



First Choice Next Formulary

Effective January 1st, 2027

www.firstchoicenext.com

This document applies to First Choice Next individual and family health plans both on and off the Exchange.

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 **FirstChoiceSMNext**
A Product of Select Health of South Carolina, Inc.

Pharmacy Benefit Information

Prescription Drug Benefits

First Choice Next strives to provide you with high-quality and cost-effective drug coverage.

We use First Choice Next's Pharmacy Benefit Manager (PBM) to help manage your prescription drug benefits, including specialty medications. You will need to get your prescription medications filled from a network pharmacy to obtain coverage. Prescriptions can be filled at a retail network pharmacy, through our mail-order network pharmacy, or a network specialty pharmacy. You will need to show your member ID card when you fill or obtain your prescription medications.

The prescription drug benefits do not cover all drugs and prescriptions. Some drugs must meet certain medical necessity guidelines before we can cover them. Your provider must ask us for prior authorization before we will cover these drugs.

Formulary

The list of prescription drugs covered under this plan is called a formulary. The formulary applies only to drugs you get at retail, mail-order, and specialty pharmacies. Along with the covered drugs, the formulary also allows you to review any limitations or restrictions such as prior authorization, step therapy, quantity limits, and age limits. The formulary does not apply to drugs you get if you are in the hospital. For our latest pharmacy benefit and formulary information, please visit <https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx> or call us at **1-833-983-7272 (TTY 711)**, Monday through Friday, 8 a.m. to 6 -p.m. ET, excluding holidays.

The formulary is a closed formulary (i.e., products not listed are treated as nonformulary); however, drugs not on the formulary can still be requested, and our pharmacy coverage determination and prior authorization process may allow for nonformulary exceptions.

The formulary covers both Preferred Generic and Brand drugs, and Non-Preferred Generic and Brand drugs, and will determine what your out-of-pocket costs will be under our plan based on the drug tier. Please refer to your Summary of Benefits and Coverage for more information on copays and deductibles.

Covered prescription drugs and supplies

The prescription drug benefits cover many different therapeutic classes of drugs, which you can find at [\[https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx\]](https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx). You can use the searchable drug list, to search by the first letter of your medication, by typing part of the generic (chemical) or brand (trade) names, or by selecting the therapeutic class of the medication you are looking for.

Your prescription drug benefits cover prescription insulin drugs and will include at least one formulation of each of the following types of prescription insulin drugs on the lowest tier of the drug formulary developed and maintained by your health benefit plan.

- Rapid-acting
- Short-acting
- Intermediate-acting
- Long-acting

In addition to the covered prescription drugs and supplies listed in the formulary, we may cover:

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- Compounded medications: If at least one active ingredient requires a prescription by law and is approved by the U.S. Food and Drug Administration (FDA). Compounding kits that are not FDA approved and include prescription ingredients that are readily available may not be covered. To confirm whether the specific medication or kit is covered under this plan, please call the Member Services team. Some compounded medications may be subject to prior authorization.
- Off-label drugs: We will also cover certain off-label uses of FDA-approved drugs in accordance with state law. To qualify for off-label use, the drug must be recognized for the specific treatment for which the drug is being prescribed by one of the following compendia: (1) National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium; (2) The Thompson Micromedex Drug Dex; (3) American Hospital Formulary Service; (4) Lexi-Drugs; (5) United States Pharmacopoeia-Drug Information (6) the American Medical Association Drug Evaluations; or (7) any other authoritative compendia as recognized periodically by the United States Secretary of Health and Human Services.

Included in the formulary are:

- Hormone replacement therapy (HRT) for perimenopausal and postmenopausal individuals
- Hypodermic syringes or needles when medically necessary

Narrow therapeutic index (NTI) drugs

First Choice Next will cover certain narrow therapeutic index (NTI) brand medications. The medication may require prior authorization to be covered.

The brand formulations of the following NTI medications are eligible for coverage:

- Carbamazepine
- Cyclosporine
- Digoxin
- Ethosuximide
- Levothyroxine sodium tablets
- Lithium
- Phenytoin
- Procainamide
- Tacrolimus
- Theophylline
- Warfarin sodium tablets

Preventive medications

Under the Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), some preventive medications may be covered at no cost (copay, coinsurance, or deductible) for First Choice Next members.

These include certain medications in the following categories:

- Bowel preparations — for members from ages 45 to 75
- Oral fluoride supplementation — for members from ages six months to five years
- Moderate-intensity statins — for members from ages 40 to 75 years
- Folic acid 400 to 800 micrograms (mcg) — for members of childbearing age

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- Aspirin 81 milligrams (mg) — to prevent or delay the onset of preeclampsia
- Tobacco cessation
 - Nicotine gum
 - Nicotine lozenge
 - Nicotine patch
 - Bupropion hall (smoking deterrent) tab ER 12hr 150 mg
 - Varenicline tartrate
- HIV pre-exposure prophylaxis (PrEP)
 - Apretude (cabotegravir) Intramuscular Suspension Extended Release 600 Mg/3MI
 - Descovy (emtricitabine/tenofovir alafenamide 200 mg-25 mg), oral tablet
 - emtricitabine/tenofovir df 200 mg- 300 mg, oral tablet
- Breast cancer primary prevention
 - Anastrozole, oral tablet 1 mg
 - Exemestane, oral tablet 25 mg
 - Raloxifene HCL, oral tablet 60 mg
 - Tamoxifen citrate, oral tablet 20 mg
- Vaccines recommended by Advisory Committee on Immunization Practices (ACIP)
- Contraception —As a requirement of the Women’s Prevention Services provision of the ACA, contraceptives are covered at 100% when prescribed by a participating network provider for generic products.
 - Contraceptive categories include*:
 - Oral contraceptives (Rx and over-the-counter (OTC))
 - Injectable contraceptives (Rx)
 - Barrier methods (Rx) **
 - Intrauterine devices**, subdermal rods** and vaginal rings (Rx)
 - Transdermal patches (Rx)
 - Emergency contraception (Rx and OTC)
 - Condoms (OTC)
 - Female condoms (OTC)
 - Vaginal pH modulators (Rx)
 - Vaginal sponges (OTC)
 - Spermicides (OTC)

*Please see the Formulary for the most up-to-date list of products.

**Certain drugs or products may be covered as a nonpharmacy benefit (e.g., infused, injected, or implanted drugs, which are covered under medical benefits).

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications.

Prescription drug benefit exclusions

What is not covered:

- Any drug products used exclusively for cosmetic purposes
- Experimental drugs, which are those that cannot be marketed lawfully without the approval of the FDA and for which such approval has not been granted at the time of their use or proposed use, or for which such approval has been withdrawn
- Prescription drugs that are not approved by the FDA
- Drugs on the FDA Drug Efficacy Study Implementation (DESI) list
- Immunization agents or vaccines not listed on the formulary. Some immunizations may be covered under the medical benefit.

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- Medical supplies*
- Prescription and over-the-counter homeopathic medications
- Drugs that by law do not require a prescription (OTC) unless listed on the formulary as covered
- Vitamins and dietary supplements (except prescription prenatal vitamins, vitamins as required by the Affordable Care Act, fluoride for children, and supplements for the treatment of mitochondrial disease)
- Topical and oral fluorides for adults
- Medications for the treatment of idiopathic short stature
- Prescriptions filled at pharmacies other than network-designated pharmacies, except for emergency care or other permissible reasons. An override will be required to allow the pharmacy to process the claim.
- Prescriptions filled through an internet pharmacy that is not a verified internet pharmacy practice site certified by the National Association of Boards of Pharmacy
- Prescription medications, when the same active ingredient, or a modified version of an active ingredient that is therapeutically equivalent to a covered prescription medication, has become available over the counter. In these cases, the specific medication may not be covered, and the entire class of prescription medications may also not be covered.
- Prescription medications when co-packaged with non-prescription products
- Medications packaged for institutional use will be excluded from the pharmacy benefit coverage unless otherwise noted on the formulary.
- Drugs used for erectile dysfunction or sexual dysfunction
- Drugs used for weight loss
- Bulk Chemicals
- Repackaged products
- Drugs used for the treatment of infertility

*Certain drugs or products may be covered as a nonpharmacy benefit (e.g., infused injected or implanted drugs, which are covered under medical benefits).

For our latest pharmacy benefit and formulary information, please visit <https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx> or call us at 1-833-983-7272 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. ET, excluding holidays.

Formulary changes

The formulary is occasionally subject to change. If a change negatively affects a medication you are taking, we will provide written notice to you before the change takes effect. We will work with you and your prescriber to transition to another covered medication if you are on a long-term prescription.

Formulary Tier Explanation (Signature Plans)

- Tier 1 – Preferred Generic Drugs
- Tier 2 – Preferred Brand Drugs
- Tier 3 – Non-Preferred Brand and Non-Preferred Generic Drugs
- Tier 4 – Specialty Drugs

Formulary Tier Explanation (All Other Plans)

- Tier 1a — Preferred Generic Drugs
- Tier 1b — Non-Preferred Generic Drugs

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Tier 2 — Preferred Brand Drugs

Tier 3 — Non-Preferred Brand and Non-Preferred (High Cost) Generic Drugs

Tier 4a — Specialty Drugs

Tier 4b — Non-Preferred Specialty Drugs

Please see your specific “metal level” coverage for copay and coinsurance amounts.

Prior authorizations, step therapy, quantity limits, age limits, generic drug program, and other formulary tools

First Choice Next may use certain tools to help ensure your safety and so that you are receiving the most appropriate medication at the lowest cost to you. These tools include prior authorization, step therapy, quantity limits, age limits, and the generic drug program. Below is more information about these tools.

Prior authorizations (PA)

There are restrictions on the coverage of certain drug products that have a narrow indication for usage, may have safety concerns, and/or are extremely expensive, requiring the prescribing provider to obtain prior authorization from us for such drugs. The formulary states whether a drug requires prior authorization.

Step therapy (ST)

Step therapy is a type of prior authorization program (usually automated) that uses a stepwise approach, requiring the use of the most therapeutically appropriate and cost-effective agents first before other medications may be covered. Members must first try one or more medications on a lower step to treat a certain medical condition before a medication on a higher step is covered for that condition. If your provider advises that the medication on a lower step is not right for your health condition and that the medication on higher step is medically necessary, your provider can submit a request for approval.

Quantity limits (QL)

To make sure the drugs you take are safe and that you are getting the right amount, we may limit how much you can get at one time. Your provider can ask us for approval if you need more than we cover.

Quantity limits will be waived under certain circumstances during a state of emergency or disaster.

Age limits (AL)

Age limits are designed to prevent potential harm to members and promote appropriate use. The approval criteria are based on information from the FDA, medical literature, actively practicing consultant physicians and pharmacists, and appropriate external organizations.

If the prescription does not meet the FDA age guidelines, it will not be covered until prior authorization is obtained. Your provider can request an age-limit exception.

Opioid Limits

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This indicates an additional quantity limit on drugs in the opioid class, which is based on the morphine milligram equivalent (MME). MME is used to determine and monitor safe dosing and duration of therapy. If the amount of opioids prescribed is above the limit, but is needed, the prescriber can request the plan cover additional quantity. All long-acting opioids will be subject to Prior Authorization. Opioids greater than 90 MME/day will be subject to Prior Authorization. Opioids greater than a 7 days supply will be subject to Prior Authorization. Prior Authorization requests for opioid treatment will be processed on an expedited basis.

Prior Authorization is not required for opioid analgesic medications under the following circumstances:

- The medication is prescribed to a Covered Person who is a Hospice patient in a Hospice care program;
- The medication is prescribed to a Covered Person who has been diagnosed with a terminal condition but is not a Hospice patient in a Hospice care program;
- The medication is prescribed to a Covered Person who has cancer or another condition associated with the individual's cancer or history of cancer.

Generic drugs

Generic drugs have the same active ingredients and work the same as brand-name drugs. When generic drugs are available, we may not cover the brand-name drug without granting approval. If you and your provider feel that a generic drug is not right for your health condition and that the brand-name drug is medically necessary, your provider can ask for prior authorization.

New-to-market drugs

We review new drugs for safety and effectiveness before we add them to our formulary. A provider who feels a new-to-market drug is medically necessary for you before we have reviewed it can submit a request for approval.

Nonformulary drugs

While most drugs are covered, a small number of drugs are not covered because there are safe, effective, and more affordable alternatives available. All of the alternative drug products are approved by the FDA and are widely used and accepted in the medical community to treat the same conditions as the medications that are not covered. If you and your provider feel that a formulary drug is not right for your health condition and that the nonformulary drug is medically necessary, your provider can ask for an exception request.

Noncovered drugs with over-the-counter alternatives

First Choice Next does not cover select prescription medications that you can buy without a prescription, or “over-the-counter.” These drugs are commonly referred to as OTC medications.

In addition, when OTC versions of a medication are available and can provide the same therapeutic benefits, First Choice Next may no longer cover any of the prescription medications in the entire class. For example, nonsedating antihistamines are a class of drugs that give relief for allergy symptoms. Because many nonsedating antihistamines are available over-the-counter, First Choice Next does not cover them.

Please refer to the pharmacy formulary for a list of covered medications. As always, we

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encourage you to speak with your provider about which medications may be right for you.

Prior authorization and exception requests

For formulary drugs that have restrictions such as prior authorization (PA), step therapy (ST), quantity limitations (QL), and age limitations (AL), a prior authorization request may be submitted for decisions. First Choice Next will review the requests and will determine if a request meets the clinical drug criteria requirements.

For non-formulary drugs, non-formulary exception requests can be made. Non-formulary exception requests are reviewed on a case-by-case basis. Your provider will be asked to provide medical reasons and any other important information about why you need an exception. First Choice Next will review the requests and will determine if a request is consistent with our medical necessity guidelines.

We will cover nonformulary prescription drugs if the outpatient drug is prescribed by a network provider to treat a covered person for a covered chronic, disabling, or life-threatening illness if the drug:

- Has been approved by the FDA for at least one indication; and
- Is recognized for treatment of the indication for which the drug is prescribed in:
 - A prescription drug reference compendium approved by the Insurance Commissioner for purposes of this section; or
 - Substantially accepted peer-reviewed medical literature;

and

- There are no formulary drugs that can be taken for the same condition. If there are formulary alternatives to treat the same condition, then documentation must be provided that the member has had a treatment failure with, or is unable to tolerate, two or more formulary alternative medications.
- Prescription drug samples, coupons, or other incentive programs will not be considered a trial and failure of a prescribed drug in place of trying the formulary-preferred or nonrestricted access prescription drug.

First Choice Next will review the request. If the requested drug is approved, it will be covered according to our medical necessity guidelines. If the request is not approved, then you, your authorized representative, or your provider can appeal the decision.

If the request for a nonformulary drug is approved, the medication will be covered on the highest tier.

You, your authorized representative, or your provider can visit our website to review the formulary and find covered drugs. You can access a searchable and a printable formulary on our website at <https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx>

You*, your authorized representative*, or your provider can request for both formulary drug prior authorizations (PA, ST, QL, and AL) and non-formulary exceptions in the following ways:

Providers:

- Electronically: directly to First Choice Next, through Electronic Prior Authorization (ePA) in your Electronic Health Record (EHR) tool software, or your healthcare provider can submit through either of the following online portals:
 - CoverMyMeds <https://www.covermymeds.com/main/>

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o Surescripts <https://providerportal.surescripts.net/ProviderPortal/>

- By fax: **1-844-470-2508** for standard (nonurgent) requests **1-844-470-2511** for expedited (fast)* requests
- By mail: 200 Stevens Drive
Philadelphia, PA 19113 CC: 236
- By phone: **1-877-472-7979**
Hours of operation: Monday through Friday, 8 a.m. to 6 p.m., excluding holidays

Members:

- By phone: **1-833-779-7229**
Hours of operation: Monday through Friday, 8 a.m. to 6 p.m., excluding holidays

*If you or your authorized representative submit the request for a prior authorization or non-formulary exception your provider must provide follow-up clinical documentation.

Once all necessary and relevant information to make a decision is received, First Choice Next will review the request. If the request is approved, they will provide an approval response to your provider with a duration of approval. If the request is denied, they will provide a denial response to you and your provider.

Prior authorization and non-formulary exception requests will be completed and notifications sent within the following time frames:

- Standard (nonurgent): no later than **72 hours** after we receive the request and any additional required information
- Expedited (fast)*: no later than **24 hours** after we receive the request and any additional required information

*Expedited (fast) requests can be made based on exigent circumstances. Exigent circumstances exist when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug. You can indicate your exigent circumstance on the form and request an expedited review.

If the prior authorization request is denied and you feel we have denied the request incorrectly, you may challenge the decision through First Choice Next's internal dispute process.

You can ask for an appeal yourself. You may also ask a friend, a family member, your provider, or a lawyer to help you. You can call First Choice Next at **1-833-983-7272 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. ET, excluding holidays] if you need help with your **appeal** request. It is easy to ask us for an appeal by using one of the options below:

- Mail: Fill out and sign the Appeal Request Form in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than 180 days after the date this notice
- Fax: Fill out, sign, and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax number listed on the form.
 - By phone: Call **1-833-983-7272 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. ET,

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excluding holidays and ask for an appeal.

For more information on appeals, please see the section on Appeals of the Member Handbook.

Non-formulary exception request denial rights

For non-formulary exception request denials, you also have the right to pursue either a standard or, if warranted and appropriate, an expedited external review by an impartial, third-party reviewer known as an Independent Review Organization (IRO).

You may exercise your right to external review with an Independent Review Organization (IRO) upon initial denial or following a decision to uphold the initial denial pursuant to the internal appeal process of First Choice Next. If a decision is made to uphold the initial denial, your denial notice will explain your right to external review and provide instructions on how to make this request. An IRO review may be requested in writing by the member, member's representative, or member's prescribing provider by contacting First Choice Next via mail, or fax at the following address:

- Mail:
Member Appeals
First Choice Next
P.O. Box 7100
London, KY 40742-7101
- Phone: **1-833-983-7272 (TTY 711)**
- Fax: **1-833-722-9329**

An expedited external review may be warranted if based on exigent circumstances. If your request for a standard external review is accepted, it is decided within **72 hours** of receipt of your request. If your request for an expedited external review is accepted, it is decided within **24 hours** of receipt of your request.

We must follow the IRO's decision. If the IRO reverses our decision on a standard external review, we will provide coverage for the non-formulary item for the duration of the prescription. If the IRO reverses our decision on an expedited external review, we will provide coverage for the non-formulary item for duration of the exigency.

Filling prescriptions at the pharmacy

Retail pharmacy — You can fill up to a 30-day supply.

Mail-order pharmacy — You can fill a 31 to 90-day supply.

Specialty pharmacy — You can fill up to a 30-day supply.

Retail pharmacy

You can fill your prescriptions at any of our contracted pharmacies nationally. Certain medications that are considered maintenance medications can be filled for up to a 90-day supply.

Specialty drug program

We have designated specialty pharmacies that specialize in providing medications used to treat certain conditions and are staffed with clinicians to provide support services for members. Some medications must be obtained at a specialty pharmacy. Medications may be added to this

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program from time to time. Designated specialty pharmacies can dispense up to a 30-day supply of medication at one time, and the supply is delivered via mail to either the member's home or doctor's office in certain cases. This is not part of the mail-order pharmacy benefit. Extended-day supplies and copayment savings do not apply to these designated specialty drugs.

For Retail pharmacy, Mail-order pharmacy and Specialty pharmacy

You can use our pharmacy locator <https://welcome.benefitrx.com/firstchoicenext-network/pharmacy-locator> [welcome.benefitrx.com] for all of your in-network pharmacy needs whether you need a local pharmacy, a pharmacy when you are traveling, a pharmacy to mail your prescriptions to your home, or a specialty pharmacy.

COVID-19

COVID-19 vaccines: FDA-approved COVID-19 vaccines are covered at \$0 copay according to FDA-approved indications and age.

