

Denver Health Medical Plan 2025 Commercial Formulary & Pharmaceutical Management Procedures

What is the *Denver Health Medical Plan (DHMP) Commercial Formulary*?

The *DHMP Commercial Formulary* refers to the formulary for the self-funded Denver Health Hospital Authority (DHHA) Employee plans and is a tool to help providers choose safe and effective drugs. If you are a member and have questions, please refer to your Member Handbook or call Health Plan Services at 303-602-2100 or 1-800-700-8140. TTY users should call 711.

The formulary is a closed formulary which means only the drugs listed are covered under the pharmacy benefit. All drugs require a prescription written by a provider to be covered by the pharmacy benefit.

How are formulary drugs selected?

The drugs are selected by a group of doctors and pharmacists known as the Pharmacy and Therapeutics Committee. This committee meets regularly to review and select drugs for our members. During a review, the committee may look at the following for each drug:

- U.S. Food and Drug Administration (FDA) approval
- Safety and effectiveness
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications, warnings, and precautions
- Pharmacokinetics
- Patient compliance considerations
- Medical outcome and pharmacoeconomic studies

Does the formulary ever change?

Changes are made throughout the year. The latest version of the formulary may be viewed online.

- Provider Website
 - <http://www.denverhealthmedicalplan.org/provider-pharmacy-information>
- Member Website
 - <https://www.denverhealthmedicalplan.org/pharmacy>

Members and providers may also request a printed copy of the formulary by calling Member Services.

What if the pharmacy tells me the drug is not covered?

The pharmacy may receive a rejection message that says a Prior Authorization Request (PAR)/exception request is needed to have the drug covered. The

pharmacy may contact the provider to have the prescription changed to a formulary alternative, which is also known as a therapeutic substitution. The pharmacy may also request the provider send a completed PAR form to the DHMP Pharmacy Department. The PAR will require clinical information to justify the use of the requested drug. Documentation, such as chart notes, should be submitted with PARs.

What if the drug prescribed is not on the formulary?

If the drug is not listed there may be a generic or a formulary approved drug which can be prescribed. If the provider gives a member drug samples to start treatment, the member, or the provider, must find out if the medication is on the formulary or requires PAR approval first. If the samples are taken by the member before asking DHMP to pay for the drug first, it does not mean that DHMP will pay for that drug. Providers may submit a PAR by calling the DHMP Pharmacy Department at 303-602-2070 or 877-357-0963. Providers may also send completed PARs by fax to 303-602-2081. If the PAR for a non-formulary drug is approved, then the cost will be a Tier 4 (non-preferred brand-name) copay/coinsurance as shown in the Member Handbook.

How are PARs (also called an exception request) processed?

The DHMP Pharmacy Department reviews all PARs/exception requests on a case-by-case basis. Decisions are made using certain criteria and guidelines. Drugs listed on the formulary with a Prior Authorization (PA) or Step Therapy (ST) requirement have criteria available on the plan website. If the drug is non-formulary, all reasonable formulary drugs to treat the same condition must be tried first. Any applicable criteria for drugs in the same class will be utilized. Generic non-formulary drugs are preferred over brand non-formulary drugs. Other resources may also be used to make a decision, such as guidelines found on the National Guideline Clearinghouse website at <https://www.ahrq.gov/gam/index.html>. The member or provider may request a copy of the criteria or guidelines used for their submitted exception request. After a PAR is submitted, the member and provider will be notified of the decision. An expedited review for urgent situations may be requested. If you have questions about this process, please call the DHMP Pharmacy Department at 303-602-2070 or 877-357-0963.

What happens if a request is denied?

If a request is denied, the member and provider will receive a letter that will include information about the member's rights and the appeals process. The Member Handbook gives more details about this process. Please refer to the Member Handbook or call Health Plan Services if you have any questions.

What if the member is new to the plan and the drug is not on the formulary?

If the member is new to the plan, they may be eligible for a transition supply. This may be done for medications that are not on the formulary or if the prescription is for a quantity more than what the formulary allows to be filled. This allows the provider time to prescribe a formulary drug or submit a PAR.

What are generic drugs?

Generic drugs are FDA-approved for safety and effectiveness. The color and shape may be different from the brand-name drug, but they are made using the same strict FDA standards as brand-name drugs. If a brand-name drug is requested by the member or provider when a generic is available, the member must pay the copay plus the difference in cost.

- **Important Note for Contraceptives:**

The plan will cover, at no cost to the member, any necessary contraceptive product and will defer to the member's provider's determination. This coverage includes brand names of generic products when a provider determines them to be medically necessary.

What is generic substitution?

Generic substitution is when a generic version of a drug is dispensed in place of a brand-name drug. In most cases generic drugs are preferred on the formulary. Some brand drugs may be more cost-effective at the Denver Health preferred pharmacies

When are prescriptions eligible to be refilled?

Non-controlled prescriptions are eligible for refill once 75% has been used. Some examples of non-controlled prescriptions are drugs used for blood pressure, high cholesterol, and diabetes. Controlled prescriptions are eligible once 85% has been used. Some examples of controlled prescriptions are opioids, stimulants such as Adderall (dextroamphetamine/amphetamine) or Ritalin (methylphenidate), or benzodiazepines such as Valium (diazepam) and Ativan (lorazepam). This is calculated using the original prescription directions. If there is a change in the prescription directions, the pharmacy or provider should be contacted for an updated prescription.

Are prescriptions eligible through mail order?

Members may get prescriptions through Denver Health Pharmacy by Mail if their prescriptions are written by a Denver Health provider. This service allows a 100-day supply of certain prescriptions to be delivered to the member. Prescriptions must be written for a 100-day supply of drug.

- Denver Health Pharmacy by Mail
303-436-4488

Some plans also have the option to obtain mail order prescriptions through MedImpact Direct Mail serviced by Birdi. Prescriptions filled by MedImpact Direct Mail will have a higher copay than prescriptions filled by the Denver Health Pharmacy by Mail. However, MedImpact Direct Mail is the only mail order option if the prescriptions are written by providers outside of Denver Health. Refer to the Member Handbook to see if MedImpact Direct Mail serviced by Birdi is an option.

- MedImpact Direct Mail Order
(Birdi Pharmacy)
www.medimpactdirect.com
855-873-8739

What if my drug is a specialty drug?

Some drugs are known as “Specialty” drugs. Most specialty drugs can only be filled as 30-day supplies. Some specialty drugs can only be filled at DHHA or designated specialty pharmacies.

Are there drugs that are excluded by the pharmacy benefit?

Some drugs are not covered at all, even with a PAR. These include drugs for the following:

- Cosmetic use (anti-wrinkle, hair removal, and hair growth products)
- GLP-1s for Weight Loss
- Dietary supplements
- Blood or blood plasma (except anti-hemophilic factors VIII & IX are covered)
- Travel vaccinations recommended by the Centers for Disease Control and Prevention (CDC) only for travel outside of the United States (covered vaccines are listed in the formulary)
- Over-the-counter drugs (except those listed on the formulary)
- Pigmenting / De-pigmenting
- Therapeutic devices or appliances (except for formulary diabetic monitoring supplies)
- Prescription vitamins (except for those listed in the formulary)
- Investigational or experimental treatments

Who should be contacted with questions?

The member or provider may contact the DHMP Pharmacy Department with any questions about the formulary or pharmacy benefits through the [Member Portal](#) or by calling 303-602-2070 or 877-357- 0963. Health Plan Services may also be contacted at 303-602-2100 or 1-800-700-8140. TTY users should call 711.

How to use the formulary

- The formulary is grouped by drug class or disease state sections.
- Generic drugs are listed by generic name, and brand names are in parentheses as a reference. Brand drugs are listed only with brand names in all uppercase letter.
- For most drugs all dosage forms and strengths of the brand-name drug listed are covered by the pharmacy benefit.
- When a strength or dosage form is listed specifically, only that strength or dosage form is included on the formulary. Other strengths and dosage forms of the reference product are not included on the formulary.
- Modified-release or combination products included on the formulary are defined by the listed brand-name product. Modified-release and combination

products are only covered if they are on their own line and are not included if only the immediate-release drug is listed.

4 Tier Formulary

Preventative: ACA Preventative Medications and Vaccinations

Tier 1: Preferred generic drugs

Tier 2: Preferred brand-name drugs

Tier 3: Preferred specialty drugs

Tier 4: Non-preferred brand-name drugs, specialty drugs, and generics*

**Denver Health HMO plan requires use of Denver Health pharmacy on this tier.*

Copay: A dollar amount that a member is required to pay. The copay cost will never be higher than the dollar amount listed for that tier in the Member Handbook.

Coinsurance: A percentage of costs of a covered drug that a member is required to pay. The coinsurance cost applies to filling at national network pharmacies.

Some drugs may cost less if you fill at a Denver Health Pharmacy. Please talk to your pharmacy.

Preventive Drugs (available for \$0 copay)

Preventive drugs are available for \$0 copay when filled with a prescription. These drugs are identified in the formulary on the “PREV” tier.

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Please be advised that this formulary is updated periodically.

Formulary managed by:

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Denver, CO 80204-4507

Phone: 303-602-2070

Email: ManagedCarePAR@DHHA.org

Formulary Abbreviations

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
LA	Limited Access	For some plans, this drug must be filled at a Denver Health Pharmacy, or a PAR must be approved before the drug can be filled at a non-Denver Health Pharmacy. (Note: LA does not apply to plans that do not need a referral to see providers outside of the Denver Health & Hospital Authority provider network)
PREV	Preventive Medication	This drug is available at a \$0 copay.
PA	Prior Authorization Restriction	The member or provider is required to get prior authorization from DHMP before this drug may be filled. Without prior approval, DHMP may not cover this drug.
QL	Quantity Limit Restriction	DHMP limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before DHMP provides coverage for this drug, the member must first try other drug(s) to treat their medical condition. This drug may only be covered if the other drug(s) do not work.

Drug Name Font Descriptions

FONT TYPE	EXAMPLE	EXPLANATION
Drug Name in All Lowercase Letters and Italicized	<i>atenolol</i>	This is the generic drug that is covered by the plan.
Drug Name in Parentheses	(Tenormin)	This is a brand name of the generic drug that is covered by the plan. This does not mean that the brand name is covered. It is provided only as a helpful reference for the member or provider

FONT TYPE	EXAMPLE	EXPLANATION
		when searching the formulary.

Drug Name in All Uppercase Letters	BYSTOLIC	This is a brand name drug that is covered by the plan at Denver Health pharmacies. Brand penalty may apply.
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Drug Name		Drug Tier	Requirements/Limits
Amino Acid Polymers			
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	(Glatopa)	3	QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	(Glatopa)	3	QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	(glatiramer)	3	QL (1 per 1 day)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	(glatiramer)	3	QL (12 per 28 days)
Angiotensin Ii Recep Antagonist/Neprollys			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	4	LA; QL (2 per 1 day)
Antileprosy Agents			
<i>dapsone oral tablet 100 mg, 25 mg</i>		1	
Antimetabolites, Immunosupp Therapy Misc			
<i>azathioprine oral tablet 50 mg</i>	(Imuran)	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	(CellCept)	1	QL (6 per 1 day)
<i>mycophenolate mofetil oral tablet 500 mg</i>	(CellCept)	1	QL (6 per 1 day)
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	(Myfortic)	4	LA; QL (4 per 1 day)
Antiproliferants			
<i>fluorouracil topical cream 0.5 %</i>	(Carac)	4	LA
<i>fluorouracil topical cream 5 %</i>	(Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>		4	LA
<i>imiquimod topical cream in packet 5 %</i>		1	
VALCHLOR TOPICAL GEL 0.016 %		4	PA; LA
Antiprotozoals, Nitroimidazole-Derivative			
<i>tinidazole oral tablet 250 mg, 500 mg</i>		1	
Astringents (52:04)			
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
Calcineurin Inhibitors, Misc (90:28)		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	4	LA
<i>cyclosporine modified oral capsule 50 mg</i>	4	LA
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	4	LA
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	LA; ST: (FAILURE OF TACROLIMUS CAPSULE)
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	4	LA
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	4	LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	4	LA
Cardiovascular Drugs, Nsaid Anti-Infl		
<i>colchicine oral tablet 0.6 mg</i> (Colcris)	4	LA; QL (2 per 1 day)
Chloride Channel Activators		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	4	LA
Coronavirus (Covid-19)		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	2	QL (20 per 28 days); AGE (Min 18 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 28 days); AGE (Min 18 Years)
Disease-Modifying Antirheumat Drugs Misc		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; LA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
Fumarates		
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	3	PA
Gaba-Mediated Anticonvulsants		
<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)	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	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	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	4	PA; LA; QL (2 per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	1	QL (3 per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	1	QL (2 per 1 day)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	LA; ST: (FAILURE OF LUBIPROSTONE); QL (1 per 1 day)
Igg1 Monoclonal Antibodies		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	4	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; LA
Immunomodulatory Agents (84:06)		
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	LA; ST: (FAILURE OF TACROLIMUS OINTMENT); QL (100 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	LA; QL (100 per 30 days)
Interferons		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	3	QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	3	QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	3	QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	3	QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	QL (1 per 2 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	QL (12 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	QL (6 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	QL (12 per 28 days)
Interleukin Inhibitor Agents, Misc		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	3	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	3	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	3	PA
Interleukin-Mediated Agents, Misc		

