

If you have questions about this notice, we can help you for free. We can also give it to you in other formats like large print, audio or in other languages. Please call 303-602-2116, toll free 1-800-700-8140, or 711 for callers with speech or hearing needs.

Elevate Medicaid Choice and Elevate Child Health Plan Plus (CHP+) 2025 Formulary & Pharmaceutical Management Procedures

What is the Elevate Medicaid Choice and Elevate CHP+ Formulary?

The *Elevate Medicaid Choice and Elevate CHP+ Formulary* 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 one of the numbers listed below.

- CHP+: 303-602-2100
- Medicaid: 303-602-2116
- Toll free for Medicaid and CHP+: 1-800-700-8140
- TTY users for Medicaid and CHP+: 711

The Elevate Medicaid Choice plan and the Elevate Child Health Plan Plus (CHP+) plan [offered by Denver Health Medical Plan (DHMP)] use this formulary which is made up of both prescription and over-the-counter (OTC) drugs. The formulary is a closed formulary which means only the drugs listed are covered under the pharmacy benefit. All drugs need a prescription written by a provider to be covered by the pharmacy benefit.

How are formulary drugs chosen?

The drugs are chosen by a group of Denver Health doctors and pharmacists known as the Pharmacy and Therapeutics Committee. This committee meets often 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 ask for a printed copy of the formulary by calling Health Plan Services.

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

The pharmacy may get a rejection message that says a Prior Authorization Request (PAR)/exception request is needed to have the drug covered. The pharmacy may talk to 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 filled-out PAR form to the DHMP Pharmacy Department. Clinical data showing why the requested drug is needed is required on the PAR.

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 taking, the member must find out if the medication is on the formulary or needs 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. If guidelines exist within the Health Care Policy and Financing Preferred Drug List or Appendix P, then those guidelines will be used to make a decision to approve or deny the request. Providers may send a PAR by calling the DHMP Pharmacy Department at 303-602-2070 or 877-357-0963. Providers may also send filled-out PARs by fax to 303-602-2081 or by submitting an electronic PAR.

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 on hand on the plan website. If the drug is non-formulary, all reasonable formulary drugs to treat the same health problem must be tried first. Generic non-formulary drugs are preferred over brand non-formulary drugs. If Health First Colorado has prior authorization criteria and requirements, then that criteria will be used. Other support may also be used to decide, 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 exception request. As stated by Colorado regulations, providers are expected to answer the plan's request for

more clinical data within 72 hours. After a PAR is sent, the member and provider will be notified of the decision. An expedited or quicker review for urgent situations may be requested. If you have questions, 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 get a letter that will explain 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 an amount more than what the formulary allows to be filled. This allows the provider time to order a formulary drug or send 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 when a generic is available, the member must pay the difference in cost. If a brand-name drug is requested by the provider when a generic is available, the brand-name drug will be covered at the usual copay.

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.

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 based on the original prescription directions. If there is a change in the prescription directions, the pharmacy or provider should be called for an updated prescription.

90-day Supplies

A 90-day supply can be filled for most drugs at a \$0 copay.

A provider must write a prescription for a 90-day supply. The pharmacy cannot fill a 90-day supply without the provider's permission. For more information, call the DHMP Pharmacy Department at 303-602-2070 or 877-357-0963.

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 90-day supply of certain prescriptions to be delivered to the member. Prescriptions must be written for a 90-day supply of drug. A credit card is not needed for this service.

- Denver Health Pharmacy by Mail
303-602-2326

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. These are considered limited access (LA).

Are there drugs that are excluded by the pharmacy benefit?

Some drugs are not covered at all. These include drugs for the following:

- Cosmetic use (anti-wrinkle, hair removal, and hair growth products)
- Non-formulary dietary supplements (vitamins, herbals, etc.)
- Infertility (to help women get pregnant)
- Pigmenting / De-pigmenting (to change skin color)
- Sexual performance/dysfunction (Viagra, Cialis, Levitra etc.)
- Weight loss
- Investigational or experimental treatments
- Prescription drugs not approved by the Food and Drug Administration (FDA) for any disease
- Travel vaccines 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)
- Drugs manufactured by pharmaceutical companies not participating in the Colorado Medicaid Drug Rebate Program

Who should be contacted with questions?

The member or provider may call 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 the following numbers:

- CHP+: 303-602-2100
- Medicaid: 303-602-2116
- Toll free for Medicaid and CHP+: 1-800-700-8140
- TTY/TDD users for Medicaid and CHP+: 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 included as a reference. Brand drugs are listed only with brand names.
- 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, 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.

3 Tier Formulary

Tier 0: Over-the-counter (OTC)

Tier 1: Preferred drugs

Tier 2: Non-preferred drugs (LA)

Tier 3: Specialty drugs (LA)

Copay: All formulary tiers have a \$0 copay.

Notice

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Denver Health Medical Plan, Inc.

Please be advised that this formulary is updated from time to time.

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Formulary Abbreviations and Font Descriptions

Utilization Management Restrictions

ABBREVIATION	DESCRIPTION	EXPLANATION
LA	Limited Access	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.
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 will cover this drug, the member must first try the listed drug(s) to treat their medical health issue. This drug may only be covered if the other drug(s) does 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 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
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen oral liquid 500 mg/15 ml</i> (Mapap (acetaminophen))	OTC	LA; AGE (Max 11 Years)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	QL (400 per 30 days); AGE (Min 12 Years)
<i>betatemp oral suspension 160 mg/5 ml</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	1	QL (4 per 28 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>child fever reducer-pain relvr oral suspension 160 mg/5 ml</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's mapap oral tablet,chewable 160 mg, 80 mg</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's pain relief oral suspension 160 mg/5 ml</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's pain relief oral tablet,chewable 160 mg</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's pain-fever relief oral suspension 160 mg/5 ml</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
CHILDREN'S TYLENOL ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>children's tylenol oral tablet,chewable 160 mg</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	QL (390 per 30 days); AGE (Min 12 Years)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (oxycodone-acetaminophen)	1	QL (240 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (3600 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (40 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (120 per 30 days)
<i>infant fever reducer-pain relief oral suspension 160 mg/5 ml</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>infant pain reliever oral suspension 160 mg/5 ml</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>infant's pain relief oral drops,suspension 80 mg/0.8 ml</i>	OTC	LA; AGE (Max 11 Years)
<i>infant's pain relief oral suspension 160 mg/5 ml</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
INFANT'S TYLENOL ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>mapap (acetaminophen) oral liquid 500 mg/15 ml</i> (acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	1	(For the treatment of pain); QL (240 per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	(For the treatment of pain); QL (1200 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	1	(For the treatment of pain); QL (240 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (270 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (2700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (1350 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	1	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 60 mg</i> (MS Contin)	1	QL (90 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	QL (120 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>morphine oral tablet extended release 200 mg</i>	(MS Contin)	1	QL (60 per 30 days)
<i>m-pap oral liquid 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>non-aspirin oral tablet, chewable 80 mg</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>nortemp oral drops 80 mg/0.8 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>oxycodone oral capsule 5 mg</i>		1	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>		1	QL (240 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg</i>		1	QL (120 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i>	(Roxicodone)	1	QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i>		1	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	(Endocet)	1	QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>		1	QL (180 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(oxycodone)	2	LA; QL (60 per 30 days)
<i>pediacare fever reducer oral suspension 160 mg/5 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>redutemp oral liquid 500 mg/15 ml</i>	(acetaminophen)	OTC	LA; AGE (Max 11 Years)
<i>tencon oral tablet 50-325 mg</i>	(butalbital-acetaminophen)	1	QL (180 per 30 days)
<i>tramadol oral tablet 100 mg</i>		1	QL (120 per 30 days); AGE (Min 12 Years)
<i>tramadol oral tablet 50 mg</i>		1	QL (240 per 30 days); AGE (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>		1	QL (30 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	(butalbital-acetaminophen-caff)	1	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
ADVIL JUNIOR STRENGTH ORAL TABLET, CHEWABLE 100 MG	(ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)

Drug Name	Drug Tier	Requirements/Limits
ALEVE (DICLOFENAC) TOPICAL GEL 1 % (diclofenac sodium)	OTC	LA
<i>arthritis pain (diclofenac) topical gel 1 %</i> (diclofenac sodium)	OTC	LA
ASPERCREME ARTHRITIS PAIN TOPICAL GEL 1 % (diclofenac sodium)	OTC	LA
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	OTC	
<i>aspirin oral tablet, chewable 81 mg</i> (St Joseph Aspirin)	OTC	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Ecotrin)	OTC	
<i>aspirin oral tablet, delayed release (dr/ec) 500 mg</i>	OTC	LA
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (Bayer Low Dose Aspirin)	OTC	
<i>bayer advanced oral tablet 500 mg</i> (aspirin)	OTC	
<i>bayer aspirin oral tablet 325 mg</i> (aspirin)	OTC	
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (aspirin)	OTC	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	QL (60 per 30 days)
CHILDREN'S ADVIL ORAL SUSPENSION 100 MG/5 ML (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>children's ibuprofen oral suspension 100 mg/5 ml</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>children's profen ib oral suspension 100 mg/5 ml</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>diclofenac potassium oral tablet 25 mg</i> (Lofena)	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	OTC	LA
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i> (naproxen)	1	
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i> (aspirin)	OTC	