For details on the latest formulary information on COVID-19 vaccines, please visit

<https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx> or call us at **1-833-983-7272 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. ET, excluding holidays.

School supplies

First Choice Next allows school supplies for the following medications:

- Insulin
- Insulin needles
- Lancets
- Test strips
- One glucometer for school
- Alcohol swabs
- Glucagon
- Inhalers
- Diastat
- Epinephrine injection solution auto-injector (generic for EpiPen)
- Spacers

For our latest pharmacy benefit and formulary information, please visit

<https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx> or call us at **1-833-983-7272 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. ET, excluding holidays.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics - Drugs for Pain		
<i>acetaminophen-codeine oral solution</i>	TIER 01	QL (90 ML per 1 day); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet</i>	TIER 01	QL (6 EA per 1 day); AL (Min 18 Years)
<i>buprenorphine transdermal patch weekly</i>	TIER 01	QL (0.143 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	TIER 01	QL (1.2 EA per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	TIER 01	QL (0.6 EA per 1 day); AL (Min 18 Years)
<i>butalbital-apap-caffeine oral tablet</i>	TIER 01	QL (0.6 EA per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	TIER 01	QL (0.6 EA per 1 day)
<i>butorphanol tartrate nasal solution</i>	TIER 01	QL (0.167 ML per 1 day)
<i>codeine sulfate oral tablet</i>	TIER 01	QL (6 EA per 1 day); AL (Min 18 Years)
<i>fentanyl transdermal patch 72 hour</i>	TIER 01	QL (0.333 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	TIER 01	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	TIER 01	
<i>hydrocodone-ibuprofen oral tablet</i>	TIER 01	
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	TIER 01	
<i>hydromorphone hcl oral tablet</i>	TIER 01	
JOURNAVX ORAL TABLET	TIER 02	PA; QL (30 EA per 77 days)
<i>levorphanol tartrate oral tablet</i>	TIER 01	
<i>meperidine hcl oral tablet</i>	TIER 01	QL (6 EA per 1 day)
<i>methadone hcl oral solution</i>	TIER 01	
<i>methadone hcl oral tablet</i>	TIER 01	
<i>morphine sulfate er oral tablet extended release</i>	TIER 01	
<i>morphine sulfate oral tablet</i>	TIER 01	
<i>oxycodone hcl oral solution</i>	TIER 01	
<i>oxycodone hcl oral tablet</i>	TIER 01	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	TIER 01	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	TIER 03	

Effective Date: 01/01/2027

lowercase italics = Generic drugs; **UPPERCASE** = Brand name drugs

Drug Tier: **T1** = Preferred Generic; **T2** = Preferred Brand; **T3** = Non-Preferred Brand; **T4** = Specialty

Requirements and Limits: **AL** = Age Limit **G** = Gender Edit **MME+** = Opioid Limits Apply **PA** = Drug Requires Prior Authorization **QL** = Drug Requires Quantity Limit Review **SP** = Specialty Pharmacy **ST** = Drug Requires Step Therapy Review **ACA** = Preventative Medication- \$0 Copay

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	TIER 01	
<i>oxymorphone hcl oral tablet</i>	TIER 01	
<i>pentazocine-naloxone hcl oral tablet</i>	TIER 01	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg</i>	TIER 01	QL (1.5 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	TIER 01	QL (1 EA per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	TIER 01	QL (8 EA per 1 day)
<i>tramadol-acetaminophen oral tablet</i>	TIER 01	QL (8 EA per 1 day)
Analgesics - Drugs for Pain and Inflammation		
<i>aspirin 81 oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>aspirin adult low dose oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>aspirin adult low strength oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>aspirin childrens oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>aspirin ec adult low dose oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>aspirin ec low dose oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>aspirin ec low strength oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>aspirin low dose oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>aspirin low dose oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>aspirin oral tablet delayed release 81 mg</i>	TIER 01	ACA Preventive Medication
<i>aspirin regimen oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>celecoxib oral capsule</i>	TIER 01	
<i>diclofenac potassium oral tablet 50 mg</i>	TIER 01	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	TIER 01	
<i>diclofenac sodium oral tablet delayed release</i>	TIER 01	
<i>diclofenac-misoprostol oral tablet delayed release</i>	TIER 01	
<i>diflunisal oral tablet</i>	TIER 01	
<i>etodolac er oral tablet extended release 24 hour</i>	TIER 01	
<i>etodolac oral capsule</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral tablet</i>	TIER 01	
<i>flurbiprofen oral tablet</i>	TIER 01	
<i>ft aspirin adult low dose oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>ft aspirin low dose oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>ft aspirin oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>goodsense aspirin low dose oral tablet delayed release</i>	TIER 01	ACA Preventive Medication
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	TIER 01	
<i>indomethacin er oral capsule extended release</i>	TIER 01	
<i>indomethacin oral capsule</i>	TIER 01	
<i>ketoprofen oral capsule 25 mg</i>	TIER 01	
<i>ketorolac tromethamine oral tablet</i>	TIER 01	QL (0.667 EA per 1 day)
<i>meclofenamate sodium oral capsule</i>	TIER 01	
<i>mefenamic acid oral capsule</i>	TIER 01	
<i>meloxicam oral tablet</i>	TIER 01	
<i>nabumetone oral tablet</i>	TIER 01	
<i>naproxen oral tablet</i>	TIER 01	
<i>naproxen oral tablet delayed release</i>	TIER 01	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	TIER 01	
<i>oxaprozin oral tablet</i>	TIER 01	
<i>piroxicam oral capsule</i>	TIER 01	
<i>sulindac oral tablet</i>	TIER 01	
Anesthetics		
<i>lidocaine external ointment 5 %</i>	TIER 01	QL (1.667 GM per 1 day)
<i>lidocaine external patch 5 %</i>	TIER 01	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution</i>	TIER 01	
<i>lidocaine-prilocaine external cream</i>	TIER 01	
<i>lidocaine-prilocaine external kit</i>	TIER 01	
ZTLIDO EXTERNAL PATCH	TIER 03	PA; QL (3 EA per 1 day)
Anti-Addiction / Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release</i>	TIER 01	
<i>buprenorphine hcl sublingual tablet sublingual</i>	TIER 01	QL (3 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	TIER 01	QL (3 EA per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	TIER 01	ACA Preventive Medication
<i>disulfiram oral tablet</i>	TIER 01	
<i>ft nicotine mini mouth/throat lozenge</i>	TIER 01	ACA Preventive Medication
<i>ft nicotine mouth/throat gum</i>	TIER 01	ACA Preventive Medication
<i>ft nicotine mouth/throat lozenge</i>	TIER 01	ACA Preventive Medication
<i>ft nicotine transdermal patch 24 hour</i>	TIER 01	ACA Preventive Medication
<i>goodsense nicotine mouth/throat gum</i>	TIER 01	ACA Preventive Medication
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	TIER 01	ACA Preventive Medication
<i>goodsense nicotine polacrilex mouth/throat gum</i>	TIER 01	ACA Preventive Medication
<i>habitrol transdermal patch 24 hour</i>	TIER 01	ACA Preventive Medication
KLOXXADO NASAL LIQUID	TIER 02	
<i>lofexidine hcl oral tablet</i>	TIER 04	SP
<i>naloxone hcl injection solution 0.4 mg/ml</i>	TIER 01	
<i>naloxone hcl injection solution cartridge</i>	TIER 01	
<i>naloxone hcl injection solution prefilled syringe</i>	TIER 01	
<i>naltrexone hcl oral tablet</i>	TIER 01	
<i>nicotine mini mouth/throat lozenge</i>	TIER 01	ACA Preventive Medication
<i>nicotine polacrilex mini mouth/throat lozenge</i>	TIER 01	ACA Preventive Medication
<i>nicotine polacrilex mouth/throat gum</i>	TIER 01	ACA Preventive Medication
<i>nicotine polacrilex mouth/throat lozenge</i>	TIER 01	ACA Preventive Medication
<i>nicotine step 1 transdermal patch 24 hour</i>	TIER 01	ACA Preventive Medication
<i>nicotine step 2 transdermal patch 24 hour</i>	TIER 01	ACA Preventive Medication
<i>nicotine step 3 transdermal patch 24 hour</i>	TIER 01	ACA Preventive Medication
<i>nicotine transdermal kit</i>	TIER 01	ACA Preventive Medication
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	TIER 01	ACA Preventive Medication
NICOTROL NS NASAL SOLUTION	TIER 02	ACA Preventive Medication
REXTOVY NASAL LIQUID	TIER 02	
REZENOPY NASAL LIQUID	TIER 02	