Drug Name	Drug Tier	Requirements/Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL (2 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (1 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; LA; QL (2 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; LA
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA
Ion Channel Inhibition Agents		
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	1	QL (20 per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	1	QL (2 per 1 day)
<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 (4 per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	4	LA; ST: (FAILURE OF CLOBAZAM); QL (80 per 1 day)
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	4	LA; ST: (FAILURE OF CLOBAZAM); QL (8 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	QL (6 per 1 day)
<i>zonisamide oral capsule 50 mg</i>	1	QL (6 per 1 day)
Janus Kinase Inhibitors, Miscellaneous		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	3	PA
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; LA
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
Melatonin Receptor Agonists		
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	1	QL (1 per 1 day)
Monocarboxylic Acid Amide Agents		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	4	LA; QL (1 per 1 day)
Monoclonal Antibodies (90:04)		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA
Nitroimidazole Derivatives, Misc		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	1	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	1	
Non-Benzodiazepine Anxiolytics		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
Non-Benzodiazepine Hypnotics		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (1 per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (2 per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	QL (1 per 1 day)

Drug Name		Drug Tier	Requirements/Limits
Non-Opioid Analgesics			
<i>tencon oral tablet 50-325 mg</i>	(butalbital-acetaminophen)	1	QL (6 per 1 day)
Nutritional Supplements			
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	(Denta 5000 Plus)	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	(DentaGel)	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	(Just Right 5000)	1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	(SoluVita)	PREV	AGE (Max 6 Years)
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	(Ludent Fluoride)	PREV	AGE (Max 6 Years)
FRAICHE 5000 DENTAL GEL 1.1 %	(fluoride (sodium))	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	1	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)	(fluoride (sodium))	PREV	AGE (Max 6 Years)
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>sf dental gel 1.1 %</i>	(fluoride (sodium))	1	
<i>sodium fluoride 5000 dry mouth dental paste 1.1 %</i>	(fluoride (sodium))	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
SOLUVITA ORAL DROPS 0.5 MG (1.1 MG SOD.FLUORID)/ML	(fluoride (sodium))	PREV	AGE (Max 6 Years)
Omega-3-Mediated Antilipemics			
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	(Lovaza)	1	QL (4 per 1 day)
Orexin Receptor Antagonists			

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DOXEPIN, ESZOPICLONE, TEMAZEPAM, TRAZODONE, ZOLPIDEM); QL (1 per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DOXEPIN, ESZOPICLONE, TEMAZEPAM, TRAZODONE, ZOLPIDEM); QL (1 per 1 day)
Phosphodiesterase-4 Inhibitors (84:06)		
EUCRISA TOPICAL OINTMENT 2 %	4	LA; ST: (FAILURE OF TACROLIMUS OINTMENT); QL (100 per 30 days)
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET 30 MG	3	PA; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; QL (55 per 28 days)
Smoking Cessation Agents		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	PREV	
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	PREV	
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	PREV	
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	PREV	
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine transdermal patch 24 hour</i> (Nicoderm CQ) <i>14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	PREV	
NICOTROL INHALATION CARTRIDGE 10 MG	PREV	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	PREV	
<i>quit 2 buccal gum 2 mg</i> (nicotine (polacrilex))	PREV	
<i>quit 2 buccal lozenge 2 mg</i> (nicotine (polacrilex))	PREV	
<i>quit 4 buccal gum 4 mg</i> (nicotine (polacrilex))	PREV	
<i>quit 4 buccal lozenge 4 mg</i> (nicotine (polacrilex))	PREV	
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i> (nicotine (polacrilex))	PREV	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	PREV	
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	PREV	
Sphingosine 1-Phosphate (S1p) Agents		
<i>ingolimod oral capsule 0.5 mg</i> (Gilenya)	3	PA; QL (1 per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	4	PA; LA; QL (1 per 1 day)
Tumor Necrosis Factor Inhibitors, Misc		
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	4	PA; LA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; LA; QL (1 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO(CF) PEN CROHN'S-UC- (adalimumab-adbm) HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA
CYLTEZO(CF) PEN PSORIASIS- (adalimumab-adbm) UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA
CYLTEZO(CF) PEN (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	3	ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQ UINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	3	ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQ UINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	3	ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQ UINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	3	ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQ UINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQ UINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	ST: (FAILURE OF ONE OF THE FOLLOWING: ACITRETIN, AZATHIOPRINE, BALSALAZIDE, CALCIPOTRIENE, CYCLOSPORINE, DIPENTUM, HYDROXYCHLOROQUINE, LEFLUNOMIDE, MERCAPTOPURINE, MESALAMINE, METHOTREXATE, SULFASALAZINE)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
5-Ht3 Receptor Antagonists		
5-Ht3 Receptor Antagonists		
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (3 per 1 day)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL (3 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
Acidifying Agents		
Acidifying Agents		
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
<i>phospha 250 neutral oral tablet 250 mg</i> (sod phos di, mono-k phos mono)	1	
Adamantanes (Cns)		
Adamantanes (Cns)		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
Adrenals		
Adrenals		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (12.2 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)	4	LA; QL (4 per 1 day)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	4	LA; QL (3 per 1 day)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	1	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	QL (21.2 per 30 days)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablet 16 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 oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 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	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	QL (4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
Alcohol Deterrents		
5-Alpha-Reductase Inhibitors (92:04)		
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
Alcohol Deterrents (91:02)		
Alcohol Deterrents (91:02)		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Alkalinizing Agents		
Alkalinizing Agents		
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	1	
Alpha- And Beta-Adrenergic Agonists		
Alpha- And Beta-Adrenergic Agonists		
<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)
Alpha-Adrenergic Agonists		
Alpha-Adrenergic Agonists		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	4	LA
Alpha-Adrenergic Agonists (Eent)		
Alpha-Adrenergic Agonists (Eent)		
<i>brimonidine ophthalmic (eye) drops 0.1 %, 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)	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: BRIMONIDINE EYE DROP, TIMOLOL EYE DROP)
Alpha-Adrenergic Blocking Agent(Sympath)		
Non-Sel.Alpha-Adrenergic Blocking Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
Selective Alpha-1-Adrenergic Blockers		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
Alpha-Adrenergic Blocking Agents		
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	
<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</i>	1	
<i>nadolol oral tablet 80 mg</i> (Corgard)	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	4	LA; QL (2 per 1 day)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
Alpha-Glucosidase Inhibitors		
Alpha-Glucosidase Inhibitors		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
Aminoglycosides		
Aminoglycosides		
<i>neomycin oral tablet 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; LA; QL (8 per 1 day)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	3	QL (10 per 1 day)
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	3	QL (10 per 1 day)
Ammonia Detoxicants		
Ammonia Detoxicants		
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
Amphetamines		
Amphetamines		
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	4	LA; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	4	LA; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	4	LA; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Zenzedi)	4	LA; QL (6 per 1 day)

Drug Name		Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	(Mydayis)	4	LA; QL (1 per 1 day)
<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 (2 per 1 day)
<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 (6 per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	(Vyvanse)	1	QL (1 per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	(Vyvanse)	1	QL (1 per 1 day)
Androgens			
Androgens			
<i>estramethasone oral tablet 0.625-1.25 mg</i>	(estrogens-methyltestosterone)	1	QL (1 per 1 day)
<i>estramethasone oral tablet 1.25-2.5 mg</i>	(estrogens-methyltestosterone)	1	QL (1 per 1 day)
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>	(EEMT HS)	1	QL (1 per 1 day)
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>	(EEMT)	1	QL (1 per 1 day)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	(Depo-Testosterone)	1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>		4	PA; LA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	(Vogelxo)	4	PA; LA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	(AndroGel)	4	PA; 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)	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
Angiotensin II Receptor Antagonists		
Angiotensin II Receptor Antagonists		
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	1	QL (1 per 1 day)
<i>irbesartan oral tablet 75 mg</i>	1	QL (1 per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	QL (1 per 1 day)
<i>losartan oral tablet 100 mg</i> (Cozaar)	1	QL (1 per 1 day)
<i>losartan oral tablet 25 mg, 50 mg</i> (Cozaar)	1	QL (2 per 1 day)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	QL (1 per 1 day)
<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		
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	QL (1 per 1 day)
<i>benazepril oral tablet 5 mg</i>	1	QL (1 per 1 day)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
Anorexic Agents		
Amphetamine Derivatives		
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	1	QL (1 per 1 day)
Anorexic Agents		
CONTRACE ORAL TABLET EXTENDED RELEASE 8-90 MG	4	PA; LA; QL (4 per 1 day)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (phentermine-topiramate)	4	PA; LA; QL (1 per 1 day)
Antacids And Adsorbents		
Antacids And Adsorbents		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	
Anthelmintics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	4	LA
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	4	LA
Antiallergic Agents		
Antiallergic Agents		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (1 per 1 day)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	1	QL (1 per 1 day)
<i>cromolyn ophthalmic (eye) drops 4 %</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	
Antiarrhythmic Agents		
Class Ic Antiarrhythmics		

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
Class Iii Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)	1	
<i>amiodarone oral tablet 400 mg</i>	1	
<i>pacерone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	1	
Class Iv Antiarrhythmics		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	1	
<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 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 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 capsule,extended release 24hr 360 mg</i> (Cardizem CD)	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	

Drug Name	Drug Tier	Requirements/Limits
<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, 180 mg, 240 mg</i>	1	
Antibacterials (Eent)		
Antibacterials (52:04)		
<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>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>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	QL (2 per 1 day)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
Antibacterials (Skin & Mucous Membrane)		
Antibacterials (84:04)		
<i>azelaic acid topical gel 15 %</i>	1	QL (50 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	QL (50 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	QL (50 per 30 days)
<i>dapsone topical gel 5 %</i> (Aczone)	4	LA
<i>dapsone topical gel 7.5 %</i>	4	LA
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	4	LA
<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	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin calcium topical cream 2 %</i>	4	LA
<i>mupirocin topical ointment 2 %</i> (Centany)	1	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
Antibacterials, Miscellaneous		
Glycopeptides		
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	4	LA
Lincomycins		
<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>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical lotion</i> (Cleocin T) 1 %	1	
<i>clindamycin phosphate topical solution</i> 1 %	1	
<i>clindamycin phosphate vaginal cream</i> 2 % (Cleocin)	1	QL (40 per 7 days)
Oxazolidinones		
<i>linezolid oral tablet</i> 600 mg (Zyvox)	1	QL (2 per 1 day)
Rifamycins		
XIFAXAN ORAL TABLET 200 MG	4	PA; LA; QL (6 per 1 day)
XIFAXAN ORAL TABLET 550 MG	4	PA; LA; QL (3 per 1 day)
Anticholinergic Agents (Cns)		
Anticholinergic Agents (Cns)		
<i>benztropine oral tablet</i> 0.5 mg, 1 mg, 2 mg	1	
<i>trihexyphenidyl oral elixir</i> 0.4 mg/ml	1	
<i>trihexyphenidyl oral tablet</i> 2 mg, 5 mg	1	
Anticoagulants		
Coumarin Derivatives		
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL (2 per 1 day)
<i>rivaroxaban oral tablet</i> 2.5 mg (Xarelto)	1	QL (2 per 1 day)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL (51 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL (1 per 1 day)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	2	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
Heparins		
<i>enoxaparin subcutaneous solution</i> (Lovenox) 300 mg/3 ml	1	QL (3 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	1	QL (2 per 1 day)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	1	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30</i> (Lovenox) mg/0.3 ml	1	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40</i> (Lovenox) mg/0.4 ml	1	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60</i> (Lovenox) mg/0.6 ml	1	QL (36 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	4	LA; QL (4 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	LA; QL (3.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	4	LA; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	4	LA; QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	4	LA; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	4	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	4	LA; QL (2.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	4	LA; QL (4.2 per 30 days)
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
<i>heparin (porcine) injection syringe</i> 5,000 unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<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, 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	1	
Indirect Factor Xa Inhibitors		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	4	LA; QL (11.2 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	4	LA; QL (1 per 2 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	4	LA; QL (5.6 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	4	LA; QL (8.4 per 30 days)
Anticonvulsants, Miscellaneous		
Anticonvulsants, Miscellaneous		
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE); QL (2 per 1 day)
<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 suspension 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	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	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: CLOBAZAM, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VALPROIC ACID)
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
<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)	4	LA; QL (2 per 1 day)
<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 solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	QL (4 per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	4	LA; QL (4 per 1 day)
<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>	4	LA; QL (2 per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	

Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	4	LA; ST: (FAILURE OF TOPIRAMATE EXTENDED-RELEASE SPRINKLE CAPSULE (GENERIC QUDEXY ER)); QL (2 per 1 day)
Antidepressants		
Antidepressants, Miscellaneous		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	PREV	
<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, 200 mg</i> (Wellbutrin SR)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i> (Wellbutrin SR)	PREV	
Monoamine Oxidase Inhibitors		
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
Sel.Serotonin,Norepi Reuptake Inhibitor		
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	1	QL (1 per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i> (Cymbalta)	1	QL (2 per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i> (Cymbalta)	1	QL (3 per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	QL (2 per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DESVENLAFAXINE SUCCINATE, DULOXETINE, VENLAFAXINE EXTENDED-RELEASE)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: DESVENLAFAXINE SUCCINATE, DULOXETINE, VENLAFAXINE EXTENDED- RELEASE); QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i> (Effexor XR)	1	QL (2 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	1	QL (3 per 1 day)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
Selective-Serotonin Reuptake Inhibitors		
<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 (1 per 1 day)
<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 (1 per 1 day)
<i>escitalopram oxalate oral tablet 5 mg</i> (Lexapro)	1	QL (3 per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	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>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
Serotonin Modulators		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet, disintegrating</i> (Remeron SolTab) 15 mg, 30 mg, 45 mg	1	
<i>trazodone oral tablet</i> 100 mg, 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	LA; ST: (FAILURE OF THREE OF THE FOLLOWING: BUPROPION, CITALOPRAM, DESVENLAFAXINE, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE); QL (1 per 1 day)
<i>vilazodone oral tablet</i> 10 mg, 20 mg, 40 mg (Viibryd)	4	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: BUPROPION, CITALOPRAM, DESVENLAFAXINE, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE); QL (1 per 1 day)
Tricyclics, Other Norepi-Ru Inhibitors		
<i>amitriptyline oral tablet</i> 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
<i>clomipramine oral capsule</i> 25 mg, 50 mg, 75 mg (Anafranil)	4	LA
<i>desipramine oral tablet</i> 10 mg, 25 mg (Norpramin)	1	
<i>desipramine oral tablet</i> 100 mg, 150 mg, 50 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	4	LA; QL (1 per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
Antidiarrhea Agents		
Antidiarrhea Agents		
<i>anti-diarrheal (loperamide) oral capsule 2 mg</i> (loperamide)	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>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
Antifungals (Skin & Mucous Membrane)		
Allylamines (Skin And Mucous Membrane)		
<i>terbinafine hcl oral tablet 250 mg</i>	1	
Azoles (Skin And Mucous Membrane)		
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole nitrate topical cream 1 %</i>	1	QL (85 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	4	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: CICLOPIROX NAIL SOLUTION, TERBINAFINE TABLET); 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	
KETODAN KIT TOPICAL COMBO PACK 2 %	1	
<i>ketodan topical foam 2 %</i> (ketoconazole)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
Hydroxypyridones (Skin, Mucous Membrane)		
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	QL (3 per 1 day)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	1	
Polyenes (Skin And Mucous Membrane)		
<i>klayesta topical powder 100,000 unit/gram</i> (nystatin)	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> (Klayesta)	1	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	