Drug Name	Drug Tier	Requirements/Limits
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen ib oral tablet,chewable 100 mg</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>ibuprofen jr strength oral tablet,chewable 100 mg</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>infant's advil oral drops,suspension 50 mg/1.25 ml</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<i>infant's ibuprofen oral drops,suspension 50 mg/1.25 ml</i> (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
INFANT'S MOTRIN ORAL DROPS,SUSPENSION 50 MG/1.25 ML (ibuprofen)	OTC	LA; AGE (Min 6 Months and Max 143 Months)
<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	
MOTRIN ARTHRITIS PAIN TOPICAL GEL 1 % (diclofenac sodium)	OTC	LA
<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</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>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	2	LA
<i>st joseph aspirin oral tablet,chewable 81 mg</i> (aspirin)	OTC	

Drug Name	Drug Tier	Requirements/Limits
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (aspirin)	OTC	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tri-buffered aspirin oral tablet 325 mg</i> (aspirin, buffered-calcium carb-mag)	OTC	
VOLTAREN ARTHRITIS PAIN TOPICAL GEL 1 % (diclofenac sodium)	OTC	LA
Anesthetics		
Local Anesthetics		
<i>anecream topical cream 4 %</i> (lidocaine)	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Tridacaine II)	1	QL (90 per 30 days)
<i>lidocaine topical cream 4 %</i> (Anecream)	1	
<i>lidocaine topical ointment 5 %</i>	1	QL (100 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>pain relief (lidocaine) topical cream 4 %</i> (lidocaine hcl)	1	
<i>tridacaine ii topical adhesive patch, medicated 5 %</i> (lidocaine)	1	QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<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	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i> (Narcan)	1	
<i>naltrexone oral tablet 50 mg</i>	1	(tablet)
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (naloxone)	OTC	
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	1	
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	1	
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	1	
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	1	
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	1	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	1	
NICOTROL INHALATION CARTRIDGE 10 MG	1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	1	
<i>quit 2 buccal gum 2 mg</i> (nicotine (polacrilex))	1	
<i>quit 2 buccal lozenge 2 mg</i> (nicotine (polacrilex))	1	
<i>quit 4 buccal gum 4 mg</i> (nicotine (polacrilex))	1	
<i>quit 4 buccal lozenge 4 mg</i> (nicotine (polacrilex))	1	
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i> (nicotine (polacrilex))	1	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	1	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	1	
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	1	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	1	QL (30 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	QL (120 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (30 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>midazolam (pf) injection cartridge 5 mg/ml</i>	1	QL (5 per 30 days)
<i>midazolam (pf) injection solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	QL (5 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>midazolam (pf) injection syringe 5 mg/ml</i>	1	QL (5 per 30 days)
<i>midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam injection solution 1 mg/ml</i>	1	QL (25 per 30 days)
<i>midazolam injection solution 5 mg/ml</i>	1	QL (5 per 30 days)
<i>temazepam oral capsule 15 mg, 7.5 mg</i> (Restoril)	1	QL (60 per 30 days)
<i>temazepam oral capsule 22.5 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	QL (30 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
<i>neomycin oral tablet 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	3	PA; LA; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	3	LA; QL (280 per 28 days)
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	1	
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	QL (9 per 90 days)
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	QL (60 per 30 days)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<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	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml</i>	OTC	LA

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	2	LA
XIFAXAN ORAL TABLET 200 MG	2	LA; ST: (PREVIOUS FAILURE OF LACTULOSE, DICYCLOMINE, CIPROFLOXACIN OR AZITHROMYCIN IN THE PAST 180 DAYS); QL (180 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	LA; ST: (PREVIOUS FAILURE OF LACTULOSE, DICYCLOMINE, CIPROFLOXACIN OR AZITHROMYCIN IN THE PAST 180 DAYS); QL (90 per 30 days)
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
SUPRAX ORAL TABLET,CHEWABLE 200 MG	1	AGE (Max 18 Years)

Drug Name	Drug Tier	Requirements/Limits
Macrolides		
azithromycin oral packet 1 gram (Zithromax)	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	1	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	1	
azithromycin oral tablet 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	2	LA; QL (100 per 10 days)
DIFICID ORAL TABLET 200 MG	2	LA; QL (20 per 10 days)
e.e.s. 400 oral tablet 400 mg (erythromycin ethylsuccinate)	1	
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 500 mg (erythromycin)	1	
erythrocin (as stearate) oral tablet 250 mg (erythromycin stearate)	1	
erythromycin ethylsuccinate oral tablet 400 mg (E.E.S. 400)	1	
erythromycin oral tablet 250 mg, 500 mg	1	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg (Ery-Tab)	1	
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml	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</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
Sulfonamides		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i> (sulfamethoxazole-trimethoprim)	1	
Tetracyclines		
<i>doxycycline hyclate oral capsule 100 mg</i>	1	QL (60 per 30 days)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	1	QL (60 per 30 days)
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 50 mg</i>	1	QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
Anticancer Agents		
Anticancer Agents		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
<i>bexarotene oral capsule 75 mg</i> (Targretin)	3	LA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	LA
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	3	LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	LA
<i>etoposide oral capsule 50 mg</i>	2	LA
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
FARESTON ORAL TABLET 60 MG (toremifene)	3	LA
<i>flutamide oral capsule 125 mg</i> (Eulexin)	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)	3	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	PA; LA; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	3	LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	3	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA; LA
LYSODREN ORAL TABLET 500 MG	3	LA
MATULANE ORAL CAPSULE 50 MG	3	LA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
<i>melphalan oral tablet 2 mg</i> (Alkeran)	2	LA
<i>mercaptopurine oral tablet 50 mg</i>	2	LA
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	3	LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	3	PA; LA; QL (120 per 30 days)
TABLOID ORAL TABLET 40 MG (thioguanine)	3	LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	3	PA; LA

Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	3	LA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	3	LA
ZEJULA ORAL CAPSULE 100 MG	3	PA; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	3	PA; LA; QL (30 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	2	LA; QL (1350 per 30 days)
Anticonvulsants		
Anticonvulsants		
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	LA; ST: (PREVIOUS FAILURE OF 2 OF THE FOLLOWING IN THE PAST 365 DAYS: CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE.); QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	QL (480 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	QL (60 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<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	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	3	LA; ST: (PREVIOUS FAILURES OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: CLOBAZAM, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VALPROIC ACID, VALPROIC ACID (AS SODIUM SALT).)
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	LA
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	LA
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	2	PA; LA; QL (60 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	1	QL (600 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	1	QL (60 per 30 days)

