

Si tiene preguntas acerca de este aviso, podemos ayudarlo sin costo alguno. También podemos ofrecerlo en otros formatos como letras grandes, audio u otros idiomas. Llame al 303-602-2116, sin costo al 1-855-281-2418 o al 711 para personas que llaman con necesidades auditivas o del habla.

Formulario y procedimientos de gestión farmacéutica de Elevate Medicaid Choice y Elevate Child Health Plan Plus (CHP+) para 2023

¿Qué es el *Formulario de Elevate Medicaid Choice y Elevate CHP+*?

El *Formulario de Elevate Medicaid Choice y Elevate CHP+* es una herramienta para ayudar a los proveedores a elegir medicamentos seguros y efectivos. Si usted es un miembro y tiene preguntas, consulte su Manual para miembros o llame a Servicios al Miembro a uno de los números que figuran a continuación:

- CHP+: 303-602-2100
- Medicaid: 303-602-2116
- Número gratuito para Medicaid y CHP+: 1-800-700-8140
- Número para usuarios de TTY para Medicaid y CHP+: 711

El plan Elevate Medicaid Choice y el plan Elevate Child Health Plan Plus (CHP+) [ofrecido por Denver Health Medical Plan (DHMP)] usan este formulario que incluye medicamentos de venta con receta médica y medicamentos de venta libre (over-the-counter, OTC). El formulario es una lista de medicamentos cerrada, lo cual significa que solo los medicamentos que figuran allí están cubiertos por el beneficio de farmacia. Todos los medicamentos requieren una receta escrita por un proveedor para que el beneficio de farmacia los cubra.

¿Cómo se seleccionan los medicamentos del formulario?

Los medicamentos son seleccionados por un grupo de médicos y farmacéuticos de Denver Health conocido como el Comité de Farmacia y Terapéutica (Pharmacy and Therapeutics Committee). Este comité se reúne regularmente para revisar y seleccionar medicamentos para nuestros miembros. Durante una revisión, el comité puede observar lo siguiente para cada medicamento:

- Aprobación de la Administración de Medicamentos y Alimentos de EE. UU. (U.S. Food and Drug Administration, FDA)
- Seguridad y eficacia
- Estudios de comparación
- Indicaciones aprobadas
- Efectos adversos
- Contraindicaciones, advertencias y precauciones

- Farmacocinética
- Consideraciones respecto del cumplimiento terapéutico de los pacientes
- Resultados médicos y estudios farmacoeconómicos

¿Se modifica el formulario en algún momento?

Se realizan cambios en el transcurso del año. La última versión del formulario puede verse en internet.

Sitio web para proveedores

- <http://www.denverhealthmedicalplan.org/provider-pharmacy-information>

Sitios web para miembros

- Medicaid Choice:

<https://www.denverhealthmedicalplan.org/medicaid-choice-pharmacy>

- CHP+:

<https://www.denverhealthmedicalplan.org/chp-pharmacy>

Los miembros y proveedores también pueden solicitar una copia impresa del formulario llamando a Servicios al Miembro.

¿Qué pasa si la farmacia me dice que el medicamento no está cubierto?

La farmacia puede recibir un mensaje de rechazo que dice que se necesita una solicitud de autorización previa (Prior Authorization Request, PAR) o una solicitud de excepción para que el medicamento esté cubierto. La farmacia puede contactar al proveedor para que cambie el medicamento por uno alternativo que figure en el formulario, lo que también se conoce como una sustitución terapéutica. La farmacia también puede solicitarle al proveedor que envíe un formulario de PAR completo al Departamento de Farmacia de DHMP. Se requiere que en la PAR figure la información clínica que muestre por qué se necesita el medicamento solicitado.

¿Qué pasa si el medicamento recetado no está en el formulario?

Si el medicamento no está en la lista, es posible que haya un medicamento genérico o un medicamento aprobado para figurar en el formulario que pueda recetarse. Si el proveedor le da a un miembro muestras de medicamentos para comenzar el tratamiento, el miembro debe averiguar si el medicamento está en el formulario o si requiere aprobación mediante una PAR primero. Si el miembro toma las muestras antes de pedirle a DHMP que pague primero el medicamento, eso no significa que DHMP pagará por ese medicamento. Los proveedores pueden presentar una PAR llamando al Departamento de Farmacia de DHMP al 303-602-2070 o al 1-877-357-0963. Los proveedores también pueden enviar PAR completas por fax al 303-602-2081 o por correo electrónico a ManagedCarePAR@dhha.org.

¿Cómo se procesan las PAR (también llamadas solicitudes de excepción)?

El Departamento de Farmacia de DHMP revisa todas las solicitudes de PAR o solicitudes de excepciones caso por caso. Las decisiones se toman usando ciertos criterios y pautas. En el sitio web del plan se encuentran disponibles los criterios específicos para los medicamentos que figuran en el formulario con un requisito de autorización previa (Prior Authorization, PA) o de terapia escalonada (Step Therapy, ST). Si el medicamento no está en el formulario, deben probarse primero todos los medicamentos del formulario que razonablemente sirvan para tratar la misma afección. Entre los medicamentos no incluidos en el formulario, se prefieren los medicamentos genéricos a los medicamentos de marca. También se pueden usar otros recursos para tomar una decisión, como las pautas que se encuentran en el sitio web de la Base de Datos Nacional sobre Pautas de Práctica Clínica (National Guideline Clearinghouse) en <http://www.guideline.gov>. El miembro o el proveedor pueden solicitar una copia de las pautas o los criterios utilizados para la solicitud de excepción enviada. De acuerdo con los reglamentos de Colorado, se espera que los proveedores respondan a la solicitud de información adicional del plan dentro de las 24 horas. Después de enviar una PAR, el miembro y el proveedor recibirán un aviso respecto de la decisión. Se puede solicitar una revisión acelerada o más rápida para situaciones urgentes. Si tiene preguntas sobre este proceso, llame al Departamento de Farmacia de DHMP al 303-602-2070 o al 1-877-357-0963.

¿Qué sucede si una solicitud es denegada?

Si se rechaza una solicitud, el miembro y el proveedor recibirán una carta que incluirá información sobre los derechos del miembro y el proceso de apelación. El Manual para miembros brinda más detalles sobre este proceso. Consulte el Manual para miembros o llame a Servicios al Miembro si tiene alguna pregunta.

¿Qué sucede si el miembro es nuevo en el plan y el medicamento no está en el formulario?

Si el miembro es nuevo en el plan, puede ser elegible para recibir un suministro de transición. Esto se puede hacer para los medicamentos que no están en el formulario o si la receta es para una cantidad mayor de la permitida en el formulario. Esto le brinda al proveedor tiempo para recetar un medicamento que esté en el formulario o para presentar una PAR.

¿Qué son los medicamentos genéricos?

Los medicamentos genéricos cuentan con la aprobación de la FDA respecto de su seguridad y eficacia. El color y la forma de los medicamentos genéricos pueden ser diferentes del color y la forma que presentan los medicamentos de marca, pero se fabrican usando los mismos estándares estrictos de la FDA que se usan para fabricar los medicamentos de marca. Si el miembro solicita un medicamento de marca cuando hay un genérico disponible, el miembro debe pagar la diferencia de costo. Si el proveedor solicita un medicamento de marca cuando hay un genérico disponible, el medicamento de marca estará cubierto con el copago habitual.

¿Qué es una sustitución genérica?

Una sustitución genérica se produce cuando se dispensa una versión genérica de un medicamento en lugar de un medicamento de marca. En la mayoría de los casos, los medicamentos genéricos se prefieren en el formulario.

¿Cuándo puede renovarse un medicamento recetado?

Los medicamentos con receta no controlados son elegibles para renovarse una vez que se ha utilizado el 75%. Algunos ejemplos de medicamentos con receta no controlados son los medicamentos utilizados para la presión arterial, el colesterol alto y la diabetes. Los medicamentos con receta controlados son elegibles una vez que se ha utilizado el 85%. Algunos ejemplos de medicamentos con receta controlados son los opioides, los estimulantes, como Adderall o Ritalin, o las benzodiacepinas, como diazepam y lorazepam. Esto se calcula usando las instrucciones de la receta original. Si hay un cambio en las indicaciones de la receta, se debe contactar a la farmacia o al proveedor para obtener una receta actualizada.

Suministros para 90 días

Se puede recibir un suministro para 90 días de la mayoría de los medicamentos de mantenimiento con un copago de \$0.

Los medicamentos de mantenimiento son medicamentos que se toman todos los días para las siguientes afecciones:

- Presión arterial
- Colesterol
- Diabetes
- Depresión
- Salud mental
- Asma/EPOC
- Anticoncepción
- Osteoporosis
- Trastornos tiroideos
- Epilepsia
- Enfermedad de Parkinson

NO se pueden recibir suministros para 90 días de los siguientes medicamentos:

- Aquellos que no figuran en el formulario
- Medicamentos de especialidad
- Medicamentos contra el VIH
- Opiáceos

Para saber si se puede obtener un suministro para 90 días de un determinado medicamento, visite la página de farmacia en el sitio web del plan y haga clic en el enlace “Drug Formulary Search” (Búsqueda en el formulario de medicamentos). Un proveedor debe escribir la receta para obtener un suministro para 90 días. La farmacia no puede entregar un suministro para 90 días sin el permiso del proveedor. Para obtener más información, llame al Departamento de Farmacia de DHMP al 303-602-2070 o al 1-877-357-0963.

Los medicamentos recetados, ¿son elegibles para el envío por correo?

Los miembros pueden obtener medicamentos recetados a través del servicio de envíos por correo de Denver Health Pharmacy by Mail si las recetas son escritas por un proveedor de Denver Health. Este servicio permite que se le entreguen al miembro suministros para 90 días de ciertos medicamentos recetados. Las recetas deben indicar por escrito que es un suministro para 90 días de ese medicamento. No se necesita una tarjeta de crédito para usar este servicio.

- Denver Health Pharmacy by Mail
303-602-2326

¿Qué pasa si mi medicamento es un medicamento de especialidad?

Algunos medicamentos se conocen como medicamentos “de especialidad”. La mayoría de los medicamentos de especialidad solo pueden obtenerse como suministros para 30 días. Algunos medicamentos de especialidad solo pueden obtenerse en las farmacias especializadas elegidas por DHMP.

¿Hay medicamentos que están excluidos por el beneficio de farmacia?

Algunos medicamentos no están cubiertos en absoluto. Estos incluyen medicamentos para lo siguiente:

- Uso cosmético (productos antiarrugas, para la remoción de vello y crecimiento del cabello)
- Suplementos alimentarios que no están en el formulario (vitaminas, productos a base de hierbas, etc.)
- Infertilidad (para asistir a mujeres para quedar embarazadas)
- Pigmentación/despigmentación (para cambiar el color de la piel)
- Rendimiento/disfunción sexual (Viagra, Cialis, Levitra, etc.)
- Bajar de peso
- Tratamientos en investigación o experimentales
- Medicamentos recetados no aprobados por la Administración de Alimentos y Medicamentos (FDA) para cualquier enfermedad
- Vacunas para viajes recomendadas por los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC) solo para viajes fuera de los Estados Unidos (las vacunas cubiertas se incluyen en el *Formulario de medicamentos*)

¿Con quién hay que comunicarse en caso de tener preguntas?