Drug Name		Drug Tier	Requirements/Limits
Antifungals, Miscellaneous			
Antifungals, Miscellaneous			
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>		4	LA
<i>griseofulvin microsize oral tablet 500 mg</i>		4	LA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		4	LA
Antigonadtropins			
Antigonadtropins			
CETROTIDE SUBCUTANEOUS (cetorelix) KIT 0.25 MG		4	LA; ST: (FAILURE OF GANIRELIX); QL (6 per 90 days)
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> (Fyremadel)		2	QL (3 per 90 days)
Antigout Agents			
Antigout Agents			
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)		1	
<i>allopurinol oral tablet 300 mg</i>		1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)		1	QL (1 per 1 day)
Antihistamines (Gi Drugs)			
Antihistamines (Gi Drugs)			
<i>compro rectal suppository 25 mg</i> (prochlorperazine)		1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis)		4	LA; QL (4 per 1 day)
<i>meclizine oral tablet 12.5 mg</i>		1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))		1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)		1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)		1	
<i>trimethobenzamide oral capsule 300 mg</i>		1	
Anti-Inflammatory Agents (Eent)			
Anti-Inflammatory Agents (Eent)			

Drug Name	Drug Tier	Requirements/Limits
CEQUA OPTHALMIC (EYE) DROPPERETTE 0.09 %	4	LA; ST: (FAILURE OF CYCLOSPORINE EYE DROPPERETTE OR RESTASIS MULTIDOSE EYE DROP); QL (2 per 1 day)
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette 0.05 %</i>	4	LA; QL (2 per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	4	LA; QL (2 per 1 day)
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	4	LA; ST: (FAILURE OF CYCLOSPORINE EYE DROPPERETTE OR RESTASIS MULTIDOSE EYE DROP); QL (2 per 1 day)
Anti-Inflammatory Agents (GI Drugs)		
Anti-Inflammatory Agents (GI Drugs)		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	4	LA
DIPENTUM ORAL CAPSULE 250 MG	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	4	LA
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	4	LA
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	4	LA
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	4	LA; QL (1 per 1 day)
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	4	LA
Antilipemic Agents, Miscellaneous		
Antilipemic Agents, Miscellaneous		
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	4	LA
Antimalarials		
Antimalarials		

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil oral tablet</i> (Malarone) 250-100 mg	1	QL (1 per 1 day)
<i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric) 62.5-25 mg	1	QL (3 per 1 day)
<i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg	1	QL (2 per 1 day)
COARTEM ORAL TABLET 20-120 MG	2	QL (8 per 1 day)
<i>hydroxychloroquine oral tablet</i> 100 mg	1	QL (3 per 1 day)
<i>hydroxychloroquine oral tablet</i> 200 mg (Plaquenil)	1	QL (3 per 1 day)
<i>hydroxychloroquine oral tablet</i> 300 mg (Sovuna)	4	LA; QL (2 per 1 day)
<i>hydroxychloroquine oral tablet</i> 400 mg	4	LA; QL (1 per 1 day)
<i>mefloquine oral tablet</i> 250 mg	1	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	2	
<i>pyrimethamine oral tablet</i> 25 mg (Daraprim)	4	LA
Antimanic Agents		
Antimanic Agents		
<i>lithium carbonate oral capsule</i> 150 mg, 300 mg, 600 mg	1	
<i>lithium carbonate oral tablet</i> 300 mg	1	
<i>lithium carbonate oral tablet</i> (Lithobid) <i>extended release</i> 300 mg	1	
<i>lithium carbonate oral tablet</i> <i>extended release</i> 450 mg	1	
<i>lithium citrate oral solution</i> 8 meq/5 ml	1	
Antimuscarinics		
Antimuscarinics		
<i>darifenacin oral tablet</i> <i>extended release</i> 24 hr 15 mg, 7.5 mg	4	LA; QL (1 per 1 day)
<i>oxybutynin chloride oral syrup</i> 5 mg/5 ml	1	
<i>oxybutynin chloride oral tablet</i> 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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>	4	LA
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
Antimuscarinics/Antispasmodics		
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	4	LA; QL (2 per 1 day)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (4 per 30 days)
<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>ed-spaz oral tablet,disintegrating 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	4	LA; QL (45 per 1 day)
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	QL (45 per 1 day)
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	QL (45 per 1 day)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	QL (312.5 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL (18 per 1 day)
<i>oscimin oral tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>oscimin sl sublingual tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i> (Donnatal)	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	4	LA; QL (10 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	4	LA; QL (4 per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	4	LA; QL (1 per 1 day)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	4	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: BUDESONIDE/FORMOTEROL HFA INHALER, FLUTICASONE/SALMETEROL BLISTER OR HFA INHALER, TIOTROPIUM HANDIHALER OR SPIRIVA RESPIMAT); QL (2 per 1 day)

Antineoplastic Agents

Antineoplastic 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)	4	LA
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	4	LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	LA
<i>etoposide oral capsule 50 mg</i>	4	LA
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	

Drug Name	Drug Tier	Requirements/Limits
<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	4	PA; LA; QL (2 per 1 day)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	4	LA
LYSODREN ORAL TABLET 500 MG	4	LA
MATULANE ORAL CAPSULE 50 MG	4	LA
<i>melphalan oral tablet 2 mg</i> (Alkeran)	4	LA
<i>mercaptopurine oral tablet 50 mg</i>	4	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	4	PA; LA; QL (4 per 1 day)
TABLOID ORAL TABLET 40 MG (thioguanine)	4	LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)	4	PA; 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	4	PA; LA; QL (3 per 1 day)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; LA; QL (1 per 1 day)
Antiparathyroid Agents		
Antiparathyroid Agents		
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	(nasal spray only)
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> (Sensipar)	3	PA

Drug Name	Drug Tier	Requirements/Limits
Antipruritics And Local Anesthetics		
Antipruritics And Local Anesthetics		
AGONEAZE TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	
<i>anecream (with dressings) topical kit 4 %</i> (lidocaine-transparent dressing)	1	
<i>anecream topical cream 4 %</i> (lidocaine)	1	
<i>anodyne lpt topical kit 2.5-2.5 %</i> (lidocaine-prilocaine)	1	
APRIZIO PAK TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	
<i>asperflex (lidocaine) topical cream 4 %</i> (lidocaine)	1	
DERMACINRX PRIZOPAK TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	
<i>dermalid topical combo pack 5 %</i>	1	QL (3 per 1 day)
EMREAL TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Tridacaine II)	1	QL (3 per 1 day)
<i>lidocaine topical cream 4 %</i> (Anecream)	1	
<i>lidocaine topical ointment 5 %</i>	1	QL (100 per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i> (AgonEaze)	1	
<i>lidocaine-transparent dressing topical kit 4 %</i> (Anecream (with dressings))	1	
<i>lidoheal-90 topical kit 4 %</i> (lidocaine-transparent dressing)	1	
LIDOLITE TOPICAL KIT 5 %	1	QL (100 per 30 days)
LIDO-PRILO CAINE PACK TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	
<i>lidopure patch topical combo pack 5 %</i>	1	QL (3 per 1 day)
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %	1	QL (100 per 30 days)
LIDOSOL TOPICAL KIT 5 %	1	QL (100 per 30 days)
LIDOSOL-50 TOPICAL KIT 5 %- 6 CM X 7 CM	1	QL (100 per 30 days)
LIDOTOR TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>lidozall topical cream 4 %</i>	(lidocaine)	1	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
<i>moxicaine topical kit 5 %</i>		1	QL (100 per 30 days)
<i>pain relief (lidocaine) topical cream 4 %</i>	(lidocaine hcl)	1	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	(Pyridium)	4	LA
PRILOHEAL PLUS 30 TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX LITE PLUS TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX PLUS TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
PRILOVIX ULTRALITE PLUS TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
REALHEAL-I TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
SKYADERM-LP TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	(lidocaine)	1	QL (3 per 1 day)
<i>tridacaine iii topical adhesive patch,medicated 5 %</i>	(lidocaine)	1	QL (3 per 1 day)
<i>tridacaine topical adhesive patch,medicated 5 %</i>	(lidocaine)	1	QL (3 per 1 day)
<i>tridacaine xl topical adhesive patch,medicated 5 %</i>	(lidocaine)	1	QL (3 per 1 day)
<i>ultra lido topical cream 4 %</i>	(lidocaine)	1	
VALLADERM-90 TOPICAL KIT 2.5-2.5 %	(lidocaine-prilocaine)	1	
ZILACAINE PATCH TOPICAL COMBO PACK 5 %		1	QL (3 per 1 day)
<i>ziloval topical kit 5 %</i>		1	QL (100 per 30 days)
Antipsychotic Agents			
Atypical Antipsychotics			

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	LA; ST: (FAILURE OF ARIPIPRAZOLE TABLET); QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	LA; ST: (FAILURE OF ARIPIPRAZOLE TABLET); QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	LA
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	LA; ST: (FAILURE OF ABILIFY MAINTENA); QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	4	LA; QL (2 per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: PALIPERIDONE TABLET, RISPERIDONE TABLET); QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	LA; ST: (FAILURE OF INVEGA SUSTENNA); QL (2.63 per 84 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	4	LA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	4	LA; QL (2 per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet,disintegrating</i> 10 mg, 15 mg, 20 mg, 5 mg	1	
<i>paliperidone oral tablet extended</i> <i>release 24hr 1.5 mg</i>	4	LA; QL (1 per 1 day)
<i>paliperidone oral tablet extended</i> (Invega) <i>release 24hr 3 mg, 6 mg, 9 mg</i>	4	LA; QL (1 per 1 day)
<i>quetiapine oral tablet 100 mg, 200</i> (Seroquel) <i>mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet 150 mg</i>	1	
<i>quetiapine oral tablet extended</i> (Seroquel XR) <i>release 24 hr 150 mg, 200 mg, 300</i> <i>mg, 400 mg, 50 mg</i>	4	LA; QL (2 per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ARIPRAZOLE, ASENAPINE, CLOZAPINE, LURASIDONE, OLANZAPINE, PALIPERIDONE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (1 per 1 day)
<i>risperidone microspheres</i> (Risperdal Consta) <i>intramuscular suspension,extended</i> <i>rel recon 12.5 mg/2 ml, 25 mg/2 ml,</i> <i>37.5 mg/2 ml, 50 mg/2 ml</i>	4	LA; ST: (FAILURE OF RISPERIDONE TABLET); QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	
<i>risperidone oral syringe 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg</i>	1	
<i>risperidone oral tablet 0.5 mg, 1 mg,</i> (Risperdal) <i>2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet,disintegrating</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ARIPIPRAZOLE, CLOZAPINE, LAMOTRIGINE, LITHIUM, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (1 per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ARIPIPRAZOLE, CLOZAPINE, LAMOTRIGINE, LITHIUM, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE); QL (1 per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	
Butyrophenones		
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
Dibenzoxapines		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
Phenothiazines		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	LA
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl injection solution</i> 2.5 mg/ml	1	
<i>fluphenazine hcl oral concentrate</i> 5 mg/ml	1	
<i>fluphenazine hcl oral elixir</i> 2.5 mg/5 ml	1	
<i>fluphenazine hcl oral tablet</i> 1 mg, 10 mg, 2.5 mg, 5 mg	1	
<i>perphenazine oral tablet</i> 16 mg, 2 mg, 4 mg, 8 mg	4	LA
<i>thioridazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	1	
<i>trifluoperazine oral tablet</i> 1 mg, 10 mg, 2 mg, 5 mg	4	LA
Thioxanthenes		
<i>thiothixene oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	1	
Antiretrovirals		
Hiv Integrase Inhibitors		
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	4	(\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
BIKTARVY ORAL TABLET 30- 120-15 MG, 50-200-25 MG	4	LA; QL (1 per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	LA; QL (42 per 365 days)
DOVATO ORAL TABLET 50-300 MG	4	LA; QL (1 per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	4	LA
ISENTRESS ORAL TABLET 400 MG	4	LA
JULUCA ORAL TABLET 50-25 MG	4	LA; QL (1 per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	LA; QL (1 per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	LA