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

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

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

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

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

Antidiabetic Agents

Antidiabetic Agents, Miscellaneous

Drug Name	Drug Tier	Requirements/Limits
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85 ML	2	PA; LA; 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; LA
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)	2	LA; QL (30 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	LA; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	LA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	LA
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	LA; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	LA; QL (60 per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 3-Pak)	2	PA; LA; QL (9 per 30 days)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	2	LA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; LA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; LA; QL (30 per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; LA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN (liraglutide) INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; LA; QL (9 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: INSULIN LISPRO AND INSULIN ASPART); QL (30 per 30 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: INSULIN LISPRO AND INSULIN ASPART); QL (30 per 30 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: INSULIN LISPRO AND INSULIN ASPART); QL (40 per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	LA; QL (12 per 28 days)
HUMALOG MIX 50-50 INSULIN U- 100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50- 50)	1	QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	LA; QL (30 per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	LA; QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	LA; QL (30 per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL (20 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	LA; QL (12 per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70-30FlexPen U-100)	2	LA; QL (30 per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> (Novolog Mix 70-30 U-100 Insuln)	1	QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	2	LA; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U-100 Insulin)	2	LA; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	1	QL (40 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-100)	2	LA; ST: (PREVIOUS FAILURE OF INSULIN GLARGINE-YFGN IN THE PAST 365 DAYS.); QL (30 per 28 days)
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-200)	2	LA; ST: (PREVIOUS FAILURE OF INSULIN GLARGINE-YFGN IN THE PAST 365 DAYS.); QL (18 per 28 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	(Tresiba U-100 Insulin)	2	LA; ST: (PREVIOUS FAILURE OF INSULIN GLARGINE-YFGN IN THE PAST 365 DAYS.); QL (40 per 28 days)
<i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Basaglar KwikPen U-100 Insulin)	1	QL (30 per 30 days)
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	(Lantus U-100 Insulin)	1	QL (40 per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glarg-yfgn)Pen)	1	QL (30 per 30 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	(Semglee(insulin glargine-yfgn))	1	QL (40 per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	2	LA; QL (30 per 30 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin)	1	QL (30 per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	2	LA; QL (30 per 30 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	1	QL (40 per 28 days)
LEVEMIR FLEXTOUCH U100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		1	QL (30 per 30 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		1	QL (40 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		1	QL (40 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	LA; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	LA; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	LA; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 SUBCUTANEOUS INSULIN PEN conc) 300 UNIT/ML (3 ML)	2	LA; ST: (PREVIOUS FAILURE OF INSULIN GLARGINE-YFGN IN THE PAST 365 DAYS.); QL (12 per 30 days)
TOUJEO SOLOSTAR U-300 (insulin glargine u-300 INSULIN SUBCUTANEOUS conc) INSULIN PEN 300 UNIT/ML (1.5 ML)	2	LA; ST: (PREVIOUS FAILURE OF INSULIN GLARGINE-YFGN IN THE PAST 365 DAYS.); QL (9 per 30 days)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
glipizide-metformin oral tablet 2.5- 250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25- 250 mg, 2.5-500 mg, 5-500 mg	1	
Antifungals		
Antifungals		
ciclopirox topical cream 0.77 % (Ciclodan)	1	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	
<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)
<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, 200 mg</i> (Diflucan)	1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	LA
<i>griseofulvin microsize oral tablet 500 mg</i>	2	LA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	LA
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	LA
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	1	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	2	LA; ST: (PREVIOUS FAILURE OF CICLOPIROX NAIL SOLUTION AND TERBINAFINE TABLETS IN THE PAST 365 DAYS.); QL (8 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i> (Ketodan)	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan topical foam 2 %</i> (ketoconazole)	1	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	
<i>voriconazole oral tablet 200 mg</i>	1	LA
<i>voriconazole oral tablet 50 mg</i> (Vfend)	1	LA
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i> (Colcris)	2	LA; QL (60 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	1	QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
Antihistamines		
Antihistamines		
<i>alavert oral tablet, disintegrating 10 mg</i> (loratadine)	OTC	LA
<i>aler-cap oral capsule 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>alka-seltzer plus allergy oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>all day allergy (cetirizine) oral solution 1 mg/ml</i> (cetirizine)	OTC	LA
ALLEGRA ALLERGY ORAL TABLET 60 MG (fexofenadine)	OTC	LA; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>aller-chlor oral tablet 4 mg</i>	(chlorpheniramine maleate)	OTC	LA
<i>aller-ease oral tablet 180 mg</i>	(fexofenadine)	OTC	LA
<i>aller-ease oral tablet 60 mg</i>	(fexofenadine)	OTC	LA
<i>allergy (chlorpheniramine) oral tablet 4 mg</i>	(chlorpheniramine maleate)	OTC	LA
<i>allergy (diphenhydramine) oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA; (Rx products only)
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy (diphenhydramine) oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy medication oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy medicine oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy relief (cetirizine) oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>allergy relief (fexofenadine) oral tablet 180 mg</i>	(fexofenadine)	OTC	LA
<i>allergy relief (fexofenadine) oral tablet 60 mg</i>	(fexofenadine)	OTC	LA
<i>allergy relief (loratadine) oral capsule 10 mg</i>	(loratadine)	OTC	LA; (Rx products only)
<i>allergy relief (loratadine) oral tablet, disintegrating 10 mg</i>	(loratadine)	OTC	LA
<i>allergy relief (loratadine) oral tablet, disintegrating 5 mg</i>		OTC	LA
<i>allergy relief (diphenhydramine) oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA; (Rx products only)
<i>allergy relief (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>allergy relief (diphenhydramine) oral tablet, chewable 25 mg</i>		OTC	LA
<i>aller-tec oral tablet 10 mg</i>	(cetirizine)	OTC	LA
<i>banophen oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>banophen oral capsule 50 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>banophen oral tablet 25 mg</i>	(diphenhydramine hcl)	OTC	LA
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	(diphenhydramine hcl)	OTC	LA

Drug Name		Drug Tier	Requirements/Limits
BENADRYL ALLERGY ORAL TABLET 25 MG	(diphenhydramine hcl)	OTC	LA
<i>benadryl allergy oral tablet 50 mg</i>	(diphenhydramine hcl)	OTC	LA
BENADRYL ORAL CAPSULE 25 MG	(diphenhydramine hcl)	OTC	LA
<i>cetirizine oral solution 1 mg/ml</i>	(Allergy Relief (cetirizine))	OTC	LA
<i>cetirizine oral solution 5 mg/5 ml</i>		OTC	LA
<i>cetirizine oral tablet 10 mg</i>	(Aller-Tec)	OTC	LA
<i>cetirizine oral tablet 5 mg</i>	(Allergy Relief (cetirizine))	OTC	LA
<i>cetirizine oral tablet,chewable 10 mg</i>	(Children's Wal-Zyr)	OTC	LA; QL (30 per 30 days)
<i>cetirizine oral tablet,chewable 5 mg</i>	(Children's Cetirizine)	OTC	LA; QL (30 per 30 days)
<i>child allergy relief(cetirizine) oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>child allergy relief (diphen) oral tablet,disintegrating 12.5 mg</i>		OTC	LA
<i>children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml</i>	(diphenhydramine hcl)	OTC	LA
<i>children's allergy (diphenhyd) oral tablet,chewable 12.5 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>children's allergy relief(lor) oral tablet,chewable 5 mg</i>		OTC	LA
<i>children's allergy(cetirizine) oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>children's aller-tec oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>children's cetirizine oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
CHILDREN'S CLARITIN ORAL SOLUTION 5 MG/5 ML	(loratadine)	OTC	LA
CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE 5 MG		OTC	LA
<i>children's wal-dryl allergy oral tablet,disintegrating 12.5 mg</i>		OTC	LA
<i>children's wal-zyr oral solution 1 mg/ml</i>	(cetirizine)	OTC	LA
<i>children's wal-zyr oral tablet,chewable 10 mg</i>	(cetirizine)	OTC	LA; QL (30 per 30 days)
<i>children's wal-zyr oral tablet,disintegrating 10 mg</i>		OTC	LA

Drug Name	Drug Tier	Requirements/Limits
CHILDREN'S ZYRTEC ALLERGY (cetirizine) ORAL SOLUTION 1 MG/ML	OTC	LA
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING 10 MG	OTC	LA; QL (30 per 30 days)
<i>child's all day allergy(cetir) oral</i> (cetirizine) <i>solution 1 mg/ml</i>	OTC	LA
<i>chlorhist oral tablet 4 mg</i> (chlorpheniramine maleate)	OTC	LA
CLARITIN LIQUI-GEL ORAL (loratadine) CAPSULE 10 MG	OTC	LA
CLARITIN ORAL TABLET 10 MG (loratadine)	OTC	LA
CLARITIN REDITABS ORAL (loratadine) TABLET,DISINTEGRATING 10 MG	OTC	LA
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 5 MG	OTC	LA
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>complete allergy oral capsule 25 mg</i> (diphenhydramine hcl)	OTC	LA; (Rx products only)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>dayhist allergy oral tablet 1.34 mg</i> (clemastine)	OTC	LA
<i>diphedryl oral liquid 12.5 mg/5 ml</i> (diphenhydramine hcl)	OTC	LA
<i>diphenhist oral capsule 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>diphenhydramine hcl oral capsule 25 mg</i> (Aler-Cap)	OTC	LA; (Rx products only)
<i>diphenhydramine hcl oral capsule 50 mg</i> (Banophen)	OTC	LA
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	OTC	LA
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i> (Allergy)	OTC	LA
<i>diphenhydramine hcl oral tablet 25 mg</i> (Alka-Seltzer Plus Allergy)	OTC	LA
<i>fexofenadine oral tablet 180 mg</i> (Aller-Ease)	OTC	LA
<i>fexofenadine oral tablet 60 mg</i> (Allegra Allergy)	OTC	LA
<i>geri-dryl oral liquid 12.5 mg/5 ml</i> (diphenhydramine hcl)	OTC	LA
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>loradamed oral tablet 10 mg</i> (loratadine)	OTC	LA
<i>loratadine oral solution 5 mg/5 ml</i> (Children's Claritin)	OTC	LA
<i>loratadine oral tablet 10 mg</i> (Claritin)	OTC	LA
<i>loratadine oral tablet, disintegrating 10 mg</i> (Alavert)	OTC	LA
<i>m-dryl oral liquid 12.5 mg/5 ml</i> (diphenhydramine hcl)	OTC	LA
<i>naramin oral liquid in packet 12.5 mg/5 ml</i>	OTC	LA
<i>nighttime sleep oral capsule 50 mg</i> (diphenhydramine hcl)	OTC	LA
<i>nighttime sleep aid (diphen) oral liquid 50 mg/30 ml</i>	OTC	LA
<i>nighttime sleep-aid (doxylamn) oral tablet 25 mg</i>	OTC	LA
<i>nytol oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>simply sleep oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>sleep aid (diphenhydramine) oral capsule 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>sleep tablet (diphenhydramine) oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>sominex maximum strength oral tablet 50 mg</i> (diphenhydramine hcl)	OTC	LA
<i>sominex oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>total allergy medicine oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>unisom (diphenhydramine) oral liquid 50 mg/30 ml</i>	OTC	LA
UNISOM (DOXYLAMINE) ORAL TABLET 25 MG	OTC	LA
<i>unisom sleepgels oral capsule 50 mg</i> (diphenhydramine hcl)	OTC	LA
<i>unisom sleepminis oral capsule 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>wal-dryl allergy oral capsule 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>wal-dryl allergy oral liquid 12.5 mg/5 ml</i> (diphenhydramine hcl)	OTC	LA
<i>wal-dryl allergy oral tablet 25 mg</i> (diphenhydramine hcl)	OTC	LA
<i>wal-fex allergy oral tablet 180 mg</i> (fexofenadine)	OTC	LA; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>wal-fex allergy oral tablet 60 mg</i>	(fexofenadine)	OTC	LA; QL (30 per 30 days)
<i>wal-finate oral tablet 4 mg</i>	(chlorpheniramine maleate)	OTC	LA
<i>wal-itin oral solution 5 mg/5 ml</i>	(loratadine)	OTC	LA
<i>wal-itin oral tablet 10 mg</i>	(loratadine)	OTC	LA
<i>wal-sleep z oral capsule 25 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>wal-sleep z oral liquid 50 mg/30 ml</i>		OTC	LA
<i>wal-sleep z oral tablet, disintegrating 25 mg</i>		OTC	LA
<i>wal-som (diphenhydramine) oral capsule 50 mg</i>	(diphenhydramine hcl)	OTC	LA
<i>wal-som (doxylamine) oral tablet 25 mg</i>		OTC	LA
<i>wal-zyr (cetirizine) oral tablet 10 mg</i>	(cetirizine)	OTC	LA
<i>z-sleep oral liquid 50 mg/30 ml</i>		OTC	LA
ZYRTEC ORAL TABLET 10 MG	(cetirizine)	OTC	LA; QL (30 per 30 days)
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
<i>clindamycin phosphate vaginal cream 2 %</i>	(Cleocin)	1	QL (40 per 7 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	(Vandazole)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		1	
<i>terconazole vaginal suppository 80 mg</i>		1	
Antimigraine Agents			
Antimigraine Agents			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		2	PA; LA; QL (1 per 28 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		2	PA; LA; QL (1.5 per 28 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		2	PA; LA; QL (1.5 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	(Relpax)	1	QL (6 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; LA; QL (2 per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; LA; QL (2 per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; LA; QL (3 per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; LA; QL (15 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	2	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 pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	1	QL (3 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (3 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; LA
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg</i> (Zomig)	1	QL (6 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan nasal spray,non-aerosol</i> (Zomig) 5 mg	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)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	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	2	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	
Antinausea Agents		
Antinausea Agents		
<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)	2	LA; QL (120 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>phenadoz rectal suppository 25 mg</i> (promethazine)	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	LA; QL (10 per 30 days)
<i>trimethobenzamide oral capsule 300 mg</i>	1	
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	QL (30 per 30 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	QL (90 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	QL (20 per 10 days)
COARTEM ORAL TABLET 20-120 MG	1	QL (24 per 3 days)
<i>hydroxychloroquine oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	2	LA; QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	2	LA; QL (30 per 30 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	LA
<i>mefloquine oral tablet 250 mg</i>	1	
<i>paromomycin oral capsule 250 mg</i> (Humatin)	1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	2	LA
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	3	LA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	2	LA
<i>bromocriptine oral tablet 2.5 mg</i>	2	LA
<i>cabergoline oral tablet 0.5 mg</i>	1	QL (16 per 28 days)
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	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 (30 per 30 days)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	LA; ST: (PREVIOUS FAILURE OF ARIPIPRAZOLE TABLETS IN THE PAST 365 DAYS.); QL (1 per 28 days); AGE (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	LA; ST: (PREVIOUS FAILURE OF ARIPIPRAZOLE TABLETS IN THE PAST 365 DAYS.); QL (1 per 28 days); AGE (Min 18 Years)