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Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate oral tablet</i>	TIER 01	QL (2 EA per 1 day); ACA Preventive Medication
<i>varenicline tartrate(continue) oral tablet</i>	TIER 01	QL (2 EA per 1 day); ACA Preventive Medication
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	TIER 02	SP; QL (0.036 EA per 1 day)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR	TIER 02	
Antibacterials		
<i>amoxicillin oral capsule</i>	TIER 01	
<i>amoxicillin oral suspension reconstituted</i>	TIER 01	
<i>amoxicillin oral tablet</i>	TIER 01	
<i>amoxicillin oral tablet chewable</i>	TIER 01	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour</i>	TIER 01	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted</i>	TIER 01	
<i>amoxicillin-potassium clavulanate oral tablet</i>	TIER 01	
<i>ampicillin oral capsule</i>	TIER 01	
<i>azithromycin oral suspension reconstituted</i>	TIER 01	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	TIER 01	
<i>azithromycin oral tablet 600 mg</i>	TIER 01	
BAXDELA ORAL TABLET	TIER 03	QL (2 EA per 1 day)
<i>cefaclor er oral tablet extended release 12 hour</i>	TIER 01	
<i>cefaclor oral capsule</i>	TIER 01	
<i>cefadroxil oral capsule</i>	TIER 01	
<i>cefadroxil oral suspension reconstituted</i>	TIER 01	
<i>cefdinir oral capsule</i>	TIER 01	
<i>cefdinir oral suspension reconstituted</i>	TIER 01	
<i>cefixime oral capsule</i>	TIER 01	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	TIER 01	
<i>cefpodoxime proxetil oral tablet</i>	TIER 01	
<i>cefprozil oral suspension reconstituted</i>	TIER 01	
<i>cefprozil oral tablet</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil oral tablet</i>	TIER 01	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	TIER 01	
<i>cephalexin oral suspension reconstituted</i>	TIER 01	
<i>ciprofloxacin hcl oral tablet</i>	TIER 01	
<i>clarithromycin er oral tablet extended release 24 hour</i>	TIER 01	
<i>clarithromycin oral suspension reconstituted</i>	TIER 01	
<i>clarithromycin oral tablet</i>	TIER 01	
<i>clindamycin hcl oral capsule</i>	TIER 01	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	TIER 01	
<i>clindamycin phosphate vaginal cream</i>	TIER 01	
<i>demeclocycline hcl oral tablet</i>	TIER 01	
<i>dicloxacillin sodium oral capsule</i>	TIER 01	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	TIER 01	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	TIER 01	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	TIER 01	
<i>ertapenem sodium injection solution reconstituted</i>	TIER 01	
<i>erythromycin base oral tablet</i>	TIER 01	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	TIER 01	
<i>fidaxomicin oral tablet</i>	TIER 01	PA
<i>fosfomycin tromethamine oral packet</i>	TIER 01	QL (1 EA per 1 day)
<i>gentamicin sulfate external cream</i>	TIER 01	
<i>gentamicin sulfate external ointment</i>	TIER 01	
<i>levofloxacin oral solution</i>	TIER 01	
<i>levofloxacin oral tablet</i>	TIER 01	
<i>linezolid oral suspension reconstituted</i>	TIER 01	AL (Max 12 Years)
<i>linezolid oral tablet</i>	TIER 01	
<i>methenamine hippurate oral tablet</i>	TIER 01	
<i>metronidazole oral capsule</i>	TIER 01	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	TIER 01	
<i>metronidazole vaginal gel</i>	TIER 01	
<i>minocycline hcl oral capsule</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl oral tablet</i>	TIER 01	
<i>mupirocin external ointment</i>	TIER 01	QL (2.933 GM per 1 day)
<i>neomycin sulfate oral tablet</i>	TIER 01	
<i>nitrofurantoin macrocrystal oral capsule</i>	TIER 01	
<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	TIER 01	
<i>ofloxacin oral tablet</i>	TIER 01	
<i>penicillin v potassium oral solution reconstituted</i>	TIER 01	AL (Max 12 Years)
<i>penicillin v potassium oral tablet</i>	TIER 01	
<i>silver sulfadiazine external cream</i>	TIER 01	
<i>ssd external cream</i>	TIER 03	
<i>sulfadiazine oral tablet</i>	TIER 01	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	TIER 01	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	TIER 01	
SULFAMYLON EXTERNAL CREAM	TIER 03	
<i>tetracycline hcl oral capsule</i>	TIER 01	
<i>tinidazole oral tablet</i>	TIER 01	
<i>trimethoprim oral tablet</i>	TIER 01	
<i>vancomycin hcl oral capsule</i>	TIER 01	
XIFAXAN ORAL TABLET	TIER 03	PA
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule</i>	TIER 01	QL (2 EA per 1 day)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE	TIER 02	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE	TIER 02	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	TIER 02	QL (2.467 EA per 1 day)
ELIQUIS ORAL CAPSULE SPRINKLE	TIER 02	QL (2.467 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG	TIER 02	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	TIER 02	QL (2.467 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE	TIER 02	
<i>enoxaparin sodium injection solution prefilled syringe</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution</i>	TIER 01	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	TIER 03	QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	TIER 03	QL (0.5 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	TIER 03	QL (0.6 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	TIER 03	QL (0.72 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	TIER 03	QL (0.2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	TIER 03	QL (0.3 ML per 1 day)
<i>heparin sodium (porcine) +rfd injection solution</i>	TIER 01	
<i>heparin sodium (porcine) injection solution</i>	TIER 01	
<i>heparin sodium (porcine) pf injection solution</i>	TIER 01	
<i>rivaroxaban oral suspension reconstituted</i>	TIER 01	QL (20 ML per 1 day); AL (Max 18 Years)
<i>rivaroxaban oral tablet</i>	TIER 01	QL (2 EA per 1 day)
<i>warfarin sodium oral tablet</i>	TIER 01	
XARELTO ORAL TABLET 10 MG, 20 MG	TIER 02	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	TIER 02	QL (1.4 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	TIER 02	QL (1.7 EA per 1 day)
Anticonvulsants - Drugs for Seizures		
<i>brivaracetam oral solution</i>	TIER 01	ST; QL (20 ML per 1 day)
<i>brivaracetam oral tablet</i>	TIER 01	ST; QL (2 EA per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	TIER 01	
<i>carbamazepine er oral tablet extended release 12 hour</i>	TIER 01	
<i>carbamazepine oral suspension 100 mg/5ml</i>	TIER 01	AL (Max 12 Years)
<i>carbamazepine oral tablet</i>	TIER 01	
<i>carbamazepine oral tablet chewable 100 mg</i>	TIER 01	
<i>clobazam oral suspension 2.5 mg/ml</i>	TIER 01	QL (16 ML per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 250 MG	TIER 04	SP; ST; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	TIER 04	SP; ST; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	TIER 04	SP; ST; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	TIER 04	SP; ST; QL (6 EA per 1 day)
<i>diazepam rectal gel</i>	TIER 01	
DILANTIN ORAL CAPSULE 30 MG	TIER 03	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	TIER 01	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	TIER 01	
<i>divalproex sodium oral tablet delayed release</i>	TIER 01	
EPIDIOLEX ORAL SOLUTION	TIER 04	SP; ST; QL (17.857 ML per 1 day)
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	TIER 01	ST; QL (1 EA per 1 day)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	TIER 01	ST; QL (2 EA per 1 day)
<i>ethosuximide oral capsule</i>	TIER 01	
<i>ethosuximide oral solution</i>	TIER 01	
<i>felbamate oral suspension</i>	TIER 01	
<i>felbamate oral tablet</i>	TIER 01	
FINTEPLA ORAL SOLUTION	TIER 04	SP; ST; QL (12 ML per 1 day)
FYCOMPA ORAL SUSPENSION	TIER 03	ST; QL (24 ML per 1 day)
FYCOMPA ORAL TABLET	TIER 03	ST; QL (1 EA per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	TIER 01	QL (6 EA per 1 day)
<i>gabapentin oral solution</i>	TIER 01	QL (72 ML per 1 day); AL (Max 12 Years)
<i>gabapentin oral tablet 600 mg</i>	TIER 01	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	TIER 01	QL (40 ML per 1 day)
<i>lacosamide oral tablet</i>	TIER 01	QL (2 EA per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour</i>	TIER 01	
<i>lamotrigine oral tablet</i>	TIER 01	
<i>lamotrigine oral tablet chewable</i>	TIER 01	
<i>lamotrigine starter kit-blue oral kit</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine starter kit-green oral kit</i>	TIER 01	
<i>lamotrigine starter kit-orange oral kit</i>	TIER 01	
<i>levetiracetam er oral tablet extended release 24 hour</i>	TIER 01	
<i>levetiracetam oral solution 100 mg/ml</i>	TIER 01	
<i>levetiracetam oral tablet</i>	TIER 01	
<i>methsuximide oral capsule</i>	TIER 01	
NAYZILAM NASAL SOLUTION	TIER 03	QL (0.333 EA per 1 day)
<i>oxcarbazepine oral suspension</i>	TIER 01	AL (Max 12 Years)
<i>oxcarbazepine oral tablet</i>	TIER 01	
<i>phenobarbital oral elixir</i>	TIER 01	
<i>phenobarbital oral tablet</i>	TIER 01	
<i>phenytek oral capsule</i>	TIER 03	
<i>phenytoin infatabs oral tablet chewable</i>	TIER 01	
<i>phenytoin oral suspension 125 mg/5ml</i>	TIER 01	
<i>phenytoin oral tablet chewable</i>	TIER 01	
<i>phenytoin sodium extended oral capsule</i>	TIER 01	
<i>primidone oral tablet 250 mg, 50 mg</i>	TIER 01	
<i>rufinamide oral suspension 40 mg/ml</i>	TIER 01	ST; QL (80 ML per 1 day); AL (Max 12 Years)
<i>rufinamide oral tablet</i>	TIER 01	ST; QL (8 EA per 1 day)
SYMPAZAN ORAL FILM	TIER 03	ST; QL (2 EA per 1 day)
<i>tiagabine hcl oral tablet</i>	TIER 01	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	TIER 01	
<i>topiramate oral tablet</i>	TIER 01	
<i>valproic acid oral capsule</i>	TIER 01	
<i>valproic acid oral solution 250 mg/5ml</i>	TIER 01	
<i>vigabatrin oral packet</i>	TIER 01	SP; ST; QL (6 EA per 1 day)
<i>vigabatrin oral tablet</i>	TIER 01	SP; ST; QL (6 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	TIER 03	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	TIER 03	ST; QL (2 EA per 1 day)
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 150 & 200 MG	TIER 03	ST; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	TIER 03	ST; QL (1 EA per 1 lifetime)
<i>zonisamide oral capsule</i>	TIER 01	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	TIER 01	
<i>donepezil hcl oral tablet 23 mg</i>	TIER 01	
<i>donepezil hcl oral tablet dispersible</i>	TIER 01	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	TIER 01	
<i>galantamine hydrobromide oral tablet</i>	TIER 01	
<i>memantine hcl er oral capsule extended release 24 hour</i>	TIER 01	QL (1 EA per 1 day)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	TIER 01	
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	TIER 01	QL (1 EA per 1 lifetime)
<i>rivastigmine tartrate oral capsule</i>	TIER 01	
<i>rivastigmine transdermal patch 24 hour</i>	TIER 01	ST; QL (1 EA per 1 day)
Antidepressants		
<i>amitriptyline hcl oral tablet</i>	TIER 01	
<i>amoxapine oral tablet</i>	TIER 01	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	TIER 01	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	TIER 01	
<i>bupropion hcl oral tablet</i>	TIER 01	
<i>chlorthalidone-amitriptyline oral tablet</i>	TIER 01	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	TIER 01	
<i>citalopram hydrobromide oral tablet</i>	TIER 01	
<i>clomipramine hcl oral capsule</i>	TIER 01	
<i>desipramine hcl oral tablet</i>	TIER 01	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	TIER 01	
<i>doxepin hcl oral capsule</i>	TIER 01	
<i>doxepin hcl oral concentrate</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	TIER 01	
EMSAM TRANSDERMAL PATCH 24 HOUR	TIER 03	QL (1 EA per 1 day)
<i>escitalopram oxalate oral solution</i>	TIER 01	AL (Max 12 Years)
<i>escitalopram oxalate oral tablet</i>	TIER 01	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	TIER 03	QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	TIER 03	QL (28 EA per 1 lifetime)
<i>fluoxetine hcl (pmd) oral tablet</i>	TIER 01	
<i>fluoxetine hcl oral capsule</i>	TIER 01	
<i>fluoxetine hcl oral capsule delayed release</i>	TIER 01	
<i>fluoxetine hcl oral solution</i>	TIER 01	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	TIER 01	ST
<i>fluvoxamine maleate oral tablet</i>	TIER 01	
<i>imipramine hcl oral tablet</i>	TIER 01	
<i>imipramine pamoate oral capsule</i>	TIER 01	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	TIER 01	
<i>mirtazapine oral tablet 7.5 mg</i>	TIER 01	
<i>mirtazapine oral tablet dispersible</i>	TIER 01	
<i>nefazodone hcl oral tablet</i>	TIER 01	
<i>nortriptyline hcl oral capsule</i>	TIER 01	
<i>nortriptyline hcl oral solution</i>	TIER 01	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	TIER 01	
<i>paroxetine hcl oral suspension</i>	TIER 01	
<i>paroxetine hcl oral tablet</i>	TIER 01	
<i>perphenazine-amitriptyline oral tablet</i>	TIER 01	
<i>phenelzine sulfate oral tablet</i>	TIER 01	
<i>protriptyline hcl oral tablet</i>	TIER 01	
<i>sertraline hcl oral concentrate</i>	TIER 01	
<i>sertraline hcl oral tablet</i>	TIER 01	
<i>tranylcypromine sulfate oral tablet</i>	TIER 01	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	TIER 01	
<i>trazodone hcl oral tablet 300 mg</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate oral capsule</i>	TIER 01	
TRINTELLIX ORAL TABLET	TIER 03	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	TIER 01	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	TIER 01	ST
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	TIER 01	
<i>venlafaxine hcl oral tablet</i>	TIER 01	
<i>vilazodone hcl oral tablet</i>	TIER 01	
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL CAPSULE	TIER 03	PA
<i>aprepitant oral capsule 125 mg, 80 mg</i>	TIER 01	QL (1 EA per 1 day)
<i>aprepitant oral capsule 40 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>aprepitant oral capsule therapy pack</i>	TIER 01	QL (1 EA per 1 day)
<i>dronabinol oral capsule</i>	TIER 01	
EMEND ORAL SUSPENSION RECONSTITUTED	TIER 03	PA
<i>ft motion sickness oral tablet 25 mg</i>	TIER 01	
<i>granisetron hcl oral tablet</i>	TIER 01	QL (2 EA per 1 day)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	TIER 01	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	TIER 01	
<i>metoclopramide hcl oral tablet</i>	TIER 01	
<i>motion sickness relief oral tablet 25 mg</i>	TIER 01	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	TIER 01	QL (30 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	TIER 01	QL (1 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>perphenazine oral tablet</i>	TIER 01	
<i>prochlorperazine maleate oral tablet</i>	TIER 01	
<i>prochlorperazine rectal suppository</i>	TIER 01	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	TIER 01	
<i>promethazine hcl oral tablet</i>	TIER 01	
<i>promethazine hcl rectal suppository</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	TIER 03	QL (1 EA per 1 day)
<i>scopolamine transdermal patch 72 hour</i>	TIER 01	QL (0.333 EA per 1 day)
<i>trimethobenzamide hcl oral capsule</i>	TIER 01	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	TIER 03	PA
Antifungals		
<i>antifungal (clotrimazole) external cream</i>	TIER 01	
<i>athletes foot (clotrimazole) external cream</i>	TIER 01	
<i>athletes foot external cream</i>	TIER 01	
<i>ciclopirox external solution</i>	TIER 01	
<i>ciclopirox olamine external cream</i>	TIER 01	
<i>ciclopirox olamine external suspension</i>	TIER 01	
<i>clotrimazole anti-fungal external cream</i>	TIER 01	
<i>clotrimazole external cream</i>	TIER 01	
<i>clotrimazole external solution</i>	TIER 01	
<i>clotrimazole mouth/throat troche</i>	TIER 01	
<i>clotrimazole-betamethasone external cream</i>	TIER 01	
<i>clotrimazole-betamethasone external lotion</i>	TIER 01	
CRESEMBA ORAL CAPSULE	TIER 03	PA
<i>econazole nitrate external cream</i>	TIER 01	
<i>fluconazole oral suspension reconstituted</i>	TIER 01	
<i>fluconazole oral tablet</i>	TIER 01	
<i>flucytosine oral capsule</i>	TIER 01	PA
<i>ft athletes foot (clotrimaz) external cream</i>	TIER 01	
<i>goodsense athletes foot external cream</i>	TIER 01	
<i>griseofulvin microsize oral suspension</i>	TIER 01	
GYNAZOLE-1 VAGINAL CREAM	TIER 03	QL (0.167 GM per 1 day)
<i>itraconazole oral capsule</i>	TIER 01	PA
<i>itraconazole oral solution</i>	TIER 01	PA
JUBLIA EXTERNAL SOLUTION	TIER 03	PA; QL (0.267 ML per 1 day)
<i>ketoconazole external cream</i>	TIER 01	
<i>ketoconazole external shampoo</i>	TIER 01	
<i>ketoconazole oral tablet</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl external cream</i>	TIER 01	PA
<i>nystatin external cream</i>	TIER 01	
<i>nystatin external ointment</i>	TIER 01	
<i>nystatin external powder</i>	TIER 01	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	TIER 01	
<i>nystatin oral tablet</i>	TIER 01	
<i>nystatin-triamcinolone external cream</i>	TIER 01	
<i>nystatin-triamcinolone external ointment</i>	TIER 01	
<i>oxiconazole nitrate external cream</i>	TIER 01	PA
<i>posaconazole oral suspension</i>	TIER 01	PA
<i>posaconazole oral tablet delayed release</i>	TIER 01	PA
<i>terbinafine hcl oral tablet</i>	TIER 01	
<i>terconazole vaginal cream</i>	TIER 01	
<i>terconazole vaginal suppository</i>	TIER 01	
<i>voriconazole oral suspension reconstituted</i>	TIER 01	PA; AL (Max 12 Years)
<i>voriconazole oral tablet</i>	TIER 01	PA
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	TIER 01	
<i>colchicine oral tablet</i>	TIER 01	
<i>colchicine-probenecid oral tablet</i>	TIER 01	
<i>febuxostat oral tablet</i>	TIER 01	ST
<i>probenecid oral tablet</i>	TIER 01	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	TIER 02	PA; QL (0.033 ML per 1 day)
<i>almotriptan malate oral tablet</i>	TIER 03	ST; QL (0.267 EA per 1 day)
<i>dihydroergotamine mesylate nasal solution</i>	TIER 01	QL (0.267 ML per 1 day)
<i>eletriptan hydrobromide oral tablet</i>	TIER 01	ST; QL (0.267 EA per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 02	PA; QL (0.033 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 02	PA; QL (0.033 ML per 1 day)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	TIER 03	QL (0.167 EA per 1 day)
<i>ergotamine-caffeine oral tablet</i>	TIER 01	QL (1.333 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>frovatriptan succinate oral tablet</i>	TIER 01	ST; QL (0.3 EA per 1 day)
<i>naratriptan hcl oral tablet</i>	TIER 01	ST; QL (0.3 EA per 1 day)
NURTEC ORAL TABLET DISPERSIBLE	TIER 03	PA; QL (0.533 EA per 1 day)
QULIPTA ORAL TABLET	TIER 03	PA; QL (1 EA per 1 day)
<i>rizatriptan benzoate oral tablet</i>	TIER 01	QL (0.267 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible</i>	TIER 01	QL (0.267 EA per 1 day)
<i>sumatriptan nasal solution</i>	TIER 01	ST; QL (0.4 EA per 1 day)
<i>sumatriptan succinate oral tablet</i>	TIER 01	QL (0.3 EA per 1 day)
<i>sumatriptan succinate subcutaneous solution</i>	TIER 03	ST; QL (0.133 ML per 1 day)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	TIER 03	ST; QL (0.133 ML per 1 day)
UBRELVY ORAL TABLET	TIER 02	PA; QL (0.533 EA per 1 day)
<i>zolmitriptan oral tablet</i>	TIER 01	ST; QL (0.267 EA per 1 day)
Antimyasthenic Agents		
<i>pyridostigmine bromide er oral tablet extended release</i>	TIER 01	
<i>pyridostigmine bromide oral tablet 60 mg</i>	TIER 01	
Antimycobacterials		
<i>dapsone oral tablet</i>	TIER 01	
<i>ethambutol hcl oral tablet</i>	TIER 01	
<i>isoniazid oral tablet</i>	TIER 01	
PRETOMANID ORAL TABLET	TIER 01	PA
<i>pyrazinamide oral tablet</i>	TIER 01	
<i>rifabutin oral capsule</i>	TIER 01	
<i>rifampin oral capsule</i>	TIER 01	
SIRTURO ORAL TABLET	TIER 04	SP; PA
Antineoplastics - Drugs for Cancer		
ALECENSA ORAL CAPSULE	TIER 04	SP; PA; QL (8 EA per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>anastrozole oral tablet</i>	TIER 01	ACA Preventive Medication
AYVAKIT ORAL TABLET	TIER 04	SP; PA; QL (1 EA per 1 day)
BALVERSA ORAL TABLET 3 MG	TIER 04	SP; PA; QL (3 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 4 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
BALVERSA ORAL TABLET 5 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>bexarotene oral capsule</i>	TIER 04	SP; PA
<i>bicalutamide oral tablet</i>	TIER 01	
BOSULIF ORAL CAPSULE 100 MG	TIER 04	SP; PA; QL (6 EA per 1 day)
BOSULIF ORAL CAPSULE 50 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
BOSULIF ORAL TABLET 100 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
BRAFTOVI ORAL CAPSULE	TIER 04	SP; PA; QL (6 EA per 1 day)
BRUKINSA ORAL CAPSULE	TIER 04	SP; PA; QL (4 EA per 1 day)
BRUKINSA ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
CABOMETYX ORAL TABLET	TIER 04	SP; PA; QL (1 EA per 1 day)
CALQUENCE ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
<i>capecitabine oral tablet</i>	TIER 01	SP
CAPRELSA ORAL TABLET 100 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
COMETRIQ ORAL KIT 20 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG	TIER 04	SP; PA; QL (4 EA per 1 day)
COMETRIQ ORAL KIT 80 & 20 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
COPIKTRA ORAL CAPSULE	TIER 04	SP; PA; QL (2 EA per 1 day)
COTELLIC ORAL TABLET	TIER 04	SP; PA; QL (3 EA per 1 day)
<i>cyclophosphamide oral capsule</i>	TIER 01	
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>dasatinib oral tablet 20 mg</i>	TIER 04	SP; PA; QL (3 EA per 1 day)
DAURISMO ORAL TABLET 100 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
DAURISMO ORAL TABLET 25 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
DROXIA ORAL CAPSULE	TIER 03	
ERIVEDGE ORAL CAPSULE	TIER 04	SP; PA; QL (1 EA per 1 day)
ERLEADA ORAL TABLET 240 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
ERLEADA ORAL TABLET 60 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
<i>erlotinib hcl oral tablet 100 mg</i>	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 150 mg</i>	TIER 04	SP; PA; QL (3 EA per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	TIER 04	SP; PA; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>etoposide oral capsule</i>	TIER 04	SP
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>exemestane oral tablet</i>	TIER 01	ACA Preventive Medication
FOTIVDA ORAL CAPSULE	TIER 04	SP; PA; QL (0.75 EA per 1 day)
GAVRETO ORAL CAPSULE	TIER 04	SP; PA; QL (4 EA per 1 day)
<i>gefitinib oral tablet</i>	TIER 04	SP; PA; QL (1 EA per 1 day)
GILOTRIF ORAL TABLET	TIER 04	SP; PA; QL (1 EA per 1 day)
HYCAMTIN ORAL CAPSULE	TIER 04	SP
<i>hydroxyurea oral capsule</i>	TIER 01	
IBRANCE ORAL TABLET	TIER 04	SP; PA; QL (0.75 EA per 1 day)
ICLUSIG ORAL TABLET	TIER 04	SP; PA; QL (1 EA per 1 day)
IDHIFA ORAL TABLET	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>imatinib mesylate oral tablet</i>	TIER 01	SP; PA
IMBRUVICA ORAL CAPSULE 140 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	TIER 04	SP; PA; QL (6 ML per 1 day)
IMBRUVICA ORAL TABLET	TIER 04	SP; PA; QL (1 EA per 1 day)
INLYTA ORAL TABLET 1 MG	TIER 04	SP; PA; QL (6 EA per 1 day)
INLYTA ORAL TABLET 5 MG	TIER 04	SP; PA; QL (4 EA per 1 day)
INQOVI ORAL TABLET	TIER 04	SP; PA; QL (0.179 EA per 1 day)
INREBIC ORAL CAPSULE	TIER 04	SP; PA; QL (4 EA per 1 day)
JAKAFI ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
JAYPIRCA ORAL TABLET 100 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
JAYPIRCA ORAL TABLET 50 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	TIER 04	SP; PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	TIER 04	SP; PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	TIER 04	SP; PA
KOSELUGO ORAL CAPSULE	TIER 04	SP; PA
KOSELUGO ORAL CAPSULE SPRINKLE	TIER 04	SP; PA
KRAZATI ORAL TABLET	TIER 04	SP; PA; QL (6 EA per 1 day)
<i>lapatinib ditosylate oral tablet</i>	TIER 04	SP; PA; QL (6 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>lederle leucovorin oral tablet</i>	TIER 01	
<i>lenalidomide oral capsule</i>	TIER 04	SP; PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG, 2 X 4 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG, 4 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>letrozole oral tablet</i>	TIER 01	ACA Preventive Medication
<i>leucovorin calcium oral tablet</i>	TIER 01	
LEUKERAN ORAL TABLET	TIER 04	SP
<i>lomustine oral capsule</i>	TIER 04	SP; PA
LONSURF ORAL TABLET	TIER 04	SP; PA
LORBRENA ORAL TABLET 100 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
LORBRENA ORAL TABLET 25 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
LUMAKRAS ORAL TABLET 120 MG, 240 MG	TIER 04	SP; PA; QL (4 EA per 1 day)
LUMAKRAS ORAL TABLET 320 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
LYNPARZA ORAL TABLET	TIER 04	SP; PA; QL (4 EA per 1 day)
LYSODREN ORAL TABLET	TIER 04	SP
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	TIER 04	SP; PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	TIER 04	SP; PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	TIER 04	SP; PA
MATULANE ORAL CAPSULE	TIER 04	SP
MEKINIST ORAL SOLUTION RECONSTITUTED	TIER 04	SP; PA; QL (40 ML per 1 day)
MEKINIST ORAL TABLET 0.5 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
MEKINIST ORAL TABLET 2 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
MEKTOVI ORAL TABLET	TIER 04	SP; PA; QL (6 EA per 1 day)
<i>mercaptopurine oral suspension</i>	TIER 01	SP
<i>mercaptopurine oral tablet</i>	TIER 01	
<i>mesna oral tablet</i>	TIER 01	SP
NERLYNX ORAL TABLET	TIER 04	SP; PA; QL (6 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	TIER 04	SP; PA; QL (4 EA per 1 day)
<i>nilutamide oral tablet</i>	TIER 04	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET	TIER 04	SP; PA; QL (4 EA per 1 day)
ODOMZO ORAL CAPSULE	TIER 04	SP; PA; QL (1 EA per 1 day)
ONUREG ORAL TABLET	TIER 04	SP; PA; QL (0.5 EA per 1 day)
ORSERDU ORAL TABLET 345 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
ORSERDU ORAL TABLET 86 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
PANRETIN EXTERNAL GEL	TIER 04	SP; PA
<i>pazopanib hcl oral tablet 200 mg</i>	TIER 04	SP; PA; QL (4 EA per 1 day)
<i>pazopanib hcl oral tablet 400 mg</i>	TIER 04	SP; PA; QL (2 EA per 1 day)
PEMAZYRE ORAL TABLET	TIER 04	SP; PA; QL (1 EA per 1 day)
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
PIQRAY ORAL TABLET THERAPY PACK 200 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>pomalidomide oral capsule</i>	TIER 04	SP; PA; QL (0.75 EA per 1 day)
QINLOCK ORAL TABLET	TIER 04	SP; PA; QL (3 EA per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
RETEVMO ORAL TABLET 40 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
REZLIDHIA ORAL CAPSULE	TIER 04	SP; PA; QL (2 EA per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
ROZLYTREK ORAL PACKET	TIER 04	SP; PA
RUXIENCE INTRAVENOUS SOLUTION	TIER 04	SP; PA
RYDAPT ORAL CAPSULE	TIER 04	SP; PA; QL (8 EA per 1 day)
SCEMBLIX ORAL TABLET 100 MG	TIER 04	SP; PA; QL (4 EA per 1 day)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
SOLTAMOX ORAL SOLUTION	TIER 04	SP; QL (20 ML per 1 day); ACA Preventive Medication
<i>sorafenib tosylate oral tablet</i>	TIER 04	SP; PA; QL (4 EA per 1 day)
STIVARGA ORAL TABLET	TIER 04	SP; PA; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule</i>	TIER 04	SP; PA; QL (1 EA per 1 day)
TABLOID ORAL TABLET	TIER 04	SP; PA
TABRECTA ORAL TABLET	TIER 04	SP; PA; QL (4 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE	TIER 04	SP; PA; QL (4 EA per 1 day)
TAFINLAR ORAL TABLET SOLUBLE	TIER 04	SP; PA
TAGRISSO ORAL TABLET	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>tamoxifen citrate oral tablet 10 mg</i>	TIER 01	
<i>tamoxifen citrate oral tablet 20 mg</i>	TIER 01	ACA Preventive Medication
TARGRETIN EXTERNAL GEL	TIER 04	SP; PA
TASIGNA ORAL CAPSULE 50 MG	TIER 04	SP; PA; QL (4 EA per 1 day)
TECVAYLI SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
TEPMETKO ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
THALOMID ORAL CAPSULE	TIER 04	SP; PA
TIBSOVO ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
<i>toremifene citrate oral tablet</i>	TIER 01	
<i>tretinoin oral capsule</i>	TIER 04	SP
TRUXIMA INTRAVENOUS SOLUTION	TIER 04	SP; PA
TUKYSA ORAL TABLET	TIER 04	SP; PA; QL (4 EA per 1 day)
TURALIO ORAL CAPSULE	TIER 04	SP; PA; QL (4 EA per 1 day)
VALCHLOR EXTERNAL GEL	TIER 04	SP; PA
VENCLEXTA ORAL TABLET 10 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
VENCLEXTA ORAL TABLET 100 MG	TIER 04	SP; PA; QL (6 EA per 1 day)
VENCLEXTA ORAL TABLET 50 MG	TIER 04	SP; PA; QL (1 EA per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (1.5 EA per 1 day)
VERZENIO ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 100 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	TIER 04	SP; PA; QL (6 EA per 1 day)
VITRAKVI ORAL SOLUTION	TIER 04	SP; PA; QL (10 ML per 1 day)
WELIREG ORAL TABLET	TIER 04	SP; PA; QL (3 EA per 1 day)
XALKORI ORAL CAPSULE	TIER 04	SP; PA; QL (4 EA per 1 day)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	TIER 04	SP; PA; QL (6 EA per 1 day)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	TIER 04	SP; PA; QL (8 EA per 1 day)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	TIER 04	SP; PA; QL (4 EA per 1 day)
XOSPATA ORAL TABLET	TIER 04	SP; PA; QL (3 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (0.286 EA per 1 day)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (0.571 EA per 1 day)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (0.286 EA per 1 day)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (0.143 EA per 1 day)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (0.857 EA per 1 day)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (0.286 EA per 1 day)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (1.143 EA per 1 day)
XTANDI ORAL CAPSULE	TIER 04	SP; PA; QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG	TIER 04	SP; PA; QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
YONSA ORAL TABLET	TIER 04	SP; PA; QL (4 EA per 1 day)
ZEJULA ORAL TABLET	TIER 04	SP; PA; QL (1 EA per 1 day)
ZELBORAF ORAL TABLET	TIER 04	SP; PA; QL (8 EA per 1 day)
ZOLINZA ORAL CAPSULE	TIER 04	SP; PA; QL (4 EA per 1 day)
ZYDELIG ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
ZYKADIA ORAL TABLET	TIER 04	SP; PA; QL (3 EA per 1 day)
Antiparasitics		
<i>albendazole oral tablet</i>	TIER 01	
<i>atovaquone oral suspension</i>	TIER 01	
<i>atovaquone-proguanil hcl oral tablet</i>	TIER 01	
BENZNIDAZOLE ORAL TABLET	TIER 01	
<i>chloroquine phosphate oral tablet</i>	TIER 01	
CROTAN EXTERNAL LOTION	TIER 03	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	TIER 01	
<i>ivermectin oral tablet 3 mg</i>	TIER 01	QL (0.533 EA per 1 day)
KRINTAFEL ORAL TABLET	TIER 03	
<i>malathion external lotion</i>	TIER 01	
<i>mefloquine hcl oral tablet</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate inhalation solution reconstituted</i>	TIER 01	
<i>permethrin external cream</i>	TIER 01	
<i>praziquantel oral tablet</i>	TIER 01	
<i>primaquine phosphate oral tablet</i>	TIER 01	
<i>pyrimethamine oral tablet</i>	TIER 04	SP; PA
<i>quinine sulfate oral capsule</i>	TIER 01	
Antiparkinson Agents		
<i>amantadine hcl oral capsule</i>	TIER 01	
<i>amantadine hcl oral solution 50 mg/5ml</i>	TIER 01	
<i>apomorphine hcl subcutaneous solution cartridge</i>	TIER 04	SP; PA
<i>benztropine mesylate oral tablet</i>	TIER 01	
<i>bromocriptine mesylate oral capsule</i>	TIER 01	
<i>bromocriptine mesylate oral tablet</i>	TIER 01	
<i>carbidopa oral tablet</i>	TIER 01	
<i>carbidopa-levodopa er oral tablet extended release</i>	TIER 01	
<i>carbidopa-levodopa oral tablet</i>	TIER 01	
<i>carbidopa-levodopa oral tablet dispersible</i>	TIER 01	
<i>carbidopa-levodopa-entacapone oral tablet</i>	TIER 01	
<i>entacapone oral tablet</i>	TIER 01	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	TIER 03	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR	TIER 03	
ONGENTYS ORAL CAPSULE	TIER 03	PA
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	TIER 01	
<i>pramipexole dihydrochloride oral tablet</i>	TIER 01	
<i>rasagiline mesylate oral tablet</i>	TIER 01	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	TIER 01	
<i>ropinirole hcl oral tablet</i>	TIER 01	
<i>selegiline hcl oral capsule</i>	TIER 01	
<i>selegiline hcl oral tablet</i>	TIER 01	
<i>tolcapone oral tablet</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl oral solution</i>	TIER 01	
<i>trihexyphenidyl hcl oral tablet</i>	TIER 01	
XADAGO ORAL TABLET	TIER 03	PA
Antiplatelets		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	TIER 01	
<i>cilostazol oral tablet</i>	TIER 01	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	TIER 01	
<i>dipyridamole oral tablet</i>	TIER 01	
<i>prasugrel hcl oral tablet</i>	TIER 01	
<i>ticagrelor oral tablet</i>	TIER 01	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	TIER 02	QL (2.4 ML per 51 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	TIER 02	QL (3.2 ML per 51 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	TIER 02	QL (0.036 EA per 1 day)
<i>aripiprazole oral solution</i>	TIER 01	QL (30 ML per 1 day); AL (Max 12 Years)
<i>aripiprazole oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>aripiprazole oral tablet dispersible</i>	TIER 01	QL (2 EA per 1 day); AL (Max 12 Years)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	TIER 02	QL (2.4 ML per 143 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	TIER 02	QL (3.9 ML per 48 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	TIER 02	QL (0.057 ML per 1 day)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	TIER 02	QL (0.086 ML per 1 day)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	TIER 02	QL (0.114 ML per 1 day)
<i>asenapine maleate sublingual tablet sublingual</i>	TIER 01	ST; QL (2 EA per 1 day)
<i>chlorpromazine hcl oral concentrate</i>	TIER 01	AL (Max 12 Years)
<i>chlorpromazine hcl oral tablet</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 100 mg</i>	TIER 01	QL (9 EA per 1 day)
<i>clozapine oral tablet 200 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	TIER 01	QL (9 EA per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	TIER 01	QL (6 EA per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	TIER 01	QL (4 EA per 1 day)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	TIER 03	PA; QL (0.027 ML per 1 day)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	TIER 03	PA; QL (0.036 ML per 1 day)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	TIER 03	PA; QL (0.054 ML per 1 day)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	TIER 03	PA; QL (2.25 ML per 1 day)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	TIER 03	PA; QL (0.009 ML per 1 day)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	TIER 03	PA; QL (0.018 ML per 1 day)
FANAPT ORAL TABLET	TIER 03	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLET	TIER 03	ST; QL (1 EA per 1 lifetime)
FANAPT TITRATION PACK B ORAL TABLET	TIER 03	ST; QL (1 EA per 1 day)
FANAPT TITRATION PACK C ORAL TABLET	TIER 03	ST; QL (1 EA per 1 day)
<i>fluphenazine decanoate injection solution</i>	TIER 01	
<i>fluphenazine hcl oral concentrate</i>	TIER 01	
<i>fluphenazine hcl oral elixir</i>	TIER 01	
<i>fluphenazine hcl oral tablet</i>	TIER 01	
<i>haloperidol decanoate intramuscular solution</i>	TIER 01	
<i>haloperidol lactate injection solution</i>	TIER 01	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	TIER 01	
<i>haloperidol oral tablet</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	TIER 03	PA; QL (3.5 ML per 153 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	TIER 03	PA; QL (5 ML per 153 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	TIER 03	PA; QL (0.027 ML per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	TIER 03	PA; QL (0.036 ML per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	TIER 03	PA; QL (0.054 ML per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	TIER 03	PA; QL (0.009 ML per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	TIER 03	PA; QL (0.018 ML per 1 day)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	TIER 03	PA; QL (0.88 ML per 71 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	TIER 03	PA; QL (1.32 ML per 71 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	TIER 03	PA; QL (1.75 ML per 71 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	TIER 03	PA; QL (2.63 ML per 71 days)
<i>loxapine succinate oral capsule</i>	TIER 01	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	TIER 01	ST; QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	TIER 01	ST; QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE	TIER 03	ST; QL (1 EA per 1 day)
NUPLAZID ORAL TABLET	TIER 03	ST; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>olanzapine oral tablet dispersible</i>	TIER 01	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	TIER 01	ST; QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	TIER 01	ST; QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	TIER 03	PA; QL (0.036 EA per 1 day)
<i>pimozide oral tablet</i>	TIER 01	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	TIER 01	QL (1 EA per 1 day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	TIER 01	QL (3 EA per 1 day)
REXULTI ORAL TABLET	TIER 03	ST; QL (1 EA per 1 day)
<i>risperidone microspheres er intramuscular suspension reconstituted er</i>	TIER 01	QL (0.071 EA per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	TIER 01	QL (16 ML per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>risperidone oral tablet 3 mg, 4 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	TIER 01	QL (4 EA per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	TIER 03	PA; QL (0.071 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	TIER 03	ST; QL (1 EA per 1 day)
<i>thioridazine hcl oral tablet</i>	TIER 01	
<i>thiothixene oral capsule</i>	TIER 01	
<i>trifluoperazine hcl oral tablet</i>	TIER 01	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	TIER 03	PA; QL (0.009 ML per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	TIER 03	PA; QL (0.012 ML per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	TIER 03	PA; QL (0.42 ML per 51 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	TIER 03	PA; QL (0.56 ML per 51 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	TIER 03	PA; QL (0.7 ML per 51 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	TIER 03	PA; QL (0.005 ML per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	TIER 03	PA; QL (0.007 ML per 1 day)
VERSACLOZ ORAL SUSPENSION	TIER 03	QL (18 ML per 1 day)
VRAYLAR ORAL CAPSULE	TIER 03	ST; QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule</i>	TIER 01	QL (2 EA per 1 day)
Antivirals		
<i>abacavir sulfate oral solution</i>	TIER 01	QL (32 ML per 1 day)
<i>abacavir sulfate oral tablet</i>	TIER 01	QL (2 EA per 1 day)
<i>abacavir sulfate-lamivudine oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>acyclovir external cream</i>	TIER 01	PA
<i>acyclovir external ointment</i>	TIER 01	
<i>acyclovir oral capsule</i>	TIER 01	
<i>acyclovir oral suspension 200 mg/5ml</i>	TIER 01	
<i>acyclovir oral tablet</i>	TIER 01	
<i>adefovir dipivoxil oral tablet</i>	TIER 04	SP
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	TIER 02	
APTIVUS ORAL CAPSULE	TIER 02	QL (4 EA per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	TIER 01	QL (1 EA per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	TIER 01	QL (2 EA per 1 day)
BARACLUDE ORAL SOLUTION	TIER 03	
BIKTARVY ORAL TABLET	TIER 02	QL (1 EA per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	TIER 02	
CIMDUO ORAL TABLET	TIER 02	
DELSTRIGO ORAL TABLET	TIER 02	
DESCOVY ORAL TABLET	TIER 02	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
DOVATO ORAL TABLET	TIER 02	
EDURANT PED ORAL TABLET SOLUBLE	TIER 02	QL (6 EA per 1 day)
<i>efavirenz oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>emtricitabine oral capsule</i>	TIER 01	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>emtricitab-rilpivir-tenofov df oral tablet</i>	TIER 01	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	TIER 02	QL (24 ML per 1 day)
<i>entecavir oral tablet</i>	TIER 01	
EPCLUSA ORAL PACKET	TIER 04	SP; PA
EPCLUSA ORAL TABLET	TIER 04	SP; PA
<i>etravirine oral tablet 100 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	TIER 01	QL (2 EA per 1 day)
EVOTAZ ORAL TABLET	TIER 02	QL (1 EA per 1 day)
<i>famciclovir oral tablet</i>	TIER 01	
<i>fosamprenavir calcium oral tablet</i>	TIER 01	QL (4 EA per 1 day)
GENVOYA ORAL TABLET	TIER 02	QL (1 EA per 1 day)
HARVONI ORAL PACKET	TIER 04	SP; PA
HARVONI ORAL TABLET	TIER 04	SP; PA
INTELENCE ORAL TABLET 25 MG	TIER 02	QL (4 EA per 1 day)
ISENTRESS HD ORAL TABLET	TIER 02	
ISENTRESS ORAL PACKET	TIER 02	
ISENTRESS ORAL TABLET	TIER 02	
ISENTRESS ORAL TABLET CHEWABLE	TIER 02	
JULUCA ORAL TABLET	TIER 02	
LAGEVRIO ORAL CAPSULE	TIER 02	QL (40 EA per 153 days); AL (Min 18 Years)
<i>lamivudine oral solution 10 mg/ml</i>	TIER 01	QL (32 ML per 1 day)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	TIER 01	QL (1 EA per 1 day)
<i>lamivudine oral tablet 150 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	TIER 01	QL (2 EA per 1 day)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	TIER 02	SP; PA
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	TIER 01	QL (8 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>maraviroc oral tablet 150 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	TIER 01	QL (4 EA per 1 day)
MAVYRET ORAL PACKET	TIER 02	SP; PA
MAVYRET ORAL TABLET	TIER 02	SP; PA
<i>nevirapine er oral tablet extended release 24 hour</i>	TIER 01	QL (1 EA per 1 day)
<i>nevirapine oral suspension</i>	TIER 01	QL (40 ML per 1 day)
<i>nevirapine oral tablet</i>	TIER 01	QL (2 EA per 1 day)
NORVIR ORAL PACKET	TIER 02	QL (12 EA per 1 day)
ODEFSEY ORAL TABLET	TIER 02	QL (1 EA per 1 day)
<i>oseltamivir phosphate oral capsule 30 mg</i>	TIER 01	QL (84 EA per 153 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	TIER 01	QL (42 EA per 153 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	TIER 01	QL (540 ML per 153 days)
PEGASYS SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
<i>penciclovir external cream</i>	TIER 01	PA
PIFELTRO ORAL TABLET	TIER 02	
PREVYMIS ORAL PACKET	TIER 03	SP; QL (4 EA per 1 day)
PREVYMIS ORAL TABLET	TIER 03	SP; QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET	TIER 02	
PREZISTA ORAL SUSPENSION	TIER 02	QL (13.333 ML per 1 day)
PREZISTA ORAL TABLET 150 MG	TIER 02	QL (6 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	TIER 02	QL (10 EA per 1 day)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	TIER 03	QL (60 EA per 153 days)
REYATAZ ORAL PACKET	TIER 02	QL (5 EA per 1 day)
<i>ribavirin oral tablet</i>	TIER 01	SP
<i>rilpivirine hcl oral tablet</i>	TIER 01	QL (2 EA per 1 day)
<i>ritonavir oral tablet</i>	TIER 01	QL (12 EA per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	TIER 02	QL (2 EA per 1 day)
SOFOSBUVIR-VELPATASVIR ORAL TABLET	TIER 02	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
STRIBILD ORAL TABLET	TIER 02	QL (1 EA per 1 day)
SUNLENCA ORAL TABLET THERAPY PACK	TIER 02	QL (5 EA per 1 day)
SYMTUZA ORAL TABLET	TIER 02	
<i>tenofovir disoproxil fumarate oral tablet</i>	TIER 01	QL (1 EA per 1 day)
TIVICAY ORAL TABLET	TIER 02	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE	TIER 02	QL (6 EA per 1 day)
TRIUMEQ ORAL TABLET	TIER 02	
TRIUMEQ PD ORAL TABLET SOLUBLE	TIER 02	
<i>valacyclovir hcl oral tablet</i>	TIER 01	
<i>valganciclovir hcl oral solution reconstituted</i>	TIER 01	AL (Max 12 Years)
<i>valganciclovir hcl oral tablet</i>	TIER 01	
VEMLIDY ORAL TABLET	TIER 02	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG	TIER 02	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	TIER 02	QL (4 EA per 1 day)
VIREAD ORAL POWDER	TIER 02	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	TIER 02	QL (1 EA per 1 day)
VOCABRIA ORAL TABLET	TIER 02	QL (1 EA per 1 day)
VOSEVI ORAL TABLET	TIER 02	SP; PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	TIER 03	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	TIER 03	QL (1 EA per 1 day)
<i>zidovudine oral capsule</i>	TIER 01	QL (6 EA per 1 day)
<i>zidovudine oral syrup</i>	TIER 01	QL (60 ML per 1 day)
<i>zidovudine oral tablet</i>	TIER 01	QL (2 EA per 1 day)
Anxiolytics - Drugs for Anxiety		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	TIER 01	QL (5 EA per 1 day)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	TIER 01	
<i>buspirone hcl oral tablet 30 mg, 7.5 mg</i>	TIER 01	
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	TIER 01	QL (9 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	TIER 01	QL (3 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>clonazepam oral tablet dispersible 2 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg</i>	TIER 01	QL (6 EA per 1 day)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>diazepam intensol oral concentrate</i>	TIER 01	QL (8 ML per 1 day)
<i>diazepam oral concentrate</i>	TIER 01	QL (8 ML per 1 day)
<i>diazepam oral solution</i>	TIER 01	QL (40 ML per 1 day)
<i>diazepam oral tablet</i>	TIER 01	QL (4 EA per 1 day)
<i>estazolam oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	TIER 01	
<i>hydroxyzine hcl oral tablet</i>	TIER 01	
<i>hydroxyzine pamoate oral capsule</i>	TIER 01	
<i>lorazepam intensol oral concentrate</i>	TIER 01	QL (5 ML per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	TIER 01	QL (5 ML per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	TIER 01	QL (5 EA per 1 day)
<i>meprobamate oral tablet</i>	TIER 01	
<i>oxazepam oral capsule</i>	TIER 01	QL (4 EA per 1 day)
<i>quazepam oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>triazolam oral tablet</i>	TIER 01	QL (1 EA per 1 day)
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	TIER 03	
<i>lithium carbonate er oral tablet extended release</i>	TIER 01	
<i>lithium carbonate oral capsule</i>	TIER 01	
<i>lithium carbonate oral tablet</i>	TIER 01	
Blood Products and Modifiers - Drugs for Blood Disorders		
<i>aminocaproic acid oral tablet</i>	TIER 01	
<i>anagrelide hcl oral capsule</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION	TIER 04	SP; PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
DOPTelet ORAL TABLET	TIER 04	SP; PA
DOPTelet SPRINKLE ORAL CAPSULE SPRINKLE	TIER 04	SP; PA
<i>eltrombopag olamine oral packet</i>	TIER 04	SP; PA
<i>eltrombopag olamine oral tablet</i>	TIER 04	SP; PA
EMPAVELI SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	TIER 04	SP; PA
NIVESTYM INJECTION SOLUTION	TIER 04	SP; PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
PYRUKYND ORAL TABLET	TIER 04	SP; PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	TIER 04	SP; PA
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
RETACRIT INJECTION SOLUTION	TIER 02	SP; PA
<i>tranexamic acid oral tablet</i>	TIER 01	
VAFSEO ORAL TABLET	TIER 04	SP; PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
<i>acebutolol hcl oral capsule</i>	TIER 01	
<i>amiloride hcl oral tablet</i>	TIER 01	
<i>amiloride-hydrochlorothiazide oral tablet</i>	TIER 01	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	TIER 01	
<i>amiodarone hcl oral tablet 200 mg</i>	TIER 01	
<i>amlodipine besylate oral tablet</i>	TIER 01	
<i>amlodipine besylate-benazepril hcl oral capsule</i>	TIER 01	
<i>amlodipine besylate-valsartan oral tablet</i>	TIER 01	
<i>amlodipine-atorvastatin oral tablet</i>	TIER 01	ST
<i>amlodipine-olmesartan oral tablet</i>	TIER 01	
<i>atenolol oral tablet</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet</i>	TIER 01	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	TIER 01	ACA Preventive Medication
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	TIER 01	
<i>benazepril hcl oral tablet</i>	TIER 01	
<i>benazepril-hydrochlorothiazide oral tablet</i>	TIER 01	
<i>betaxolol hcl oral tablet</i>	TIER 01	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	TIER 01	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	TIER 01	
<i>bumetanide oral tablet</i>	TIER 01	
CAMZYOS ORAL CAPSULE	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>candesartan cilexetil oral tablet</i>	TIER 01	
<i>candesartan cilexetil-hctz oral tablet</i>	TIER 01	
<i>captopril oral tablet</i>	TIER 01	
<i>cartia xt oral capsule extended release 24 hour</i>	TIER 01	
<i>carvedilol oral tablet</i>	TIER 01	
<i>chlorthalidone oral tablet</i>	TIER 01	
<i>cholestyramine light oral packet</i>	TIER 01	
<i>cholestyramine light oral powder</i>	TIER 01	
<i>cholestyramine oral packet</i>	TIER 01	
<i>cholestyramine oral powder</i>	TIER 01	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	TIER 01	
<i>clonidine transdermal patch weekly</i>	TIER 01	QL (0.143 EA per 1 day)
<i>colesevelam hcl oral packet</i>	TIER 01	
<i>colesevelam hcl oral tablet</i>	TIER 01	
<i>colestipol hcl oral granules</i>	TIER 01	
<i>colestipol hcl oral packet</i>	TIER 01	
<i>colestipol hcl oral tablet</i>	TIER 01	
CORLANOR ORAL SOLUTION	TIER 03	PA; QL (15 ML per 1 day)
<i>digoxin oral solution</i>	TIER 01	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	TIER 01	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	TIER 01	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	TIER 01	
<i>diltiazem hcl oral tablet</i>	TIER 01	
<i>dilt-xr oral capsule extended release 24 hour</i>	TIER 01	
<i>disopyramide phosphate oral capsule</i>	TIER 01	
<i>dofetilide oral capsule</i>	TIER 01	
<i>doxazosin mesylate oral tablet</i>	TIER 01	
<i>enalapril maleate oral tablet</i>	TIER 01	
<i>enalapril-hydrochlorothiazide oral tablet</i>	TIER 01	
<i>eplerenone oral tablet</i>	TIER 01	
<i>ethacrynic acid oral tablet</i>	TIER 01	
<i>ezetimibe oral tablet</i>	TIER 01	
<i>ezetimibe-simvastatin oral tablet</i>	TIER 01	
<i>felodipine er oral tablet extended release 24 hour</i>	TIER 01	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	TIER 01	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	TIER 01	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	TIER 01	
<i>flecainide acetate oral tablet</i>	TIER 01	
<i>fosinopril sodium oral tablet</i>	TIER 01	
<i>furosemide oral solution</i>	TIER 01	
<i>furosemide oral tablet</i>	TIER 01	
<i>gemfibrozil oral tablet</i>	TIER 01	
<i>guanfacine hcl oral tablet</i>	TIER 01	
<i>hydralazine hcl oral tablet</i>	TIER 01	
<i>hydrochlorothiazide oral capsule</i>	TIER 01	
<i>hydrochlorothiazide oral tablet</i>	TIER 01	
<i>icosapent ethyl oral capsule</i>	TIER 01	PA
<i>indapamide oral tablet</i>	TIER 01	
<i>irbesartan oral tablet</i>	TIER 01	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	TIER 01	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	TIER 01	
<i>isosorbide mononitrate oral tablet</i>	TIER 01	
<i>isradipine oral capsule</i>	TIER 01	
<i>ivabradine hcl oral tablet</i>	TIER 01	PA
JUXTAPID ORAL CAPSULE	TIER 04	SP; PA
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	TIER 01	
LANOXIN ORAL TABLET	TIER 02	
<i>lisinopril oral tablet</i>	TIER 01	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	TIER 01	
<i>losartan potassium oral tablet</i>	TIER 01	
<i>losartan potassium-hctz oral tablet</i>	TIER 01	
<i>lovastatin oral tablet</i>	TIER 01	ACA Preventive Medication
<i>methyldopa oral tablet</i>	TIER 01	
<i>metolazone oral tablet</i>	TIER 01	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	TIER 01	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	TIER 01	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	TIER 01	
<i>mexiletine hcl oral capsule</i>	TIER 01	
<i>midodrine hcl oral tablet</i>	TIER 01	
<i>minoxidil oral tablet</i>	TIER 01	
<i>moexipril hcl oral tablet</i>	TIER 01	
MULTAQ ORAL TABLET	TIER 03	QL (2 EA per 1 day)
<i>nadolol oral tablet</i>	TIER 01	
<i>nebivolol hcl oral tablet</i>	TIER 01	
NEXLETOL ORAL TABLET	TIER 03	PA
NEXLIZET ORAL TABLET	TIER 03	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	TIER 01	
<i>nicardipine hcl oral capsule</i>	TIER 01	
<i>nifedipine er oral tablet extended release 24 hour</i>	TIER 01	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral capsule</i>	TIER 01	
<i>nimodipine oral capsule</i>	TIER 01	
<i>nitro-bid transdermal ointment</i>	TIER 03	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	TIER 03	
<i>nitroglycerin rectal ointment</i>	TIER 03	
<i>nitroglycerin sublingual tablet sublingual</i>	TIER 01	
<i>nitroglycerin transdermal patch 24 hour</i>	TIER 01	
<i>nitroglycerin translingual solution</i>	TIER 01	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	TIER 03	
<i>olmesartan medoxomil oral tablet</i>	TIER 01	
<i>olmesartan medoxomil-hctz oral tablet</i>	TIER 01	
<i>omega-3-acid ethyl esters oral capsule</i>	TIER 01	
<i>pentoxifylline er oral tablet extended release</i>	TIER 01	
<i>perindopril erbumine oral tablet</i>	TIER 01	
<i>phenoxybenzamine hcl oral capsule</i>	TIER 04	SP
<i>pindolol oral tablet</i>	TIER 01	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 02	PA; QL (0.071 ML per 1 day)
<i>pravastatin sodium oral tablet</i>	TIER 01	ACA Preventive Medication
<i>prazosin hcl oral capsule</i>	TIER 01	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	TIER 01	QL (2 EA per 1 day)
<i>propafenone hcl oral tablet</i>	TIER 01	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	TIER 01	
<i>propranolol hcl oral solution</i>	TIER 01	
<i>propranolol hcl oral tablet</i>	TIER 01	
<i>quinapril hcl oral tablet</i>	TIER 01	
<i>quinapril-hydrochlorothiazide oral tablet</i>	TIER 01	
<i>quinidine gluconate er oral tablet extended release</i>	TIER 01	
<i>quinidine sulfate oral tablet</i>	TIER 01	
<i>ramipril oral capsule</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine er oral tablet extended release 12 hour</i>	TIER 01	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 02	PA; QL (0.214 ML per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	TIER 01	ACA Preventive Medication
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	TIER 01	
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	TIER 01	ACA Preventive Medication
<i>simvastatin oral tablet 80 mg</i>	TIER 01	
<i>sotalol hcl (af) oral tablet</i>	TIER 01	
<i>sotalol hcl oral tablet</i>	TIER 01	
SOTYLIZE ORAL SOLUTION	TIER 02	
<i>spironolactone oral tablet</i>	TIER 01	
<i>spironolactone-hctz oral tablet</i>	TIER 01	
<i>telmisartan oral tablet</i>	TIER 01	
<i>telmisartan-hctz oral tablet</i>	TIER 01	
<i>timolol maleate oral tablet</i>	TIER 01	
<i>torseamide oral tablet</i>	TIER 01	
<i>trandolapril oral tablet</i>	TIER 01	
<i>triamterene-hctz oral tablet</i>	TIER 01	
<i>valsartan oral tablet</i>	TIER 01	
<i>valsartan-hydrochlorothiazide oral tablet</i>	TIER 01	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	TIER 01	
<i>verapamil hcl er oral tablet extended release</i>	TIER 01	
<i>verapamil hcl oral tablet</i>	TIER 01	
VERQUVO ORAL TABLET	TIER 03	PA; QL (1 EA per 1 day)
VYNDAMAX ORAL CAPSULE	TIER 04	SP; PA; QL (1 EA per 1 day)
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
<i>amphetamine er oral tablet extended release dispersible</i>	TIER 01	ST; QL (1 EA per 1 day); AL (Max 20 Years)
<i>amphetamine sulfate oral tablet 10 mg</i>	TIER 01	ST; QL (6 EA per 1 day); AL (Max 20 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine sulfate oral tablet 5 mg</i>	TIER 01	ST; QL (3 EA per 1 day); AL (Max 20 Years)
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	TIER 01	QL (1 EA per 1 day); AL (Max 20 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	TIER 01	QL (3 EA per 1 day); AL (Max 20 Years)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	TIER 01	QL (2 EA per 1 day); AL (Max 20 Years)
<i>atomoxetine hcl oral capsule</i>	TIER 01	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	TIER 01	QL (4 EA per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	TIER 01	QL (1 EA per 1 day); AL (Max 20 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	TIER 01	QL (2 EA per 1 day); AL (Max 20 Years)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	TIER 01	QL (3 EA per 1 day); AL (Max 20 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	TIER 01	QL (4 EA per 1 day); AL (Max 20 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	TIER 01	QL (3 EA per 1 day); AL (Max 20 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	TIER 01	QL (6 EA per 1 day); AL (Max 20 Years)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	TIER 01	QL (2 EA per 1 day); AL (Max 20 Years)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	TIER 01	
<i>lisdexamfetamine dimesylate oral capsule</i>	TIER 01	QL (1 EA per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	TIER 01	QL (1 EA per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	TIER 01	QL (1 EA per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	TIER 01	QL (1 EA per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	TIER 01	QL (2 EA per 1 day); AL (Max 20 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	TIER 01	QL (1 EA per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	TIER 01	QL (1 EA per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	TIER 01	QL (3 EA per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	TIER 01	QL (1 EA per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	TIER 01	QL (30 ML per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	TIER 01	QL (15 ML per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl oral tablet</i>	TIER 01	QL (3 EA per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	TIER 01	ST; QL (6 EA per 1 day); AL (Max 20 Years)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	TIER 01	ST; QL (3 EA per 1 day); AL (Max 20 Years)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	TIER 04	SP; PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	TIER 04	SP; PA
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	TIER 04	SP; PA
BETASERON SUBCUTANEOUS KIT	TIER 04	SP; PA
<i>cladribine (10 tabs) oral tablet therapy pack</i>	TIER 04	SP; PA
<i>cladribine (4 tabs) oral tablet therapy pack</i>	TIER 04	SP; PA
<i>cladribine (5 tabs) oral tablet therapy pack</i>	TIER 04	SP; PA
<i>cladribine (6 tabs) oral tablet therapy pack</i>	TIER 04	SP; PA
<i>cladribine (7 tabs) oral tablet therapy pack</i>	TIER 04	SP; PA
<i>cladribine (8 tabs) oral tablet therapy pack</i>	TIER 04	SP; PA
<i>cladribine (9 tabs) oral tablet therapy pack</i>	TIER 04	SP; PA
<i>dalfampridine er oral tablet extended release 12 hour</i>	TIER 01	SP; PA; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	TIER 01	SP; PA
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	TIER 04	SP; PA
<i>glatopa subcutaneous solution prefilled syringe</i>	TIER 04	SP; PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
MAYZENT ORAL TABLET	TIER 04	SP; PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	TIER 04	SP; PA; QL (12 EA per 1 lifetime)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	TIER 04	SP; PA; QL (7 EA per 1 lifetime)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA; QL (0.036 ML per 1 day)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA; QL (1 ML per 1 day)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA; QL (1 ML per 1 day)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA; QL (0.036 ML per 1 day)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA; QL (0.036 ML per 1 day)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
TASCENSO ODT ORAL TABLET DISPERSIBLE	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>teriflunomide oral tablet</i>	TIER 01	SP; PA; QL (1 EA per 1 day)
VUMERITY ORAL CAPSULE DELAYED RELEASE	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	TIER 04	SP; PA
ZEPOSIA ORAL CAPSULE	TIER 04	SP; PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	TIER 04	SP; PA
Central Nervous System Agents - Miscellaneous		
AUSTEDO ORAL TABLET	TIER 04	SP; PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	TIER 04	SP; PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	TIER 04	SP; PA
INGREZZA ORAL CAPSULE	TIER 04	SP; PA
INGREZZA ORAL CAPSULE SPRINKLE	TIER 04	SP; PA
INGREZZA ORAL CAPSULE THERAPY PACK	TIER 04	SP; PA
<i>milnacipran hcl oral</i>	TIER 01	QL (1 EA per 1 day)
<i>milnacipran hcl oral tablet</i>	TIER 01	QL (2 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	TIER 01	QL (30 ML per 1 day)
RADICAVA ORS ORAL SUSPENSION	TIER 04	SP; PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION	TIER 04	SP; PA
<i>riluzole oral tablet</i>	TIER 01	
<i>tetrabenazine oral tablet</i>	TIER 01	SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
<i>cevimeline hcl oral capsule</i>	TIER 01	
<i>chlorhexidine gluconate mouth/throat solution</i>	TIER 01	
<i>lidocaine hcl mouth/throat solution</i>	TIER 01	
<i>lidocaine viscous hcl mouth/throat solution</i>	TIER 01	
<i>pilocarpine hcl oral tablet</i>	TIER 01	
<i>sf dental gel</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 plus dental cream</i>	TIER 01	QL (1.7 GM per 1 day)
<i>sodium fluoride 5000 ppm dental gel</i>	TIER 01	
<i>sodium fluoride dental cream</i>	TIER 01	QL (1.7 GM per 1 day)
<i>sodium fluoride dental gel</i>	TIER 01	
<i>triamcinolone acetonide mouth/throat paste</i>	TIER 01	
Dermatological Agents - Drugs for Skin Conditions		
<i>acitretin oral capsule</i>	TIER 01	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	TIER 01	
<i>all2 external lotion</i>	TIER 01	
<i>alclometasone dipropionate external cream</i>	TIER 01	
<i>alclometasone dipropionate external ointment</i>	TIER 01	
<i>amlactin external cream 12 %</i>	TIER 01	
<i>ammonium lactate external cream</i>	TIER 01	
<i>ammonium lactate external lotion</i>	TIER 01	
<i>azelaic acid external gel</i>	TIER 01	
<i>benzoyl peroxide-erythromycin external gel</i>	TIER 01	
<i>betamethasone dipropionate aug external cream</i>	TIER 01	
<i>betamethasone dipropionate aug external gel</i>	TIER 01	
<i>betamethasone dipropionate aug external lotion</i>	TIER 01	
<i>betamethasone dipropionate aug external ointment</i>	TIER 01	
<i>betamethasone dipropionate external cream</i>	TIER 01	
<i>betamethasone dipropionate external lotion</i>	TIER 01	
<i>betamethasone dipropionate external ointment</i>	TIER 01	
<i>betamethasone valerate external cream</i>	TIER 01	
<i>betamethasone valerate external lotion</i>	TIER 01	
<i>betamethasone valerate external ointment</i>	TIER 01	
<i>calcipotriene external cream</i>	TIER 01	
<i>calcipotriene external ointment</i>	TIER 01	
<i>calcipotriene external solution</i>	TIER 01	
<i>calcipotriene-betameth diprop external ointment</i>	TIER 01	ST
<i>calcitriol external ointment</i>	TIER 01	QL (28.571 GM per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
CIBINQO ORAL TABLET	TIER 04	SP; PA
<i>clindamycin phos (once-daily) external gel</i>	TIER 01	
<i>clindamycin phos (twice-daily) external gel</i>	TIER 01	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , <i>1.2-2.5 %</i> , <i>1.2-5 %</i>	TIER 01	
<i>clindamycin phosphate external lotion</i>	TIER 01	
<i>clindamycin phosphate external solution</i>	TIER 01	
<i>clindamycin phosphate external swab</i>	TIER 01	
<i>clobetasol prop emollient base external cream</i>	TIER 01	
<i>clobetasol propionate e external cream</i>	TIER 01	
<i>clobetasol propionate external cream 0.05 %</i>	TIER 01	
<i>clobetasol propionate external gel</i>	TIER 01	
<i>clobetasol propionate external ointment</i>	TIER 01	
<i>clobetasol propionate external solution</i>	TIER 01	
<i>clocortolone pivalate external cream</i>	TIER 03	ST
CORTIZONE-10 INTENSVE MOISTURE EXTERNAL CREAM	TIER 01	
CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM	TIER 01	
CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM	TIER 01	
<i>desonide external cream</i>	TIER 01	
<i>desonide external lotion</i>	TIER 01	ST
<i>desonide external ointment</i>	TIER 01	
<i>desoximetasone external cream 0.05 %</i>	TIER 01	ST
<i>desoximetasone external cream 0.25 %</i>	TIER 01	
<i>desoximetasone external gel</i>	TIER 01	ST
<i>desoximetasone external liquid</i>	TIER 01	ST
<i>desoximetasone external ointment 0.05 %</i>	TIER 01	ST
<i>desoximetasone external ointment 0.25 %</i>	TIER 01	
<i>doxepin hcl external cream</i>	TIER 01	ST; QL (1.5 GM per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin external gel</i>	TIER 01	
<i>erythromycin external solution</i>	TIER 01	
EUCRISA EXTERNAL OINTMENT	TIER 03	PA
<i>fluocinolone acetonide external cream 0.01 %</i>	TIER 01	ST
<i>fluocinolone acetonide external cream 0.025 %</i>	TIER 01	
<i>fluocinolone acetonide external ointment</i>	TIER 01	
<i>fluocinolone acetonide external solution</i>	TIER 01	
<i>fluocinonide emulsified base external cream</i>	TIER 01	
<i>fluocinonide external gel</i>	TIER 01	
<i>fluocinonide external ointment</i>	TIER 01	
<i>fluocinonide external solution</i>	TIER 01	
FLUOROURACIL EXTERNAL CREAM 0.5 %	TIER 01	
<i>fluorouracil external cream 5 %</i>	TIER 01	QL (1.333 GM per 1 day)
<i>fluorouracil external solution</i>	TIER 01	
<i>fluticasone propionate external cream</i>	TIER 01	
<i>fluticasone propionate external lotion</i>	TIER 01	ST
<i>fluticasone propionate external ointment</i>	TIER 01	
<i>ft itch relief max strength external cream</i>	TIER 01	
<i>ft itch relief max strength external ointment</i>	TIER 01	
<i>ft itch relief/aloe max str external cream</i>	TIER 01	
<i>halcinonide external cream</i>	TIER 01	ST
<i>halobetasol propionate external cream</i>	TIER 01	
<i>halobetasol propionate external foam</i>	TIER 03	ST
<i>halobetasol propionate external ointment</i>	TIER 01	
<i>hydrocortisone anti-itch external cream</i>	TIER 01	
<i>hydrocortisone butyrate external cream</i>	TIER 01	ST
<i>hydrocortisone butyrate external lotion</i>	TIER 01	ST
<i>hydrocortisone butyrate external ointment</i>	TIER 01	ST
<i>hydrocortisone butyrate external solution</i>	TIER 01	ST
<i>hydrocortisone external cream 1 %, 2.5 %</i>	TIER 01	
<i>hydrocortisone external lotion 2.5 %</i>	TIER 01	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	TIER 01	
<i>hydrocortisone max st external cream</i>	TIER 01	
<i>hydrocortisone max st external ointment</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone ultra-moisture external cream</i>	TIER 01	
<i>hydrocortisone valerate external cream</i>	TIER 01	
<i>hydrocortisone valerate external ointment</i>	TIER 01	ST
<i>hydrocortisone/aloe max str external cream</i>	TIER 01	
<i>hydrocortisone-aloe vera external cream</i>	TIER 01	
HYFTOR EXTERNAL GEL	TIER 04	SP; PA
<i>imiquimod external cream 5 %</i>	TIER 01	QL (0.8 EA per 1 day)
<i>isotretinoin oral capsule</i>	TIER 01	PA; QL (2 EA per 1 day)
MEDPURA HYDROCORTISONE EXTERNAL CREAM	TIER 01	
<i>methoxsalen rapid oral capsule</i>	TIER 04	SP; QL (2.8 EA per 1 day)
<i>metronidazole external cream</i>	TIER 01	
<i>metronidazole external gel</i>	TIER 01	
<i>mometasone furoate external cream</i>	TIER 01	
<i>mometasone furoate external ointment</i>	TIER 01	
<i>mometasone furoate external solution</i>	TIER 01	
OPZELURA EXTERNAL CREAM	TIER 04	SP; PA
<i>pimecrolimus external cream</i>	TIER 01	ST
<i>podofilox external solution</i>	TIER 01	
SANTYL EXTERNAL OINTMENT	TIER 03	PA; QL (3 GM per 1 day)
<i>selenium sulfide external lotion</i>	TIER 01	
<i>sulfacetamide sodium (acne) external lotion</i>	TIER 01	
<i>tacrolimus external ointment</i>	TIER 01	ST
<i>tazarotene external cream</i>	TIER 01	
<i>tazarotene external gel</i>	TIER 01	
<i>tretinoin external cream</i>	TIER 01	AL (Max 30 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	TIER 01	AL (Max 30 Years)
<i>triamcinolone acetonide external cream</i>	TIER 01	
<i>triamcinolone acetonide external lotion</i>	TIER 01	
<i>triamcinolone acetonide external ointment</i>	TIER 01	
<i>triamcinolone in absorbbase external ointment</i>	TIER 01	
Diabetes - Antidiabetic Agents		
<i>acarbose oral tablet</i>	TIER 01	
ALOGLIPTIN BENZOATE ORAL TABLET	TIER 01	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
ALOGLIPTIN-METFORMIN HCL ORAL TABLET	TIER 01	QL (2 EA per 1 day)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET	TIER 01	QL (1 EA per 1 day)
BEXAGLIFLOZIN ORAL TABLET	TIER 03	PA; QL (1 EA per 1 day)
BRENZAVVY ORAL TABLET	TIER 03	PA; QL (1 EA per 1 day)
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg</i>	TIER 01	QL (1 EA per 1 day)
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>dapagliflozin oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	TIER 01	
<i>glipizide er oral tablet extended release 24 hour</i>	TIER 01	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	TIER 01	
<i>glipizide-metformin hcl oral tablet</i>	TIER 01	
<i>glyburide oral tablet</i>	TIER 01	
<i>glyburide-metformin oral tablet</i>	TIER 01	
GLYXAMBI ORAL TABLET	TIER 02	QL (1 EA per 1 day)
JANUMET ORAL TABLET	TIER 02	QL (2 EA per 1 day)
JANUVIA ORAL TABLET	TIER 02	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	TIER 02	QL (1 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour</i>	TIER 01	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	TIER 01	
<i>miglitol oral tablet</i>	TIER 01	QL (3 EA per 1 day)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 02	PA; QL (0.071 ML per 1 day)
<i>nateglinide oral tablet</i>	TIER 01	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 02	PA; QL (0.107 ML per 1 day)
<i>pioglitazone hcl oral tablet</i>	TIER 01	
<i>pioglitazone hcl-glimepiride oral tablet</i>	TIER 01	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	TIER 01	
<i>repaglinide oral tablet</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
RYBELSUS ORAL TABLET	TIER 02	PA; QL (1 EA per 1 day)
<i>saxagliptin hcl oral tablet</i>	TIER 01	QL (1 EA per 1 day)
SITAGLIPTIN ORAL TABLET	TIER 01	QL (1 EA per 1 day)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 02	ST; QL (1 ML per 1 day)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	TIER 02	QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 5-500 MG	TIER 02	QL (4 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	TIER 02	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	TIER 02	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	TIER 02	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5- 1000 MG	TIER 02	QL (2 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 02	PA; QL (0.071 ML per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	TIER 02	QL (2 EA per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 03	ST; QL (0.5 ML per 1 day)
Diabetes - Glucose Monitoring		
DEXCOM G6 RECEIVER DEVICE	TIER 03	ST; QL (1 EA per 310 days)
DEXCOM G6 TRANSMITTER	TIER 02	ST; QL (1 EA per 77 days)
DEXCOM G7 RECEIVER DEVICE	TIER 03	ST; QL (1 EA per 310 days)
FREESTYLE LIBRE 14 DAY READER DEVICE	TIER 03	ST; QL (1 EA per 310 days)
FREESTYLE LIBRE 2 READER DEVICE	TIER 03	ST; QL (1 EA per 310 days)
FREESTYLE LIBRE 3 READER DEVICE	TIER 03	ST; QL (1 EA per 310 days)
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	TIER 02	QL (0.133 EA per 1 day)
BAQSIMI TWO PACK NASAL POWDER	TIER 02	QL (0.133 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.5 MG/0.1ML	TIER 03	QL (0.013 ML per 1 day)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 1 MG/0.2ML	TIER 03	QL (0.027 ML per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.5 MG/0.1ML	TIER 03	QL (0.013 ML per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 1 MG/0.2ML	TIER 03	QL (0.027 ML per 1 day)
GVOKE KIT SUBCUTANEOUS SOLUTION	TIER 03	QL (0.027 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 03	QL (0.027 ML per 1 day)
Diabetes - Insulins		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT	TIER 02	QL (3 EA per 1 day)
AFREZZA INHALATION POWDER 60X4 &60X8 & 60X12 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	TIER 02	QL (6 EA per 1 day)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 02	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	TIER 02	
HUMALOG MIX 50/50 KWIKPEN	TIER 02	
HUMALOG MIX 75/25 KWIKPEN	TIER 02	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	TIER 02	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	TIER 02	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	TIER 01	
HUMULIN R U-500 KWIKPEN	TIER 02	
INSULIN GLARGINE MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	TIER 02	