Drug Name	Drug Tier	Requirements/Limits
Hiv Nonnucleoside Rev.Transcrip.Inhib.		
DELSTRIGO ORAL TABLET 100-300-300 MG	4	LA; QL (1 per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	4	LA
<i>efavirenz oral tablet 600 mg</i>	4	LA
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	4	LA
INTELENCE ORAL TABLET 25 MG	4	LA
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	LA
<i>nevirapine oral tablet 200 mg</i>	4	LA
Hiv Nucleoside & Nucleotide Rt Inhibitor		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	4	LA
<i>abacavir oral tablet 300 mg</i>	4	LA
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	LA
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine-tenofovir df)	4	LA
DESCOVY ORAL TABLET 120-15 MG	4	LA
DESCOVY ORAL TABLET 200-25 MG	4	(\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	LA
<i>efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg</i>	4	LA
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	LA
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	4	LA
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	4	(\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
EMTRIVA ORAL SOLUTION 10 MG/ML	4	LA
GENVOYA ORAL TABLET 150-150-200-10 MG	4	LA
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	4	LA

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral tablet 100 mg</i>	4	LA
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	4	LA
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	LA
ODEFSEY ORAL TABLET 200-25-25 MG	4	LA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	4	LA
STRIBILD ORAL TABLET 150-150-200-300 MG	4	LA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	4	LA
TRIUMEQ ORAL TABLET 600-50-300 MG	4	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)	4	LA
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	4	LA
<i>zidovudine oral tablet 300 mg</i>	4	LA
Hiv Protease Inhibitors		
<i>atazanavir oral capsule 150 mg</i>	4	LA
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	4	LA
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	4	LA
<i>fosamprenavir oral tablet 700 mg</i>	4	LA
LEXIVA ORAL SUSPENSION 50 MG/ML	4	LA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	4	LA; QL (10 per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	4	LA; QL (2 per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	4	LA; QL (4 per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	4	LA
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	LA

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	4	LA
PREZISTA ORAL TABLET 150 MG, 75 MG	4	LA
<i>ritonavir oral tablet 100 mg</i> (Norvir)	4	LA
SYM TUZA ORAL TABLET 800- 150-200-10 MG	4	LA; QL (1 per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	LA
Antithyroid Agents		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	4	LA
Antituberculosis Agents		
Antituberculosis Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	4	LA
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	4	LA
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
Antitussives		
Antitussives		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	QL (3 per 1 day)
<i>codeine-guaifenesin oral liquid 10- 100 mg/5 ml</i> (G Tussin AC)	1	QL (60 per 1 day); AGE (Min 12 Years)
<i>g tussin ac oral liquid 10-100 mg/5 ml</i> (codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i> (codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i> (codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	QL (30 per 1 day); AGE (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	QL (30 per 1 day); AGE (Min 12 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>virtussin ac oral liquid 10-100 mg/5 ml</i> (codeine-guaifenesin)	1	QL (60 per 1 day); AGE (Min 12 Years)
Antivirals (Eent)		
Antivirals (Eent)		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	4	LA
Antivirals (Skin & Mucous Membrane)		
Antivirals (Skin And Mucous Membrane)		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	1	
Anxiolytics, Sedatives & Hypnotics, Misc.		
Anxiolytics, Sedatives, And Hypnotics, Misc		
<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>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
Astringents		
Astringents (84:12)		
DRYSOL DAB-O-MATIC (aluminum chloride) TOPICAL SOLUTION 20 %	2	
QBREXZA TOPICAL TOWELETTE 2.4 %	4	LA; ST: (FAILURE OF DRYSOL); QL (1 per 1 day)
Azoles		
Azoles		
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg</i> (Diflucan)	1	
<i>fluconazole oral tablet 150 mg, 200 mg, 50 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	
<i>voriconazole oral tablet 200 mg</i>	1	
<i>voriconazole oral tablet 50 mg</i> (Vfend)	1	
Barbiturates (Anticonvulsants)		
Barbiturates (Anticonvulsants)		
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
Barbiturates (Anxiolytic, Sedative/Hyp)		
Barbiturates (Anxiolytic, Sedative/Hyp)		
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	QL (6 per 1 day)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff)	1	QL (6 per 1 day)
Basic Ointments And Protectants		
Basic Ointments And Protectants		
<i>calcipotriene scalp solution 0.005 %</i>	4	LA
<i>calcipotriene topical cream 0.005 %</i>	4	LA
<i>calcipotriene topical ointment 0.005 %</i>	4	LA
Benzodiazepines (Anticonvulsants)		
Benzodiazepines (Anticonvulsants)		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	QL (16 per 1 day)
<i>clobazam oral syringe 10 mg/4 ml</i>	1	QL (16 per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	QL (2 per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	QL (4 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet, disintegrating</i> 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL (4 per 1 day)
Benzodiazepines (Anxiolytic, Sedative/Hyp)		
Benzodiazepines (Anxiolytic, Sedative/Hyp)		
<i>alprazolam oral tablet</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1	QL (5 per 1 day)
<i>alprazolam oral tablet extended release</i> 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax XR)	1	QL (1 per 1 day)
<i>chlordiazepoxide hcl oral capsule</i> 10 mg, 25 mg, 5 mg	1	QL (4 per 1 day)
<i>clorazepate dipotassium oral tablet</i> 15 mg, 3.75 mg, 7.5 mg	1	QL (1 per 1 day)
<i>diazepam intensol oral concentrate</i> 5 mg/ml (diazepam)	1	QL (40 per 1 day)
<i>diazepam oral solution</i> 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	1	QL (40 per 1 day)
<i>diazepam oral tablet</i> 10 mg, 2 mg, 5 mg (Valium)	1	QL (4 per 1 day)
<i>diazepam rectal kit</i> 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	
<i>flurazepam oral capsule</i> 15 mg, 30 mg	1	QL (1 per 1 day)
<i>lorazepam oral tablet</i> 0.5 mg, 1 mg, 2 mg (Ativan)	1	QL (5 per 1 day)
<i>midazolam (pf) injection solution</i> 1 mg/ml	1	QL (25 per 30 days)
<i>midazolam (pf) injection syringe</i> 5 mg/ml	1	QL (5 per 30 days)
<i>midazolam in 0.9 % sodium chloride intravenous solution</i> 1 mg/ml	1	QL (25 per 30 days)
<i>midazolam injection solution</i> 1 mg/ml	1	QL (25 per 30 days)
<i>midazolam injection solution</i> 5 mg/ml	1	QL (5 per 30 days)
<i>temazepam oral capsule</i> 15 mg, 7.5 mg (Restoril)	1	QL (2 per 1 day)
<i>temazepam oral capsule</i> 22.5 mg, 30 mg (Restoril)	1	QL (1 per 1 day)
<i>triazolam oral tablet</i> 0.125 mg	1	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	QL (1 per 1 day)
Beta-3-Adrenergic Agonists		
Selective Beta-3-Adrenergic Agonists		
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i> (Myrbetriq)	4	LA; QL (1 per 1 day)
Beta-Adrenergic Agonists		
Selective Beta-2-Adrenergic Agonists		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	1	(maximum of 2 inhalers per 30 days); QL (14 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>	1	QL (10 per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 2.5 mg/0.5 ml</i>	1	QL (12 per 1 day)
<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	
<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)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	4	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: BUDESONIDE/FORMOTEROL HFA INHALER, FLUTICASONE/SALMETEROL BLISTER OR HFA INHALER); QL (13 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone furoate-vilanterol</i> (Breo Ellipta) <i>inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	4	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: BUDESONIDE/FORMOTEROL HFA INHALER, FLUTICASONE/SALMETEROL BLISTER OR HFA INHALER); QL (2 per 1 day)
<i>fluticasone propion-salmeterol</i> (Wixela Inhub) <i>inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (2 per 1 day)
<i>fluticasone propion-salmeterol</i> (Advair HFA) <i>inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i>	1	QL (12 per 30 days)
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	4	LA; ST: (FAILURE OF ALBUTEROL HFA); QL (1 per 1 day)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (2 per 1 day)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<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 (2 per 1 day)
Beta-Adrenergic Blocking Agents		
Central Alpha-Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	QL (4 per 1 day)
<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>guanfacine oral tablet 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	QL (1 per 1 day)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
Beta-Adrenergic Blocking Agents (Eent)		
Beta-Adrenergic Blocking Agents (Eent)		
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (timolol)	2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</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>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	1	
Beta-Adrenergic Blocking Agt.(Hypoten)		
Nitrates And Nitrites		
<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 Titradose)	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 (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
NITRO-BID TRANSDERMAL (nitroglycerin) OINTMENT 2 %	2	
<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	
Biguanides		
Biguanides		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 750 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>	4	LA
Bile Acid Sequestrants		
Bile Acid Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	4	LA
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	4	LA
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colestipol oral granules 5 gram</i> (Colestid)	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
<i>prevalite oral powder 4 gram</i>	4	LA
<i>prevalite oral powder in packet 4 gram</i>	4	LA
Bone Resorption Inhibitors		
Bone Resorption Inhibitors		
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	2	
<i>risedronate oral tablet 150 mg, 35 mg</i> (Actonel)	1	
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	
Calcitonin Gene-Related Peptide Antag.		
Calcitonin Gene-Related Peptide Antag.		
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)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA; LA; QL (1.5 per 28 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)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4	PA; LA; QL (1 per 2 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; LA
Calcium-Channel Blocking Agents(Hypoten)		
Phosphodiesterase Type 5 Inhibitors		
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	1	QL (6 per 30 days)
<i>varденаfil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST: (FAILURE OF SILDENAFIL); QL (6 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Caloric Agents		
Caloric Agents		
<i>glucose oral tablet, chewable 3.75 gram</i> (TRUEplus Glucose)	1	
<i>glucose oral tablet, chewable 4 gram</i> (Dex4 Glucose)	1	
<i>trueplus glucose oral tablet, chewable 3.75 gram</i> (glucose)	1	
Carbonic Anhydrase Inhibitors (Eent)		
Carbonic Anhydrase Inhibitors (Eent)		
<i>acetazolamide oral capsule, extended release 500 mg</i>	4	LA
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
Cardiotonic Agents		
Cardiotonic Agents		
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL); QL (15 per 1 day)
<i>digitek 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	

Drug Name	Drug Tier	Requirements/Limits
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL); QL (2 per 1 day)
Cariostatic Agents		
Cariostatic Agents		
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	PREV	AGE (Max 6 Years)
Cathartics And Laxatives		
Cathartics And Laxatives		
<i>clearlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	PREV	
<i>clearlax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	PREV	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	PREV	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	PREV	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	PREV	
<i>gentlelax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	PREV	
<i>healthylax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	PREV	
<i>laxaclear oral powder 17 gram/dose</i> (polyethylene glycol 3350)	PREV	
<i>laxative peg 3350 oral powder 17 gram/dose</i> (polyethylene glycol 3350)	PREV	
<i>natura-lax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	PREV	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	PREV	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) 420 gram	PREV	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	PREV	
<i>polyethylene glycol 3350 oral powder</i> (ClearLax) 17 gram/dose	PREV	
<i>polyethylene glycol 3350 oral powder</i> (ClearLax) in packet 17 gram	PREV	
<i>polyethylene glycol 3350 oral powder</i> in packet 4 gram	PREV	
<i>polyethylene glycol 3350 oral powder</i> (Gavilax) in packet 4.25 gram, 8.5 gram	PREV	
<i>powderlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	PREV	
<i>powderlax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	PREV	
<i>purelax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	PREV	
<i>purelax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	PREV	
<i>smoothlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	PREV	
<i>smoothlax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	PREV	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	PREV	

Cell Stimulants And Proliferants

Cell Stimulants And Proliferants

<i>avita topical cream 0.025 %</i> (tretinoin)	4	LA
<i>avita topical gel 0.025 %</i> (tretinoin)	4	LA
<i>tretinoin (emollient) topical cream 0.05 %</i> (Refissa)	4	LA
<i>tretinoin topical cream 0.025 %</i> (Avita)	4	LA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	4	LA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	4	LA
<i>tretinoin topical gel 0.025 %</i> (Avita)	4	LA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	4	LA

Central Alpha-Agonists

Drug Name	Drug Tier	Requirements/Limits
Direct Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
Central Nervous System Agents, Misc.		
Central Nervous System Agents, Misc.		
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (2 per 1 day)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	LA; QL (2 per 1 day)
Centrally Acting Skeletal Muscle Relaxant		
Centrally Acting Skeletal Muscle Relaxant		
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	QL (3 per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	1	QL (3 per 1 day)
CYCLOTENS REFILL COMBO PACK 10 MG	1	QL (3 per 1 day)
CYCLOTENS STARTER COMBO PACK 10 MG	1	QL (3 per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i> (Tanlor)	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
Cephalosporins		
Cephalosporins		
<i>cefдинir oral capsule 300 mg</i>	1	
<i>cefдинir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
SUPRAX ORAL TABLET,CHEWABLE 200 MG	2	
First Generation Cephalosporins		
<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	
Second Generation 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>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
Cholelitholytic Agents		
Cholelitholytic Agents		
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg</i>	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
Cholesterol Absorption Inhibitors		
Cholesterol Absorption Inhibitors		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (1 per 1 day)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	PREV	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	PREV	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	PREV	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	PREV	

Drug Name		Drug Tier	Requirements/Limits
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estradiol)	PREV	
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		PREV	
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	PREV	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		PREV	
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estradiol)	PREV	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	PREV	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	PREV	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	PREV	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	PREV	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	PREV	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estradiol)	PREV	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	PREV	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	PREV	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		PREV	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	PREV	

Drug Name		Drug Tier	Requirements/Limits
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		PREV	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	PREV	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	PREV	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	PREV	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		PREV	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	PREV	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	PREV	
<i>cyred oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	PREV	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	PREV	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		PREV	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	PREV	
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	PREV	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	PREV	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	PREV	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Safyral)	PREV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	PREV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	PREV	

Drug Name		Drug Tier	Requirements/Limits
<i>econtra ez oral tablet 1.5 mg</i>	(levonorgestrel)	PREV	
<i>econtra one-step oral tablet 1.5 mg</i>	(levonorgestrel)	PREV	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	PREV	
ELLA ORAL TABLET 30 MG		PREV	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	PREV	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	PREV	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	PREV	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	PREV	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	PREV	
<i>estarylla oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	PREV	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	PREV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	PREV	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	PREV	
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	PREV	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	PREV	
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	PREV	