El miembro o el proveedor puede comunicarse con el Departamento de Farmacia de DHMP en caso de tener preguntas sobre el formulario o los beneficios de farmacia llamando al 303-602-2070 o al 1-877-357-0963, o por correo electrónico en ManagedCarePAR@dhha.org. También puede comunicarse con Servicios al Miembro llamando a los siguientes números:

- CHP+: 303-602-2100
- Medicaid: 303-602-2116
- Número gratuito para Medicaid y CHP+: 1-800-700-8140

- Número para usuarios de TTY para Medicaid y CHP+: 711

Cómo usar el formulario

- El formulario está agrupado por clase de medicamento o por secciones según el estado de enfermedad.
- Los medicamentos genéricos se enumeran por nombre genérico, y los nombres de marca se incluyen como referencia. Los medicamentos de marca se enumeran solo con los nombres comerciales.
- Para la mayoría de los medicamentos, todas las formas de dosificación y las concentraciones del medicamento de marca están cubiertos por el beneficio de farmacia.
- Cuando se menciona específicamente una concentración o una forma de dosificación, solo se incluye esa concentración o forma de dosificación en el formulario. Otras concentraciones y formas de dosificación del producto de referencia no están incluidas en el formulario.
- Los productos de liberación modificada o de combinación incluidos en el formulario se definen por el producto de marca enumerado. Los productos de liberación modificada y de combinación solo están cubiertos si están en su propia línea, y no están incluidos si solo figura el medicamento de liberación inmediata.

Formulario de 4 niveles

Nivel 1: Medicamentos genéricos preferidos

Nivel 2: Medicamentos genéricos no preferidos

Nivel 3: Medicamentos de marca preferida

Nivel 4: Medicamentos de marca no preferida y medicamentos de especialidad preferidos que deben obtenerse en las farmacias especializadas preferidas elegidas por el plan.

Nivel 5: Medicamentos de especialidad que deben obtenerse en las farmacias especializadas preferidas y elegidas por el plan

Copago: Todos los niveles del formulario tienen un copago de \$0.

Aviso

La información contenida en este documento es de propiedad exclusiva. La información no se puede copiar en su totalidad ni en parte sin el permiso por escrito de Denver Health Medical Plan, Inc. Todos los derechos reservados.

Este documento contiene referencias a medicamentos de venta con receta, de marcas que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos no afiliados con Denver Health Medical Plan, Inc.

Tenga en cuenta que este formulario se actualiza periódicamente.

El formulario es gestionado por:
Denver Health Medical Plan, Inc.
777 Bannock Street
Mail Code 6000
Denver, CO 80204-4507
Teléfono: 303-602-2070
Correo electrónico: ManagedCarePAR@DHHA.org

Abreviaturas del formulario

Restricciones sobre la Administración de Servicios

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
LA	Medicamento de acceso limitado (Limited Access, LA)	Este medicamento se debe obtener en una farmacia de Denver Health o debe aprobarse una PAR antes de que se pueda obtener el medicamento en una farmacia que no pertenece a Denver Health.
PA	Restricción de autorización previa (Prior Authorization, PA)	Se requiere que el miembro o el proveedor obtenga una autorización previa de DHMP antes de que se pueda adquirir este medicamento. Sin aprobación previa, DHMP no cubrirá este medicamento.
QL	Restricción de límite de cantidad (Quantity Limit, QL)	DHMP establece un límite de cobertura respecto de la cantidad de este medicamento por receta o dentro de un marco de tiempo específico.
ST	Restricción de terapia escalonada (Step Therapy, ST)	Antes de que DHMP proporcione cobertura para este medicamento, el miembro debe primero probar otro(s) medicamento(s) para el tratamiento de su afección médica. Este medicamento solamente será cubierto si otro(s) fármaco(s) no funciona(n).

Descripción de las fuentes de los nombres de medicamentos

TIPO DE FUENTE	EJEMPLO	EXPLICACIÓN
Nombre del medicamento todo en minúscula y cursiva	<i>atenolol</i>	Este es el medicamento genérico que está cubierto por el plan.
Nombre del medicamento entre paréntesis	(Tenormin)	Esta es la marca del medicamento genérico que está cubierto por el plan. Esto no significa que la marca esté cubierta. Se brinda solo como una referencia útil para el miembro o el proveedor al buscar en el <i>Formulario de medicamentos</i> .
Nombre del medicamento todo en mayúscula	BYSTOLIC	Este es un medicamento de marca que está cubierto por el plan.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	1	AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	QL (400 per 30 days); AGE (Min 12 Years)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	1	QL (4 per 28 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Zebutal)	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	QL (390 per 30 days); AGE (Min 12 Years)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (oxycodone-acetaminophen)	1	QL (240 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (3600 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (40 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (120 per 30 days)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	1	(For the treatment of pain); QL (240 per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	(For the treatment of pain); QL (1200 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	1	(For the treatment of pain); QL (240 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (270 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (2700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (1350 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	1	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 60 mg</i> (MS Contin)	1	QL (90 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	QL (120 per 30 days)
<i>morphine oral tablet extended release 200 mg</i> (MS Contin)	1	QL (60 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	LA; ST: (PREVIOUS FAILURE OF TRAMADOL EXTENDED-RELEASE TABLETS IN THE PAST 365 DAYS.); QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	4	LA; ST: (PREVIOUS FAILURE OF TRAMADOL IMMEDIATE-RELEASE TABLETS IN THE PAST 365 DAYS.); QL (150 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (240 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	QL (120 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	2	LA; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	1	QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (180 per 30 days)
<i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen)	1	QL (180 per 30 days)
<i>tramadol oral tablet 100 mg</i>	1	QL (120 per 30 days); AGE (Min 12 Years)

Drug Name		Drug Tier	Requirements/Limits
<i>tramadol oral tablet 50 mg</i>		1	QL (240 per 30 days); AGE (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>		1	QL (30 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	(butalbital- acetaminophen-caff)	1	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
<i>aspirin oral tablet 325 mg</i>	(Bayer Aspirin)	OTC	
<i>aspirin oral tablet, chewable 81 mg</i>	(St Joseph Aspirin)	OTC	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	(Aspir-Trin)	OTC	
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	(Bayer Low Dose Aspirin)	OTC	
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	(aspirin)	OTC	
<i>bayer aspirin oral tablet 325 mg</i>	(aspirin)	OTC	
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	(aspirin)	OTC	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	(Celebrex)	2	LA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	(Lofena)	1	
<i>diclofenac potassium oral tablet 50 mg</i>		1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>		1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>		1	
<i>diclofenac sodium topical gel 1 %</i>	(Arthritis Pain (diclofenac))	1	QL (300 per 30 days)
<i>e.c. prin oral tablet, delayed release (dr/ec) 325 mg</i>	(aspirin)	OTC	
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i>	(aspirin)	OTC	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	(ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	(IBU)	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML		3	

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>lo-dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (aspirin)	OTC	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)	1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	1	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	2	LA
<i>st joseph aspirin oral tablet, chewable 81 mg</i> (aspirin)	OTC	
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (aspirin)	OTC	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>anecream topical cream 4 %</i> (lidocaine)	1	
LEVA SET TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	2	LA
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	1	QL (90 per 30 days)
<i>lidocaine topical cream 4 %</i> (Anecream)	1	
<i>lidocaine topical ointment 5 %</i>	1	QL (100 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>pain relief (lidocaine) topical cream (lidocaine hcl) 4 %</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG	1	QL (60 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i> (Narcan)	1	QL (2 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	(tablet)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i> (Nicorette)	1	
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> (Stop Smoking Aid)	1	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr</i> (Nicoderm CQ)	1	QL (30 per 30 days)
<i>nicotine transdermal patch 24 hour 7 mg/24 hr</i> (Nicoderm CQ)	1	
NICOTROL INHALATION CARTRIDGE 10 MG	1	QL (1512 per 365 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	QL (480 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i> (nicotine (polacrilex))	1	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	1	QL (0.5 per 26 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	1	QL (1.5 per 26 days)
<i>varenicline oral tablet 0.5 mg</i>	1	QL (56 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	1	QL (280 per 365 days)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	1	QL (56 per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	1	QL (1 per 28 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	1	QL (30 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	QL (120 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (30 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>midazolam (pf) injection solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	QL (5 per 30 days)
<i>midazolam (pf) injection syringe 5 mg/ml</i>	1	QL (5 per 30 days)
<i>midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam injection solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam injection solution 5 mg/ml</i>	1	QL (5 per 30 days)
<i>temazepam oral capsule 15 mg, 7.5 mg</i> (Restoril)	1	QL (60 per 30 days)
<i>temazepam oral capsule 22.5 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	QL (30 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
<i>neomycin oral tablet 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; LA; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	4	LA; QL (280 per 28 days)
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	1	
<i>fosfomycin tromethamine oral packet 3 gram</i> (Monurol)	1	QL (9 per 90 days)
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	QL (60 per 30 days)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	2	LA
XIFAXAN ORAL TABLET 200 MG	4	LA; ST: (PREVIOUS FAILURE OF LACTULOSE, DICYCLOMINE, CIPROFLOXACIN OR AZITHROMYCIN IN THE PAST 180 DAYS); QL (180 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	LA; ST: (PREVIOUS FAILURE OF LACTULOSE, DICYCLOMINE, CIPROFLOXACIN OR AZITHROMYCIN IN THE PAST 180 DAYS); QL (90 per 30 days)
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i> (Suprax)	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
SUPRAX ORAL CAPSULE 400 (cefixime) MG	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	AGE (Max 18 Years)
Macrolides		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	LA; QL (100 per 10 days)
DIFICID ORAL TABLET 200 MG	4	LA; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i> (erythromycin ethylsuccinate)	1	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 500 mg</i> (erythromycin)	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i> (erythromycin stearate)	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
Sulfonamides		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i> (sulfamethoxazole-trimethoprim)	1	
Tetracyclines		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	1	QL (60 per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	1	QL (60 per 30 days)
<i>doxycycline hyclate oral tablet 20 mg</i>	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxine NL)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 50 mg</i>	1	QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	LA
Anticancer Agents		
Anticancer Agents		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
<i>bexarotene oral capsule 75 mg</i> (Targretin)	4	LA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	LA
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	4	LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	LA

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide oral capsule 50 mg</i>	4	LA
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	LA
FARESTON ORAL TABLET 60 MG (toremifene)	4	LA
<i>flutamide oral capsule 125 mg</i> (Eulexin)	1	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	4	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	4	LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LYSODREN ORAL TABLET 500 MG	4	LA
MATULANE ORAL CAPSULE 50 MG	4	LA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
<i>melphalan oral tablet 2 mg</i> (Alkeran)	2	LA
<i>mercaptopurine oral tablet 50 mg</i>	2	LA
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	4	LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA; QL (120 per 30 days)
TABLOID ORAL TABLET 40 MG (thioguanine)	4	LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; LA
TEMODAR ORAL CAPSULE 20 MG (temozolomide)	4	LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	LA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	LA
ZEJULA ORAL CAPSULE 100 MG	5	PA; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; LA; QL (30 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	2	LA; QL (1350 per 30 days)
Anticonvulsants		
Anticonvulsants		
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	LA; ST: (PREVIOUS FAILURE OF 2 OF THE FOLLOWING IN THE PAST 365 DAYS: CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE.); QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Eptol)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	LA; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	LA; QL (60 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	1	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	1	
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	LA
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	LA; ST: (PREVIOUS FAILURES OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: CLOBAZAM, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VALPROIC ACID, VALPROIC ACID (AS SODIUM SALT).)
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	LA
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	LA
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	4	PA; LA; QL (60 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	1	QL (600 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	1	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	LA; QL (60 per 30 days)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	QL (120 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	LA; QL (120 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	QL (120 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	LA; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	LA; QL (60 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	2	LA; ST: (PREVIOUS FAILURE OF ALL OF THE FOLLOWING IN THE PAST 365 DAYS: LAMOTRIGINE, TOPIRAMATE AND CLOBAZAM); QL (2400 per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	2	LA; ST: (PREVIOUS FAILURE OF ALL OF THE FOLLOWING IN THE PAST 365 DAYS: LAMOTRIGINE, TOPIRAMATE AND CLOBAZAM); QL (240 per 30 days)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	2	LA; QL (60 per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	4	LA; ST: (PREVIOUS FAILURE OF TOPIRAMATE EXTENDED-RELEASE CAPSULES (GENERIC QUDEXY XR) IN THE PAST 365 DAYS.); QL (60 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	QL (180 per 30 days)
<i>zonisamide oral capsule 50 mg</i>	1	QL (180 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg</i> (Celexa)	1	QL (45 per 30 days)
<i>citalopram oral tablet 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	LA
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	1	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i> (Cymbalta)	1	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i> (Cymbalta)	1	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i> (Lexapro)	1	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro)	1	QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i> (Lexapro)	1	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: DESVENLAFAXINE SUCCINATE, DULOXETINE, VENLAFAXINE EXTENDED- RELEASE)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: DESVENLAFAXINE SUCCINATE, DULOXETINE, VENLAFAXINE EXTENDED- RELEASE); QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, (Prozac) 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating (Remeron SolTab) 15 mg, 30 mg, 45 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 (Pamelor) mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 (Paxil) mg, 30 mg, 40 mg</i>	1	
<i>phenelzine oral tablet 15 mg (Nardil)</i>	1	
<i>sertraline oral concentrate 20 mg/ml (Zoloft)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	LA; ST: (PREVIOUS FAILURE OF 3 OF THE FOLLOWING IN THE PAST 365 DAYS: BUPROPION, CITALOPRAM, DESVENLAFAXINE, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE); QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	1	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	LA; ST: (PREVIOUS FAILURE OF 3 OF THE FOLLOWING IN THE PAST 365 DAYS: BUPROPION, CITALOPRAM, DESVENLAFAXINE, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE); QL (30 per 30 days)