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	LA
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	2	LA
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	2	LA; (\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
<i>atazanavir oral capsule 150 mg</i>	2	LA
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	LA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	3	LA; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	3	LA; QL (42 per 365 days)
COMPLERA ORAL TABLET 200-25-300 MG	3	LA
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	2	LA
DELSTRIGO ORAL TABLET 100-300-300 MG	3	LA; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG	2	LA
DESCOVY ORAL TABLET 200-25 MG	2	LA; (\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	2	LA
DOVATO ORAL TABLET 50-300 MG	3	LA; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	LA
<i>efavirenz oral tablet 600 mg</i>	2	LA
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	2	LA
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	LA
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	2	LA; (\$0 copay when used for HIV pre-exposure prophylaxis [PrEP])
EMTRIVA ORAL SOLUTION 10 MG/ML	3	LA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	3	LA
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	2	LA
<i>fosamprenavir oral tablet 700 mg</i>	2	LA
GENVOYA ORAL TABLET 150-150-200-10 MG	2	LA
INTELENCE ORAL TABLET 25 MG	3	LA
INVIRASE ORAL TABLET 500 MG	3	LA
ISENTRESS HD ORAL TABLET 600 MG	3	LA
ISENTRESS ORAL TABLET 400 MG	3	LA
JULUCA ORAL TABLET 50-25 MG	3	LA; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	LA
<i>lamivudine oral tablet 100 mg</i>	2	LA
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	LA
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	LA
LEXIVA ORAL SUSPENSION 50 MG/ML	3	LA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	LA; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	LA; QL (60 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	LA; QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	LA
<i>nevirapine oral tablet 200 mg</i>	2	LA
NORVIR ORAL POWDER IN PACKET 100 MG	2	LA

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL SOLUTION 80 MG/ML	2	LA
ODEFSEY ORAL TABLET 200-25-25 MG	2	LA
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	LA
PREZISTA ORAL SUSPENSION 100 MG/ML	2	LA
PREZISTA ORAL TABLET 150 MG, 75 MG	2	LA
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	LA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	LA
STRIBILD ORAL TABLET 150-150-200-300 MG	3	LA
SYM TUZA ORAL TABLET 800-150-200-10 MG	3	LA; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	LA
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	3	LA; QL (30 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	3	LA
TRIUMEQ ORAL TABLET 600-50-300 MG	3	LA
VEMLIDY ORAL TABLET 25 MG	2	LA
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	LA
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	LA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	LA
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	LA
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	LA
<i>zidovudine oral tablet 300 mg</i>	2	LA
Antivirals, Miscellaneous		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	1	AGE (less than 1 year of age)
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (20 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	1	QL (10 per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (180 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 28 days); AGE (Min 18 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 28 days); AGE (Min 18 Years)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	3	PA; LA
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	3	LA; QL (28 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	3	LA; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	3	LA; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	3	LA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	3	LA; QL (56 per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	3	LA; QL (28 per 28 days)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	3	LA; QL (168 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	3	LA; QL (84 per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	3	LA; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	3	PA; LA; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	LA
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	3	LA; QL (30 per 30 days)
<i>lagevrio (eua) oral capsule 200 mg</i>	1	QL (40 per 30 days); AGE (Min 18 Years)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	LA
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	LA; QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	LA; QL (60 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	1	QL (3 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	1	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	1	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	1	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	1	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	1	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	2	LA; QL (11.2 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	LA; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	2	LA; QL (5.6 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	2	LA; QL (8.4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	3	LA; QL (4 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	3	LA; QL (3.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	3	LA; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	3	LA; QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	3	LA; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	3	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	3	LA; QL (2.8 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	3	LA; QL (4.2 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	1	

Drug Name	Drug Tier	Requirements/Limits
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	LA; QL (51 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	LA; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	1	LA; QL (60 per 30 days)
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	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	3	LA
LEUKINE INJECTION RECON SOLN 250 MCG	3	LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	LA; ST: (PREVIOUS FAILURE OF NYVEPRIA IN THE PAST 365 DAYS.)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	LA; ST: (PREVIOUS FAILURE OF NYVEPRIA IN THE PAST 365 DAYS.)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	LA; ST: (PREVIOUS FAILURE OF NIVESTYM IN THE PAST 365 DAYS.)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	LA; ST: (PREVIOUS FAILURE OF NIVESTYM IN THE PAST 365 DAYS.)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	LA

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	LA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	LA
Hematologic Agents, Miscellaneous		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	LA; ST: (PREVIOUS FAILURE OF HYDROXYUREA 500 MG CAPSULES (GENERIC HYDREA) IN THE PAST 365 DAYS.)
<i>tranexamic acid oral tablet 650 mg</i>	1	QL (30 per 28 days)
Platelet-Aggregation Inhibitors		
BRILINTA ORAL TABLET 60 MG, 90 MG	2	LA; ST: (PREVIOUS FAILURE OF CLOPIDOGREL IN THE PAST 365 DAYS.); QL (60 per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	1	
Caloric Agents		
Caloric Agents		
<i>glucose oral tablet, chewable 4 gram</i> (Dex4 Glucose)	1	
<i>trueplus glucose oral tablet, chewable 3.75 gram</i> (glucose)	1	
<i>trueplus glucose oral tablet, chewable 4 gram</i> (glucose)	1	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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)	2	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY BETA-BLOCKERS IN THE PAST 365 DAYS: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL); QL (60 per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 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	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	LA; ST: (PREVIOUS FAILURE OF ONE FORMULARY BETA-BLOCKER IN THE PAST 365 DAYS: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL.); QL (450 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	1	QL (4 per 1 day)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	1	QL (4 per 1 day)
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	QL (4 per 1 day)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	2	LA; ST: (PREVIOUS FAILURE OF ONE FORMULARY BETA-BLOCKER IN THE PAST 365 DAYS: ATENOLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL.); QL (60 per 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	3	PA; LA; QL (60 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	3	PA; LA; QL (60 per 30 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>tolvaptan oral tablet 15 mg, 30 mg</i> (Samsca)	3	PA; LA; QL (60 per 30 days)
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 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	
Dyslipidemics		

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	LA
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 30 mg, 43 mg, 67 mg</i>	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 90 mg</i>	1	QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	QL (30 per 30 days)
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	1	QL (30 per 30 days)
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	1	QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>niacin oral tablet 100 mg, 250 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	LA
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	QL (120 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	LA