Drug Name		Drug Tier	Requirements/Limits
<i>her style oral tablet 1.5 mg</i>	(levonorgestrel)	PREV	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	PREV	
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	PREV	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	PREV	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	PREV	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	PREV	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	PREV	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	PREV	
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(levonorgest-eth.estradiol-iron)	PREV	
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	PREV	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	PREV	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	PREV	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	PREV	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	PREV	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	PREV	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	PREV	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	PREV	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	PREV	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	PREV	

Drug Name		Drug Tier	Requirements/Limits
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		PREV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	PREV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg- 20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	PREV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg- 30 mcg (84)/10 mcg (7)</i>	(Amethia)	PREV	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	PREV	
<i>larin 1/20 (21) oral tablet 1-20 mg- mcg</i>	(norethindrone ac-eth estradiol)	PREV	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg- mcg</i>		PREV	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	PREV	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estradiol triphasic)	PREV	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	PREV	
<i>levonorgestrel oral tablet 1.5 mg</i>	(EContra EZ)	PREV	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	PREV	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Altavera (28))	PREV	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	(Dolishale)	PREV	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg- 30 mcg (91)</i>	(Iclevia)	PREV	
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	PREV	

Drug Name		Drug Tier	Requirements/Limits
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	PREV	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		PREV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		PREV	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol- e.estrad)	PREV	
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	PREV	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	PREV	
<i>lo-zumandimine (28) oral tablet 3- 0.02 mg</i>	(drospirenone-ethinyl estradiol)	PREV	
<i>luttera (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	PREV	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	PREV	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	PREV	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	PREV	
<i>microgestin 1/20 (21) oral tablet 1- 20 mg-mcg</i>	(norethindrone ac-eth estradiol)	PREV	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>mili oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	PREV	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		PREV	
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>my choice oral tablet 1.5 mg</i>	(levonorgestrel)	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>my way oral tablet 1.5 mg</i> (levonorgestrel)	PREV	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	PREV	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PREV	
<i>new day oral tablet 1.5 mg</i> (levonorgestrel)	PREV	
NEXPLANON SUBDERMAL IMPLANT 68 MG	PREV	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	PREV	
<i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	PREV	
<i>nora-be oral tablet 0.35 mg</i> (norethindrone (contraceptive))	PREV	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	PREV	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	PREV	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	PREV	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	PREV	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	PREV	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmily)	PREV	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	PREV	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	PREV	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tilia Fe)	PREV	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	PREV	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (Tri-Lo-Estarylla)	PREV	

Drug Name		Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(Tri-Estarylla)	PREV	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	(Estarylla)	PREV	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		PREV	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	PREV	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		PREV	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	PREV	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		PREV	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>ocella oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	PREV	
<i>opcicon one-step oral tablet 1.5 mg</i>	(levonorgestrel)	PREV	
<i>option-2 oral tablet 1.5 mg</i>	(levonorgestrel)	PREV	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		PREV	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		PREV	
<i>philith oral tablet 0.4-35 mg-mcg</i>		PREV	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	PREV	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>		PREV	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	PREV	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	PREV	
<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)	PREV	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	PREV	

Drug Name		Drug Tier	Requirements/Limits
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	PREV	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog- e.estradiol/e.estradiol)	PREV	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol- e.estrad)	PREV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		PREV	
SLYND ORAL TABLET 4 MG (28)		PREV	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	PREV	
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	PREV	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>tarina fe 1/20 (28) oral tablet 1 mg- 20 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>tri-legest fe oral tablet 1-20(5)/1- 30(7) /1mg-35mcg (9)</i>	(norethindrone- e.estradiol-iron)	PREV	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	PREV	

Drug Name		Drug Tier	Requirements/Limits
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	PREV	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	PREV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		PREV	
<i>tyblume oral tablet,chewable 0.1 mg-20 mcg</i>		PREV	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	(drospirenone-e.estradiol-lm.fa)	PREV	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		PREV	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	PREV	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	PREV	
<i>violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	PREV	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	PREV	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		PREV	
<i>vylibra oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	PREV	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>		PREV	
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(noreth-ethinyl estradiol-iron)	PREV	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	PREV	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	PREV	

Drug Name		Drug Tier	Requirements/Limits
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	PREV	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	PREV	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	PREV	
Contraceptives (E.G. Foams, Devices)			
Nonhormonal Contraceptives			
AIMSCO LATEX CONDOM DEVICE		PREV	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		PREV	
DUREX AVANTI BARE REAL FEEL		PREV	
FANTASY CONDOM DEVICE		PREV	
FC2 FEMALE CONDOM		PREV	
FEMCAP VAGINAL DEVICE 22 MM		PREV	
KIMONO LUBRICATED CONDOMS DEVICE		PREV	
KIMONO MICROTHIN AQUA LUBE CON DEVICE		PREV	
KIMONO MICROTHIN CONDOMS DEVICE		PREV	
KIMONO TEXTURED CONDOMS DEVICE		PREV	
KIMONO THIN LUBRICATED CONDOMS DEVICE		PREV	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		PREV	
PHEXXI VAGINAL GEL 1.8-1-0.4 %		PREV	
TRUSTEX LATEX CONDOM DEVICE		PREV	
TRUSTEX LUBRICATED CONDOMS DEVICE		PREV	
TRUSTEX NON-LUB CONDOMS DEVICE		PREV	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE		PREV	

Drug Name	Drug Tier	Requirements/Limits
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	PREV	
<i>vcf contraceptive gel vaginal gel 4 %</i>	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	PREV	
Corticosteroids		
Corticosteroids (Skin, Mucous Membrane)		
<i>anucort-hc rectal suppository 25 mg</i> (hydrocortisone acetate)	1	
<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>	4	LA
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	4	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>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	4	LA
<i>desonide topical cream 0.05 %</i> (DesOwen)	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone topical ointment 0.05 %</i> (Topicort) <i>0.25 %</i>	1	
EPIFOAM TOPICAL FOAM 1-1 %	2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothie/FS Scalp Oil)	1	
<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-Smoothie/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-emollient topical cream 0.05 %</i> (Fluocinonide-E)	1	
HYDROCORTISONE ACETATE RECTAL SUPPOSITORY 25 MG (Anucort-HC)	1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	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>	4	LA; QL (2 per 1 day)
<i>hydrocortisone valerate topical ointment 0.2 %</i>	4	LA; QL (2 per 1 day)
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	1	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
<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	
SILA III TOPICAL KIT 0.1 %- 4" X 4"	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream 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	
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"	1	
<i>triderm topical cream 0.1 %, 0.5 %</i> (triamcinolone acetonide)	1	
Corticosteroids (Eent)		
Corticosteroids (Eent)		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
Cystic Fibrosis (Cftr)		
Correctors		
Cystic Fibrosis (Cftr) Correctors		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; LA; QL (2 per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA; QL (4 per 1 day)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; LA; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; LA; QL (3 per 1 day)
Cystic Fibrosis (Cftr)		
Potentiators		
Cystic Fibrosis (Cftr) Potentiators		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; LA; QL (2 per 1 day)
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL (2 per 1 day)
Devices		
Devices		
1ST TIER UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	1	

Drug Name		Drug Tier	Requirements/Limits
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
ADVOCATE SYRINGES SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	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)
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	(lancets)	1	
AQINJECT PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	
ASSURE ID DUO-SHIELD NEEDLE 30 GAUGE X 3/16"		1	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 31 GAUGE X 15/64"		1	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		1	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		1	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1"	(syringe with needle)	1	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin u-500 syringe-needle)	1	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	

Drug Name	Drug Tier	Requirements/Limits
BD INTEGRA NEEDLE NEEDLE (needle (disp) 23 gauge) 23 GAUGE X 1"	1	QL (2 per 1 day)
BD INTEGRA SYRINGE SYRINGE 3 ML 25 GAUGE X 1"	1	QL (2 per 1 day)
BD LUER-LOK SYRINGE SYRINGE 3 ML 25 GAUGE X 1"	1	QL (2 per 1 day)
BD NANO 2ND GEN PEN (pen needle, diabetic) NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"	1	
BD SAFETYGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8"	1	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8"	1	
BD SAFETYGLIDE SYRINGE (insulin syringe-needle SYRINGE 1 ML 27 GAUGE X 5/8" u-100)	1	
BD SAFETYGLIDE SYRINGE (syringe with needle) SYRINGE 3 ML 23 X 1"	1	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	1	QL (2 per 1 day)
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8"	1	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 27 X 1/2"	1	QL (2 per 1 day)
BD ULTRA-FINE MICRO PEN (pen needle, diabetic) NEEDLE NEEDLE 32 GAUGE X 1/4"	1	
BD ULTRA-FINE MINI PEN (pen needle, diabetic) NEEDLE NEEDLE 31 GAUGE X 3/16"	1	
BD ULTRA-FINE NANO PEN (pen needle, diabetic) NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
BD ULTRA-FINE ORIG PEN (pen needle, diabetic) NEEDLE NEEDLE 29 GAUGE X 1/2"	1	
BD ULTRA-FINE SHORT PEN (pen needle, diabetic) NEEDLE NEEDLE 31 GAUGE X 5/16"	1	

Drug Name		Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %		1	
CAREFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1"		1	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 23 X 1"	(syringe with needle)	1	
CAREPOINT LUER SLIP SYRING- NDL SYRINGE 1 ML 25 GAUGE X 5/8"		1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16"		1	
CARETOUCH LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 GAUGE X 1"		1	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
CLICKFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
COMFORT EZ PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"		1	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
DEXCOM G6 RECEIVER		4	PA; LA; QL (1 per 365 days)
DEXCOM G6 SENSOR DEVICE		4	PA; LA; QL (3 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 TRANSMITTER DEVICE	4	PA; LA; QL (1 per 90 days)
DEXCOM G7 RECEIVER	4	PA; LA; QL (1 per 365 days)
DEXCOM G7 SENSOR DEVICE	4	PA; LA; QL (3 per 30 days)
DROPLET INSULIN SYRINGE (insulin syringe-needle SYRINGE 0.3 ML 31 GAUGE X u-100) 5/16"	1	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	1	
DROPLET PEN NEEDLE NEEDLE (pen needle, diabetic) 32 GAUGE X 5/32"	1	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	1	
EASY COMFORT INSULIN (insulin syringe-needle SYRINGE SYRINGE 0.5 ML 31 u-100) GAUGE X 5/16"	1	
EASY COMFORT PEN NEEDLES (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
EASY GLIDE INSULIN SYRINGE (insulin syringe-needle SYRINGE 1/2 ML 31 GAUGE X u-100) 15/64"	1	
EASY GLIDE PEN NEEDLE (pen needle, diabetic) NEEDLE 33 GAUGE X 5/32"	1	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"	1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2"	1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"	1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2"	1	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	1	
EASY TOUCH LUER LOCK (insulin syringe needleless) INSULIN SYRINGE 1 ML	1	
EASY TOUCH NEEDLE 31 (pen needle, diabetic) GAUGE X 5/16"	1	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16"	1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"	1	
EASY TOUCH SYRINGE 3 ML 25 X 5/8"	1	
EASY TOUCH UNI-SLIP (insulin syringe needleless) SYRINGE 1 ML	1	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	1	
EMBRACE PEN NEEDLE (pen needle, diabetic) NEEDLE 30 GAUGE X 5/16"	1	
FILTER NEEDLES NEEDLE 18 (BD Filter Needle 5-Micron Noko) GAUGE X 1 1/2"	1	QL (2 per 1 day)
FREESTYLE LANCETS 28 (lancets) GAUGE	1	
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	2	PA; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER	2	PA; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	PA; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER	2	PA; QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PA; QL (2 per 28 days)
FREESTYLE PRECISION (insulin syringe-needle u-100) SYRINGE 1 ML 30 GAUGE X 5/16	1	

Drug Name		Drug Tier	Requirements/Limits
FREESTYLE UNISTIK 2	(lancets)	1	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
HEALTHWISE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"		1	
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Ultra-Thin II Insulin Syringe)	1	
INSUPEN PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
LANCETS 30 GAUGE	(2-In-1 Lancet Device)	1	
LANCETS, THIN 28 GAUGE	(lancets)	1	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2"		1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16"		1	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16"		1	
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	1	

Drug Name		Drug Tier	Requirements/Limits
MICROCHAMBER SPACER	(inhalational spacing device)	1	QL (2 per 365 days)
MICRODOT INSULIN PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16"		1	
MICROSPACER SPACER	(inhalational spacing device)	1	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2"		1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML	(syringe (disposable))	1	QL (2 per 1 day)
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	1	QL (2 per 1 day)
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	
MONOJECT SYRINGE SYRINGE 140 ML		1	
MONOJECT SYRINGE SYRINGE 3 ML	(syringe (disposable))	1	QL (2 per 1 day)
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"		1	QL (2 per 1 day)
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"		1	QL (2 per 1 day)
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 27 X 1/2"		1	QL (2 per 1 day)
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	

Drug Name	Drug Tier	Requirements/Limits
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	1	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	4	LA; QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL (10 per 30 days)
OPTICHAMBER ADULT MASK-LARGE DEVICE	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device)	1	QL (2 per 365 days)
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (CareTouch Pen Needle)	1	
PEN NEEDLE, DIABETIC NEEDLE 31 GAUGE X 5/32" (Comfort Touch Pen Needle)	1	
PEN NEEDLE, DIABETIC NEEDLE 32 GAUGE X 5/32" (1st Tier Unifine Pentips)	1	
PENTIPS PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	1	
PIP PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	1	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	1	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	1	