Antidiabetic Agents

Antidiabetic Agents, Miscellaneous

Drug Name	Drug Tier	Requirements/Limits
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85 ML	4	LA; ST: (PREVIOUS TRIAL OF METFORMIN, PIOGLITAZONE, SULFONYLUREA OR ANY COMBINATION PRODUCT CONTAINING ANY OF THE AFOREMENTIONED AGENTS IN THE PAST 365 DAYS. FOR THE INDICATION OF TYPE 2 DIABETES.); QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	4	LA; ST: (PREVIOUS TRIAL OF METFORMIN, PIOGLITAZONE, SULFONYLUREA OR ANY COMBINATION PRODUCT CONTAINING ANY OF THE AFOREMENTIONED AGENTS IN THE PAST 365 DAYS. FOR THE INDICATION OF TYPE 2 DIABETES.); QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	LA; ST: (PREVIOUS TRIAL OF METFORMIN, PIOGLITAZONE, SULFONYLUREA OR ANY COMBINATION PRODUCT CONTAINING ANY OF THE AFOREMENTIONED AGENTS IN THE PAST 365 DAYS. FOR THE INDICATION OF TYPE 2 DIABETES.)
FARXIGA ORAL TABLET 10 MG, 5 MG	4	LA; QL (30 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	4	LA; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	4	LA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	4	LA
JARDIANCE ORAL TABLET 10 MG, 25 MG	4	LA; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	4	LA; QL (60 per 30 days)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	2	LA

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	4	LA; ST: (PREVIOUS TRIAL OF METFORMIN, PIOGLITAZONE, SULFONYLUREA OR ANY COMBINATION PRODUCT CONTAINING ANY OF THE AFOREMENTIONED AGENTS IN THE PAST 365 DAYS. FOR THE INDICATION OF TYPE 2 DIABETES.); QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	4	LA; ST: (PREVIOUS TRIAL OF METFORMIN, PIOGLITAZONE, SULFONYLUREA OR ANY COMBINATION PRODUCT CONTAINING ANY OF THE AFOREMENTIONED AGENTS IN THE PAST 365 DAYS. FOR THE INDICATION OF TYPE 2 DIABETES.); QL (30 per 30 days)
TRADJENTA ORAL TABLET 5 MG	4	LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	4	LA; ST: (PREVIOUS TRIAL OF METFORMIN, PIOGLITAZONE, SULFONYLUREA OR ANY COMBINATION PRODUCT CONTAINING ANY OF THE AFOREMENTIONED AGENTS IN THE PAST 365 DAYS. FOR THE INDICATION OF TYPE 2 DIABETES.); QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	4	LA; ST: (PREVIOUS TRIAL OF METFORMIN, PIOGLITAZONE, SULFONYLUREA OR ANY COMBINATION PRODUCT CONTAINING ANY OF THE AFOREMENTIONED AGENTS IN THE PAST 365 DAYS. FOR THE INDICATION OF TYPE 2 DIABETES.); QL (9 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: INSULIN LISPRO AND INSULIN ASPART); QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: INSULIN LISPRO AND INSULIN ASPART); QL (30 per 30 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: INSULIN LISPRO AND INSULIN ASPART); QL (40 per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	LA; QL (12 per 28 days)
HUMALOG MIX 50-50 INSULN U- 100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50- 50)	1	QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	4	LA; QL (30 per 30 days)
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75- 25)	1	QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	4	LA; QL (30 per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	LA; QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; QL (30 per 28 days)

Drug Name	Drug Tier	Requirements/Limits	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (20 per 28 days)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	4	LA; QL (12 per 30 days)	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70- 30FlexPen U-100)	2	LA; QL (30 per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U- 100 Insuln)	1	QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	2	LA; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U- 100 Insulin)	2	LA; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	1	QL (40 per 28 days)
<i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Basaglar KwikPen U- 100 Insulin)	1	QL (30 per 30 days)
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	(Lantus U-100 Insulin)	1	QL (40 per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	2	LA; QL (30 per 30 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U- 100 Insulin)	1	QL (30 per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	2	LA; QL (30 per 30 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	1	QL (40 per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 30 days)	

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	LA; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	4	LA; ST: (PREVIOUS FAILURE OF LANTUS AND LEVEMIR IN THE PAST 365 DAYS.); QL (12 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	4	LA; ST: (PREVIOUS FAILURE OF LANTUS AND LEVEMIR IN THE PAST 365 DAYS.); QL (9 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec) 4	LA; ST: (PREVIOUS FAILURE OF LANTUS AND LEVEMIR IN THE PAST 365 DAYS.); QL (30 per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec) 4	LA; ST: (PREVIOUS FAILURE OF LANTUS AND LEVEMIR IN THE PAST 365 DAYS.); QL (18 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	LA; ST: (PREVIOUS FAILURE OF LANTUS AND LEVEMIR IN THE PAST 365 DAYS.); QL (40 per 28 days)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
glipizide-metformin oral tablet 2.5- 250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 (Glynase) mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25- 250 mg, 2.5-500 mg, 5-500 mg	1	
Antifungals		
Antifungals		
ciclopirox topical cream 0.77 % (Ciclodan)	1	QL (90 per 30 days)
ciclopirox topical solution 8 % (Ciclodan)	1	
clotrimazole mucous membrane troche 10 mg	1	
clotrimazole-betamethasone topical cream 1-0.05 %	1	
clotrimazole-betamethasone topical lotion 1-0.05 %	1	
econazole topical cream 1 %	2	LA; QL (85 per 30 days)
fluconazole oral suspension for (Diflucan) reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 (Diflucan) mg, 200 mg	1	
fluconazole oral tablet 50 mg	1	
griseofulvin microsize oral suspension 125 mg/5 ml	2	LA
griseofulvin microsize oral tablet 500 mg	2	LA
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	LA
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	1	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	4	LA; ST: (PREVIOUS FAILURE OF CICLOPIROX NAIL SOLUTION AND TERBINAFINE TABLETS IN THE PAST 365 DAYS.); QL (8 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i> (Ketodan)	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan topical foam 2 %</i> (ketoconazole)	1	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	LA
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	LA
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	1	LA
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine (gout) oral tablet 0.6 mg</i> (Colcrys)	2	LA; QL (60 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	1	QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
Antihistamines		
Antihistamines		
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	QL (40 per 7 days)
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	4	PA; LA; QL (1 per 28 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	4	PA; LA; QL (1.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA; LA; QL (1.5 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	1	QL (6 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	4	PA; LA; QL (2 per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; LA; QL (2 per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; LA; QL (3 per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4	PA; LA; QL (15 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (9 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (9 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	1	QL (9 per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	1	QL (6 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 50 mg</i> (Imitrex)	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg</i> (Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	1	QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (3 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan nasal spray,non-aerosol</i> (Zomig) 2.5 mg, 5 mg	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet</i> 2.5 mg, 5 mg (Zomig)	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet,disintegrating</i> 2.5 mg, 5 mg	1	QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet</i> 100 mg, 25 mg	1	
<i>ethambutol oral tablet</i> 100 mg	2	LA
<i>ethambutol oral tablet</i> 400 mg (Myambutol)	2	LA
<i>isoniazid oral solution</i> 50 mg/5 ml	1	
<i>isoniazid oral tablet</i> 100 mg, 300 mg	1	
PRIFTIN ORAL TABLET 150 MG	4	LA
<i>pyrazinamide oral tablet</i> 500 mg	1	
<i>rifabutin oral capsule</i> 150 mg (Mycobutin)	1	
<i>rifampin oral capsule</i> 150 mg, 300 mg	1	
Antinausea Agents		
Antinausea Agents		
<i>compro rectal suppository</i> 25 mg (prochlorperazine)	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)</i> 10-10 mg (Diclegis)	2	LA; QL (120 per 30 days)
<i>meclizine oral tablet</i> 12.5 mg	1	
<i>meclizine oral tablet</i> 25 mg (Dramamine (meclizine))	1	
<i>ondansetron hcl oral solution</i> 4 mg/5 ml	1	
<i>ondansetron hcl oral tablet</i> 4 mg, 8 mg	1	QL (90 per 30 days)
<i>ondansetron oral tablet,disintegrating</i> 4 mg, 8 mg	1	QL (90 per 30 days)
<i>phenadoz rectal suppository</i> 12.5 mg, 25 mg (promethazine)	1	
<i>prochlorperazine maleate oral tablet</i> 10 mg, 5 mg (Compazine)	1	
<i>prochlorperazine rectal suppository</i> 25 mg (Compro)	1	
<i>promethazine oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	LA; QL (10 per 30 days)
<i>trimethobenzamide oral capsule 300 mg</i>	1	
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	QL (30 per 30 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	QL (90 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	QL (20 per 10 days)
COARTEM ORAL TABLET 20-120 MG	3	QL (24 per 3 days)
<i>hydroxychloroquine oral tablet 100 mg</i>	2	LA; QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	LA; QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	2	LA; QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	2	LA; QL (30 per 30 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	LA
<i>mefloquine oral tablet 250 mg</i>	1	
<i>paromomycin oral capsule 250 mg</i> (Humatin)	1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	2	LA
PRIMAQUINE ORAL TABLET 26.3 MG	3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	2	LA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	LA
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	LA
<i>cabergoline oral tablet 0.5 mg</i>	1	LA; QL (16 per 28 days)
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	LA
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	QL (30 per 30 days)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	