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY STATINS IN THE PAST 365 DAYS: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY STATINS IN THE PAST 365 DAYS: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING FORMULARY STATINS IN THE PAST 365 DAYS: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	1	
<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	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	1	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	3	PA; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	3	LA; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	3	LA; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	LA; QL (14 per 28 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	QL (120 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	3	LA; QL (60 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	2	LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	LA; QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	2	LA; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	2	LA; QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	LA; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Zenzedi)	2	LA; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	2	LA; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (180 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	3	PA; LA
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	3	PA; LA; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	3	PA; LA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	3	LA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	3	LA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	3	LA; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	3	LA; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	QL (30 per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	3	PA; LA

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; LA
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	1	QL (30 per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	1	QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR)	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg</i> (Ritalin LA)	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 30 mg, 40 mg</i> (Ritalin LA)	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i>	2	LA; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (180 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	LA; (Ritalin SR and Metadate ER); QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	LA; (Ritalin SR and Metadate ER); QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	LA; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet</i>	(Concerta)	2	LA; QL (60 per 30 days)
<i>extended release 24hr 36 mg</i>			
<i>methylphenidate hcl oral tablet</i>	(Relexxii)	2	LA; QL (30 per 30 days)
<i>extended release 24hr 72 mg</i>			
NUEDEXTA ORAL CAPSULE 20-10 MG		2	LA; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG		2	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: ATOMOXETINE, CLONIDINE EXTENDED RELEASE, GUANFACINE EXTENDED RELEASE.); QL (90 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML		3	LA; QL (12 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML		3	LA; QL (6 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)		3	LA; QL (12 per 28 days)
Contraceptives			
Contraceptives			
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
AIMSCO LATEX CONDOM DEVICE		1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>amethia lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	

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

Drug Name		Drug Tier	Requirements/Limits
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estradiol)	1	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estradiol)	1	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		1	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
CONDOMS-PREM LUBRICATED DEVICE		1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estradiol)	1	
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estradiol)	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Safyral)	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	1	
DUREX AVANTI BARE REAL FEEL	1	
<i>econtra one-step oral tablet 1.5 mg</i> (levonorgestrel)	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	1	
ELLA ORAL TABLET 30 MG	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	1	
<i>emoquette oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	1	
<i>enskyce oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1/50 (28))	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
FANTASY CONDOM DEVICE	1	
FC2 FEMALE CONDOM	1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
GYNOL II VAGINAL GEL 3 %		1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>her style oral tablet 1.5 mg</i>	(levonorgestrel)	1	
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(levonorgest-eth.estradiol-iron)	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE		1	
KIMONO LUBRICATED CONDOMS DEVICE		1	
KIMONO MAXX CONDOMS DEVICE		1	
KIMONO MICROTHIN AQUA LUBE CON DEVICE		1	
KIMONO MICROTHIN CONDOMS DEVICE		1	
KIMONO MICROTHIN LARGE CONDOMS DEVICE		1	
KIMONO TEXTURED CONDOMS DEVICE		1	
KIMONO THIN LUBRICATED CONDOMS DEVICE		1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	1	

Drug Name		Drug Tier	Requirements/Limits
<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)	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>		1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	1	
<i>levonorgestrel oral tablet 1.5 mg</i>	(Econtra One-Step)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Dolishale)	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>norlyda oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>ocella oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	1	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	1	
<i>opcicon one-step oral tablet 1.5 mg</i> (levonorgestrel)	1	
<i>option-2 oral tablet 1.5 mg</i> (levonorgestrel)	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	1	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	1	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	

Drug Name		Drug Tier	Requirements/Limits
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(1 norgest/e.estradiol-e.estrad)	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		1	
SLYND ORAL TABLET 4 MG (28)		1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG		1	

Drug Name		Drug Tier	Requirements/Limits
<i>tri femynor oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>tri-estarylla oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone- e.estradiol-iron)	1	
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-estarylla oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
TRUSTEX LATEX CONDOM DEVICE		1	
TRUSTEX LUBRICATED CONDOMS DEVICE		1	
TRUSTEX NON-LUB CONDOMS DEVICE		1	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE		1	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE		1	
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	QL (90 per 30 days)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	1	QL (1800 per 30 days); AGE (Min 12 Years)
CREOMULSION ADULT FORMULA ORAL SOLUTION 20 MG/15 ML	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>day-time cough oral syrup 5 mg/5 ml</i>	OTC	LA; AGE (Min 4 Years and Max 11 Years)
DELSYM 12 HOUR ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML (dextromethorphan polistirex)	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	QL (900 per 30 days); AGE (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	QL (900 per 30 days); AGE (Min 12 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
SCOT-TUSSIN DIABETES CF ORAL LIQUID 10 MG/5 ML	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>tussin maximum strength cough oral syrup 15 mg/5 ml</i>	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>vicks dayquil cough oral syrup 5 mg/5 ml</i>	OTC	LA; AGE (Min 4 Years and Max 11 Years)
<i>wal-tussin max strength cough oral syrup 15 mg/5 ml</i>	OTC	LA; AGE (Min 4 Years and Max 11 Years)
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	1	QL (90 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	
<i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i> (fluoride (sodium))	1	
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralene)	1	
Dermatological Agents		
Dermatological Agents, Other		
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	2	LA
<i>accutane oral capsule 30 mg</i> (isotretinoin)	2	LA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	LA
<i>acne medication topical gel 10 %</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>acyclovir topical ointment 5 %</i> (Zovirax)	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	2	LA
<i>azelaic acid topical gel 15 %</i>	1	QL (50 per 30 days)
<i>benzoyl peroxide topical cleanser 5 %</i> (Advanced Exfoliating Cleanser)	1	
<i>benzoyl peroxide topical gel 10 %</i> (Acne Medication)	1	
<i>benzoyl peroxide topical gel 2.5 %</i> (Acne Medication)	1	
<i>bp 10-1 topical cleanser 10-1 %</i> (sulfacetamide sodium-sulfur)	1	
<i>bp topical gel 10 %</i> (benzoyl peroxide)	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	LA
<i>calcipotriene topical cream 0.005 %</i>	2	LA
<i>calcipotriene topical ointment 0.005 %</i>	2	LA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	LA
<i>dapsone topical gel 5 %</i> (Aczone)	2	LA
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	2	LA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	2	LA
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	LA
<i>imiquimod topical cream in packet 5 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	2	LA
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	2	LA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	LA
<i>podofilox topical solution 0.5 %</i>	1	
<i>sss 10-5 topical foam 10-5 %</i> (sulfacetamide sodium-sulfur)	1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (Avar-E)	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	1	
VALCHLOR TOPICAL GEL 0.016 %	3	PA; LA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	LA
Dermatological Antibacterials		
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	QL (50 per 30 days)
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin-benzoyl peroxide</i> (Benzamycin) <i>topical gel 3-5 %</i>	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>	2	LA
<i>mupirocin topical ointment 2 %</i> (Centany)	1	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo</i> <i>2.25 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	
<i>sulfacetamide sodium (acne) topical</i> (Klaron) <i>suspension 10 %</i>	1	
Dermatological Anti-Inflammatory Agents		
<i>betamethasone dipropionate topical</i> <i>cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical</i> <i>lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical</i> <i>ointment 0.05 %</i>	1	
<i>betamethasone valerate topical</i> <i>cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion</i> <i>0.1 %</i>	1	
<i>betamethasone valerate topical</i> <i>ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical</i> <i>gel 0.05 %</i>	1	
<i>betamethasone, augmented topical</i> <i>lotion 0.05 %</i>	2	LA
<i>betamethasone, augmented topical</i> (Diprolene (augmented)) <i>ointment 0.05 %</i>	2	LA
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	LA; QL (60 per 30 days)
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	LA; ST: (PREVIOUS FAILURE OF TACROLIMUS OINTMENT IN THE PAST 365 DAYS.); QL (100 per 30 days)
PROCTOFOAM HC RECTAL FOAM 1-1 %	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	LA; QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 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	
<i>triderm topical cream 0.1 %</i> (triamcinolone acetonide)	1	
<i>triderm topical cream 0.5 %</i> (triamcinolone acetonide)	1	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	1	
<i>adapalene topical gel 0.1 %</i> (Differin)	1	
<i>adapalene topical gel 0.3 %</i>	1	