Drug Name		Drug Tier	Requirements/Limits
PROCHAMBER SPACER	(inhalational spacing device)	1	
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
PROXIVOL TOPICAL GEL 2 %		1	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"		1	
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"		1	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"		1	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		1	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		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	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
SURE COMFORT PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"		1	
SURE-FINE PEN NEEDLES NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	

Drug Name		Drug Tier	Requirements/Limits
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
SYRINGE WITH NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	(Easy Touch)	1	
SYRINGE WITH NEEDLE SYRINGE 3 ML 22 X 1 1/2"	(UltiCare Low Dead Space Syring)	1	
SYRINGE WITH NEEDLE, SAFETY SYRINGE 0.5 ML 30 GAUGE X 1/2"		1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16"		1	
TECHLITE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1"	(syringe with needle)	1	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8"		1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2"		1	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"		1	

Drug Name		Drug Tier	Requirements/Limits
TRUE METRIX AIR GLUCOSE METER	(blood-glucose meter)	1	QL (1 per 365 days)
TRUE METRIX GLUCOSE METER	(blood-glucose meter)	1	QL (1 per 365 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)
TRUEDRAW LANCING DEVICE	(lancing device)	1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUEPLUS LANCETS 28 GAUGE, 33 GAUGE	(lancets)	1	
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TUBERCULIN SYRINGE SYRINGE 1 ML 27 X 1/2"		1	QL (2 per 1 day)
TUBERCULIN-ALLERGY SYRINGES SYRINGE 1 ML 26 GAUGE X 3/8"	(Allergist Tray Intradermal Bev)	1	QL (2 per 1 day)
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2"	(syringe with needle)	1	
ULTICARE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"		1	
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2"		1	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 32 GAUGE X 5/32"		1	

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	1	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	
ULTRA FLO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	1	
ULTRA THIN LANCETS 31 GAUGE	1	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	1	
ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	
ULTRACARE PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	
UNIFINE OTC PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	1	
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	1	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	1	
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	1	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	1	

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS NEEDLE (pen needle, diabetic) 32 GAUGE X 5/32"	1	
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	1	
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 31 GAUGE X 5/16"	1	
UNIFINE ULTRA PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16"	1	
UNISTIK 2 NORMAL LANCET 21 (lancets) GAUGE	1	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	1	
VANISHPOINT SYRINGE (insulin syringe-needle SYRINGE 1 ML 29 GAUGE X 1/2" u-100)	1	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1"	1	
VERIFINE INSULIN SYRINGE (insulin syringe-needle SYRINGE 0.3 ML 31 GAUGE X u-100) 5/16"	1	
VERIFINE PEN NEEDLE NEEDLE (pen needle, diabetic) 32 GAUGE X 5/32"	1	
VERIFINE PLUS PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16"	1	
VERIFINE PLUS PEN NEEDLE- SHARP NEEDLE 32 GAUGE X 5/32"	1	

Diabetes Mellitus

Diabetes Mellitus

FREESTYLE PRECISION NEO (blood sugar diagnostic) STRIPS STRIP	2	QL (200 per 90 days)
TRUE METRIX GLUCOSE TEST (blood sugar diagnostic) STRIP STRIP	1	QL (10 per 1 day)
TRUE METRIX PRO TEST STRIP (blood sugar diagnostic) STRIP	1	QL (10 per 1 day)

Digestants

Digestants

Drug Name	Drug Tier	Requirements/Limits
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 (30 per 1 day)
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 (30 per 1 day)
Dihydropyridines		
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	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	4	LA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	4	LA
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	4	LA; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA ORAL TABLET 5 MG	4	LA; QL (1 per 1 day)
Direct-Acting Skeletal Muscle Relaxants		
Direct-Acting Skeletal Muscle Relaxants		
<i>dantrolene oral capsule 100 mg, 50 mg</i>	4	LA
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	4	LA
Dopamine Precursors		
Dopamine Precursors		
<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	
Dopamine Receptor Agonists		
Ergot-Deriv. Dopamine Receptor Agonists		
<i>bromocriptine oral capsule 5 mg</i>	4	LA
<i>bromocriptine oral tablet 2.5 mg</i>	4	LA
<i>cabergoline oral tablet 0.5 mg</i>	1	QL (16 per 28 days)
Nonergot-Deriv. Dopamine Receptor Agonist		
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	QL (1 per 1 day)
Eent Anti-Infectives, Miscellaneous		
Anti-Infectives, Miscellaneous (52:04)		

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	4	LA
Eent Drugs, Miscellaneous		
Eent Drugs, Miscellaneous		
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
Eent Nonsteroidal Anti-Inflam. Agents		
Eent Nonsteroidal Anti-Inflam. Agents		
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	(ophthalmic)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	
Estrogen Agonist-Antagonists		
Estrogen Agonist-Antagonists		
<i>clomiphene citrate oral tablet 50 mg</i> (Clomid)	1	
FARESTON ORAL TABLET 60 MG (toremifene)	4	LA
<i>raloxifene oral tablet 60 mg</i> (Evista)	PREV	QL (1 per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PREV	
Estrogens		
Estrogens		
<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: (FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL/NORETHINDRONE ORAL TABLET, ESTRADIOL TRANSDERMAL PATCH); QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dotti transdermal patch semiweekly</i> (estradiol) 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 oral tablet 0.5 mg, 1 mg, 2</i> (Estrace) mg	1	
<i>estradiol transdermal gel in metered-</i> (EstroGel) <i>dose pump 1.25 gram/actuation</i>	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL ORAL TABLET, ESTRADIOL TRANSDERMAL PATCH); QL (50 per 30 days)
<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 %)	4	LA; ST: (FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL ORAL TABLET, ESTRADIOL TRANSDERMAL PATCH); QL (1 per 1 day)
<i>estradiol transdermal patch</i> (Dotti) <i>semiweekly 0.025 mg/24 hr, 0.0375</i> <i>mg/24 hr, 0.05 mg/24 hr, 0.075</i> <i>mg/24 hr, 0.1 mg/24 hr</i>	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</i> (Estrace) <i>mg/gram)</i>	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</i> (Delestrogen) <i>10 mg/ml, 20 mg/ml</i>	1	
<i>estradiol valerate intramuscular oil</i> <i>40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral</i> <i>tablet 0.5-0.1 mg</i>	1	
<i>estradiol-norethindrone acet oral</i> (Mimvey) <i>tablet 1-0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	LA; ST: (FAILURE OF ESTRADIOL VAGINAL CREAM); QL (1 per 84 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	LA; ST: (FAILURE OF ESTRADIOL VAGINAL CREAM); QL (1 per 84 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: ESTRADIOL VAGINAL CREAM, ESTRADIOL VAGINAL TABLET); QL (18 per 28 days)
<i>lyllana transdermal patch</i> (estradiol) <i>semiweekly 0.025 mg/24 hr, 0.0375</i> <i>mg/24 hr, 0.05 mg/24 hr, 0.075</i> <i>mg/24 hr, 0.1 mg/24 hr</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
<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	2	
PREMARIN ORAL TABLET 0.625 (conjugated estrogens) MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	1	QL (18 per 28 days)
Ethanolamine Derivatives		
Ethanolamine Derivatives		
<i>clemastine oral tablet 2.68 mg</i> (Clemasz)	1	
Fibric Acid Derivatives		
Fibric Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule</i> 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg	1	QL (1 per 1 day)
<i>fenofibrate nanocrystallized oral tablet</i> 145 mg, 48 mg (Tricor)	1	QL (1 per 1 day)
<i>fenofibrate oral capsule</i> 150 mg, 50 mg (Lipofen)	1	QL (1 per 1 day)
<i>fenofibrate oral tablet</i> 120 mg, 160 mg, 40 mg, 54 mg	1	QL (1 per 1 day)
<i>gemfibrozil oral tablet</i> 600 mg (Lopid)	1	
First Gen. Antihist. Derivatives, Misc.		
First Gen. Antihist. Derivatives, Misc.		
<i>cyproheptadine oral syrup</i> 2 mg/5 ml	1	
<i>cyproheptadine oral tablet</i> 4 mg	1	
Gaba-Derivative Skeletal Muscle Relaxant		
Gaba-Derivative Skeletal Muscle Relaxant		
<i>baclofen oral tablet</i> 10 mg, 5 mg	1	QL (8 per 1 day)
<i>baclofen oral tablet</i> 20 mg	1	QL (4 per 1 day)
Glycogenolytic Agents		
Glycogenolytic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	4	LA; QL (2 per 1 day)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	1	
Gonadotropins		
Gonadotropins		
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT (Pregnyl)	2	ST: (FAILURE OF PREGNYL); QL (1 per 90 days)

Drug Name	Drug Tier	Requirements/Limits
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML	4	LA; ST: (FAILURE OF GONAL-F); QL (3.6 per 90 days)
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 600 UNIT/0.72 ML	4	LA; ST: (FAILURE OF GONAL-F); QL (4.68 per 90 days)
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 900 UNIT/1.08 ML	4	LA; ST: (FAILURE OF GONAL-F); QL (8.19 per 90 days)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML	2	QL (2.5 per 90 days)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 450/0.75 UNIT/ML	2	QL (3.75 per 90 days)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 900/1.5 UNIT/ML	2	QL (7.5 per 90 days)
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	2	QL (14 per 90 days)
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	2	QL (5 per 90 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 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
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

Drug Name		Drug Tier	Requirements/Limits
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		4	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT		4	LA; ST: (FAILURE OF GONAL-F); QL (120 per 90 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT		2	ST: (FAILURE OF PREGNYL); QL (1 per 90 days)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML		2	ST: (FAILURE OF PREGNYL); QL (0.5 per 90 days)
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	(chorionic gonadotropin, human)	2	QL (1 per 90 days)
Hcv Antivirals			
Hcv Polymerase Inhibitors			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG		3	PA; QL (1 per 1 day)
EPCLUSA ORAL TABLET 200-50 MG		3	PA; QL (1 per 1 day)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		3	PA; QL (1 per 1 day)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		3	PA; QL (2 per 1 day)
HARVONI ORAL TABLET 45-200 MG		3	PA; QL (2 per 1 day)
ledipasvir-sofosbuvir oral tablet 90- 400 mg	(Harvoni)	4	PA; LA; QL (1 per 1 day)
sofosbuvir-velpatasvir oral tablet 400-100 mg	(Epclusa)	4	PA; LA; QL (1 per 1 day)
Hcv Protease Inhibitors			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		4	PA; LA; QL (6 per 1 day)
MAVYRET ORAL TABLET 100-40 MG		4	PA; LA; QL (3 per 1 day)
Hcv Replication Complex Inhibitors			
ZEPATIER ORAL TABLET 50-100 MG		4	PA; LA; QL (1 per 1 day)
Hematopoietic Agents			
Hematopoietic Agents			

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	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	4	LA
LEUKINE INJECTION RECON SOLN 250 MCG	4	LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	LA; ST: (FAILURE OF NYVEPRIA)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	LA; ST: (FAILURE OF NYVEPRIA)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	LA; ST: (FAILURE OF NIVESTYM)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	LA; ST: (FAILURE OF NIVESTYM)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	
Hemorrhologic Agents		
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
Hemostatics		
Hemostatics		
<i>tranexamic acid oral tablet 650 mg</i>	1	QL (30 per 28 days)
Histamine H2-Antagonists		

Drug Name	Drug Tier	Requirements/Limits
Histamine H2-Antagonists		
<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>famotidine oral suspension for reconstitution 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	
Hmg-Coa Reductase Inhibitors		
Hmg-Coa Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	PREV	QL (1 per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PREV	QL (1 per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PREV	QL (1 per 1 day)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	PREV	QL (1 per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	PREV	QL (1 per 1 day)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	PREV	QL (1 per 1 day)
Hydantoins		
Hydantoins		
DILANTIN ORAL CAPSULE 30 MG	2	
<i>phenytoin oral suspension 100 mg/4 ml</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	
Incretin Mimetics		
Incretin Mimetics		

Drug Name	Drug Tier	Requirements/Limits
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85 ML	2	PA; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN (exenatide) INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA
<i>liraglutide subcutaneous pen injector</i> (Victoza 2-Pak) <i>0.6 mg/0.1 ml (18 mg/3 ml)</i>	4	PA; LA; QL (9 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (1 per 1 day)
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	2	PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN (liraglutide) INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; QL (9 per 30 days)
Insulins		
Intermediate-Acting Insulins		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	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)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	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)

Drug Name		Drug Tier	Requirements/Limits
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		2	QL (40 per 28 days)
Long-Acting Insulins			
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-100)	4	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (30 per 28 days)
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-200)	4	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (18 per 28 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	(Tresiba U-100 Insulin)	4	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (40 per 28 days)
<i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Basaglar KwikPen U-100 Insulin)	1	QL (1 per 1 day)
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	(Lantus U-100 Insulin)	1	QL (40 per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glarg-yfgn)Pen)	1	QL (1 per 1 day)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	(Semglee(insulin glargine-yfgn))	1	QL (40 per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	QL (1 per 1 day)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	QL (40 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	4	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (12 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	4	LA; ST: (FAILURE OF INSULIN GLARGINE-YFGN); QL (9 per 30 days)
Rapid-Acting Insulins			

Drug Name	Drug Tier	Requirements/Limits	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: INSULIN ASPART, INSULIN LISPRO); QL (1 per 1 day)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	4	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: INSULIN ASPART, INSULIN LISPRO); QL (1 per 1 day)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: INSULIN ASPART, INSULIN LISPRO); 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)	2	QL (40 per 28 days)	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	4	LA; QL (1 per 1 day)	
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75- 25)	2	QL (40 per 28 days)	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	4	LA; QL (30 per 28 days)	
<i>insulin asp prt-insulin aspart</i> <i>subcutaneous insulin pen 100 unit/ml</i> <i>(70-30)</i>	(Novolog Mix 70- 30FlexPen U-100)	4	LA; QL (1 per 1 day)
<i>insulin asp prt-insulin aspart</i> <i>subcutaneous solution 100 unit/ml</i> <i>(70-30)</i>	(Novolog Mix 70-30 U- 100 Insuln)	1	QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	4	LA; QL (30 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	4	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 lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	4	LA; QL (1 per 1 day)
<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)	4	LA; QL (1 per 1 day)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	1	QL (40 per 28 days)
Short-Acting Insulins			
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		2	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		2	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)
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		2	QL (40 per 28 days)
Interferons			
Interferons			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		4	LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		4	LA
Iron Preparations			
Iron Preparations			
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG		2	