Antipsychotic Agents

Antipsychotic Agents

ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	LA; ST: (PREVIOUS FAILURE OF ARIPIPRAZOLE TABLETS IN THE PAST 365 DAYS.); QL (1 per 28 days); AGE (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	LA; ST: (PREVIOUS FAILURE OF ARIPIPRAZOLE TABLETS IN THE PAST 365 DAYS.); QL (1 per 28 days); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral solution 1 mg/ml</i>	2	LA; AGE (Min 6 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	AGE (Min 6 Years)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	LA; ST: (PREVIOUS TRIAL OF ABILIFY MAINTENA IN THE PAST 120 DAYS.); QL (3.9 per 56 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	LA; ST: (PREVIOUS TRIAL OF ABILIFY MAINTENA IN THE PAST 120 DAYS.); QL (1.6 per 28 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	LA; ST: (PREVIOUS TRIAL OF ABILIFY MAINTENA IN THE PAST 120 DAYS.); QL (2.4 per 28 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	LA; ST: (PREVIOUS TRIAL OF ABILIFY MAINTENA IN THE PAST 120 DAYS.); QL (3.2 per 28 days); AGE (Min 18 Years)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	2	LA; QL (60 per 30 days); AGE (Min 10 Years)
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	LA
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	1	AGE (Min 18 Years)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular</i> (Haldol Decanoate) <i>solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate</i> <i>2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg,</i> <i>10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	LA; ST: (PREVIOUS FAILURE OF RISPERIDONE TABLETS OR PALIPERIDONE TABLETS IN THE PAST 365 DAYS.); QL (0.75 per 28 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	LA; ST: (PREVIOUS FAILURE OF RISPERIDONE TABLETS OR PALIPERIDONE TABLETS IN THE PAST 365 DAYS.); QL (1 per 28 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	LA; ST: (PREVIOUS FAILURE OF RISPERIDONE TABLETS OR PALIPERIDONE TABLETS IN THE PAST 365 DAYS.); QL (1.5 per 28 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	LA; ST: (PREVIOUS FAILURE OF RISPERIDONE TABLETS OR PALIPERIDONE TABLETS IN THE PAST 365 DAYS.); QL (0.25 per 28 days); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	LA; ST: (PREVIOUS FAILURE OF RISPERIDONE TABLETS OR PALIPERIDONE TABLETS IN THE PAST 365 DAYS.); QL (0.5 per 28 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	LA; ST: (PREVIOUS 4-MONTH TRIAL OF INVEGA SUSTENNA IN THE PAST 120 DAYS.); QL (0.88 per 84 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	LA; ST: (PREVIOUS 4-MONTH TRIAL OF INVEGA SUSTENNA IN THE PAST 120 DAYS.); QL (1.32 per 84 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	LA; ST: (PREVIOUS 4-MONTH TRIAL OF INVEGA SUSTENNA IN THE PAST 120 DAYS.); QL (1.75 per 84 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	LA; ST: (PREVIOUS 4-MONTH TRIAL OF INVEGA SUSTENNA IN THE PAST 120 DAYS.); QL (2.63 per 84 days); AGE (Min 18 Years)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	2	LA; QL (30 per 30 days); AGE (Min 10 Years)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	LA; QL (60 per 30 days); AGE (Min 10 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	AGE (Min 13 Years)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	AGE (Min 13 Years)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i> (Invega)	2	LA; QL (30 per 30 days); AGE (Min 12 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	LA
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	AGE (Min 10 Years)
<i>quetiapine oral tablet 150 mg</i>	1	AGE (Min 10 Years)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	LA; QL (60 per 30 days); AGE (Min 10 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: ARIPIPRAZOLE, ASENAPINE, CLOZAPINE, LURASIDONE, OLANZAPINE, PALIPERIDONE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (30 per 30 days); AGE (Min 13 Years)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	LA; ST: (PREVIOUS FAILURE OF RISPERIDONE TABLETS IN THE PAST 365 DAYS); QL (2 per 28 days); AGE (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	AGE (Min 5 Years)
<i>risperidone oral tablet 0.25 mg</i>	1	AGE (Min 5 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	AGE (Min 5 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet,disintegrating</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	AGE (Min 5 Years)
<i>thioridazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	1	
<i>thiothixene oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	1	
<i>trifluoperazine oral tablet</i> 1 mg, 10 mg, 2 mg, 5 mg	2	LA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: ARIPIPRAZOLE, CLOZAPINE, LAMOTRIGINE, LITHIUM, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (30 per 30 days); AGE (Min 18 Years)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: ARIPIPRAZOLE, CLOZAPINE, LAMOTRIGINE, LITHIUM, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (7 per 7 days); AGE (Min 18 Years)
<i>ziprasidone hcl oral capsule</i> 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	AGE (Min 18 Years)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution</i> 20 mg/ml (Ziagen)	2	LA
<i>abacavir oral tablet</i> 300 mg (Ziagen)	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	LA
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	2	LA
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	4	LA; (\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
<i>atazanavir oral capsule 150 mg</i>	2	LA
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	LA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	LA; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	5	LA; (MAX 6 ML PER INJECTION; MAX 7 INJECTIONS PER YEAR); QL (42 per 365 days)
COMPLERA ORAL TABLET 200-25-300 MG	5	LA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	5	LA
<i>darunavir ethanolate oral tablet 600 mg, 800 mg</i> (Prezista)	2	LA
DELSTRIGO ORAL TABLET 100-300-300 MG	5	LA; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG	4	LA
DESCOVY ORAL TABLET 200-25 MG	4	LA; (\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	2	LA
DOVATO ORAL TABLET 50-300 MG	5	LA; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	LA
<i>efavirenz oral tablet 600 mg</i>	2	LA
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i> (Atripla)	2	LA
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	2	LA
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	2	LA; (\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
EMTRIVA ORAL SOLUTION 10 MG/ML	5	LA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	5	LA
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelligence)	2	LA
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	2	LA
GENVOYA ORAL TABLET 150-150-200-10 MG	4	LA
INTELENCE ORAL TABLET 25 MG	5	LA
INVIRASE ORAL TABLET 500 MG	5	LA
ISENTRESS HD ORAL TABLET 600 MG	5	LA
ISENTRESS ORAL TABLET 400 MG	5	LA
JULUCA ORAL TABLET 50-25 MG	5	LA; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	LA
<i>lamivudine oral tablet 100 mg</i>	2	LA
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	LA
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	LA
LEXIVA ORAL SUSPENSION 50 MG/ML	5	LA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	LA; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	LA; QL (60 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	LA; QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet 200 mg</i>	2	LA
NORVIR ORAL POWDER IN PACKET 100 MG	4	LA
NORVIR ORAL SOLUTION 80 MG/ML	4	LA
ODEFSEY ORAL TABLET 200-25-25 MG	4	LA
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	LA
PREZISTA ORAL SUSPENSION 100 MG/ML	4	LA
PREZISTA ORAL TABLET 150 MG, 75 MG	4	LA
RESCRIPTOR ORAL TABLET 200 MG	5	LA
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	LA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	LA
STRIBILD ORAL TABLET 150-150-200-300 MG	5	LA
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	LA; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	LA
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	5	LA; QL (30 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	LA
TRIUMEQ ORAL TABLET 600-50-300 MG	5	LA
VEMLIDY ORAL TABLET 25 MG	4	LA
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	5	LA
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	LA
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	LA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	LA
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	LA
<i>zidovudine oral tablet 300 mg</i>	2	LA
Antivirals, Miscellaneous		
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (20 per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	1	QL (10 per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (180 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 5 days)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; LA
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	5	LA; QL (28 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	LA; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	LA; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	LA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	LA; QL (56 per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	4	LA; QL (28 per 28 days)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	5	LA; QL (168 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	LA; QL (84 per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	4	LA; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; LA; QL (28 per 28 days)
Interferons		
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	4	LA

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	LA
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	LA; QL (30 per 30 days)
<i>lagevrio (eua) oral capsule 200 mg</i>	1	QL (40 per 5 days)
<i>ribasphere oral capsule 200 mg</i> (ribavirin)	1	
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	4	LA
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	4	LA; QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	4	LA; QL (60 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	3	QL (3 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	3	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	3	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	3	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	3	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	3	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	4	LA; QL (11.2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe (Arixtra) 2.5 mg/0.5 ml</i>	4	LA; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 (Arixtra) mg/0.4 ml</i>	4	LA; QL (5.6 per 30 days)
<i>fondaparinux subcutaneous syringe (Arixtra) 7.5 mg/0.6 ml</i>	4	LA; QL (8.4 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	5	LA; QL (4 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	5	LA; QL (3.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	5	LA; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	5	LA; QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	5	LA; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	5	LA; QL (21.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	5	LA; QL (2.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	5	LA; QL (4.2 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	4	LA; QL (51 per 365 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	4	LA; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	4	LA; QL (60 per 30 days)
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	LA
LEUKINE INJECTION RECON SOLN 250 MCG	5	LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	LA; ST: (PREVIOUS FAILURE OF NYVEPRIA IN THE PAST 365 DAYS.)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	LA; ST: (PREVIOUS FAILURE OF NYVEPRIA IN THE PAST 365 DAYS.)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	LA; ST: (PREVIOUS FAILURE OF NIVESTYM IN THE PAST 365 DAYS.)

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	LA; ST: (PREVIOUS FAILURE OF NIVESTYM IN THE PAST 365 DAYS.)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	LA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	LA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	LA
Hematologic Agents, Miscellaneous		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	LA; ST: (PREVIOUS FAILURE OF HYDROXYUREA 500 MG CAPSULES (GENERIC HYDREA) IN THE PAST 365 DAYS.)
<i>tranexamic acid oral tablet 650 mg</i>	1	QL (30 per 28 days)
Platelet-Aggregation Inhibitors		
BRILINTA ORAL TABLET 60 MG, 90 MG	4	LA; ST: (PREVIOUS FAILURE OF CLOPIDOGREL IN THE PAST 365 DAYS.); QL (60 per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	
Caloric Agents		
Caloric Agents		
<i>glucose oral tablet, chewable 4 gram</i> (TRUEplus Glucose)	1	
<i>trueplus glucose oral tablet, chewable 4 gram</i> (glucose)	1	
Cardiovascular Agents		

Drug Name	Drug Tier	Requirements/Limits
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	LA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	1	
Angiotensin II Receptor Antagonists		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	4	LA; QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	QL (30 per 30 days)
<i>losartan oral tablet 100 mg</i> (Cozaar)	1	QL (30 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i> (Cozaar)	1	QL (60 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	QL (30 per 30 days)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril oral tablet 5 mg</i>	1	QL (30 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY BETA-BLOCKERS IN THE PAST 365 DAYS: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL); QL (60 per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg</i> (Calan SR)	1	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1	
Cardiovascular Agents, Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	LA; ST: (PREVIOUS FAILURE OF ONE FORMULARY BETA-BLOCKER IN THE PAST 365 DAYS: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL.); QL (450 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	LA; ST: (PREVIOUS FAILURE OF ONE FORMULARY BETA-BLOCKER IN THE PAST 365 DAYS: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL.); QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	1	QL (4 per 1 day)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	1	QL (4 per 1 day)
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	QL (4 per 1 day)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; LA; QL (60 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; LA; QL (60 per 30 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>tolvaptan oral tablet 15 mg, 30 mg</i> (Samsca)	4	PA; LA; QL (60 per 30 days)
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>	1	
<i>torseamide oral tablet 20 mg</i> (Soaanz)	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	LA
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	LA
<i>colestipol oral packet 5 gram</i> (Colestid)	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 30 mg, 90 mg</i> (Antara)	1	QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	QL (30 per 30 days)
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	1	QL (30 per 30 days)
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	1	QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>niacin oral tablet 100 mg, 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	LA
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	LA; QL (120 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	LA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY STATINS IN THE PAST 365 DAYS: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY STATINS IN THE PAST 365 DAYS: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY STATINS IN THE PAST 365 DAYS: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	1	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	LA; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	LA; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; LA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	LA; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	LA; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	LA; QL (14 per 28 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	1	QL (120 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	4	LA; QL (60 per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	2	LA; QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	LA; QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	2	LA; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	2	LA; QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	LA; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Zenzedi)	2	LA; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (180 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	4	PA; LA
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	4	PA; LA; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	5	PA; LA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	4	LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	4	LA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	4	LA; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	4	LA; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	QL (30 per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; LA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; LA
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	1	QL (30 per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	1	QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR)	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i> (Ritalin LA)	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i>	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (180 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet extended release 10 mg</i>		2	LA; (Ritalin SR and Metadate ER); QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	(Metadate ER)	2	LA; (Ritalin SR and Metadate ER); QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	(Concerta)	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	(Concerta)	2	LA; QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	(Relexxii)	2	LA; QL (30 per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG		4	LA; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20- 10 MG		4	LA; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG		4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: ATOMOXETINE, CLONIDINE EXTENDED RELEASE, GUANFACINE EXTENDED RELEASE.); QL (90 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML		5	LA; QL (12 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML		5	LA; QL (6 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)		5	LA; QL (12 per 28 days)
Contraceptives			
Contraceptives			
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
AIMSCO LATEX CONDOM DEVICE		1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>amethia lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		1	
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		1	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		1	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		1	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
CONDOMS-PREM LUBRICATED DEVICE		1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>cyred oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	

