UROLOGICALS

Drug Name	Drug Tier	Requirements / Limits
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr	Tier 3	ST
fesoterodine oral tablet extended release 24 hr	Tier 4	
flavoxate oral tablet	Tier 3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 5	PA
oxybutynin chloride oral syrup	Tier 2	
oxybutynin chloride oral tablet 5 mg	Tier 2	
oxybutynin chloride oral tablet extended release 24hr	Tier 2	
solifenacin oral tablet	Tier 3	ST
tolterodine oral capsule,extended release 24hr	Tier 3	ST
tolterodine oral tablet	Tier 3	ST
trospium oral capsule,extended release 24hr	Tier 3	ST
trospium oral tablet	Tier 3	ST
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr	Tier 2	
dutasteride oral capsule	Tier 2	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	Tier 3	
finasteride oral tablet 5 mg	Tier 2	
silodosin oral capsule	Tier 3	PA
tadalafil oral tablet 2.5 mg, 5 mg	Tier 4	PA; QL (30 per 30 days)
tamsulosin oral capsule	Tier 2	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet	Tier 2	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE	Tier 3	PA
ELMIRON ORAL CAPSULE	Tier 5	PA
potassium citrate oral tablet extended release	Tier 3	
RENACIDIN IRRIGATION SOLUTION	Tier 4	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind) oral capsule	Tier 2	
calcium acetate(phosphat bind) oral tablet	Tier 2	

Drug Name	Drug Tier	Requirements / Limits
klor-con m10 oral tablet,er particles/crystals	Tier 2	
klor-con m15 oral tablet,er particles/crystals	Tier 2	
klor-con m20 oral tablet,er particles/crystals	Tier 2	
PHOSLYRA ORAL SOLUTION	Tier 3	PA
potassium chloride oral capsule, extended release	Tier 2	
potassium chloride oral liquid	Tier 2	
potassium chloride oral packet	Tier 3	
potassium chloride oral tablet extended release	Tier 2	
potassium chloride oral tablet,er particles/crystals	Tier 2	
VITAMINS & HEMATINICS		
cyanocobalamin (vitamin b-12) injection solution	Tier 2	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 2	
fluoride (sodium) oral drops	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
fluoride (sodium) oral tablet,chewable	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
folic acid oral tablet 400 mcg, 800 mcg	Tier 1	THRU 50 YEARS; AGE; ACA; OTC; QL (30 per 30 days)
multi-vitamin with fluoride oral drops 0.5 mg/ml	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
multi-vitamin with fluoride oral tablet,chewable	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
multivitamins with fluoride oral tablet,chewable 0.25 mg	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
mvc-fluoride oral tablet,chewable	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
tri-vitamin with fluoride oral drops	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC
vitamins a,c,d and fluoride oral drops	Tier 1	6 MONTHS THRU 16 YEARS; AGE; ACA; OTC

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