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Drug Name	Drug Tier	Requirements/Limits
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 02	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 01	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	TIER 02	
LANTUS U-100 SOLOSTAR	TIER 02	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	TIER 02	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 02	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 02	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 02	ST
TRESIBA SUBCUTANEOUS SOLUTION	TIER 02	ST
Electrolytes / Minerals / Metals / Vitamins		
<i>carglumic acid oral tablet soluble</i>	TIER 04	SP
<i>deferasirox oral tablet</i>	TIER 04	SP; PA
<i>deferasirox oral tablet soluble</i>	TIER 04	SP; PA
<i>deferiprone oral tablet</i>	TIER 04	SP; PA
<i>ergocalciferol oral capsule</i>	TIER 01	
FERRIPROX TWICE-A-DAY ORAL TABLET	TIER 04	SP; PA
<i>folic acid oral tablet 1 mg</i>	TIER 01	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	TIER 01	ACA Preventive Medication
<i>ft folic acid oral tablet 800 mcg</i>	TIER 01	ACA Preventive Medication
KIONEX COMBINATION SUSPENSION	TIER 03	
<i>klor-con 10 oral tablet extended release</i>	TIER 02	
<i>klor-con m10 oral tablet extended release</i>	TIER 02	
<i>klor-con m15 oral tablet extended release</i>	TIER 02	
<i>klor-con m20 oral tablet extended release</i>	TIER 02	
<i>klor-con oral tablet extended release</i>	TIER 02	
<i>levocarnitine oral solution</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine oral tablet</i>	TIER 01	
<i>levocarnitine sf oral solution</i>	TIER 01	
LOKELMA ORAL PACKET	TIER 03	PA
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	TIER 01	
<i>potassium chloride er oral capsule extended release</i>	TIER 01	
<i>potassium chloride er oral tablet extended release</i>	TIER 01	
<i>potassium chloride oral solution</i>	TIER 01	
<i>potassium citrate er oral tablet extended release</i>	TIER 01	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	TIER 01	AL (Max 17 Years); ACA Preventive Medication
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	TIER 01	AL (Max 17 Years); ACA Preventive Medication
<i>sodium fluoride oral tablet chewable</i>	TIER 01	AL (Max 17 Years); ACA Preventive Medication
<i>sodium polystyrene sulfonate oral powder</i>	TIER 01	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	TIER 03	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	TIER 03	
<i>tolvaptan (hyponatremia) oral tablet</i>	TIER 04	SP; PA
<i>tolvaptan oral tablet</i>	TIER 04	SP; PA
<i>tolvaptan oral tablet therapy pack</i>	TIER 04	SP; PA
<i>trientine hcl oral capsule 250 mg</i>	TIER 04	SP; PA
VELTASSA ORAL PACKET 1 GM	TIER 03	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	TIER 03	PA; QL (1 EA per 1 day)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	TIER 01	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
<i>acid reducer maximum strength oral tablet</i>	TIER 01	
<i>cimetidine oral tablet</i>	TIER 01	
<i>dexlansoprazole oral capsule delayed release</i>	TIER 01	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule delayed release</i>	TIER 01	ST
<i>famotidine maximum strength oral tablet</i>	TIER 01	
<i>famotidine oral tablet 20 mg, 40 mg</i>	TIER 01	
<i>ft acid reducer max strength oral tablet</i>	TIER 01	
<i>goodsense omeprazole/sodium bicarbonate oral capsule</i>	TIER 03	ST
<i>lansoprazole oral capsule delayed release</i>	TIER 01	ST
<i>misoprostol oral tablet</i>	TIER 01	
<i>nizatidine oral capsule</i>	TIER 01	
<i>omeprazole oral capsule delayed release</i>	TIER 01	
<i>omeprazole-sodium bicarbonate oral packet</i>	TIER 03	ST; AL (Max 12 Years)
<i>pantoprazole sodium oral tablet delayed release</i>	TIER 01	
<i>rabeprazole sodium oral tablet delayed release</i>	TIER 01	ST
<i>sucralfate oral tablet</i>	TIER 01	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
<i>alosetron hcl oral tablet</i>	TIER 01	QL (2 EA per 1 day)
<i>clearlax oral powder</i>	TIER 01	ACA Preventive Medication
<i>constulose oral solution</i>	TIER 01	
<i>cromolyn sodium oral concentrate</i>	TIER 01	
<i>dicyclomine hcl oral capsule</i>	TIER 01	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	TIER 01	
<i>dicyclomine hcl oral tablet 20 mg</i>	TIER 01	
<i>diphenoxylate-atropine oral liquid</i>	TIER 01	
<i>diphenoxylate-atropine oral tablet</i>	TIER 01	
<i>enulose oral solution</i>	TIER 01	
<i>ft clearlax oral powder</i>	TIER 01	ACA Preventive Medication
GATTEX SUBCUTANEOUS KIT	TIER 04	SP; PA
<i>gavilyte-c oral solution reconstituted</i>	TIER 01	ACA Preventive Medication
<i>gavilyte-g oral solution reconstituted</i>	TIER 01	ACA Preventive Medication
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	TIER 01	ACA Preventive Medication
<i>generlac oral solution</i>	TIER 01	
<i>glycolax oral powder</i>	TIER 01	ACA Preventive Medication