Drug Name		Drug Tier	Requirements/Limits
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	1	
DUREX AVANTI BARE REAL FEEL		1	
<i>econtra ez oral tablet 1.5 mg</i>	(levonorgestrel)	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
ELLA ORAL TABLET 30 MG		1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	1	

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
FANTASY CONDOM DEVICE	1	
FC2 FEMALE CONDOM	1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i> (norethindrone-e.estradiol-iron)	1	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	1	
<i>gianvi (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	1	
GYNOL II VAGINAL GEL 3 %	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	1	
<i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>her style oral tablet 1.5 mg</i> (levonorgestrel)	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	1	
<i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	1	
<i>isibloom oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(levonorgest-eth.estradiol-iron)	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE		1	
KIMONO MAXX CONDOMS DEVICE		1	
KIMONO MICROTHIN AQUA LUBE CON DEVICE		1	
KIMONO MICROTHIN CONDOMS DEVICE		1	
KIMONO MICROTHIN LARGE CONDOMS DEVICE		1	
KIMONO TEXTURED CONDOMS DEVICE		1	

Drug Name		Drug Tier	Requirements/Limits
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG		1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>		1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>levonorgestrel oral tablet 1.5 mg</i>	(EContra EZ)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Dolishale)	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG		1	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		1	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>melodetta 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG		1	
<i>mono-lynyah oral tablet 0.25-35 mg- mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>my choice oral tablet 1.5 mg</i>	(levonorgestrel)	1	
<i>my way oral tablet 1.5 mg</i>	(levonorgestrel)	1	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		1	
<i>new day oral tablet 1.5 mg</i>	(levonorgestrel)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG		1	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)		1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>nora-be oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe)	1	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Kaitlib Fe)	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	1	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Gemmily)	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>norlyda oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>ocella oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	1	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	1	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	1	
<i>opcicon one-step oral tablet 1.5 mg</i> (levonorgestrel)	1	
<i>option-2 oral tablet 1.5 mg</i> (levonorgestrel)	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	1	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	

Drug Name		Drug Tier	Requirements/Limits
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>		1	
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(1 norgest/e.estradiol-e.estrad)	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG		1	
SLYND ORAL TABLET 4 MG (28)		1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	

Drug Name		Drug Tier	Requirements/Limits
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG		1	
<i>tri femynor oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>tri-estarylla oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>tri-legest fe oral tablet 1-20(5)/1- 30(7) /1mg-35mcg (9)</i>	(norethindrone- e.estradiol-iron)	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-estarylla oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>trivora (28) oral tablet 50-30 (6)/75- 40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
TRUSTEX LATEX CONDOM DEVICE		1	
TRUSTEX LUBRICATED CONDOMS DEVICE		1	
TRUSTEX NON-LUB CONDOMS DEVICE		1	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE		1	

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	1	
<i>tulana oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	1	
<i>tyblume oral tablet,chewable 0.1 mg- 20 mcg</i>	1	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i> (drospirenone- e.estradiol-lm.fa)	1	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	1	
<i>vaginal contraceptive foam vaginal foam 12.5 %</i>	1	
<i>vcf contraceptive gel vaginal gel 4 %</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol)	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog- e.estradiol/e.estradiol)	1	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog- e.estradiol/e.estradiol)	1	
<i>vyfemla (28) oral tablet 0.4-35 mg- mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	1	
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (noreth-ethinyl estradiol- iron)	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zarah oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	
Cough And Cold Products			
Cough And Cold Products			
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>		1	QL (90 per 30 days)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	(G Tussin AC)	1	QL (1800 per 30 days); AGE (Min 12 Years)
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	(promethazine-phenyleph-codeine)	1	QL (900 per 30 days); AGE (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>		1	QL (900 per 30 days); AGE (Min 12 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>		1	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	1	QL (90 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	1	
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	
<i>oralone dental paste 0.1 %</i>	(triamcinolone acetonide)	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	1	
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Oralone)	1	
Dermatological Agents			
Dermatological Agents, Other			
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(isotretinoin)	2	LA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		4	LA

Drug Name	Drug Tier	Requirements/Limits
<i>acne medication topical gel 10 %</i> (benzoyl peroxide)	1	
<i>acne-clear topical gel 10 %</i> (benzoyl peroxide)	1	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	1	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	2	LA
<i>azelaic acid topical gel 15 %</i> (Finacea)	1	QL (50 per 30 days)
<i>benzoyl peroxide topical cleanser 5 %</i> (Advanced Exfoliating Cleanser)	1	
<i>benzoyl peroxide topical gel 2.5 %</i> (Acne Medication)	1	
<i>bp 10-1 topical cleanser 10-1 %</i> (sulfacetamide sodium-sulfur)	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	LA
<i>calcipotriene topical cream 0.005 %</i> (Calsodore)	2	LA
<i>calcipotriene topical ointment 0.005 %</i>	2	LA
<i>calcitrene topical ointment 0.005 %</i> (calcipotriene)	2	LA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	LA
<i>dapsone topical gel 5 %</i> (Aczone)	2	LA
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	2	LA
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	3	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	2	LA
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	LA
<i>fluorouracil topical solution 2 %, 5 %</i>	2	LA
<i>imiquimod topical cream in packet 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	2	LA
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	2	LA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	LA
<i>podofilox topical solution 0.5 %</i>	2	LA
QBREXZA TOPICAL TOWELETTE 2.4 %	4	LA; ST: (PREVIOUS FAILURE OF DRYSOL IN THE PAST 365 DAYS.); QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>sss 10-5 topical foam 10-5 %</i>	(sulfacetamide sodium-sulfur)	1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	(Ovace)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	(Avar)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	(Sumaxin)	1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	(Avar-E)	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)</i>		1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	(Sumaxin)	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	(SulfaCleanse 8-4)	1	
<i>urea topical cream 40 %</i>		1	
VALCHLOR TOPICAL GEL 0.016 %		5	PA; LA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(isotretinoin)	2	LA
Dermatological Antibacterials			
<i>clindamycin phosphate topical gel 1 %</i>		1	
<i>clindamycin phosphate topical lotion 1 %</i>	(Cleocin T)	1	
<i>clindamycin phosphate topical solution 1 %</i>	(Cleocin T)	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>		1	QL (50 per 30 days)
<i>erythromycin with ethanol topical gel 2 %</i>	(Erygel)	1	
<i>erythromycin with ethanol topical solution 2 %</i>		1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	(Benzamycin)	1	
<i>gentamicin topical cream 0.1 %</i>		1	
<i>gentamicin topical ointment 0.1 %</i>		1	
<i>metronidazole topical cream 0.75 %</i>	(Rosadan)	1	
<i>metronidazole topical gel 0.75 %</i>	(Rosadan)	1	
<i>metronidazole topical gel 1 %</i>	(Metrogel)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin calcium topical cream 2 %</i>	2	LA
<i>mupirocin topical ointment 2 %</i> (Centany)	1	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	1	
Dermatological Anti-Inflammatory Agents		
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	LA
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	LA
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	LA
<i>cormax scalp solution 0.05 %</i> (clobetasol)	1	
<i>desonide topical cream 0.05 %</i> (DesOwen)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %</i> (Topicort) <i>%, 0.25 %</i>	2	LA
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	LA
<i>desoximetasone topical ointment 0.05 %</i> (Topicort) <i>%, 0.25 %</i>	2	LA
EPIFOAM TOPICAL FOAM 1-1 %	3	
EUCRISA TOPICAL OINTMENT 2 %	4	LA; ST: (PREVIOUS FAILURE OF TACROLIMUS OINTMENT IN THE PAST 365 DAYS.); QL (100 per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i> (fluocinonide-emollient)	1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	LA; QL (60 per 30 days)
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	LA; QL (60 per 30 days)
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	

Drug Name		Drug Tier	Requirements/Limits
<i>pimecrolimus topical cream 1 %</i>	(Elidel)	2	LA; ST: (PREVIOUS FAILURE OF TACROLIMUS OINTMENT IN THE PAST 365 DAYS.); QL (100 per 30 days)
PROCTOFOAM HC RECTAL FOAM 1-1 %		3	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>		2	LA; QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>		1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	(Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>		1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	(Trianex)	1	
<i>trianex topical ointment 0.05 %</i>	(triamcinolone acetonide)	1	
<i>triderm topical cream 0.1 %, 0.5 %</i>	(triamcinolone acetonide)	1	
TRITOCIN TOPICAL OINTMENT 0.05 %	(triamcinolone acetonide)	1	
Dermatological Retinoids			
<i>adapalene topical cream 0.1 %</i>	(Differin)	1	
<i>adapalene topical gel 0.1 %</i>	(Differin)	1	
<i>adapalene topical gel 0.3 %</i>		1	
<i>adapalene topical lotion 0.1 %</i>	(Differin)	1	
<i>avita topical cream 0.025 %</i>	(tretinoin)	2	LA
<i>avita topical gel 0.025 %</i>	(tretinoin)	2	LA
<i>tretinoin (emollient) topical cream 0.05 %</i>	(Refissa)	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	LA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	LA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	LA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	LA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	LA
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	3	
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	LA
<i>permethrin topical cream 5 %</i> (Elimite)	1	
Devices		
Devices		
1ST TIER UNILET (lancets) COMFORTOUCH 28 GAUGE, 30 GAUGE	1	
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	1	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	1	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	1	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	1	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	1	
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	1	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	1	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	1	
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE (lancets)	1	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (lancets)	1	
ADVOCATE RAPID-SAFE LANCING (lancing device)	1	
AEROCHAMBER MINI SPACER (inhalational spacing device)	1	QL (2 per 365 days)
AEROCHAMBER MV SPACER (inhalational spacing device)	1	QL (2 per 365 days)

Drug Name		Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		1	QL (2 per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER		1	QL (2 per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER		1	QL (2 per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER		1	QL (2 per 365 days)
AEROCHAMBER WITH FLOWSIGNAL SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AEROTRACH PLUS SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AEROVENT PLUS SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
ALTERNATE SITE LANCET 26 GAUGE	(lancets)	1	
ASSURE HAEMOLANCE PLUS 18 GAUGE, 25 GAUGE		1	
ASSURE HAEMOLANCE PLUS 21 GAUGE, 28 GAUGE	(lancets)	1	
ASSURE LANCE 25 GAUGE		1	
ASSURE LANCE 28 GAUGE	(lancets)	1	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE	(lancets)	1	
ASSURE LANCE PLUS 25 GAUGE		1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8"		1	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2"	(filter needles)	1	QL (60 per 30 days)
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"		1	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BD INTEGRA SYRINGE (syringe with needle) SYRINGE 3 ML 21 GAUGE X 1 1/2"	1	QL (60 per 30 days)
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1"	1	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8"	1	QL (60 per 30 days)
BD LUER-LOK SYRINGE (syringe with needle) SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	1	QL (60 per 30 days)
BD MICROTAINER LANCET 1.5 X 2 MM	1	
BD MICROTAINER LANCET 21 (lancets) GAUGE, 30 GAUGE	1	
BD PRECISIONGLIDE SYRINGE 3 ML 22 GAUGE X 3/4"	1	
BD SAFETYGLIDE NEEDLE NEEDLE 22 GAUGE X 1 1/2"	1	QL (60 per 30 days)
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "	1	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8"	1	
BD SAFETYGLIDE SYRINGE (syringe with needle) SYRINGE 3 ML 22 X 1 1/2"	1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8"	1	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	1	QL (60 per 30 days)
BD SAFETYGLIDE TUBERCULIN (tuberculin-allergy syringes) SYRINGE 1 ML 26 GAUGE X 3/8"	1	QL (60 per 30 days)
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8"	1	