Drug Name	Drug Tier	Requirements/Limits
FER-IN-SOL ORAL DROPS 15 MG (ferrous sulfate) IRON (75 MG)/ML	PREV	(Restricted to members less than 1yr of age)
<i>ferrous sulfate oral drops 15 mg iron (Fe-Vite) (75 mg)/ml</i>	PREV	(Restricted to members less than 1yr of age)
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	PREV	(Restricted to members less than 1yr of age)
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	PREV	(Restricted to members less than 1yr of age)
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	PREV	
<i>fe-vite oral drops 15 mg iron (75 mg)/ml</i> (ferrous sulfate)	PREV	(Restricted to members less than 1yr of age)
FE-VITE ORAL SYRINGE 12.5 MG IRON/0.83 ML, 15 MG IRON (75 MG)/ML, 7.5 MG IRON/0.5 ML (ferrous sulfate)	PREV	(Restricted to members less than 1yr of age)
FE-VITE ORAL SYRINGE 3.75 MG IRON/0.25 ML, 30 MG IRON/2 ML, 4.5 MG IRON/0.3 ML	PREV	(Restricted to members less than 1yr of age)
<i>icar-c plus oral tablet 100-250-25-1 mg-mg-mcg-mg</i>	1	
<i>pedia iron oral drops 15 mg iron (75 mg)/ml</i> (ferrous sulfate)	PREV	(Restricted to members less than 1yr of age)
Irrigating Solutions		
Irrigating Solutions		
<i>nebulal inhalation solution for nebulization 3 %</i> (sodium chloride)	1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	1	
Keratolytic Agents		
Keratolytic Agents		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	4	LA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
<i>acne medication topical gel 10 %, 2.5 %</i> (benzoyl peroxide)	1	
<i>acne treatment (benzoyl perox) topical gel 10 %</i> (benzoyl peroxide)	1	
<i>acne-clear topical gel 10 %</i> (benzoyl peroxide)	1	
<i>adapalene topical cream 0.1 %</i> (Differin)	1	
<i>adapalene topical gel 0.3 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	1	
<i>adapalene topical lotion 0.1 %</i> (Differin)	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	4	LA
<i>benzoyl peroxide topical cleanser 5 %</i> (BP Wash)	1	
<i>benzoyl peroxide topical gel 10 %, 2.5 %</i> (Acne Medication)	1	
<i>bp 10-1 topical cleanser 10-1 %</i> (sulfacetamide sodium-sulfur)	1	
BP WASH TOPICAL CLEANSER 5 % (benzoyl peroxide)	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	4	LA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	4	LA
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	4	LA
<i>podofilox topical solution 0.5 %</i>	1	
<i>sss 10-5 topical cream 10-5 % (w/w)</i> (sulfacetamide sodium-sulfur)	1	
<i>sss 10-5 topical foam 10-5 %</i> (sulfacetamide sodium-sulfur)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacleanse 8-4 topical suspension 8-4 %</i> (sulfacetamide sodium-sulfur)	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	4	LA
Keratoplastic Agents		
Keratoplastic Agents		
CALSODORE TOPICAL KIT 0.005 %	4	LA
TRIONEX TOPICAL KIT 0.005 %	4	LA
Leukotriene Modifiers		
Leukotriene Modifiers		
<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)	4	LA
Local Anesthetics (Eent)		
Local Anesthetics (Eent)		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	1	
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	1	
Local Anti-Infectives, Miscellaneous		
Local Anti-Infectives, Miscellaneous		
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	1	
Loop Diuretics		
Loop Diuretics (40:28)		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
Macrolides		
Erythromycins		
<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	
Other Macrolide Antibiotics		
<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 (10 per 1 day)
DIFICID ORAL TABLET 200 MG	4	LA; QL (2 per 1 day)
Mast-Cell Stabilizers		
Mast-Cell Stabilizers		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	4	LA
Mineralocorticoid (Aldosterone) Antagnts		

Drug Name	Drug Tier	Requirements/Limits
Steroidal Mineralocorticoid Receptor Ant		
<i>eplerenone oral tablet 25 mg, 50 mg (Inspira)</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
Miotics		
Miotics		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
Miscellaneous Local Anti-Infectives		
Astringents, Anti-Infective		
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
<i>silver sulfadiazine topical cream 1 % (SSD)</i>	1	
<i>ssd topical cream 1 % (silver sulfadiazine)</i>	1	
Monoclonal Antibodies		
Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	PREV	AGE (less than 1 year of age)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA; LA
Mucolytic Agents		
Mucolytic Agents		
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	LA; QL (5 per 1 day); AGE (Min 5 Years)
Multivitamin Preparations		
Multivitamin Preparations		
AZESCO ORAL TABLET 13 MG IRON- 1 MG	2	
<i>bal-care dha essential oral combo pack,tablet and cap,dr 27 mg iron-1 mg -374 mg</i>	1	
<i>bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	2	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	2	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	2	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	2	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	2	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	2	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	2	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	2	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	2	
<i>completenate oral tablet,chewable 29 mg iron- 1 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	2	
CONCEPT OB ORAL CAPSULE 85-1 MG	2	
DAVIMET WITH FLUORIDE ORAL TABLET,CHEWABLE 0.75 MG FLUORIDE	PREV	AGE (Max 6 Years)
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	2	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG	2	

Drug Name	Drug Tier	Requirements/Limits
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	2	
FLORAFOL FE PEDIATRIC ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML	PREV	AGE (Max 6 Years)
FLORAFOL PEDIATRIC MULTIVITAMI ORAL DROPS 0.25 MG FLUORIDE/ML	PREV	AGE (Max 6 Years)
FLORAFOL PEDIATRIC ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE, 1 MG FLUORIDE	PREV	AGE (Max 6 Years)
FLORIVA ORAL TABLET,CHEWABLE 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	PREV	AGE (Max 6 Years)
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	2	
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>kosher prenatal plus iron oral tablet 30 mg iron- 1 mg</i>	1	
<i>liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml)</i>	(multivit-min-ferrous gluconate)	1
<i>marnatal-f oral capsule 60 mg iron-1 mg</i>	1	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron- folic acid)	1
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	PREV	AGE (Max 6 Years)
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	PREV	AGE (Max 6 Years)
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	PREV	AGE (Max 6 Years)
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	(pedi multivit no.12 w- fluoride)	PREV
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron-1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	2	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	2	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	2	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	2	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	2	
NESTABS ORAL TABLET 32-1,000 MG-MCG	2	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	2	
<i>niva-plus oral tablet 27 mg iron- 1 mg</i>	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	2	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	2	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	2	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	2	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>obstetrix dha prenatal duo oral comb pack,tablet dr,capsule dr 29 mg iron-1,700 mcg dfe</i>	1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	2	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG, 38 MG-1,700 MCG DFE-225 MG	2	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	2	
<i>pedi multivit no.194-iron sulf oral drops 10 mg iron/ml</i>	PREV	
PEDIA POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	PREV	
PEDIA POLY-VITE WITH IRON ORAL SYRINGE 5.5 MG IRON/0.5 ML	PREV	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG FLUORIDE/ML	PREV	AGE (Max 6 Years)
POLY-VI-FLOR ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE	PREV	AGE (Max 6 Years)
POLY-VI-FLOR WITH IRON DROPS ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML	PREV	AGE (Max 6 Years)
POLY-VI-FLOR WITH IRON ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE -10 MG IRON	PREV	AGE (Max 6 Years)
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	PREV	

Drug Name	Drug Tier	Requirements/Limits
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>prenal chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	
<i>prenal true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	2	
<i>prenatal 19 oral tablet,chewable 29 mg iron- 1 mg</i>	1	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	2	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	2	
<i>prenatal plus oral tablet 29 mg iron-1 mg</i> (pnv,calcium 72-iron,carb-folic)	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	

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	2	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	2	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	2	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG	2	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	2	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG	2	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	2	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG	2	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	2	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	2	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	2	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	2	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	2	
PRIMACARE ORAL CAPSULE 30-1-300 MG	2	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	2	
<i>quflora fe (ferrous sulfate) oral drops 9.5-0.25 mg/ml</i>	PREV	AGE (Max 6 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>quflora fe oral tablet,chewable 9-0.25 mg</i>	PREV	AGE (Max 6 Years)
<i>quflora pediatric drops oral drops 0.25mg fluoride (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	PREV	AGE (Max 6 Years)
<i>quflora pediatric oral tablet,chewable 0.25mg fluoride (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)</i>	PREV	AGE (Max 6 Years)
<i>r-natal ob oral capsule 20 mg iron- 1 mg-320 mg</i>	1	
<i>select-ob (folic acid) oral tablet,chewable 29 mg iron- 1 mg</i>	1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	2	
<i>select-ob oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	2	
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	2	
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG	2	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	2	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	2	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	2	
TRI-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC 0.25 MG/ML FLUORIDE, 0.5 MG/ML FLUORIDE	PREV	AGE (Max 6 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	PREV	AGE (Max 6 Years)
<i>virt-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG	2	
<i>vitafol gummies oral tablet, chewable 3.33 mg iron- 0.33 mg</i>	1	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	2	
VITAFOL-OB ORAL TABLET 65-1 MG	2	
<i>vitafol-ob+dha oral combo pack 65- 1-250 mg</i>	1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	2	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	2	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	2	
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	PREV	AGE (Max 6 Years)
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	2	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	2	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Mydriatics		
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	1	
Neuraminidase Inhibitors		
Neuraminidase Inhibitors		
<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)
Nonsteroidal Anti-Inflammatory Agents		
Cyclooxygenase-2 (Cox-2) Inhibitors		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	QL (2 per 1 day)
Reversible Cox-1/Cox-2 Inhibitors		
<i>diclofenac potassium oral powder in packet 50 mg</i>	1	QL (9 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>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (naproxen)	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
IBUPAK ORAL KIT 600 MG	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	

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</i> (Kiprofen)	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<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</i>	1	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Salicylates		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i> (aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>adult low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspirin childrens oral tablet, chewable 81 mg</i> (aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspirin oral tablet 81 mg</i>	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspirin oral tablet, chewable 81 mg</i> (Aspirin Childrens)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Ecotrin)	PREV	QL (100 per 1 day)
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>aspirin, buffd-calcium carb-mag oral tablet 325 mg</i> (Tri-Buffered Aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
<i>bayer advanced oral tablet 500 mg</i> (aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)

Drug Name	Drug Tier	Requirements/Limits
bayer aspirin oral tablet 325 mg (aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg (aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	QL (6 per 1 day)
ecotrin oral tablet, delayed release (dr/ec) 325 mg (aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
salsalate oral tablet 500 mg, 750 mg (Disalcid)	4	LA
st joseph aspirin oral tablet, chewable 81 mg (aspirin)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg (aspirin)	PREV	QL (100 per 1 day)
tri-buffered aspirin oral tablet 325 mg (aspirin, buffd-calcium carb-mag)	PREV	QL (100 per 1 day); AGE (Min 44 Years)
Nucleosides And Nucleotides		
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg	1	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	3	QL (1 per 1 day)
lagevrio (eua) oral capsule 200 mg	1	QL (40 per 30 days); AGE (Min 18 Years)
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	1	
valganciclovir oral tablet 450 mg (Valcyte)	4	LA
VEMLIDY ORAL TABLET 25 MG	4	LA
Opiate Agonists		
Opioid Agonists (28:08)		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	AGE (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	QL (400 per 30 days); AGE (Min 12 Years)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	QL (13 per 1 day); AGE (Min 12 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (oxycodone-acetaminophen)	1	QL (8 per 1 day)
<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 (120 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (8 per 1 day)
<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 (4 per 1 day)
<i>methadone intensol oral concentrate 10 mg/ml</i> (methadone)	1	(For the treatment of pain); QL (8 per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	1	(For the treatment of pain); QL (8 per 1 day)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	(For the treatment of pain); QL (40 per 1 day)
<i>methadone oral syringe 10 mg/ml</i>	1	(For the treatment of pain); QL (8 per 1 day)
<i>methadone oral tablet 10 mg, 5 mg</i>	1	(For the treatment of pain); QL (8 per 1 day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (9 per 1 day)
<i>morphine concentrate oral syringe 10 mg/0.5 ml, 20 mg/ml</i>	1	QL (9 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (90 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (45 per 1 day)
MORPHINE ORAL TABLET 15 MG, 30 MG	2	QL (6 per 1 day)
<i>morphine oral tablet extended release 100 mg</i>	1	QL (3 per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	QL (4 per 1 day)
<i>morphine oral tablet extended release 200 mg</i>	1	QL (2 per 1 day)
<i>morphine oral tablet extended release 60 mg</i> (MS Contin)	1	QL (3 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	LA; ST: (FAILURE OF TRAMADOL EXTENDED-RELEASE TABLET); QL (2 per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	4	LA; ST: (FAILURE OF TRAMADOL IMMEDIATE- RELEASE TABLET); QL (5 per 1 day)
<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, 5 mg</i>	1	QL (120 per 30 days)
<i>oxycodone oral tablet 15 mg</i> (Roxicodone)	1	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	QL (4 per 1 day)
<i>oxycodone oral tablet 30 mg</i> (Roxicodone)	1	QL (4 per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (8 per 1 day)
OXYCONTIN ORAL (oxycodone) TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	LA; QL (2 per 1 day)
<i>tramadol oral tablet 100 mg</i>	1	QL (4 per 1 day); AGE (Min 12 Years)
<i>tramadol oral tablet 50 mg</i>	1	QL (8 per 1 day); AGE (Min 12 Years)
<i>tramadol oral tablet extended release</i> 24 hr 100 mg, 200 mg, 300 mg	1	QL (1 per 1 day)
Opiate Antagonists		
Opioid Antagonists (28:10)		
<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</i> (Narcan) <i>mg/actuation</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	(tablet)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	2	