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	TIER 01	
<i>goodsense clearlax oral powder</i>	TIER 01	ACA Preventive Medication
<i>healthylax oral packet</i>	TIER 01	
<i>lactulose encephalopathy oral solution</i>	TIER 01	
<i>lactulose oral solution</i>	TIER 01	
LINZESS ORAL CAPSULE	TIER 02	ST; QL (1 EA per 1 day)
<i>loperamide hcl oral capsule</i>	TIER 01	
<i>lubiprostone oral capsule</i>	TIER 01	QL (2 EA per 1 day)
<i>methscopolamine bromide oral tablet</i>	TIER 01	
MOVANTIK ORAL TABLET	TIER 02	ST; QL (1 EA per 1 day)
<i>peg 3350 oral packet</i>	TIER 01	
<i>peg 3350 oral powder</i>	TIER 01	ACA Preventive Medication
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	TIER 01	ACA Preventive Medication
<i>peg-3350/electrolytes oral solution reconstituted</i>	TIER 01	ACA Preventive Medication
<i>polyethylene glycol 3350 oral packet</i>	TIER 01	
<i>polyethylene glycol 3350 oral powder</i>	TIER 01	ACA Preventive Medication
RELISTOR ORAL TABLET	TIER 03	PA; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	TIER 03	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	TIER 03	PA; QL (0.6 ML per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
<i>smooth lax oral powder</i>	TIER 01	ACA Preventive Medication
TRULANCE ORAL TABLET	TIER 02	ST; QL (1 EA per 1 day)
<i>ursodiol oral capsule 300 mg</i>	TIER 01	
<i>ursodiol oral tablet</i>	TIER 01	
XERMELO ORAL TABLET	TIER 04	SP; PA
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
<i>betaine oral powder</i>	TIER 04	SP
CERDELGA ORAL CAPSULE	TIER 04	SP; PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	TIER 02	
CYSTAGON ORAL CAPSULE	TIER 04	SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	TIER 04	SP; PA
EVRYSDI ORAL TABLET	TIER 04	SP; PA
GALAFOLD ORAL CAPSULE	TIER 04	SP; PA
<i>miglustat oral capsule</i>	TIER 04	SP; PA
<i>nitisinone oral capsule</i>	TIER 04	SP; PA
NITYR ORAL TABLET	TIER 04	SP; PA
ORFADIN ORAL SUSPENSION	TIER 04	SP; PA
<i>sapropterin dihydrochloride oral packet</i>	TIER 04	SP; PA
<i>sapropterin dihydrochloride oral tablet</i>	TIER 04	SP; PA
SUCRAID ORAL SOLUTION	TIER 04	SP; PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	TIER 02	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
<i>bethanechol chloride oral tablet</i>	TIER 01	
<i>calcium acetate (phos binder) oral capsule</i>	TIER 01	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	TIER 01	ST
ELMIRON ORAL CAPSULE	TIER 03	PA
<i>ferric citrate tablet 1 gm 210 mg(fe) oral</i>	TIER 01	PA; QL (12 EA per 1 day)
FERRIC CITRATE TABLET 1 GM 210 MG(FE) ORAL	TIER 01	PA; QL (12 EA per 1 day)
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	TIER 01	
<i>flavoxate hcl oral tablet</i>	TIER 01	
FOSRENOL ORAL PACKET	TIER 03	PA
<i>lanthanum carbonate oral tablet chewable</i>	TIER 01	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>mirabegron er oral tablet extended release 24 hour</i>	TIER 03	QL (1 EA per 1 day)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	TIER 03	QL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	TIER 01	
<i>oxybutynin chloride oral solution</i>	TIER 01	
<i>oxybutynin chloride oral tablet 5 mg</i>	TIER 01	
<i>penicillamine oral capsule</i>	TIER 01	SP; PA
<i>penicillamine oral tablet</i>	TIER 01	SP; PA
RENACIDIN IRRIGATION SOLUTION	TIER 03	
<i>sevelamer carbonate oral packet</i>	TIER 01	PA
<i>sevelamer carbonate oral tablet</i>	TIER 01	
<i>solifenacin succinate oral tablet</i>	TIER 01	
<i>tiopronin oral tablet delayed release</i>	TIER 04	SP
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	TIER 01	ST
<i>tolterodine tartrate oral tablet</i>	TIER 01	
<i>trospium chloride er oral capsule extended release 24 hour</i>	TIER 03	ST
<i>trospium chloride oral tablet</i>	TIER 01	
VELPHORO ORAL TABLET CHEWABLE	TIER 03	PA
Genitourinary Agents - Drugs for Prostate Conditions		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	TIER 01	QL (1 EA per 1 day)
<i>dutasteride oral capsule</i>	TIER 01	
<i>dutasteride-tamsulosin hcl oral capsule</i>	TIER 01	
<i>finasteride oral tablet 5 mg</i>	TIER 01	
<i>silodosin oral capsule</i>	TIER 01	ST
<i>tamsulosin hcl oral capsule</i>	TIER 01	
<i>terazosin hcl oral capsule</i>	TIER 01	
Hormonal Agents - Adrenal		
<i>dexamethasone oral elixir</i>	TIER 01	
<i>dexamethasone oral solution</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet</i>	TIER 01	
<i>fludrocortisone acetate oral tablet</i>	TIER 01	
<i>hydrocortisone oral tablet</i>	TIER 01	
<i>methylprednisolone oral tablet</i>	TIER 01	
<i>methylprednisolone oral tablet therapy pack</i>	TIER 01	
<i>prednisolone oral solution</i>	TIER 01	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	TIER 01	
<i>prednisone oral solution</i>	TIER 01	
<i>prednisone oral tablet</i>	TIER 01	
<i>prednisone oral tablet therapy pack</i>	TIER 01	
Hormonal Agents - Men's Health		
<i>danazol oral capsule</i>	TIER 01	PA; G (Males only)
<i>methyltestosterone oral capsule</i>	TIER 01	PA; G (Males only)
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	TIER 01	PA; QL (0.333 ML per 1 day); G (Males only)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	TIER 01	PA; QL (0.143 ML per 1 day); G (Males only)
<i>testosterone enanthate intramuscular solution</i>	TIER 01	PA; QL (0.179 ML per 1 day); G (Males only)
<i>testosterone transdermal gel</i>	TIER 01	PA; G (Males only)
<i>testosterone transdermal solution</i>	TIER 01	PA; G (Males only)
Hormonal Agents - Pituitary		
ACTHAR INJECTION GEL	TIER 04	SP; PA
<i>cabergoline oral tablet</i>	TIER 01	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE	TIER 04	SP; PA
CORTROPHIN INJECTION GEL	TIER 04	SP; PA
<i>desmopressin ace spray refrig nasal solution</i>	TIER 01	QL (0.5 ML per 1 day)
<i>desmopressin acetate oral tablet</i>	TIER 01	
<i>desmopressin acetate spray nasal solution</i>	TIER 01	QL (0.5 ML per 1 day)
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
EGRIFTA WR SUBCUTANEOUS KIT	TIER 04	SP; PA
ELIGARD SUBCUTANEOUS KIT	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	TIER 04	SP; PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	TIER 04	SP; PA
HUMATROPE INJECTION CARTRIDGE	TIER 04	SP; PA
INCRELEX SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
<i>lanreotide acetate subcutaneous solution</i>	TIER 04	SP; PA
<i>leuprolide acetate injection kit</i>	TIER 04	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	TIER 04	SP; PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	TIER 04	SP; PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	TIER 04	SP; PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	TIER 04	SP; PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	TIER 04	SP; PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	TIER 04	SP; PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	TIER 04	SP; PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 04	SP; PA
<i>octreotide acetate injection solution</i>	TIER 04	SP; PA
<i>octreotide acetate intramuscular kit</i>	TIER 04	SP; PA
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	TIER 04	SP; PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	TIER 04	SP; PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
ORILISSA ORAL TABLET	TIER 03	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
SYNAREL NASAL SOLUTION	TIER 04	SP; PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	TIER 04	SP; PA
Hormonal Agents - Prostaglandins		
<i>mifepristone oral tablet 200 mg</i>	TIER 01	
<i>mifepristone oral tablet 300 mg</i>	TIER 04	SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	TIER 03	
<i>raloxifene hcl oral tablet</i>	TIER 01	ACA Preventive Medication
Hormonal Agents - Sex Hormones and Birth Control		
<i>afirmelle oral tablet</i>	TIER 01	ACA Preventive Medication
<i>afterpill oral tablet</i>	TIER 01	QL (2 EA per 1 day); ACA Preventive Medication
<i>altavera oral tablet</i>	TIER 01	ACA Preventive Medication
<i>alyacen 1/35 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>alyacen 7/7/7 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>amethyst oral tablet</i>	TIER 01	ACA Preventive Medication
<i>apri oral tablet</i>	TIER 01	ACA Preventive Medication
<i>ashlyna oral tablet</i>	TIER 01	ACA Preventive Medication
<i>aubra eq oral tablet</i>	TIER 01	ACA Preventive Medication
<i>aurovela 24 fe oral tablet</i>	TIER 01	ACA Preventive Medication
<i>aurovela fe 1.5/30 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>aurovela fe 1/20 oral tablet</i>	TIER 01	ACA Preventive Medication
AVERI ORAL TABLET 0.15-0.03 MG	TIER 01	ACA Preventive Medication
<i>aviane oral tablet</i>	TIER 01	ACA Preventive Medication
<i>ayuna oral tablet</i>	TIER 01	ACA Preventive Medication
<i>azurette oral tablet</i>	TIER 01	ACA Preventive Medication
<i>balziva oral tablet</i>	TIER 01	ACA Preventive Medication
<i>blisovi 24 fe oral tablet</i>	TIER 01	ACA Preventive Medication
<i>blisovi fe 1.5/30 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>blisovi fe 1/20 oral tablet</i>	TIER 01	ACA Preventive Medication