Drug Name	Drug Tier	Requirements/Limits
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	1	QL (60 per 30 days)
BD TUBERCULIN SYRINGE (tuberculin-allergy SYRINGE 1 ML 26 GAUGE X 3/8" syringes)	1	QL (60 per 30 days)
BD ULTRA FINE LANCETS 33 (lancets) GAUGE	1	
BD ULTRA-FINE II LANCETS 30 (lancets) GAUGE	1	
BD ULTRA-FINE NANO PEN (pen needle, diabetic) NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	1	
BD VEO INSULIN SYRINGE UF (insulin syringe-needle SYRINGE 1 ML 31 GAUGE X u-100) 15/64", 1/2 ML 31 GAUGE X 15/64"	1	
BREATHERITE MDI SPACER (inhalational spacing SPACER device)	1	QL (2 per 365 days)
BREATHERITE SPACER-MASK, NEO. SPACER	1	QL (2 per 365 days)
BREATHERITE SPACER- MASK,ADULT SPACER	1	QL (2 per 365 days)
BREATHERITE SPACER- MASK,CHILD SPACER	1	QL (2 per 365 days)
BREATHERITE SPACER- MASK,INFANT SPACER	1	QL (2 per 365 days)
BREATHERITE SPACER- MASK,S.CHLD SPACER	1	QL (2 per 365 days)
BREATHERITE VALVED MDI (inhalational spacing CHAMBER SPACER device)	1	QL (2 per 365 days)
BULLSEYE MINI SAFETY (lancets) LANCETS 21 GAUGE, 28 GAUGE	1	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	1	
BUTTERFLY TOUCH LANCET 30 (lancets) GAUGE	1	
CAREONE ULTRA THIN LANCET (lancets)	1	

Drug Name	Drug Tier	Requirements/Limits
CAREPOINT LUER LOCK SYR- (syringe with needle) NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	1	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
CAREPOINT LUER SLIP SYRING- NDL SYRINGE 1 ML 25 GAUGE X 5/8"	1	
CARESENS LANCETS 30 GAUGE (lancets)	1	
CARETOUCH LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"	1	
CARETOUCH LUER LOCK SYR- (syringe with needle) NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	1	
CARETOUCH SAFETY LANCETS (lancets) 26 GAUGE	1	
CARETOUCH TWIST LANCET 28 (lancets) GAUGE, 30 GAUGE	1	
CLEVER CHEK LANCETS 30 (lancets) GAUGE	1	
CLEVER CHOICE CHAMBER- LRG MASK SPACER	1	QL (2 per 365 days)
CLEVER CHOICE CHAMBER- MED MASK SPACER	1	QL (2 per 365 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER	1	
COAGUCHEK LANCETS (lancets)	1	
COLOR LANCETS 21 GAUGE (lancets)	1	
COMFORT EZ LANCETS 21 (lancets) GAUGE, 28 GAUGE	1	
COMFORT EZ LANCETS 23 GAUGE	1	
COMFORT LANCETS (lancets)	1	

Drug Name		Drug Tier	Requirements/Limits
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	(lancets)	1	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE		1	
COMPACT SPACE CHAMBER PLUS SPACER	(inhalational spacing device)	1	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	1	
COMPACT SPACE CHAMBER- LRG MASK SPACER		1	QL (2 per 365 days)
COMPACT SPACE CHAMBER- MED MASK SPACER		1	QL (2 per 365 days)
COMPACT SPACE CHAMBER- SM MASK SPACER		1	
DEXCOM G6 RECEIVER		4	LA; ST: (PREVIOUS FAILURE OF FREESTYLE LIBRE 3 SENSORS IN THE PAST 365 DAYS.); QL (1 per 365 days)
DEXCOM G6 SENSOR DEVICE		4	LA; ST: (PREVIOUS FAILURE OF FREESTYLE LIBRE 3 SENSORS IN THE PAST 365 DAYS.); QL (3 per 30 days)
DEXCOM G6 TRANSMITTER DEVICE		4	LA; ST: (PREVIOUS FAILURE OF FREESTYLE LIBRE 3 SENSORS IN THE PAST 365 DAYS.); QL (1 per 90 days)
DROPLET LANCETS 30 GAUGE	(lancets)	1	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	1	
EASIVENT MASK LARGE DEVICE		1	
EASIVENT MASK MEDIUM DEVICE		1	
EASIVENT MASK SMALL DEVICE		1	
EASY COMFORT LANCETS 30 GAUGE	(lancets)	1	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLURINGE (syringe with needle) SYRINGE 1 ML 25 GAUGE X 1"	1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"	1	
EASY TOUCH SAFETY LANCETS (lancets) 21 GAUGE, 26 GAUGE	1	
EASY TOUCH SAFETY LANCETS 23 GAUGE	1	
EASY TOUCH SYRINGE 1 ML 25 (syringe with needle) GAUGE X 1", 3 ML 22 X 1 1/2"	1	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
EASY TOUCH TWIST LANCETS (lancets) 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
EASY TOUCH TWIST LANCETS 32 GAUGE	1	
EASY TWIST AND CAP (lancets) LANCETS 28 GAUGE	1	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	1	
EMBRACE LANCETS 30 GAUGE (lancets)	1	
EMBRACE SAFETY LANCET 21 (lancets) GAUGE, 28 GAUGE	1	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"	1	
EXEL SYRINGE SYRINGE 3 ML (syringe with needle) 23 GAUGE X 1 1/2"	1	
EXEL SYRINGE SYRINGE 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4"	1	
E-Z JECT LANCETS , 26 GAUGE, (lancets) 30 GAUGE, 33 GAUGE	1	
E-Z JECT LANCETS 32 GAUGE	1	
E-Z JECT THIN LANCETS 28 (lancets) GAUGE	1	
EZ SMART LANCETS 28 GAUGE (lancets)	1	
EZ-LETS 26 GAUGE (lancets)	1	

Drug Name	Drug Tier	Requirements/Limits
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE (lancets)	1	
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE	1	
FINE 30 UNIVERSAL LANCETS 30 GAUGE (lancets)	1	
FINGERSTIX LANCETS (lancets)	1	
FLEXICHAMBER SPACER (inhalational spacing device)	1	
FLEXICHAMBER-SM CHILD MASK DEVICE	1	
FORACARE LANCETS 30 GAUGE (lancets)	1	
FREESTYLE LANCETS 28 GAUGE (lancets)	1	
FREESTYLE LIBRE 14 DAY READER	2	LA; QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	LA; QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	2	LA; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	2	LA; QL (2 per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	2	LA
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	2	LA; QL (200 per 90 days)
FREESTYLE UNISTIK 2 (lancets)	1	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	1	
GOJJI LANCETS 30 GAUGE (lancets)	1	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	1	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	1	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	1	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	1	
INSPIRACHAMBER SPACER (inhalational spacing device)	1	QL (2 per 365 days)
INSPIRACHAMBER WITH MASK-LARGE SPACER	1	QL (2 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
INSPIRACHAMBER WITH MASK-MED SPACER	1	QL (2 per 365 days)
INVACARE LANCETS 30 GAUGE (lancets)	1	
LANCETS (Accu-Chek Fastclix Lancet Drum)	1	
LANCETS 21 GAUGE (Assure Haemolance Plus)	1	
LANCETS 26 GAUGE (Advocate Lancet)	1	
LANCETS 28 GAUGE (Acti-Lance Lancets)	1	
LANCETS 30 GAUGE (2-In-1 Lancet Device)	1	
LANCETS 33 GAUGE (E-Z Ject Lancets)	1	
LANCETS, SUPER THIN (lancets)	1	
LANCETS, THIN , 28 GAUGE (lancets)	1	
LANCETS, THIN 23 GAUGE	1	
LANCETS, ULTRA THIN , 26 GAUGE (lancets)	1	
LANCING DEVICE WITH LANCETS KIT (Unistik 2 Normal Lancet, Device)	1	
LANCING SYSTEM (lancing device)	1	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	1	
LITE TOUCH-MEDIUM MASK DEVICE	1	
LITEAIRE MDI CHAMBER SPACER (inhalational spacing device)	1	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	1	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)	1	
MEDLANCE PLUS LANCETS 25 GAUGE	1	
MICRO THIN LANCETS 33 GAUGE (lancets)	1	
MICROCHAMBER SPACER (inhalational spacing device)	1	QL (2 per 365 days)
MICROLET LANCET (lancets)	1	
MICROSPACER SPACER (inhalational spacing device)	1	
MOBILE LANCETS 30 GAUGE (lancets)	1	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	1	

Drug Name		Drug Tier	Requirements/Limits
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	1	QL (60 per 30 days)
MONOJECT SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"	(syringe with needle)	1	QL (60 per 30 days)
MONOJECT SYRINGE 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 27 GAUGE X 1 1/4"		1	QL (60 per 30 days)
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"		1	QL (60 per 30 days)
MONOJECT TUBERCULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2"		1	QL (60 per 30 days)
MONOJECT TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes)	1	QL (60 per 30 days)
MONOLET LANCETS 21 GAUGE	(lancets)	1	
MONOLET THIN LANCETS 28 GAUGE	(lancets)	1	
MOUTHPIECE DEVICE		1	
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	1	
NOVA SAFETY LANCETS 23 GAUGE		1	
NOVA SAFETY LANCETS 28 GAUGE	(lancets)	1	
NOVA SUREFLEX LANCETS	(lancets)	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE		4	LA; QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		4	LA; QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		4	LA; QL (10 per 30 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		4	LA; QL (10 per 30 days)
ON CALL LANCET 30 GAUGE	(lancets)	1	

Drug Name		Drug Tier	Requirements/Limits
ON CALL PLUS LANCET 30 GAUGE	(lancets)	1	
ONE WAY VALVED MOUTHPIECE DEVICE		1	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	(lancets)	1	
ONETOUCH DELICA PLUS LANCET 33 GAUGE	(lancets)	1	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	1	
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	(lancets)	1	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	(lancets)	1	
ONETOUCH ULTRASOFT LANCETS	(lancets)	1	
ON-THE-GO LANCETS 30 GAUGE	(lancets)	1	
OPTICHAMBER ADULT MASK-LARGE DEVICE		1	QL (2 per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER		1	QL (2 per 365 days)
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER		1	QL (2 per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER		1	QL (2 per 365 days)
PANDA MASK DEVICE		1	
PEDIATRIC PANDA MASK DEVICE		1	
PEDIATRIC SMALL MASK DEVICE		1	
PIP LANCET 28 GAUGE, 30 GAUGE	(lancets)	1	
POCKET CHAMBER SPACER	(inhalational spacing device)	1	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	(lancets)	1	
PRIMEAIRE SPACER	(inhalational spacing device)	1	

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT LANCET 30 GAUGE (lancets)	1	
PRO COMFORT LANCET 31 GAUGE	1	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	1	
PRO COMFORT SPACER-ADULT MASK SPACER	1	QL (2 per 365 days)
PRO COMFORT SPACER-INFANT MASK SPACER	1	
PROCARE SPACER WITH ADULT MASK SPACER	1	QL (2 per 365 days)
PROCARE SPACER WITH CHILD MASK SPACER	1	QL (2 per 365 days)
PROCHAMBER SPACER (inhalational spacing device)	1	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	1	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	1	
PURE COMFORT LANCETS 30 GAUGE (lancets)	1	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	1	
PURE COMFORT SPACER-ADULT MASK SPACER	1	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	1	
READYLANCE SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	1	
READYLANCE SAFETY LANCETS 23 GAUGE	1	
RELIAMED LANCET 23 GAUGE	1	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	1	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	1	
RELION THIN LANCETS 26 GAUGE (lancets)	1	
RELION ULTRA THIN PLUS LANCETS (lancets)	1	

Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	1	
RITEFLO AEROCHAMBER SPACER (inhalational spacing device)	1	
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (lancets)	1	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	1	
SAFETY-LET LANCETS 30 GAUGE (lancets)	1	
SIDESTREAM PEDIATRIC FACE MASK DEVICE	1	
SILICONE MASK - INFANT DEVICE	1	
SILICONE MASK - PEDIATRIC DEVICE	1	
SINGLE-LET (lancets)	1	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	1	
SMARTEST LANCET (lancets)	1	
SOFT TOUCH LANCETS (lancets)	1	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	1	
SPACE CHAMBER PLUS SPACER (inhalational spacing device)	1	
SPACE CHAMBER SPACER (inhalational spacing device)	1	
SPACE CHAMBER WITH LARGE MASK SPACER	1	
SPACE CHAMBER WITH MEDIUM MASK SPACER	1	
SPACE CHAMBER WITH SMALL MASK SPACER	1	
STERILANCE TL 30 GAUGE (lancets)	1	
STERILANCE TL 32 GAUGE	1	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	1	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	1	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	1	

Drug Name	Drug Tier	Requirements/Limits
SURE-LANCE , 26 GAUGE, 28 (lancets) GAUGE	1	
SURE-LANCE ULTRA THIN 30 (lancets) GAUGE	1	
SURE-TOUCH LANCET (lancets)	1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"	1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"	1	
SYRINGE 3CC/21GX1-1/2" (syringe with needle) SYRINGE 3 ML 21 GAUGE X 1 1/2"	1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"	1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"	1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"	1	
SYRINGE WITH NEEDLE (Easy Touch) SYRINGE 1 ML 25 GAUGE X 1"	1	
SYRINGE WITH NEEDLE (BD Luer-Lok Syringe) SYRINGE 3 ML 20 GAUGE X 1 1/2"	1	
SYRINGE WITH NEEDLE (Carepoint Luer Lock SYRINGE 3 ML 22 X 1 1/2" Syr-needle)	1	
TECHLITE LANCETS 25 GAUGE	1	
TECHLITE LANCETS 28 GAUGE, (lancets) 30 GAUGE	1	
TELCARE LANCETS 30 GAUGE (lancets)	1	
TERUMO SYRINGE SYRINGE 3 (syringe with needle) ML 23 GAUGE X 1 1/2"	1	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
THIN LANCETS 26 GAUGE (lancets)	1	
TOPCARE UNIVERSAL1 LANCET (lancets) , 33 GAUGE	1	
TRUE COMFORT LANCET 30 (lancets) GAUGE	1	
TRUE METRIX AIR GLUCOSE (blood-glucose meter) METER	1	QL (1 per 365 days)

Drug Name		Drug Tier	Requirements/Limits
TRUE METRIX AIR GLUCOSE METER KIT	(blood-glucose meter)	1	QL (1 per 365 days)
TRUE METRIX GLUCOSE METER	(blood-glucose meter)	1	QL (1 per 365 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	1	QL (300 per 30 days)
TRUE METRIX GO GLUCOSE METER	(blood-glucose meter)	1	QL (1 per 365 days)
TRUE METRIX LEVEL 1 SOLUTION	(blood glucose control, low)	1	QL (2 per 365 days)
TRUE METRIX LEVEL 2 SOLUTION	(blood glucose control, normal)	1	QL (2 per 365 days)
TRUE METRIX LEVEL 3 SOLUTION	(blood glucose control, high)	1	QL (2 per 365 days)
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	1	QL (300 per 30 days)
TRUEDRAW LANCING DEVICE	(lancing device)	1	
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	1	
TRUERESULT BLOOD GLUCOSE SYSTM KIT	(blood-glucose meter)	1	QL (1 per 365 days)
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	1	QL (300 per 30 days)
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	(syringe with needle)	1	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"		1	QL (60 per 30 days)
TUBERCULIN-ALLERGY SYRINGES SYRINGE 1 ML 26 GAUGE X 3/8"	(BD Safetyglide Tuberculin)	1	QL (60 per 30 days)
TWIST LANCETS 30 GAUGE	(lancets)	1	
TWIST LANCETS 32 GAUGE		1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2"		1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2"	(syringe with needle)	1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"		1	

Drug Name	Drug Tier	Requirements/Limits
ULTILET BASIC LANCETS 30 GAUGE (lancets)	1	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	1	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	1	
ULTILET SAFETY LANCETS 23 GAUGE	1	
ULTRA FINE LANCETS 30 GAUGE (lancets)	1	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	1	
ULTRA THIN LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	1	
ULTRA THIN LANCETS 31 GAUGE	1	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	1	
ULTRA TLC LANCETS (lancets)	1	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	1	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	1	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	1	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	1	
UNILET EXCELITE II LANCET (lancets)	1	
UNILET EXCELITE LANCET (lancets)	1	
UNILET GP LANCET (lancets)	1	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	1	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	1	
UNISTIK 2 NORMAL LANCET,DEVICE KIT (lancing device with lancets)	1	
UNISTIK 3 COMFORT LANCET (lancets)	1	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	1	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	1	

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 3 LANCETS 21 GAUGE (lancets)	1	
UNISTIK 3 NORMAL LANCET 23 GAUGE	1	
UNISTIK CZT LANCET 23 GAUGE	1	
UNISTIK CZT LANCET 28 (lancets) GAUGE	1	
UNISTIK PRO LANCET 21 (lancets) GAUGE, 28 GAUGE	1	
UNISTIK PRO LANCET 25 GAUGE	1	
UNISTIK SAFETY 28 GAUGE, 30 (lancets) GAUGE	1	
UNISTIK TOUCH LANCETS 21 (lancets) GAUGE, 28 GAUGE, 30 GAUGE	1	
UNISTIK TOUCH LANCETS 23 GAUGE	1	
UNIVERSAL 1 LANCETS 21 (lancets) GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	1	
VANISHPOINT SYRINGE (syringe with needle) SYRINGE 1 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	1	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	1	
VERIFINE SAFETY LANCET (lancets) MINI 21 GAUGE, 28 GAUGE, 30 GAUGE	1	
VERIFINE SAFETY LANCET MINI 23 GAUGE	1	
VERIFINE UNIVERSAL LANCET (lancets) 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
VIVAGUARD LANCET 30 (lancets) GAUGE	1	

Drug Name	Drug Tier	Requirements/Limits
VORTEX ADULT MASK DEVICE	1	
VORTEX FROG MASK-CHILD DEVICE	1	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	1	
VORTEX LADYBUG MASK-TODDLER DEVICE	1	
VORTEX VHC LADYBUG MASK-TODDLER SPACER	1	QL (2 per 365 days)
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	4	LA; QL (900 per 30 days)
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	4	LA; QL (900 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	LA; QL (150 per 30 days); AGE (Min 5 Years)
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (30 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	1	QL (30 per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
BACIGUENT OPHTHALMIC (EYE) OINTMENT 500 UNIT/GRAM (bacitracin)	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	1	
<i>bleph-10 ophthalmic (eye) drops 10 %</i> (sulfacetamide sodium)	1	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> (Ciprodex)	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	LA
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin-dexamethasone</i> (TobraDex) <i>ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	LA
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	LA
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	4	LA; ST: (PREVIOUS FAILURE OF RESTASIS IN THE PAST 365 DAYS.); QL (60 per 30 days)
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette 0.05 %</i>	2	LA; QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	(ophthalmic)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 30 days)
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief) <i>spray,suspension 50 mcg/actuation</i>	1	QL (16 per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	
<i>mometasone nasal spray,non-aerosol</i> (Nasonex 24hr Allergy) <i>50 mcg/actuation</i>	1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic</i> (Pred Forte) <i>(eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	4	LA; QL (60 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	LA; ST: (PREVIOUS FAILURE OF RESTASIS EYE DROPS IN THE PAST 365 DAYS); QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
CARAFATE ORAL SUSPENSION (sucralfate) 100 MG/ML	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>dexlansoprazole oral capsule,biphase</i> (Dexilant) <i>delayed releas 30 mg, 60 mg</i>	2	LA; ST: (PREVIOUS FAILURES OF OMEPRAZOLE, PANTOPRAZOLE AND ESOMEPRAZOLE IN THE PAST 365 DAYS); QL (30 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium) <i>capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium Packet) <i>granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule,delayed</i> (Prevacid 24Hr) <i>release(dr/ec) 15 mg</i>	2	LA; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed</i> (Prevacid) <i>release(dr/ec) 30 mg</i>	2	LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	2	LA; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	2	LA; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
Gastrointestinal Agents, Other		
<i>anti-diarrheal (loperamide) oral capsule 2 mg</i> (loperamide)	1	
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	2	LA; QL (120 per 10 days)
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i> (hyoscyamine sulfate)	2	LA
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	QL (1350 per 30 days)
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	QL (1350 per 30 days)
<i>hyoscyamine sulfat oral tablet 0.125 mg</i> (Oscimin)	2	LA
<i>hyoscyamine sulfat oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	2	LA
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	2	LA
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	LA; ST: (PREVIOUS FAILURE OF LUBIPROSTONE IN THE PAST 365 DAYS.); QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	LA; QL (34 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	LA; QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	4	LA; ST: (PREVIOUS FAILURE OF LUBIPROSTONE IN THE PAST 365 DAYS.); QL (30 per 30 days)
<i>oscimin oral tablet 0.125 mg</i> (hyoscyamine sulfate)	2	LA
<i>oscimin sl sublingual tablet 0.125 mg</i> (hyoscyamine sulfate)	2	LA
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i> (hyoscyamine sulfate)	2	LA
<i>propantheline oral tablet 15 mg</i>	1	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i>	2	LA
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	LA

Drug Name		Drug Tier	Requirements/Limits
<i>ursodiol oral tablet 500 mg</i>	(URSO Forte)	2	LA
Laxatives			
<i>clearlax oral powder 17 gram/dose</i>	(polyethylene glycol 3350)	1	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	(peg 3350-electrolytes)	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	(peg 3350-electrolytes)	1	
<i>gavilyte-n oral recon soln 420 gram</i>	(peg-electrolyte soln)	1	
<i>gentlelax oral powder 17 gram/dose</i>	(polyethylene glycol 3350)	1	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM		1	
<i>healthylax oral powder in packet 17 gram</i>	(polyethylene glycol 3350)	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	(GaviLyte-G)	1	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	(GaviLyte-C)	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	(MoviPrep)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>		1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	(ClearLax)	1	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	(HealthyLax)	1	
<i>purelax oral powder 17 gram/dose</i>	(polyethylene glycol 3350)	1	
<i>purelax oral powder in packet 17 gram</i>	(polyethylene glycol 3350)	1	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	(peg-electrolyte soln)	1	
Phosphate Binders			
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>		2	LA
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>		2	LA
CALPHRON ORAL TABLET 667 MG	(calcium acetate)	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	LA; QL (270 per 30 days)
<i>sevelamer hcl oral tablet 800 mg</i>	2	LA; QL (180 per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	LA; QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	4	LA; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	LA
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	1	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	2	LA
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		

Drug Name	Drug Tier	Requirements/Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	4	LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	2	LA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	LA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	LA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	2	LA
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	LA; QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: ESTRADIOL/NORETHINDRONE ORAL TABLETS, ESTRADIOL TRANSDERMAL PATCHES OR ESTRADIOL VAGINAL CREAM); QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal gel in packet</i> (Divigel) 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	2	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: ESTRADIOL ORAL TABLETS, ESTRADIOL TRANSDERMAL PATCHES); QL (30 per 30 days)
<i>estradiol transdermal patch</i> (Dotti) semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
<i>estradiol transdermal patch weekly</i> (Climara) 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	1	QL (43 per 30 days)
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	1	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	LA; ST: (PREVIOUS FAILURE OF ESTRADIOL VAGINAL CREAM IN THE PAST 365 DAYS.); QL (1 per 84 days)
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	4	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL ORAL TABLETS, ESTRADIOL TRANSDERMAL PATCHES, ESTRADIOL VAGINAL CREAM); QL (50 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	LA; ST: (PREVIOUS FAILURE OF ESTRADIOL VAGINAL CREAM IN THE PAST 365 DAYS.); QL (1 per 84 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	LA; ST: (PREVIOUS FAILURE OF ESTRADIOL VAGINAL CREAM AND ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS.); QL (18 per 28 days)
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	1	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
<i>mimvey lo oral tablet 0.5-0.1 mg</i> (estradiol-norethindrone acet)	1	
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	QL (30 per 30 days)
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablet 32 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	LA; QL (10 per 30 days)
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	LA; QL (10 per 30 days)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	LA; QL (360 per 365 days)
GENOTROPIN MINISUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; LA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	5	PA; LA
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	2	LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	QL (120 per 30 days)
Thyroid And Antithyroid Agents		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	4	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS.); QL (30 per 30 days)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	4	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS.); QL (30 per 30 days)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	2	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS); QL (30 per 30 days)
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levoxyl)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Synthroid)	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	LA