Drug Name	Drug Tier	Requirements/Limits
Opiate Partial Agonists		
Opioid Partial Agonists		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch</i> (Butrans) <i>weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	QL (4 per 28 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	2	
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, 8.6-2.1 MG	2	
Oxytocics		
Oxytocics		
<i>methylergonovine oral tablet 0.2 mg</i>	4	LA
Parasympathomimetic (Cholinergic Agents)		
Parasympathomimetic (Cholinergic Agents)		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	1	QL (3 per 1 day)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	1	
Parathyroid Agents		
Parathyroid Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	3	PA; QL (2.48 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	3	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)
Pcsk9 Inhibitors		
Pcsk9 Inhibitors		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA; LA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; LA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; LA
Penicillins		
Natural Penicillins		
<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	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 500 mg</i>	1	
Phenothiazine Derivatives		
Phenothiazine Derivatives		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<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	
Phosphate-Removing Agents		
Phosphate-Removing Agents		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	4	LA
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	4	LA
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	4	LA; QL (9 per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	4	LA; QL (6 per 1 day)
Pituitary		
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	4	LA; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	4	LA; QL (10 per 30 days)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	QL (360 per 365 days)
GENOTROPIN MINISURGE SUBCUTANEOUS 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	3	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	3	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	4	PA; LA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	4	PA; LA
NORDITROPIN FLEXPRO 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)	3	PA
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)	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	4	PA; LA
Platelet-Aggregation Inhibitors		
Platelet-Aggregation Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
BRILINTA ORAL TABLET 60 MG, (ticagrelor) 90 MG	4	LA; ST: (FAILURE OF CLOPIDOGREL); QL (2 per 1 day)
<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>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	1	
Potassium-Removing Agents		
Potassium-Removing Agents		
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	LA; QL (34 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1	
Potassium-Sparing Diuretics		
Potassium-Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Progestins		
Progestins		
CRINONE VAGINAL GEL 4 %, 8 %	2	ST: (FAILURE OF ENDOMETRIN VAGINAL INSERT); QL (2 per 1 day)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	PREV	
ENDOMETRIN VAGINAL INSERT 100 MG	2	QL (3 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	PREV	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	PREV	QL (1 per 84 days)
<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), 800 mg/20 ml (20 ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	QL (4 per 1 day)
Prokinetic Agents		
Prokinetic Agents		
<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 (prucalopride)	4	LA; ST: (FAILURE OF LUBIPROSTONE); QL (1 per 1 day)
Prostaglandin Analogs		
Prostaglandin Analogs		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: LATANOPROST, TRAVOPROST)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: LATANOPROST, TRAVOPROST)
Prostaglandins		
Prostaglandins		

Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
Protectants		
Protectants		
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
Protective Agents		
Protective Agents		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	4	LA; QL (2 per 1 day)
Proton-Pump Inhibitors		
Proton-Pump Inhibitors		
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	4	LA; ST: (FAILURE OF ALL OF THE FOLLOWING: OMEPRAZOLE, PANTOPRAZOLE, ESOMEPRAZOLE); QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	1	QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	1	QL (1 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i> (Nexium Packet)	1	QL (1 per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	4	LA; QL (1 per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	4	LA; QL (1 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	4	LA; QL (1 per 1 day)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	4	LA; QL (1 per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	QL (2 per 1 day)
Quinolones		
Quinolones		

Drug Name	Drug Tier	Requirements/Limits
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	
<i>ciprofloxacin oral (Cipro) suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
Replacement Preparations		
Replacement Preparations		
CALPHRON ORAL TABLET 667 (calcium acetate) MG	4	LA
<i>effe-k oral tablet, effervescent 25 (potassium bicarb-citric meq acid)</i>	1	
<i>klor-con m15 oral tablet,er (potassium chloride) particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er (potassium chloride) particles/crystals 20 meq</i>	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 (Klor-Con) meq</i>	1	
<i>potassium chloride oral tablet (Klor-Con 10) extended release 10 meq</i>	1	
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet (Klor-Con 8) extended release 8 meq</i>	1	
<i>potassium chloride oral tablet,er (Klor-Con M10) particles/crystals 10 meq</i>	1	
<i>potassium chloride oral tablet,er (Klor-Con M15) particles/crystals 15 meq</i>	1	
<i>potassium chloride oral tablet,er (Klor-Con M20) particles/crystals 20 meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Respiratory And Cns Stimulants		
Respiratory And Cns Stimulants		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	1	QL (1 per 1 day)
<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)	4	LA; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	4	LA; QL (4 per 1 day)
<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)	4	LA; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	4	LA; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i> (Ritalin LA)	4	LA; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	4	LA; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (6 per 1 day)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	4	LA; (Ritalin SR and Metadate ER); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	4	LA; (Ritalin SR and Metadate ER); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	4	LA; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	4	LA; QL (2 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	4	LA; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	4	LA; ST: (FAILURE OF TWO OF THE FOLLOWING: ATOMOXETINE, CLONIDINE EXTENDED-RELEASE, GUANFACINE EXTENDED-RELEASE.); QL (3 per 1 day)
Respiratory Smooth Muscle Relaxants		
Respiratory Smooth Muscle Relaxants		
<i>elixophyllin oral elixir 80 mg/15 ml</i> (theophylline)	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	1	
<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	
Scabicides And Pediculicides		
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	2	
<i>malathion topical lotion 0.5 %</i> (Ovide)	4	LA
<i>permethrin topical cream 5 %</i> (Elimite)	1	
Sclerosing Agents		
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Selective Serotonin Agonists		
Selective Serotonin Agonists		
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	1	QL (6 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 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>	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 cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	1	QL (3 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>	1	QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (3 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> (Zomig)	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (6 per 30 days)
Skin And Mucous Membrane Agents, Misc.		
Skin And Mucous Membrane Agents, Misc.		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	3	PA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; QL (1.34 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; QL (4 per 28 days)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
<i>dapagliflozin propanediol oral tablet</i> (Farxiga) <i>10 mg, 5 mg</i>	4	LA; QL (1 per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	4	LA; QL (1 per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	4	LA; QL (1 per 1 day)
Succinimides		
Succinimides		
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	4	LA
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	4	LA
Sulfonamides (Systemic)		
Sulfonamides (Systemic)		
<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>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i> (sulfamethoxazole- trimethoprim)	1	
Sulfonylureas		
Sulfonylureas		

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	QL (2 per 1 day)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	1	QL (2 per 1 day)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
Tetracyclines		
Tetracyclines		
<i>bismuth subcit k-metronidz-tn oral capsule 140-125-125 mg</i> (Pylera)	4	LA; QL (12 per 1 day)
<i>doxycycline hyclate oral capsule 100 mg</i>	1	QL (2 per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	1	QL (2 per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	QL (2 per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	QL (2 per 1 day)
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	QL (2 per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg</i>	1	QL (2 per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	QL (2 per 1 day)
Thiazide Diuretics		
Thiazide Diuretics		
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Thiazide-Like Diuretics		
Thiazide-Like Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Thiazolidinediones		
Thiazolidinediones		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	
Thyroid Agents		
Thyroid Agents		
ARMOUR THYROID ORAL (thyroid (pork)) TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	4	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	4	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
<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)	4	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
<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)	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	4	LA; ST: (FAILURE OF LEVOTHYROXINE TABLET)

Drug Name	Drug Tier	Requirements/Limits
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: (FAILURE OF LEVOTHYROXINE TABLET); QL (1 per 1 day)
Toxoids		
Toxoids		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	PREV	(for tetanus, diphtheria and pertussis)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	PREV	(for tetanus, diphtheria and pertussis)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	PREV	(for tetanus, diphtheria and pertussis)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	PREV	(for tetanus, diphtheria and pertussis)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	PREV	(for tetanus, diphtheria and pertussis)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	PREV	(for tetanus, diphtheria and pertussis)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	PREV	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	PREV	(for tetanus and diphtheria)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	PREV	(for tetanus and diphtheria)
Uricosuric Agents		
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid-colchicine oral tablet</i> 500-0.5 mg	1	
Urinary Anti-Infectives		
Urinary Anti-Infectives		
<i>fosfomycin tromethamine oral packet</i> 3 gram	1	QL (9 per 90 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
Vaccines		
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	PREV	AGE (Min 75 Years)
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PREV	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	PREV	AGE (Min 75 Years)
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	PREV	AGE (Min 75 Years)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PREV	(for infectious meningitis)
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	PREV	
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PREV	(for hepatitis B)

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PREV	(for hepatitis B)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PREV	(for hepatitis B)
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	PREV	
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	PREV	
FLUZONE HIGH-DOSE TRIV 24- 25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	PREV	
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	

Drug Name	Drug Tier	Requirements/Limits
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PREV	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	PREV	(for human papillomavirus); AGE (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV	(for human papillomavirus); AGE (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	PREV	(for hepatitis A)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	PREV	for meningitis; minimum 2 years of age; AGE (Min 2 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	PREV	for meningitis; ♦Min 2 months and Max 55 years; AGE (Min 2 Months and Max 671 Months)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	PREV	for meningitis; Min 2 months and Max 55 years; AGE (Min 2 Months and Max 671 Months)
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	PREV	for meningitis; Min 2 months and Max 55 Years; AGE (Min 2 Months and Max 671 Months)
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	PREV	for meningitis; Min 2 months and Max 55 Years; AGE (Min 2 Months and Max 671 Months)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	PREV	(for measles, mumps and rubella)
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	PREV	

Drug Name	Drug Tier	Requirements/Limits
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PREV	AGE (Min 75 Years)
NOVAVAX COVID 2024- 25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	PREV	
PFIZER COVID 2024-25(5Y- 11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	PREV	
PFIZER COVID 2024-25(6MO- 4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	PREV	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	PREV	(for pneumonia); AGE (Min 65 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	PREV	(for pneumonia); AGE (Min 65 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV	(for pneumonia)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PREV	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PREV	(for hepatitis B)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PREV	(for hepatitis B)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	PREV	(for herpes zoster and varicella (shingles)); AGE (Min 18 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	PREV	(for herpes zoster and varicella (shingles)); AGE (Min 18 Years)
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PREV	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PREV	(for infectious meningitis)

Drug Name		Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		PREV	(for hepatitis A and B)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML		PREV	(for hepatitis A)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML		PREV	(for hepatitis A)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		PREV	(for chicken pox)
Vasopressin Antagonists			
Vasopressin Antagonists			
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	4	PA; LA; QL (2 per 1 day)
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)	(tolvaptan (polycys kidney dis))	4	PA; LA; QL (2 per 1 day)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	(Samsca)	3	PA; QL (2 per 1 day)
Vesicular Monoamine Transport2 Inhibitor			
Vesicular Monoamine Transport2 Inhibitor			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		4	PA; LA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		4	PA; LA
Vitamin B Complex			
Vitamin B Complex			
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	(Dodex)	1	
<i>folbic oral tablet 2.5-25-2 mg</i>	(folic acid-vit b6-vit b12)	1	
FOLIC ACID ORAL CAPSULE 0.8 MG	(FA-8)	PREV	AGE (Max 55 Years)
<i>folic acid oral tablet 1 mg</i>		1	

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	PREV	AGE (Max 55 Years)
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	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>nephro vitamins oral tablet 0.8 mg</i>	1	
<i>nephro-vite oral tablet 0.8 mg</i>	1	
<i>niacin oral tablet 100 mg, 250 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	
<i>vp-vite rx oral tablet 1-60-300 mg-mcg</i>	1	
<i>westab max oral tablet 2.5-25-2 mg</i> (folic acid-vit b6-vit b12)	1	
Vitamin D		
Vitamin D		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i> (Vitamin D3)	PREV	
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i> (Vitamin D3)	PREV	
<i>cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)</i> (D3 DOTS)	PREV	
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit)</i> (Vitamin D3)	PREV	
<i>cholecalciferol (vitamin d3) oral tablet, disintegrating 50 mcg (2,000 unit)</i>	PREV	
<i>d3 dots oral tablet 50 mcg (2,000 unit)</i> (cholecalciferol (vitamin d3))	PREV	
<i>d3-2000 oral capsule 50 mcg (2,000 unit)</i> (cholecalciferol (vitamin d3))	PREV	
<i>delta d3 oral tablet 10 mcg (400 unit)</i> (cholecalciferol (vitamin d3))	PREV	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	1	QL (1 per 1 day)

Drug Name		Drug Tier	Requirements/Limits
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	(Calcitol)	PREV	
<i>thera-d oral tablet 50 mcg (2,000 unit)</i>	(cholecalciferol (vitamin d3))	PREV	
VITAMIN D3 ORAL CAPSULE 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT)	(cholecalciferol (vitamin d3))	PREV	
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	(cholecalciferol (vitamin d3))	PREV	
VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT)	(cholecalciferol (vitamin d3))	PREV	
VITAMIN D3 ORAL TABLET,CHEWABLE 10 MCG (400 UNIT)	(cholecalciferol (vitamin d3))	PREV	
Wakefulness-Promoting Agents			
Wakefulness-Promoting Agents			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	(Nuvigil)	1	QL (1 per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	(Provigil)	1	QL (1 per 1 day)
<i>sodium oxybate oral solution 500 mg/ml</i>	(Xyrem)	3	PA; QL (18 per 1 day)

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