Drug Name		Drug Tier	Requirements/Limits
<i>adapalene topical lotion 0.1 %</i>	(Differin)	1	
<i>avita topical cream 0.025 %</i>	(tretinoin)	2	LA
<i>avita topical gel 0.025 %</i>	(tretinoin)	2	LA
<i>tretinoin (emollient) topical cream 0.05 %</i>	(Refissa)	2	LA
<i>tretinoin topical cream 0.025 %</i>	(Avita)	2	LA
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	(Retin-A)	2	LA
<i>tretinoin topical gel 0.01 %</i>	(Retin-A)	2	LA
<i>tretinoin topical gel 0.025 %</i>	(Avita)	2	LA
<i>tretinoin topical gel 0.05 %</i>	(Atralin)	2	LA
Scabicides And Pediculicides			
EURAX TOPICAL CREAM 10 %		1	
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	LA
<i>permethrin topical cream 5 %</i>	(Elimite)	1	
Devices			
Devices			
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)
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		1	QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		1	QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		1	QL (2 per 365 days)
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1"	(syringe with needle)	1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 25 X 5/8"		1	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2"	(filter needles)	1	QL (60 per 30 days)
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin u-500 syringe-needle)	1	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	1	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BD ULTRA-FINE NANO PEN (pen needle, diabetic) NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	1	
BD VEO INSULIN SYRINGE UF (insulin syringe-needle u-100) SYRINGE 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	1	
CAREPOINT LUER LOCK SYR- (syringe with needle) NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1"	1	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
CAREPOINT LUER SLIP SYRING- NDL SYRINGE 1 ML 25 GAUGE X 5/8"	1	
CARETOUCH LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"	1	
CARETOUCH LUER LOCK SYR- (syringe with needle) NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1"	1	
COMPACT SPACE CHAMBER (inhalational spacing device) PLUS SPACER	1	
COMPACT SPACE CHAMBER (inhalational spacing device) SPACER	1	
COMPACT SPACE CHAMBER- LRG MASK SPACER	1	QL (2 per 365 days)
COMPACT SPACE CHAMBER- MED MASK SPACER	1	QL (2 per 365 days)
COMPACT SPACE CHAMBER- SM MASK SPACER	1	
DEXCOM G6 RECEIVER	2	PA; LA; QL (1 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 SENSOR DEVICE	2	PA; LA; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	2	PA; LA; QL (1 per 90 days)
DEXCOM G7 RECEIVER	2	PA; LA; QL (1 per 365 days)
DEXCOM G7 SENSOR DEVICE	2	PA; LA; QL (3 per 30 days)
EASY TOUCH FLURINGE (syringe with needle) SYRINGE 1 ML 25 GAUGE X 1"	1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"	1	
EASY TOUCH SYRINGE 1 ML 25 (syringe with needle) GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1"	1	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	1	
EXCEL SYRINGE SYRINGE 3 ML (syringe with needle) 23 X 1"	1	
EXEL SYRINGE SYRINGE 3 ML (syringe with needle) 23 GAUGE X 1 1/2"	1	
EXEL SYRINGE SYRINGE 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4"	1	
FREESTYLE LANCETS 28 (lancets) GAUGE	1	
FREESTYLE LIBRE 14 DAY READER	1	PA; QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	1	PA; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	1	PA
FREESTYLE LIBRE 2 READER	1	PA; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	1	PA; QL (2 per 28 days)
FREESTYLE LIBRE 3 READER	1	PA; QL (1 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 3 SENSOR DEVICE	1	PA; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	1	PA; QL (2 per 28 days)
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	1	QL (200 per 90 days)
FREESTYLE UNISTIK 2 (lancets)	1	
LANCETS, THIN 28 GAUGE (lancets)	1	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	1	
MICROCHAMBER SPACER (inhalational spacing device)	1	QL (2 per 365 days)
MICROSPACER SPACER (inhalational spacing device)	1	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	1	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	1	QL (60 per 30 days)
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 X 1" (syringe with needle)	1	QL (60 per 30 days)
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4"	1	QL (60 per 30 days)
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	1	QL (60 per 30 days)
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	1	QL (60 per 30 days)
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2"	1	QL (60 per 30 days)
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	1	QL (60 per 30 days)
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	LA; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	PA; LA; QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	PA; LA; QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	LA; QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	PA; LA; QL (10 per 30 days)
OPTICHAMBER ADULT MASK- LARGE DEVICE	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND VHC (inhalational spacing SPACER device)	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER	1	QL (2 per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER	1	QL (2 per 365 days)
PROCHAMBER SPACER (inhalational spacing device)	1	
SPACE CHAMBER PLUS SPACER (inhalational spacing device)	1	
SPACE CHAMBER SPACER (inhalational spacing device)	1	
SPACE CHAMBER WITH LARGE MASK SPACER	1	
SPACE CHAMBER WITH MEDIUM MASK SPACER	1	
SPACE CHAMBER WITH SMALL MASK SPACER	1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"	1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"	1	
SYRINGE 3CC/21GX1-1/2" (syringe with needle) SYRINGE 3 ML 21 GAUGE X 1 1/2"	1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"	1	

Drug Name	Drug Tier	Requirements/Limits
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"	1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"	1	
SYRINGE WITH NEEDLE (Easy Touch) SYRINGE 1 ML 25 GAUGE X 1"	1	
SYRINGE WITH NEEDLE (BD Luer-Lok Syringe) SYRINGE 3 ML 20 GAUGE X 1 1/2"	1	
SYRINGE WITH NEEDLE (Carepoint Luer Lock Syr-needle) SYRINGE 3 ML 22 X 1 1/2"	1	
TERUMO SYRINGE SYRINGE 3 (syringe with needle) ML 23 GAUGE X 1 1/2", 3 ML 23 X 1"	1	
TERUMO SYRINGE SYRINGE 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
TRUE METRIX AIR GLUCOSE (blood-glucose meter) METER	1	QL (1 per 365 days)
TRUE METRIX AIR GLUCOSE (blood-glucose meter) METER KIT	1	QL (1 per 365 days)
TRUE METRIX GLUCOSE (blood-glucose meter) METER	1	QL (1 per 365 days)
TRUE METRIX GLUCOSE TEST (blood sugar diagnostic) STRIP STRIP	1	QL (300 per 30 days)
TRUE METRIX GO GLUCOSE (blood-glucose meter) METER	1	QL (1 per 365 days)
TRUE METRIX LEVEL 1 (blood glucose control, SOLUTION low)	1	QL (2 per 365 days)
TRUE METRIX LEVEL 2 (blood glucose control, SOLUTION normal)	1	QL (2 per 365 days)
TRUE METRIX LEVEL 3 (blood glucose control, SOLUTION high)	1	QL (2 per 365 days)
TRUE METRIX PRO TEST STRIP (blood sugar diagnostic) STRIP	1	QL (300 per 30 days)
TRUEDRAW LANCING DEVICE (lancing device)	1	
TRUEPLUS LANCETS 28 GAUGE, (lancets) 30 GAUGE, 33 GAUGE	1	
TUBERCULIN SYRINGE (syringe with needle) SYRINGE 1 ML 25 GAUGE X 1"	1	

Drug Name	Drug Tier	Requirements/Limits
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	1	QL (60 per 30 days)
TUBERCULIN-ALLERGY (BD Tuberculin Syringe) SYRINGES SYRINGE 1 ML 26 GAUGE X 3/8"	1	QL (60 per 30 days)
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2"	1	
ULTICARE LOW DEAD SPACE (syringe with needle) SYRING SYRINGE 3 ML 22 X 1 1/2"	1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	1	
UNISTIK 2 NORMAL LANCET 21 (lancets) GAUGE	1	
VANISHPOINT SYRINGE (syringe with needle) SYRINGE 1 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1"	1	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	1	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	1	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	LA; QL (900 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	2	LA; QL (900 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	LA; QL (150 per 30 days); AGE (Min 5 Years)
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (30 per 30 days)
<i>azelastine nasal spray,non-aerosol</i> (Astepro Allergy) <i>205.5 mcg (0.15 %)</i>	1	QL (30 per 30 days)
<i>clear eyes once daily allergy</i> (olopatadine) <i>ophthalmic (eye) drops 0.2 %</i>	OTC	LA
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclopentolate ophthalmic (eye)</i> (Cyclogyl) <i>drops 1 %</i>	1	
<i>eye allergy itch relief ophthalmic</i> (olopatadine) <i>(eye) drops 0.2 %</i>	OTC	LA
<i>eye allergy itch-redness rlf</i> (olopatadine) <i>ophthalmic (eye) drops 0.1 %</i>	OTC	LA
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch- Redness Rlf)	OTC	LA
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	OTC	LA
PATADAY TWICE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.1 % (olopatadine)	OTC	LA

Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	1	
<i>bleph-10 ophthalmic (eye) drops 10 %</i> (sulfacetamide sodium)	1	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	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>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	LA
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit-0.025mg/ml	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml- %	1	
neo-polycin hc ophthalmic (eye) (neomycin-bacitracin- ointment 3.5-400-10,000 mg-unit/g- poly-hc) 1%	1	
ofloxacin ophthalmic (eye) drops 0.3 (Ocuflox) %	1	
ofloxacin otic (ear) drops 0.3 %	1	
polycin ophthalmic (eye) ointment (bacitracin-polymyxin b) 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	
trifluridine ophthalmic (eye) drops 1 %	2	LA
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		

Drug Name	Drug Tier	Requirements/Limits
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	2	LA; ST: (PREVIOUS FAILURE OF CYCLOSPORINE EYE DROPPERETTE OR RESTASIS MULTIDOSE EYE DROPS IN THE PAST 365 DAYS.); QL (60 per 30 days)
CHILDREN'S FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	OTC	LA
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette 0.05 %</i>	2	LA; QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	(ophthalmic)
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	OTC	LA
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 30 days)
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief) <i>spray,suspension 50 mcg/actuation</i>	1	QL (16 per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	
<i>mometasone nasal spray,non-aerosol</i> (Allergy Nasal <i>50 mcg/actuation</i> (mometasone))	1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	1	
<i>prednisolone acetate ophthalmic</i> (Pred Forte) <i>(eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	2	LA; ST: (PREVIOUS FAILURE OF RESTASIS EYE DROPS IN THE PAST 365 DAYS); QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	2	LA; ST: (PREVIOUS FAILURES OF OMEPRAZOLE, PANTOPRAZOLE AND ESOMEPRAZOLE IN THE PAST 365 DAYS); QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i> (Nexium Packet)	1	QL (30 per 30 days)
<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	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	2	LA; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	2	LA; QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	2	LA; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	

Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	QL (60 per 30 days)
pantoprazole oral granules dr for susp in packet 40 mg (Protonix)	2	LA; QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg (Protonix)	1	QL (60 per 30 days)
sucralfate oral suspension 100 mg/ml (Carafate)	1	
sucralfate oral tablet 1 gram (Carafate)	1	
Gastrointestinal Agents, Other		
anti-diarrheal (loperamide) oral capsule 2 mg (loperamide)	1	
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg (Pylera)	2	LA; QL (120 per 10 days)
constulose oral solution 10 gram/15 ml (lactulose)	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	1	
ed-spaz oral tablet, disintegrating 0.125 mg (hyoscyamine sulfate)	1	
enulose oral solution 10 gram/15 ml (lactulose)	1	
generlac oral solution 10 gram/15 ml (lactulose)	1	
glycopyrrolate oral tablet 1 mg (Robinul)	1	QL (1350 per 30 days)
glycopyrrolate oral tablet 2 mg (Robinul Forte)	1	QL (1350 per 30 days)
hyoscyamine sulfate oral tablet 0.125 mg (Oscimin)	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg (Levbid)	1	
hyoscyamine sulfate oral tablet, disintegrating 0.125 mg (Ed-Spaz)	1	
hyoscyamine sulfate sublingual tablet 0.125 mg (Oscimin SL)	1	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml	1	
lactulose oral solution 10 gram/15 ml (Constulose)	1	

Drug Name	Drug Tier	Requirements/Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	LA; ST: (PREVIOUS FAILURE OF LUBIPROSTONE IN THE PAST 365 DAYS.); QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	LA; QL (34 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	LA; QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride)	2	LA; ST: (PREVIOUS FAILURE OF LUBIPROSTONE IN THE PAST 365 DAYS.); QL (30 per 30 days)
<i>oscimin oral tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>oscimin sl sublingual tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i> (hyoscyamine sulfate)	1	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg</i>	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
Laxatives		
<i>alophen (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i> (bisacodyl)	OTC	LA
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i> (Alophen (bisacodyl))	OTC	LA
<i>clearlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	

Drug Name	Drug Tier	Requirements/Limits
COLACE CLEAR ORAL CAPSULE 50 MG	OTC	LA
COLACE ORAL CAPSULE 100 MG (docusate sodium)	OTC	LA
<i>docusate calcium oral capsule 240 mg</i> (Kaopectate (docusate calcium))	OTC	LA
<i>docusate sodium oral capsule 100 mg</i> (Colace)	OTC	LA
<i>docusate sodium oral liquid 50 mg/5 ml</i> (OneLAX Docusate Sodium)	OTC	LA
<i>docusate sodium oral syrup 60 mg/15 ml</i> (Stool Softener)	OTC	LA
<i>docusate sodium oral tablet 100 mg</i> (DOK)	OTC	LA
<i>dok oral capsule 100 mg</i> (docusate sodium)	OTC	LA
<i>dok oral tablet 100 mg</i> (docusate sodium)	OTC	LA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i> (bisacodyl)	OTC	LA
<i>gentlelax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>healthylax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	1	
<i>laxaclear oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>laxative peg 3350 oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>natura-lax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>pedia-lax stool softener oral syrup 50 mg/15 ml</i>	OTC	LA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	
<i>phillips' liqui-gels oral capsule 100 mg</i> (docusate sodium)	OTC	LA

Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 oral powder</i> (ClearLax) <i>17 gram/dose</i>	1	
<i>polyethylene glycol 3350 oral powder</i> (HealthyLax) <i>in packet 17 gram</i>	1	
<i>polyethylene glycol 3350 oral powder</i> <i>in packet 4 gram, 4.25 gram</i>	1	
<i>polyethylene glycol 3350 oral powder</i> (Gavilax) <i>in packet 8.5 gram</i>	1	
<i>powderlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>powderlax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	1	
<i>promolaxin oral tablet 100 mg</i> (docusate sodium)	OTC	LA
<i>purelax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>smoothlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>smoothlax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	1	
<i>stool softener oral capsule 250 mg</i> (docusate sodium)	OTC	LA
<i>stool softener oral capsule 50 mg</i>	OTC	LA
<i>trilyte with flavor packets oral recon soln 420 gram</i> (peg-electrolyte soln)	1	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	LA
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	LA
CALPHRON ORAL TABLET 667 MG (calcium acetate)	2	LA
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	LA; QL (270 per 30 days)
<i>sevelamer hcl oral tablet 800 mg</i>	2	LA; QL (180 per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i> (Myrbetriq)	2	LA; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	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	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	2	LA
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	LA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	LA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	2	LA
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	2	LA; QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING IN THE PAST 365 DAYS: ESTRADIOL/NORETHINDRONE ORAL TABLETS, ESTRADIOL TRANSDERMAL PATCHES OR ESTRADIOL VAGINAL CREAM); QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> (EstroGel)	2	LA; ST: (PREVIOUS FAILURE OF ONE OF THE FOLLOWING: ESTRADIOL ORAL TABLETS, ESTRADIOL TRANSDERMAL PATCHES, ESTRADIOL VAGINAL CREAM); QL (50 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	2	LA; ST: (PREVIOUS FAILURE OF ESTRADIOL VAGINAL CREAM AND ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS.); 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	1	
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	1	
PREMARIN ORAL TABLET 0.625 (conjugated estrogens) MG, 1.25 MG	1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	LA
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	QL (30 per 30 days)
<i>yuvafer vaginal tablet 10 mcg</i> (estradiol)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5</i> <i>mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg,</i> <i>0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6</i> <i>mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20</i> (Cortef) <i>mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16</i> (Medrol) <i>mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet 32 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methyprednisolone oral tablets,dose</i> (Medrol (Pak)) <i>pack 4 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	LA; QL (10 per 30 days)
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	LA; QL (10 per 30 days)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	QL (360 per 365 days)
GENOTROPIN MINIQUICK 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; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	3	PA; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	3	PA; LA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	3	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	3	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	3	PA; LA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	3	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	3	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; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	3	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	3	PA; LA
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	QL (120 per 30 days)
Thyroid And Antithyroid Agents		

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYROID ORAL (thyroid (pork)) TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	2	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS.); QL (30 per 30 days)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	2	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS.); QL (30 per 30 days)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	2	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS.); QL (30 per 30 days)
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levoxyl)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Synthroid)	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	LA
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)	2	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLETS IN THE PAST 365 DAYS.)

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	2	LA; ST: (PREVIOUS FAILURE OF LEVOTHYROXINE TABLET IN THE PAST 365 DAYS); QL (30 per 30 days)
Immunological Agents		
Immunological Agents		
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	3	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; LA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; LA; QL (1 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; LA; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; LA; QL (1 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; LA; QL (2 per 28 days)
<i>cyclosporine modified oral capsule</i> (Gengraf) <i>100 mg, 25 mg</i>	2	LA
<i>cyclosporine modified oral capsule</i> <i>50 mg</i>	2	LA
<i>cyclosporine modified oral solution</i> (Gengraf) <i>100 mg/ml</i>	2	LA

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	3	PA; LA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; LA; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; LA; QL (1.34 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; LA; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; LA; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	3	LA; ST: (TRIAL OF METHOTREXATE, ME SALAMINE, BALSALAZIDE, DIPENTUM, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, ACITRETIN OR CALCIPOTRIENE IN THE PAST 365 DAYS)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	3	LA; ST: (TRIAL OF METHOTREXATE, ME SALAMINE, BALSALAZIDE, DIPENTUM, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, ACITRETIN OR CALCIPOTRIENE IN THE PAST 365 DAYS)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	3	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	3	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	3	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)

Drug Name	Drug Tier	Requirements/Limits
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	LA; ST: (PREVIOUS FAILURE OF TACROLIMUS CAPSULES IN THE PAST 365 DAYS.)
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	LA
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	LA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)
HUMIRA PEN PSOR-UEVITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	LA; ST: (TRIAL OF METHOTREXATE,ME SALAMINE, BALSALAZIDE,DIPEN TUM,SULFASALAZIN E, HYDROXYCHLOROQ UINE,LEFLUNOMIDE, AZATHIOPRINE,MER CAPTOPURINE,CYCL OSPORINE,ACITRETI N OR CALCIPOTRIENE IN THE PAST 365 DAYS)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	LA; ST: (TRIAL OF METHOTREXATE, ME SALAMINE, BALSALAZIDE, DIPENTUM, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, ACITRETIN OR CALCIPOTRIENE IN THE PAST 365 DAYS)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	LA; ST: (TRIAL OF METHOTREXATE, ME SALAMINE, BALSALAZIDE, DIPENTUM, SULFASALAZINE, HYDROXYCHLOROQUINE, LEFLUNOMIDE, AZATHIOPRINE, MERCAPTOPYRINE, CYCLOSPORINE, ACITRETIN OR CALCIPOTRIENE IN THE PAST 365 DAYS)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; LA
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	LA; QL (30 per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	QL (180 per 30 days)
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	QL (180 per 30 days)
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	LA; QL (120 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	3	PA; LA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	3	PA; LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA ORAL TABLET 30 MG	3	PA; LA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; LA; QL (55 per 28 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	3	PA; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; LA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; LA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	LA
XELJANZ ORAL SOLUTION 1 MG/ML	3	PA; LA
XELJANZ ORAL TABLET 10 MG, 5 MG	3	PA; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	3	PA; LA
Vaccines		
ABRYYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	AGE (Min 75 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	(for tetanus, diphtheria and pertussis)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	(for tetanus, diphtheria and pertussis)