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Drug Name	Drug Tier	Requirements/Limits
<i>briellyn oral tablet</i>	TIER 01	ACA Preventive Medication
<i>camrese lo oral tablet</i>	TIER 01	ACA Preventive Medication
<i>camrese oral tablet</i>	TIER 01	ACA Preventive Medication
<i>charlotte 24 fe oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>chateal eq oral tablet</i>	TIER 01	ACA Preventive Medication
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	TIER 03	QL (0.286 EA per 1 day)
<i>cryselle oral tablet</i>	TIER 01	ACA Preventive Medication
<i>cyred eq oral tablet</i>	TIER 01	ACA Preventive Medication
<i>dasetta 1/35 (28) oral tablet</i>	TIER 01	ACA Preventive Medication
<i>dasetta 7/7/7 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>daysee oral tablet</i>	TIER 01	ACA Preventive Medication
<i>dolishale oral tablet</i>	TIER 01	ACA Preventive Medication
<i>drospiren-eth estrad-levomefol oral tablet</i>	TIER 01	ACA Preventive Medication
<i>drospirenone-ethinyl estradiol oral tablet</i>	TIER 01	ACA Preventive Medication
DUAVEE ORAL TABLET	TIER 03	ST
<i>econtra one-step oral tablet</i>	TIER 01	QL (2 EA per 1 day); ACA Preventive Medication
<i>elinest oral tablet</i>	TIER 01	ACA Preventive Medication
ELLA ORAL TABLET	TIER 02	ACA Preventive Medication
<i>eluryng vaginal ring</i>	TIER 01	ACA Preventive Medication
<i>enilloring vaginal ring</i>	TIER 01	ACA Preventive Medication
<i>enskyce oral tablet</i>	TIER 01	ACA Preventive Medication
<i>estarylla oral tablet</i>	TIER 01	ACA Preventive Medication
<i>estradiol oral tablet</i>	TIER 01	G (Females only)
<i>estradiol transdermal patch twice weekly</i>	TIER 01	G (Females only)
<i>estradiol transdermal patch weekly</i>	TIER 01	G (Females only)
<i>estradiol vaginal tablet</i>	TIER 01	
<i>estradiol valerate intramuscular oil</i>	TIER 01	G (Females only)
<i>estradiol-norethindrone acet oral tablet</i>	TIER 01	
<i>estrogens conjugated oral tablet</i>	TIER 01	ST
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	TIER 01	ACA Preventive Medication
<i>falmina oral tablet</i>	TIER 01	ACA Preventive Medication
<i>feirza 1.5/30 oral tablet</i>	TIER 01	ACA Preventive Medication