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID ORAL TABLET 100 (levothyroxine) MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLETS IN THE PAST 365 DAYS.)
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	4	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS); QL (30 per 30 days)
Immunological Agents		
Immunological Agents		
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; LA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; LA; QL (1 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; LA; QL (2 per 28 days)
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral capsule</i> 50 mg	2	LA
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	2	LA
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; LA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; LA; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; LA; QL (1.34 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; LA; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; LA; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	LA; ST: (TRIAL OF METHOTREXATE, ME SALAMINE, BALSALAZIDE, DIPENTUM, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPURINE, CYCLOSPORINE, ACITRETIN OR CALCIPOTRIENE IN THE PAST 365 DAYS)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	LA; ST: (TRIAL OF METHOTREXATE, ME SALAMINE, BALSALAZIDE, DIPENTUM, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPURINE, CYCLOSPORINE, ACITRETIN OR CALCIPOTRIENE IN THE PAST 365 DAYS)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	5	LA; ST: (PREVIOUS FAILURE OF TACROLIMUS CAPSULES IN THE PAST 365 DAYS.)
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	LA
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	LA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	LA; ST: (TRIAL OF METHOTREXATE, ME SALAMINE, BALSALAZIDE, DIPENTUM, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPURINE, CYCLOSPORINE, ACITRETIN OR CALCIPOTRIENE IN THE PAST 365 DAYS)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPENTUM,SULFASALAZINE, HYDROXYCHLOROQUINE,LEFLUNOMIDE, AZATHIOPRINE,MERCAPTOPURINE,CYCLOSPORINE,ACITRETIN OR CALCIPOTRIENE IN THE PAST 365 DAYS)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPENTUM,SULFASALAZINE, HYDROXYCHLOROQUINE,LEFLUNOMIDE, AZATHIOPRINE,MERCAPTOPURINE,CYCLOSPORINE,ACITRETIN OR CALCIPOTRIENE IN THE PAST 365 DAYS)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPENTUM,SULFASALAZINE, HYDROXYCHLOROQUINE,LEFLUNOMIDE, AZATHIOPRINE,MERCAPTOPURINE,CYCLOSPORINE,ACITRETIN OR CALCIPOTRIENE IN THE PAST 365 DAYS)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; LA
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	2	LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	LA; QL (180 per 30 days)
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	LA; QL (180 per 30 days)
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	LA; QL (120 per 30 days)
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	3	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; LA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; LA; QL (4 per 28 days)
OTEZLA ORAL TABLET 30 MG	5	PA; LA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; LA; QL (55 per 28 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; LA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	3	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; LA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; LA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	LA
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; LA
Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	(for tetanus, diphtheria and pertussis)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	(for tetanus, diphtheria and pertussis)
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	1	(for influenza)
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	1	(for influenza)
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	
BEYFORTUS INTRAMUSCULAR SOLUTION 50MG/0.5 ML, 100 MG/1 ML	1	(for RSV); AGE (max 1 year)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	(for influenza)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	

Drug Name	Drug Tier	Requirements/Limits
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	1	(for influenza)
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	1	(for influenza)
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	1	(for influenza)
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	1	
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)

Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	(for influenza)
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	(for influenza)
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	
FLUZONE HIGHDOSE QUAD 20- 21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	1	(for influenza)
FLUZONE HIGHDOSE QUAD 21- 22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	1	(for influenza)
FLUZONE HIGHDOSE QUAD 22- 23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	1	(for influenza)

Drug Name	Drug Tier	Requirements/Limits
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	1	
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	
FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)

Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	(for influenza)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	1	(for pneumonia)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	1	(for pneumonia)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	(for herpes zoster and varicella (shingles)); AGE (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	1	(for herpes zoster and varicella (shingles)); QL (1 per 999 days); AGE (Min 60 Years)

Inflammatory Bowel Disease Agents

Inflammatory Bowel Disease Agents

<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	LA
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	LA; QL (90 per 30 days)
<i>colocort rectal enema 100 mg/60 ml</i> (hydrocortisone)	1	
DIPENTUM ORAL CAPSULE 250 MG	3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	2	LA
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	LA
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	2	LA
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	LA; QL (30 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	(nasal spray only)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> (Sensipar)	4	PA; LA
<i>etidronate disodium oral tablet 200 mg</i>	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	5	PA; LA; QL (2.4 per 30 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	
<i>risedronate oral tablet 150 mg, 35 mg</i> (Actonel)	1	
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; LA; QL (1.56 per 30 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	4	LA; ST: (PREVIOUS FAILURE OF GLUCAGON EMERGENCY KIT OR GLUCAGEN HYPOKIT IN THE PAST 365 DAYS); QL (2 per 1 day)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	1	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	2	LA
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	1	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	LA
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	LA
ALPHAGAN P OPHTHALMIC (brimonidine) (EYE) DROPS 0.1 %	3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	2	LA; ST: (PREVIOUS FAILURE OF BRIMONIDINE EYE DROPS OR TIMOLOL EYE DROPS IN THE PAST 365 DAYS.)
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	1	
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: LATANOPROST AND TRAVOPROST)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>metipranolol ophthalmic (eye) drops</i> 0.3 %	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: LATANOPROST AND TRAVOPROST)

Replacement Preparations

Replacement Preparations			
<i>effer-k oral tablet, effervescent 25 meq</i>	(potassium bicarb-citric acid)	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	(potassium chloride)	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	(potassium chloride)	1	

Drug Name	Drug Tier	Requirements/Limits
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
<i>phospha 250 neutral oral tablet 250 mg</i> (sod phos di, mono-k phos mono)	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	LA
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	LA
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	LA
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (12.2 per 30 days)
<i>breyne inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (budesonide-formoterol)	1	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	LA; QL (120 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	1	QL (30.6 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	4	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: 1) FLUTICASONE/SALMETEROL (GENERIC ADVAIR DISKUS) OR ADVAIR HFA AND 2) BUDESONIDE/FORMOTEROL (GENERIC SYMBICORT)); QL (13 per 30 days)
<i>fluticasone furoate-vilanterol</i> (Breo Ellipta) <i>inhalation blister with device 100-25</i> <i>mcg/dose, 200-25 mcg/dose</i>	2	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: 1) FLUTICASONE/SALMETEROL (GENERIC ADVAIR DISKUS) OR ADVAIR HFA AND 2) BUDESONIDE/FORMOTEROL (GENERIC SYMBICORT)); QL (60 per 30 days)
<i>fluticasone propionate inhalation hfa</i> (Flovent HFA) <i>aerosol inhaler 110 mcg/actuation,</i> <i>220 mcg/actuation</i>	2	LA; QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa</i> (Flovent HFA) <i>aerosol inhaler 44 mcg/actuation</i>	2	LA; QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol</i> (Wixela Inhub) <i>inhalation blister with device 100-50</i> <i>mcg/dose, 250-50 mcg/dose, 500-50</i> <i>mcg/dose</i>	1	QL (60 per 30 days)
<i>fluticasone propion-salmeterol</i> (Advair HFA) <i>inhalation hfa aerosol inhaler 115-21</i> <i>mcg/actuation, 230-21</i> <i>mcg/actuation, 45-21 mcg/actuation</i>	1	QL (12 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (26.1 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion- salmeterol)	1	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	LA
Bronchodilators		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Proventil HFA)	1	(maximum of 2 inhalers per 30 days); QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>	1	QL (300 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 2.5 mg/0.5 ml</i>	1	QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	1	QL (375 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	4	LA; QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (4 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i> (theophylline)	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL (540 per 30 days)
<i>levalbuterol tartrate inhalation hfa</i> (Xopenex HFA) <i>aerosol inhaler 45 mcg/actuation</i>	2	LA; ST: (PREVIOUS FAILURE OF ALBUTEROL HFA INHALER IN THE PAST 365 DAYS.); QL (30 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	4	LA; QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inhalation</i> (Spiriva with <i>capsule, w/inhalation device 18 mcg</i> HandiHaler)	2	LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: 1) FLUTICASONE/SALM ETEROL DISK INHALER OR ADVAIR HFA, 2) BUDESONIDE/FORMO TEROL (GENERIC SYMBICORT), 3) SPIRIVA HANDIHALER OR RESPIMAT); QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; LA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; LA; QL (56 per 28 days)
<i>nebusal inhalation solution for</i> (sodium chloride) <i>nebulization 3 %</i>	1	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; LA; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100- 125 MG, 200-125 MG	5	PA; LA; QL (112 per 28 days)
<i>sodium chloride inhalation solution</i> (NebuSal) <i>for nebulization 3 %</i>	1	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50- 75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; LA; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; LA; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; LA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	QL (240 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	1	
COMFORT PAC- CYCLOBENZAPRINE KIT 10 MG	1	QL (90 per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	1	QL (90 per 30 days)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	2	LA
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	2	LA
<i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	2	LA
<i>tizanidine oral tablet 2 mg</i>	2	LA
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	LA
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING: ZOLPIDEM, ESZOPICLONE, TEMAZEPAM, TRAZODONE, SILENOR.); QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING: ZOLPIDEM, ESZOPICLONE, TEMAZEPAM, TRAZODONE, SILENOR.); QL (30 per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	2	LA; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	1	QL (30 per 30 days)
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	2	LA; QL (30 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	4	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	QL (30 per 30 days)
Vitamins And Minerals		
Vitamins And Minerals		
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (ergocalciferol (vitamin d2))	1	QL (30 per 30 days)
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Fer-In-Sol)	OTC	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	OTC	(Restricted to members less than 1yr of age)
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	OTC	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	OTC	
<i>ferrous sulfate oral syringe 7.5 mg iron/0.5 ml</i> (Pedia Iron)	OTC	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	OTC	AGE (Max 6 Years)
<i>folbic oral tablet 2.5-25-2 mg</i> (folic acid-vit b6-vit b12)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid oral tablet 1 mg</i>	1	
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	
<i>liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml)</i> (multivit-min-ferrous gluconate)	1	
<i>l-methyl-mc oral tablet 6-5-50-1 mg</i>	1	
<i>metafolbic oral tablet 6-5-50-1 mg</i>	1	
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	OTC	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml</i>	OTC	AGE (Max 6 Years)
<i>multivit-fluor (vit e acetate) oral drops 0.25 mg/ml</i>	OTC	
<i>nephro vitamins oral tablet 0.8 mg</i>	1	
<i>nephro-vite oral tablet 0.8 mg</i>	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	1	
<i>pedi multivit no.194-iron sulf oral drops 10 mg iron/ml</i>	OTC	
PEDIA POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	OTC	
<i>perry prenatal oral capsule 13.5-0.4 mg</i>	1	
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	OTC	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	1	
<i>prenatal 19 oral tablet,chewable 29 mg iron- 1 mg</i>	1	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	1	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	
<i>renal vitamin oral tablet 0.8 mg</i>	1	
<i>renal-vite oral tablet 0.8 mg</i>	1	
<i>rena-vite oral tablet 0.8 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	1	
<i>vp-vite rx oral tablet 1-60-300 mg- mg-mcg</i>	1	
<i>westab max oral tablet 2.5-25-2 mg</i> (folic acid-vit b6-vit b12)	1	
<i>west-vite with folic acid oral tablet 0.8 mg</i>	1	

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SYRINGE 3CC/21GX1	92	<i>tiotropium bromide</i>	131	<i>trifluoperazine</i>	40
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