Drug Name	Drug Tier	Requirements/Limits
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	1	AGE (Min 75 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	1	
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	

Drug Name	Drug Tier	Requirements/Limits
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	(for tetanus, diphtheria and pertussis)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	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	1	AGE (Min 2 Months and Max 671 Months)
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	1	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)	1	for meningitis; Min 2 months and Max 55 years; AGE (Min 2 Months and Max 671 Months)
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	1	(for pneumonia)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	1	(for pneumonia)

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	(for herpes zoster and varicella (shingles)); AGE (Min 18 Years)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	LA
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	LA; QL (90 per 30 days)
DIPENTUM ORAL CAPSULE 250 MG	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	2	LA
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	LA
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	2	LA
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	LA; QL (30 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	(nasal spray only)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> (Sensipar)	3	PA; LA
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	1	

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 150 mg, 35 mg</i> (Actonel)	1	
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	3	PA; LA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; LA; QL (1.56 per 30 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	LA; QL (2 per 1 day)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>methylergonovine oral tablet 0.2 mg</i>	2	LA
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	1	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	LA
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (timolol)	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i> (Alphagan P)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye) drops</i> (Alphagan P) 0.15 %	1	
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	1	
<i>brimonidine-timolol ophthalmic (eye) drops</i> (Combigan) 0.2-0.5 %	2	LA; ST: (PREVIOUS FAILURE OF BRIMONIDINE EYE DROPS OR TIMOLOL EYE DROPS IN THE PAST 365 DAYS.)
<i>carteolol ophthalmic (eye) drops</i> 1 %	1	
<i>dorzolamide ophthalmic (eye) drops</i> 2 %	1	
<i>dorzolamide-timolol ophthalmic (eye) drops</i> (Cosopt) 22.3-6.8 mg/ml	1	
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	1	
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: LATANOPROST AND TRAVOPROST)
<i>methazolamide oral tablet</i> 25 mg, 50 mg	1	
<i>metipranolol ophthalmic (eye) drops</i> 0.3 %	1	
<i>pilocarpine hcl ophthalmic (eye) drops</i> 1 %, 2 %, 4 %	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i> 0.25 %, 0.5 % (Timoptic Ocudose (PF))	1	
<i>timolol maleate ophthalmic (eye) drops</i> 0.25 %, 0.5 %	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i> 0.5 % (Istalol)	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i> 0.25 %, 0.5 %	1	
<i>timolol ophthalmic (eye) drops</i> 0.5 % (Betimol)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	2	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: LATANOPROST AND TRAVOPROST)
Replacement Preparations		
Replacement Preparations		
<i>effer-k oral tablet, effervescent 25 meq</i> (potassium bicarb-citric acid)	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	1	
K-PHOS NO 2 ORAL TABLET 305-700 MG	1	
<i>phospha 250 neutral oral tablet 250 mg</i> (sod phos di, mono-k phos mono)	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	1	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	1	
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	2	LA; 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)	2	LA; QL (120 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	1	QL (30.6 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: 1) FLUTICASONE/SALMETEROL BLISTER OR HFA INHALER AND 2) BUDESONIDE/FORMOTEROL (GENERIC SYMBICORT)); QL (13 per 30 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i> (Breo Ellipta)	2	LA; ST: (PREVIOUS FAILURE OF BOTH OF THE FOLLOWING IN THE PAST 365 DAYS: 1) FLUTICASONE/SALMETEROL BLISTER OR HFA INHALER AND 2) BUDESONIDE/FORMOTEROL (GENERIC SYMBICORT)); QL (60 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	1	QL (24 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	1	QL (60 per 30 days)
<i>fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i> (Advair HFA)	1	QL (12 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	LA; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	LA; QL (4 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	LA; QL (21.2 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol)	1	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	LA
Bronchodilators		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	1	(maximum of 2 inhalers per 30 days); QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>	1	QL (300 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 2.5 mg/0.5 ml</i>	1	QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	1	QL (375 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	LA; QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	LA; QL (25.8 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (4 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i> (theophylline)	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL (540 per 30 days)
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	2	LA; ST: (PREVIOUS FAILURE OF ALBUTEROL HFA INHALER IN THE PAST 365 DAYS.); QL (30 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	LA; QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	2	LA; QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING IN THE PAST 365 DAYS: 1) FLUTICASONE/SALMETEROL DISK INHALER OR HFA 2) BUDESONIDE/FORMOTEROL (GENERIC SYMBICORT), 3) TIOTROPIUM HANDIHALER OR SPIRIVA RESPIMAT); QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	3	PA; LA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	3	PA; LA; QL (56 per 28 days)
<i>nebusal inhalation solution for nebulization 3 %</i> (sodium chloride)	1	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	3	PA; LA; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	PA; LA; QL (112 per 28 days)
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	1	

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	3	PA; LA; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	3	PA; LA; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	3	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	3	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	3	PA; LA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	QL (240 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	1	QL (90 per 30 days)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	2	LA
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	2	LA
<i>methocarbamol oral tablet 1,000 mg</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	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING: ZOLPIDEM, ESZOPICLONE, TEMAZEPAM, TRAZODONE, DOXEPIN (GENERIC FOR SILENOR)); QL (30 per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	2	LA; ST: (PREVIOUS FAILURE OF TWO OF THE FOLLOWING: ZOLPIDEM, ESZOPICLONE, TEMAZEPAM, TRAZODONE, DOXEPIN (GENERIC FOR SILENOR)); QL (30 per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	2	LA; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	1	QL (30 per 30 days)
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	1	QL (30 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	3	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	QL (30 per 30 days)
Vitamins And Minerals		
Vitamins And Minerals		
<i>baby ddrops oral drops 10 mcg/drop (400 unit/drop)</i> (cholecalciferol (vitamin d3))	OTC	LA
<i>bio-d-mulsion forte oral drops 50 mcg/drop (2, 000 unit/drop)</i>	OTC	LA
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/0.25 ml</i>	OTC	LA
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop)</i> (Baby Ddrops)	OTC	LA

Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i> (D-Vi-Sol)	OTC	LA
<i>cholecalciferol (vitamin d3) oral drops 125 mcg/0.5 ml (5k unit/0.5ml)</i>	OTC	LA
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)	1	
<i>ddrops oral drops 50 mcg/drop (2,000 unit/drop)</i>	OTC	LA
<i>d-vi-sol oral drops 10 mcg/ml (400 unit/ml)</i> (cholecalciferol (vitamin d3))	OTC	LA
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (ergocalciferol (vitamin d2))	1	QL (30 per 30 days)
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Fe-Vite)	OTC	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	OTC	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	OTC	
<i>ferrous sulfate oral syringe 7.5 mg iron/0.5 ml</i> (Fe-Vite)	OTC	(Restricted to members less than 1yr of age)
<i>fe-vite oral drops 15 mg iron (75 mg)/ml</i> (ferrous sulfate)	OTC	(Restricted to members less than 1yr of age)
FLINTSTONES COMPLETE (FE SULF) ORAL TABLET,CHEWABLE 10 MG IRON	OTC	LA
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)	OTC	AGE (Max 6 Years)
<i>folbic oral tablet 2.5-25-2 mg</i> (folic acid-vit b6-vit b12)	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	
<i>infant-toddler multivit-iron oral drops 11 mg iron/ml</i>	OTC	LA
<i>liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml)</i> (multivit-min-ferrous gluconate)	1	
<i>l-methyl-mc oral tablet 6-5-50-1 mg</i>	1	
<i>metafolbic oral tablet 6-5-50-1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	OTC	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml</i>	OTC	AGE (Max 6 Years)
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	OTC	AGE (Max 6 Years)
<i>multivit-fluor (vit e acetate) oral drops 0.25 mg/ml</i>	OTC	
<i>nephro vitamins oral tablet 0.8 mg</i>	1	
<i>nephro-vite oral tablet 0.8 mg</i>	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	1	
<i>pedi multivit no.194-iron sulf oral drops 10 mg iron/ml</i>	OTC	
PEDIA POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	OTC	
<i>perry prenatal oral capsule 13.5-0.4 mg</i>	1	
POLY-VI-SOL WITH IRON ORAL DROPS 11 MG IRON/ML	OTC	LA
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	OTC	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	1	
<i>prenatal 19 oral tablet,chewable 29 mg iron- 1 mg</i>	1	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	1	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	
<i>renal vitamin oral tablet 0.8 mg</i>	1	
<i>renal-vite oral tablet 0.8 mg</i>	1	
<i>rena-vite oral tablet 0.8 mg</i>	1	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	1	

Drug Name	Drug Tier	Requirements/Limits
SUPER DAILY D3 ORAL DROPS (cholecalciferol (vitamin d3)) 25 MCG/DROP (1000 UNIT/DROP)	OTC	LA
<i>super daily d3 oral drops 50 mcg/drop (2, 000 unit/drop)</i>	OTC	LA
<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	
<i>west-vite with folic acid oral tablet 0.8 mg</i>	1	

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