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Drug Name	Drug Tier	Requirements/Limits
<i>feirza 1/20 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>finzala oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>fyavolv oral tablet</i>	TIER 01	
<i>galbriela oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>gemmily oral capsule</i>	TIER 01	ACA Preventive Medication
<i>hailey 24 fe oral tablet</i>	TIER 01	ACA Preventive Medication
<i>hailey fe 1.5/30 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>hailey fe 1/20 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>iclevia oral tablet</i>	TIER 01	ACA Preventive Medication
<i>introvale oral tablet</i>	TIER 01	ACA Preventive Medication
<i>isibloom oral tablet</i>	TIER 01	ACA Preventive Medication
<i>jaimiess oral tablet</i>	TIER 01	ACA Preventive Medication
<i>jasmiel oral tablet</i>	TIER 01	ACA Preventive Medication
<i>jinteli oral tablet</i>	TIER 01	
<i>juleber oral tablet</i>	TIER 01	ACA Preventive Medication
<i>junel fe 24 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>kaitlib fe oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>kalliga oral tablet</i>	TIER 01	ACA Preventive Medication
<i>kariva oral tablet</i>	TIER 01	ACA Preventive Medication
<i>kelnor 1/35 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>kurvelo oral tablet</i>	TIER 01	ACA Preventive Medication
<i>larin 24 fe oral tablet</i>	TIER 01	ACA Preventive Medication
<i>larin fe 1.5/30 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>larin fe 1/20 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>lessina oral tablet</i>	TIER 01	ACA Preventive Medication
<i>levonest oral tablet</i>	TIER 01	ACA Preventive Medication
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	TIER 01	ACA Preventive Medication
<i>levonorgestrel oral tablet</i>	TIER 01	QL (2 EA per 1 day); ACA Preventive Medication
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	TIER 01	ACA Preventive Medication
<i>levonorg-eth estrad triphasic oral tablet</i>	TIER 01	ACA Preventive Medication
<i>lojaimiess oral tablet</i>	TIER 01	ACA Preventive Medication

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Drug Name	Drug Tier	Requirements/Limits
<i>loryna oral tablet</i>	TIER 01	ACA Preventive Medication
<i>low-ogestrel oral tablet</i>	TIER 01	ACA Preventive Medication
<i>lo-zumandimine oral tablet</i>	TIER 01	ACA Preventive Medication
<i>luteru oral tablet</i>	TIER 01	ACA Preventive Medication
<i>marlissa oral tablet</i>	TIER 01	ACA Preventive Medication
<i>medroxyprogesterone acetate intramuscular suspension</i>	TIER 01	ACA Preventive Medication
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	TIER 01	ACA Preventive Medication
<i>medroxyprogesterone acetate oral tablet</i>	TIER 01	G (Females only)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	TIER 01	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	TIER 01	G (Females only)
<i>megestrol acetate oral tablet</i>	TIER 01	
<i>mibelas 24 fe oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>microgestin fe 1.5/30 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>microgestin fe 1/20 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>mili oral tablet</i>	TIER 01	ACA Preventive Medication
<i>mimvey oral tablet</i>	TIER 01	
<i>mono-lynyah oral tablet</i>	TIER 01	ACA Preventive Medication
<i>my choice oral tablet</i>	TIER 01	QL (2 EA per 1 day); ACA Preventive Medication
<i>my way oral tablet</i>	TIER 01	QL (2 EA per 1 day); ACA Preventive Medication
<i>necon 0.5/35 (28) oral tablet</i>	TIER 01	ACA Preventive Medication
<i>nikki oral tablet</i>	TIER 01	ACA Preventive Medication
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	TIER 01	ACA Preventive Medication
<i>norethin ace-eth estrad-fe oral capsule</i>	TIER 01	ACA Preventive Medication
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>norethindrone acetate oral tablet</i>	TIER 01	G (Females only)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	TIER 01	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	TIER 01	ACA Preventive Medication

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol triphasic oral tablet</i>	TIER 01	ACA Preventive Medication
<i>nortrel 0.5/35 (28) oral tablet</i>	TIER 01	ACA Preventive Medication
<i>nortrel 1/35 (21) oral tablet</i>	TIER 01	ACA Preventive Medication
<i>nortrel 1/35 (28) oral tablet</i>	TIER 01	ACA Preventive Medication
<i>nortrel 7/7/7 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>nylia 1/35 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>nylia 7/7/7 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>opcicon one-step oral tablet</i>	TIER 01	QL (2 EA per 1 day); ACA Preventive Medication
OPILL ORAL TABLET	TIER 01	QL (1 EA per 1 day); ACA Preventive Medication
<i>option 2 oral tablet</i>	TIER 01	QL (2 EA per 1 day); ACA Preventive Medication
<i>philith oral tablet</i>	TIER 01	ACA Preventive Medication
<i>pimtrea oral tablet</i>	TIER 01	ACA Preventive Medication
<i>portia-28 oral tablet</i>	TIER 01	ACA Preventive Medication
PREMARIN VAGINAL CREAM	TIER 03	
PREMPHASE ORAL TABLET	TIER 03	
PREMPRO ORAL TABLET	TIER 03	
<i>progesterone oral capsule</i>	TIER 01	G (Females only)
<i>reclipsen oral tablet</i>	TIER 01	ACA Preventive Medication
<i>rivelsa oral tablet</i>	TIER 01	ACA Preventive Medication
<i>rosyrah oral tablet</i>	TIER 01	ACA Preventive Medication
<i>setlakin oral tablet</i>	TIER 01	ACA Preventive Medication
<i>simliya oral tablet</i>	TIER 01	ACA Preventive Medication
<i>simpesse oral tablet</i>	TIER 01	ACA Preventive Medication
<i>syeda oral tablet</i>	TIER 01	ACA Preventive Medication
<i>take action oral tablet</i>	TIER 01	QL (2 EA per 1 day); ACA Preventive Medication
<i>tarina 24 fe oral tablet</i>	TIER 01	ACA Preventive Medication
<i>tarina fe 1/20 eq oral tablet</i>	TIER 01	ACA Preventive Medication
<i>taysofy oral capsule</i>	TIER 01	ACA Preventive Medication
<i>tilia fe oral tablet</i>	TIER 01	ACA Preventive Medication
<i>tri-estarylla oral tablet</i>	TIER 01	ACA Preventive Medication

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-legest fe oral tablet</i>	TIER 01	ACA Preventive Medication
<i>tri-linyah oral tablet</i>	TIER 01	ACA Preventive Medication
<i>tri-lo-estarylla oral tablet</i>	TIER 01	ACA Preventive Medication
<i>tri-lo-marzia oral tablet</i>	TIER 01	ACA Preventive Medication
<i>tri-lo-mili oral tablet</i>	TIER 01	ACA Preventive Medication
<i>tri-lo-sprintec oral tablet</i>	TIER 01	ACA Preventive Medication
<i>tri-mili oral tablet</i>	TIER 01	ACA Preventive Medication
<i>tri-vylibra lo oral tablet</i>	TIER 01	ACA Preventive Medication
<i>tri-vylibra oral tablet</i>	TIER 01	ACA Preventive Medication
<i>turqoz oral tablet</i>	TIER 01	ACA Preventive Medication
TYBLUME ORAL TABLET CHEWABLE	TIER 02	ACA Preventive Medication
<i>tydemy oral tablet</i>	TIER 01	ACA Preventive Medication
<i>valtya 1/35 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>valtya 1/50 oral tablet</i>	TIER 01	ACA Preventive Medication
<i>velivet oral tablet</i>	TIER 01	ACA Preventive Medication
<i>vestura oral tablet</i>	TIER 01	ACA Preventive Medication
<i>vienva oral tablet</i>	TIER 01	ACA Preventive Medication
<i>violele oral tablet</i>	TIER 01	ACA Preventive Medication
<i>volnea oral tablet</i>	TIER 01	ACA Preventive Medication
<i>vyfemla oral tablet</i>	TIER 01	ACA Preventive Medication
<i>vylibra oral tablet</i>	TIER 01	ACA Preventive Medication
<i>wera oral tablet</i>	TIER 01	ACA Preventive Medication
<i>wymzya fe oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>xarah fe oral tablet</i>	TIER 01	ACA Preventive Medication
<i>xelria fe oral tablet chewable</i>	TIER 01	ACA Preventive Medication
<i>xulane transdermal patch weekly</i>	TIER 01	ACA Preventive Medication
<i>yuvaferm vaginal tablet</i>	TIER 01	
<i>zafemy transdermal patch weekly</i>	TIER 01	ACA Preventive Medication
<i>zovia 1/35 (28) oral tablet</i>	TIER 01	ACA Preventive Medication
<i>zumandimine oral tablet</i>	TIER 01	ACA Preventive Medication
Hormonal Agents - Thyroid		
<i>levothyroxine sodium oral tablet</i>	TIER 01	
<i>levoxyl oral tablet</i>	TIER 02	
<i>liothyronine sodium oral tablet</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>methimazole oral tablet</i>	TIER 01	
<i>propylthiouracil oral tablet</i>	TIER 01	
SYNTHROID ORAL TABLET	TIER 02	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	TIER 03	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	TIER 04	SP; PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	TIER 04	SP; PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	TIER 04	SP; PA
ACTIMMUNE SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	TIER 04	SP; PA
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	TIER 04	SP; PA
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT	TIER 04	SP; PA
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	TIER 04	SP; PA
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	TIER 04	SP; PA
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	TIER 04	SP; PA
ALYGLO INTRAVENOUS SOLUTION	TIER 04	SP; PA
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
ASCENIV INTRAVENOUS SOLUTION	TIER 04	SP; PA
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
<i>azathioprine oral tablet 50 mg</i>	TIER 01	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
BERINERT INTRAVENOUS KIT	TIER 04	SP; PA
BIVIGAM INTRAVENOUS SOLUTION	TIER 04	SP; PA
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	TIER 04	SP; PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	TIER 04	SP; PA
CIMZIA SUBCUTANEOUS KIT	TIER 04	SP; PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	TIER 04	SP; PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION	TIER 04	SP; PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	TIER 04	SP; PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
CUTAQUIG SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
CUVITRU SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
<i>cyclosporine modified oral capsule</i>	TIER 01	
<i>cyclosporine modified oral solution</i>	TIER 01	
<i>cyclosporine oral capsule</i>	TIER 01	
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
EKTERLY ORAL TABLET	TIER 04	SP; PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	TIER 04	SP; PA
ENBREL SUBCUTANEOUS SOLUTION	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	TIER 04	SP
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	TIER 04	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	TIER 04	SP; PA
GAMMAGARD ERC INJECTION SOLUTION	TIER 04	SP; PA
GAMMAGARD INJECTION SOLUTION	TIER 04	SP; PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
GAMMAKED INJECTION SOLUTION	TIER 04	SP; PA
GAMMAPLEX INTRAVENOUS SOLUTION	TIER 04	SP; PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	TIER 04	SP; PA
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML, 40 GM/400ML	TIER 04	SP; PA
<i>gengraf oral capsule</i>	TIER 02	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	TIER 04	SP; PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	TIER 04	SP; PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
HIZENTRA SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	TIER 04	SP; PA
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	TIER 04	SP; PA
HYQVIA SUBCUTANEOUS KIT	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	TIER 04	SP; PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
KALBITOR SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
<i>leflunomide oral tablet</i>	TIER 01	
LUPKYNIS ORAL CAPSULE	TIER 04	SP; PA
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	TIER 01	
<i>methotrexate sodium injection solution</i>	TIER 01	
<i>methotrexate sodium oral tablet</i>	TIER 01	
<i>mycophenolate mofetil oral capsule</i>	TIER 01	
<i>mycophenolate mofetil oral suspension reconstituted</i>	TIER 01	
<i>mycophenolate mofetil oral tablet</i>	TIER 01	
<i>mycophenolate sodium oral tablet delayed release</i>	TIER 01	
<i>mycophenolic acid oral tablet delayed release</i>	TIER 01	
OCTAGAM INTRAVENOUS SOLUTION	TIER 04	SP; PA
OLUMIANT ORAL TABLET	TIER 04	SP; PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
ORLADEYO ORAL CAPSULE	TIER 04	SP; PA
ORLADEYO ORAL PACKET	TIER 04	SP; PA
OTEZLA ORAL TABLET	TIER 04	SP; PA
OTEZLA ORAL TABLET THERAPY PACK	TIER 04	SP; PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	TIER 04	SP; PA

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OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK	TIER 04	SP; PA
PANZYGA INTRAVENOUS SOLUTION	TIER 04	SP; PA
PRIVIGEN INTRAVENOUS SOLUTION	TIER 04	SP; PA
PROGRAF ORAL PACKET	TIER 03	
REZUROCK ORAL TABLET	TIER 04	SP; PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	TIER 04	SP; PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	TIER 04	SP; PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	TIER 04	SP; PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	TIER 04	SP; PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
<i>sirolimus oral solution</i>	TIER 01	
<i>sirolimus oral tablet</i>	TIER 01	
SKYRIZI INTRAVENOUS SOLUTION	TIER 04	SP; PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	TIER 04	SP; PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	TIER 04	SP; PA
SOTYKTU ORAL TABLET	TIER 04	SP; PA
STARJEMZA SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
STEQEYMA SUBCUTANEOUS SOLUTION	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
<i>tacrolimus er oral capsule extended release 24 hour</i>	TIER 04	SP
<i>tacrolimus oral capsule</i>	TIER 01	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	TIER 04	SP; PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
TREMFYA INTRAVENOUS SOLUTION	TIER 04	SP; PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 04	SP; PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO- INJECTOR	TIER 04	SP; PA
XATMEP ORAL SOLUTION	TIER 03	PA
XELJANZ ORAL SOLUTION	TIER 04	SP; PA
XELJANZ	TIER 04	SP; PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	TIER 04	SP; PA
XEMBIFY SUBCUTANEOUS SOLUTION	TIER 04	SP; PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT	TIER 04	SP; PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	TIER 04	SP; PA
Immunological Agents - Drugs for Vaccination		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	TIER 02	AL (Min 19 Years); ACA Preventive Medication
ADACEL INTRAMUSCULAR SUSPENSION	TIER 02	ACA Preventive Medication
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication

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Drug Name	Drug Tier	Requirements/Limits
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	TIER 02	QL (0.5 EA per 1 day); ACA Preventive Medication
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
CAPVAXIE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	TIER 02	QL (0.5 ML per 1 day); ACA Preventive Medication
DAPTACEL INTRAMUSCULAR SUSPENSION	TIER 02	ACA Preventive Medication
ENGRIX-B INJECTION SUSPENSION	TIER 02	ACA Preventive Medication
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
FLUMIST NASAL LIQUID	TIER 02	ACA Preventive Medication
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
GARDASIL 9 INTRAMUSCULAR SUSPENSION	TIER 02	ACA Preventive Medication
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	TIER 02	ACA Preventive Medication
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
HIBERIX INJECTION SOLUTION RECONSTITUTED	TIER 02	AL (Min 19 Years); ACA Preventive Medication
INFANRIX INTRAMUSCULAR SUSPENSION	TIER 02	ACA Preventive Medication
IPOL INJECTION SUSPENSION	TIER 02	AL (Min 19 Years); ACA Preventive Medication
JYNNEOS SUBCUTANEOUS SUSPENSION	TIER 02	AL (Min 18 Years); ACA Preventive Medication
MENQUADFI INTRAMUSCULAR SOLUTION	TIER 02	ACA Preventive Medication

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Drug Name	Drug Tier	Requirements/Limits
MENVEO INTRAMUSCULAR SOLUTION	TIER 02	ACA Preventive Medication
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	TIER 02	ACA Preventive Medication
M-M-R II INJECTION SOLUTION RECONSTITUTED	TIER 02	ACA Preventive Medication
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	QL (0.5 ML per 1 day); ACA Preventive Medication
PEDVAXHIB INTRAMUSCULAR SUSPENSION	TIER 02	AL (Min 19 Years); ACA Preventive Medication
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	TIER 02	AL (Min 19 Years and Max 25 Years); ACA Preventive Medication
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	TIER 02	AL (Min 10 Years and Max 25 Years); ACA Preventive Medication
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	TIER 02	QL (0.5 ML per 1 day); ACA Preventive Medication
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	QL (0.5 ML per 1 day); ACA Preventive Medication
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	TIER 02	ACA Preventive Medication
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	TIER 02	ACA Preventive Medication
RECOMBIVAX HB INJECTION SUSPENSION	TIER 02	ACA Preventive Medication
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication

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Drug Name	Drug Tier	Requirements/Limits
VAQTA INTRAMUSCULAR SUSPENSION	TIER 02	ACA Preventive Medication
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	TIER 02	ACA Preventive Medication
VARIVAX INJECTION SUSPENSION RECONSTITUTED	TIER 02	ACA Preventive Medication
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium oral capsule</i>	TIER 01	
<i>budesonide oral capsule delayed release particles</i>	TIER 01	
<i>budesonide rectal foam</i>	TIER 01	QL (2.386 GM per 1 day)
DIPENTUM ORAL CAPSULE	TIER 03	
<i>hydrocortisone (perianal) external cream</i>	TIER 01	
<i>hydrocortisone rectal enema</i>	TIER 01	
<i>mesalamine er oral capsule 0.375 gm</i>	TIER 01	
<i>mesalamine er oral capsule extended release 250 mg</i>	TIER 01	
<i>mesalamine er oral capsule extended release 500 mg</i>	TIER 01	QL (8 EA per 1 day)
<i>mesalamine oral capsule delayed release 400 mg</i>	TIER 01	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	TIER 01	
<i>mesalamine oral tablet delayed release 800 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>mesalamine rectal enema</i>	TIER 01	
<i>mesalamine rectal suppository</i>	TIER 01	
<i>mesalamine-cleanser rectal kit</i>	TIER 01	
<i>sulfasalazine oral tablet</i>	TIER 01	
<i>sulfasalazine oral tablet delayed release</i>	TIER 01	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
<i>alendronate sodium oral tablet</i>	TIER 01	
<i>calcitonin (salmon) nasal solution</i>	TIER 01	QL (0.123 ML per 1 day)
ENOBY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
<i>ibandronate sodium oral tablet</i>	TIER 01	
<i>risedronate sodium oral tablet</i>	TIER 01	
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	TIER 04	SP; PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	TIER 04	SP; PA
Metabolic Bone Disease Agents - Other		
<i>calcitriol oral capsule</i>	TIER 01	
<i>calcitriol oral solution</i>	TIER 01	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	TIER 01	QL (2 EA per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>doxercalciferol oral capsule</i>	TIER 01	
<i>paricalcitol oral capsule</i>	TIER 01	
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD , 70 %	TIER 01	
AUM ALCOHOL PREP PADS PAD	TIER 01	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	TIER 04	SP; PA
BYLVAY ORAL CAPSULE	TIER 04	SP; PA
CAYA VAGINAL DIAPHRAGM	TIER 02	QL (1 EA per 310 days); ACA Preventive Medication
DROPSAFE ALCOHOL PREP PAD	TIER 01	
DUREX EXTRA SENSITIVE THIN	TIER 02	QL (0.4 EA per 1 day); ACA Preventive Medication
DUREX EXTRA SENSITIVE THIN DEVICE	TIER 02	QL (0.4 EA per 1 day); ACA Preventive Medication
DYSPORE INTRAMUSCULAR SOLUTION RECONSTITUTED	TIER 04	SP; PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
FC2 FEMALE CONDOM	TIER 02	QL (12 EA per 77 days); ACA Preventive Medication
FEMCAP VAGINAL DEVICE	TIER 02	QL (1 EA per 310 days); ACA Preventive Medication
FIRDAPSE ORAL TABLET	TIER 04	SP; PA
FONDCIRCLE ELECTRONIC PEAK FLO DEVICE	TIER 01	QL (1 EA per 310 days)
GAUZE PADS PAD 2"X2"	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
GOODSENSE ALCOHOL SWABS PAD	TIER 01	
<i>l-glutamine oral packet</i>	TIER 04	SP; PA
LIVMARLI ORAL SOLUTION	TIER 04	SP; PA
LIVMARLI ORAL TABLET	TIER 04	SP; PA
MINI WRIGHT PEAK FLOW METER DEVICE	TIER 01	QL (1 EA per 310 days)
OMNIPOD 5 DEXCOM PODS	TIER 02	ACA Preventive Medication
OMNIPOD 5 LIBRE PODS	TIER 02	ACA Preventive Medication
OMNIPOD DASH PODS	TIER 02	ACA Preventive Medication
PEAK A-I-R FLOW METER DEVICE	TIER 01	QL (1 EA per 310 days)
PHEXX VAGINAL GEL	TIER 02	QL (2 GM per 1 day); ACA Preventive Medication
PURE COMFORT FLOW METER ADULT DEVICE	TIER 01	QL (1 EA per 310 days)
PURE COMFORT FLOW METER CHILD DEVICE	TIER 01	QL (1 EA per 310 days)
SILIGENTLE FOAM DRESSING PAD 2"X2"	TIER 01	
TAVNEOS ORAL CAPSULE	TIER 04	SP; PA
TODAY SPONGE VAGINAL	TIER 02	QL (0.1 EA per 1 day); ACA Preventive Medication
TRUE COVER DEVICE	TIER 02	QL (0.4 EA per 1 day); ACA Preventive Medication
TRUZONE PEAK FLOW METER DEVICE	TIER 01	QL (1 EA per 310 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	TIER 02	QL (0.3 EA per 1 day); ACA Preventive Medication
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	TIER 02	QL (0.85 GM per 1 day); ACA Preventive Medication
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	TIER 02	QL (1 EA per 310 days); ACA Preventive Medication
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	TIER 02	QL (1 EA per 310 days); ACA Preventive Medication
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	TIER 02	QL (1 EA per 310 days); ACA Preventive Medication
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	TIER 02	QL (1 EA per 310 days); ACA Preventive Medication

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Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	TIER 02	QL (1 EA per 310 days); ACA Preventive Medication
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	TIER 02	QL (1 EA per 310 days); ACA Preventive Medication
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	TIER 02	QL (1 EA per 310 days); ACA Preventive Medication
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	TIER 02	QL (1 EA per 310 days); ACA Preventive Medication
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	TIER 04	SP; PA
XPHOZAH ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE OPHTHALMIC SOLUTION	TIER 03	
<i>azelastine hcl ophthalmic solution</i>	TIER 01	
<i>bepotastine besilate ophthalmic solution</i>	TIER 01	ST
<i>ciprofloxacin hcl ophthalmic solution</i>	TIER 01	
<i>cromolyn sodium ophthalmic solution</i>	TIER 01	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	TIER 01	
<i>diclofenac sodium ophthalmic solution</i>	TIER 01	
<i>difluprednate ophthalmic emulsion</i>	TIER 01	ST
<i>epinastine hcl ophthalmic solution</i>	TIER 01	ST
<i>erythromycin ophthalmic ointment</i>	TIER 01	
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	TIER 01	
<i>fluorometholone ophthalmic suspension</i>	TIER 01	
<i>flurbiprofen sodium ophthalmic solution</i>	TIER 01	
FML FORTE OPHTHALMIC SUSPENSION	TIER 02	
<i>ft eye allergy itch relief ophthalmic solution</i>	TIER 01	
<i>gentamicin sulfate ophthalmic solution</i>	TIER 01	
<i>ketorolac tromethamine ophthalmic solution</i>	TIER 01	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	TIER 01	ST
<i>moxifloxacin hcl ophthalmic solution</i>	TIER 01	QL (0.1 ML per 1 day)
NATACYN OPHTHALMIC SUSPENSION	TIER 03	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	TIER 01	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	TIER 01	
NEVANAC OPTHALMIC SUSPENSION	TIER 03	
<i>ofloxacin ophthalmic solution</i>	TIER 01	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	TIER 01	
<i>prednisolone acetate ophthalmic suspension</i>	TIER 01	
<i>prednisolone sodium phosphate ophthalmic solution</i>	TIER 01	
<i>sulfacetamide sodium ophthalmic solution</i>	TIER 01	
<i>tobramycin ophthalmic solution</i>	TIER 01	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	TIER 01	QL (0.333 ML per 1 day)
<i>trifluridine ophthalmic solution</i>	TIER 01	
Ophthalmic Agents - Drugs for Glaucoma		
<i>acetazolamide er oral capsule extended release 12 hour</i>	TIER 01	
<i>acetazolamide oral tablet</i>	TIER 01	
<i>apraclonidine hcl ophthalmic solution</i>	TIER 03	ST
<i>betaxolol hcl ophthalmic solution</i>	TIER 01	
<i>bimatoprost solution 0.01 % ophthalmic</i>	TIER 01	QL (0.1 ML per 1 day)
BIMATOPROST SOLUTION 0.01 % OPTHALMIC	TIER 01	QL (0.1 ML per 1 day)
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	TIER 01	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	TIER 01	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	TIER 01	ST
<i>brinzolamide ophthalmic suspension</i>	TIER 01	ST
<i>carteolol hcl ophthalmic solution</i>	TIER 01	
DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC	TIER 01	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	TIER 01	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	TIER 01	
<i>latanoprost ophthalmic solution</i>	TIER 01	
<i>levobunolol hcl ophthalmic solution</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide oral tablet</i>	TIER 01	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	TIER 01	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>	TIER 01	PA; QL (0.2 ML per 1 day)
QLOSI OPHTHALMIC SOLUTION	TIER 03	PA; QL (2 EA per 1 day)
RHOPRESSA OPHTHALMIC SOLUTION	TIER 03	QL (0.1 ML per 1 day)
SIMBRINZA OPHTHALMIC SUSPENSION	TIER 02	QL (0.32 ML per 1 day)
<i>tafluprost (pf) ophthalmic solution</i>	TIER 03	ST
<i>timolol maleate ophthalmic solution</i>	TIER 01	
<i>travoprost (bak free) ophthalmic solution</i>	TIER 01	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
<i>artificial tears pf ophthalmic solution</i>	TIER 01	
<i>atropine sulfate ophthalmic solution 1 %</i>	TIER 01	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	TIER 01	
<i>carboxymethylcellulose sodium ophthalmic solution</i>	TIER 01	
CIMERLI INTRAVITREAL SOLUTION	TIER 04	SP; PA
<i>cyclosporine (pf) ophthalmic emulsion</i>	TIER 01	ST; QL (2 EA per 1 day)
LASTACRAFT OPHTHALMIC SOLUTION	TIER 03	
<i>loteprednol-tobramycin ophthalmic suspension</i>	TIER 01	
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	TIER 01	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	TIER 01	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	TIER 01	
OXERVATE OPHTHALMIC SOLUTION	TIER 04	SP; PA
<i>polymyxin b-trimethoprim ophthalmic solution</i>	TIER 01	
<i>polyvinyl alcohol ophthalmic solution</i>	TIER 01	
<i>proparacaine hcl ophthalmic solution</i>	TIER 01	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	TIER 01	
VIZZ OPHTHALMIC SOLUTION	TIER 03	PA; QL (1 EA per 1 day)
XIIDRA OPHTHALMIC SOLUTION	TIER 03	PA; QL (2 EA per 1 day)
Otic Agents - Drugs for Ear Conditions		
<i>acetic acid otic solution</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
CIPRO HC OTIC SUSPENSION	TIER 03	QL (0.333 ML per 1 day)
<i>ciprofloxacin hcl otic solution</i>	TIER 01	ST
<i>ciprofloxacin-dexamethasone otic suspension</i>	TIER 01	ST
<i>fluocinolone acetonide otic oil</i>	TIER 01	
<i>hydrocortisone-acetic acid otic solution</i>	TIER 01	
<i>neomycin-polymyxin-hc otic solution</i>	TIER 01	
<i>neomycin-polymyxin-hc otic suspension</i>	TIER 01	
<i>ofloxacin otic solution</i>	TIER 01	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
<i>allergy relief oral tablet 5 mg</i>	TIER 01	
<i>allergy spray 24 hour nasal suspension</i>	TIER 01	
<i>azelastine hcl nasal solution</i>	TIER 01	
<i>carbinoxamine maleate oral tablet 4 mg</i>	TIER 01	
<i>clemastine fumarate oral tablet</i>	TIER 01	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	TIER 01	
<i>cyproheptadine hcl oral tablet</i>	TIER 01	
<i>desloratadine oral tablet</i>	TIER 01	
<i>flunisolide nasal solution</i>	TIER 01	
<i>fluticasone propionate nasal suspension</i>	TIER 01	
<i>ft allergy relief 24 hr nasal suspension</i>	TIER 01	
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	TIER 01	QL (10 ML per 1 day); AL (Min 18 Years)
<i>ipratropium bromide nasal solution</i>	TIER 01	
<i>levocetirizine dihydrochloride oral solution</i>	TIER 01	
<i>levocetirizine dihydrochloride oral tablet</i>	TIER 01	
<i>mometasone furoate nasal suspension</i>	TIER 01	
<i>olopatadine hcl nasal solution</i>	TIER 01	
<i>sodium chloride inhalation nebulization solution 3 %, 7 %</i>	TIER 01	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
<i>acetylcysteine inhalation solution</i>	TIER 01	
<i>albuterol sulfate hfa inhalation aerosol solution</i>	TIER 01	QL (0.067 GM per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	TIER 01	
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	TIER 01	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	TIER 01	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	TIER 01	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	TIER 01	
<i>albuterol sulfate oral tablet</i>	TIER 01	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	TIER 02	QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	TIER 02	QL (0.033 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	TIER 02	QL (0.033 EA per 1 day)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	TIER 02	QL (0.033 EA per 1 day)
ASMANEX HFA INHALATION AEROSOL	TIER 02	QL (0.433 GM per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL	TIER 02	QL (0.357 GM per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	TIER 02	QL (2 EA per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	TIER 02	QL (0.033 GM per 1 day)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	TIER 01	QL (4 ML per 1 day)
<i>budesonide inhalation suspension 1 mg/2ml</i>	TIER 01	QL (2 ML per 1 day)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	TIER 02	QL (0.34 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	TIER 03	QL (0.2 GM per 1 day)
<i>cromolyn sodium inhalation nebulization solution</i>	TIER 01	
<i>epinephrine injection solution auto-injector</i>	TIER 01	QL (0.133 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	TIER 02	QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	TIER 02	QL (8 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT	TIER 02	QL (0.4 GM per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	TIER 02	QL (0.8 GM per 1 day)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	TIER 02	QL (0.353 GM per 1 day)
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	TIER 01	QL (2 EA per 1 day)
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	TIER 01	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	TIER 01	QL (0.033 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 500-50 mcg/act</i>	TIER 01	QL (2 EA per 1 day)
<i>formoterol fumarate inhalation nebulization solution</i>	TIER 01	QL (4 ML per 1 day)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	TIER 02	QL (0.033 EA per 1 day)
<i>ipratropium bromide hfa inhalation aerosol solution</i>	TIER 01	QL (0.516 GM per 1 day)
<i>ipratropium bromide inhalation solution</i>	TIER 01	
<i>ipratropium-albuterol inhalation solution</i>	TIER 01	
JASCAYD ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	TIER 01	ST
<i>montelukast sodium oral packet</i>	TIER 01	

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Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium oral tablet</i>	TIER 01	
<i>montelukast sodium oral tablet chewable</i>	TIER 01	
<i>nintedanib esylate oral capsule</i>	TIER 04	SP; PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
<i>pirfenidone oral capsule</i>	TIER 04	SP; PA; QL (9 EA per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	TIER 04	SP; PA; QL (9 EA per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	TIER 04	SP; PA; QL (3 EA per 1 day)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	TIER 02	QL (0.067 EA per 1 day)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	TIER 02	QL (0.033 GM per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	TIER 02	QL (0.033 GM per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	TIER 02	QL (0.033 GM per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	TIER 02	QL (0.133 GM per 1 day)
<i>terbutaline sulfate oral tablet</i>	TIER 01	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	TIER 04	SP; PA
<i>theophylline er oral tablet extended release 12 hour</i>	TIER 01	
<i>theophylline er oral tablet extended release 24 hour</i>	TIER 01	
<i>theophylline oral elixir</i>	TIER 01	
<i>theophylline oral solution</i>	TIER 01	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	TIER 02	QL (0.033 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 04	SP; PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	TIER 04	SP; PA
<i>zafirlukast oral tablet</i>	TIER 01	ST
<i>zileuton er oral tablet extended release 12 hour</i>	TIER 03	ST
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG	TIER 04	SP; PA; QL (2 EA per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	TIER 04	SP; PA; QL (3 EA per 1 day)
CAYSTON INHALATION SOLUTION RECONSTITUTED	TIER 04	SP; PA
KALYDECO ORAL PACKET	TIER 04	SP; PA; QL (2 EA per 1 day)
KALYDECO ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
ORKAMBI ORAL PACKET	TIER 04	SP; PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	TIER 04	SP; PA; QL (4 EA per 1 day)
PULMOZYME INHALATION SOLUTION	TIER 04	SP; PA
SYMDEKO ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (4 EA per 1 day)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	TIER 04	SP; PA
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	TIER 04	SP; PA
TRIKAFTA ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK	TIER 04	SP; PA; QL (2 EA per 1 day)
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS ORAL TABLET	TIER 04	SP; PA; QL (3 EA per 1 day)
<i>ambrisentan oral tablet</i>	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>bosentan oral tablet</i>	TIER 04	SP; PA; QL (2 EA per 1 day)
<i>bosentan oral tablet soluble</i>	TIER 04	SP; PA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	TIER 04	SP; PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	TIER 04	SP; PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	TIER 04	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE	TIER 04	SP; PA
<i>sildenafil citrate oral suspension reconstituted</i>	TIER 01	SP; PA
<i>sildenafil citrate oral tablet 20 mg</i>	TIER 01	SP; PA
<i>tadalafil (pah) oral tablet</i>	TIER 01	SP; PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG	TIER 04	SP; PA; QL (8 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	TIER 04	SP; PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER	TIER 04	SP; PA; QL (1 EA per 1 day)
TYVASO INHALATION SOLUTION	TIER 04	SP; PA
TYVASO REFILL KIT INHALATION SOLUTION	TIER 04	SP; PA
TYVASO STARTER KIT INHALATION SOLUTION	TIER 04	SP; PA
UPTRAVI ORAL TABLET	TIER 04	SP; PA; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	TIER 04	SP; PA; QL (1 EA per 1 day)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
<i>baclofen oral tablet 10 mg, 20 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	TIER 01	PA; QL (3 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	TIER 01	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>dantrolene sodium oral capsule 100 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	TIER 01	QL (3 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	TIER 01	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	TIER 01	QL (16 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	TIER 01	QL (10 EA per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	TIER 01	QL (2 EA per 1 day)
<i>orphenadrine-aspirin-caffeine oral tablet</i>	TIER 01	QL (4 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	TIER 01	QL (4 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl oral tablet 4 mg</i>	TIER 01	QL (8 EA per 1 day)
Sleep Disorder Agents		
<i>armodafinil oral tablet</i>	TIER 01	PA
BELSOMRA ORAL TABLET	TIER 03	ST; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET	TIER 03	ST; QL (1 EA per 1 day)
<i>doxepin hcl oral tablet</i>	TIER 01	QL (1 EA per 1 day)
<i>eszopiclone oral tablet</i>	TIER 01	QL (1 EA per 1 day)
HETLIOZ LQ ORAL SUSPENSION	TIER 04	SP; PA; QL (5.267 ML per 1 day)
<i>modafinil oral tablet</i>	TIER 01	PA
<i>ramelteon oral tablet</i>	TIER 01	ST; QL (1 EA per 1 day)
<i>sodium oxybate oral solution</i>	TIER 04	SP; PA; QL (18 ML per 1 day)
SUNOSI ORAL TABLET	TIER 03	PA
<i>tasimelteon oral capsule</i>	TIER 04	SP; PA; QL (1 EA per 1 day)
<i>temazepam oral capsule</i>	TIER 01	QL (1 EA per 1 day)
XYWAV ORAL SOLUTION	TIER 04	SP; PA; QL (18 ML per 1 day)
<i>zaleplon oral capsule</i>	TIER 01	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	TIER 01	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet</i>	TIER 01	QL (1 EA per 1 day)

Effective Date: 01/01/2027

lowercase italics = Generic drugs; **UPPERCASE** = Brand name drugs

Drug Tier: **T1** = Preferred Generic; **T2** = Preferred Brand; **T3** = Non-Preferred Brand; **T4** = Specialty

Requirements and Limits: **AL** = Age Limit **G** = Gender Edit **MME+** = Opioid Limits Apply **PA** = Drug Requires Prior Authorization **QL** = Drug Requires Quantity Limit Review **SP** = Specialty Pharmacy **ST** = Drug Requires Step Therapy Review **ACA**= Preventative Medication- \$0 Copay

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