



# Medstar Family Choice – Maryland HealthChoice Prescribing Guide

## Formulary (List of Covered Drugs)

Effective 07/01/2025

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## INTRODUCTION

MedStar Family Choice is pleased to provide the *2025 MedStar Family Choice - Maryland HealthChoice Prescribing Guide* to be used when prescribing for patients covered by the pharmacy plan offered by MedStar Family Choice. **This is a closed formulary and only those drugs listed in this formulary will be covered by MedStar Family Choice.**

The drugs listed in the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* have been reviewed and approved by the MedStar Family Choice Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have drug benefits administered through MedStar Family Choice - Maryland HealthChoice. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Medical Exception process.

*The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. This formulary is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. MedStar Family Choice does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. MedStar Family Choice does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. **The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.***

## PREFACE

The *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. All drugs listed were selected to be on this formulary. If a generic drug is covered, it is listed by generic name and may include the brand-name of the drug in parentheses as a reference to assist in drug name recognition. Brand-name drugs are listed by their brand name. This formulary document lists all dosages, strengths and formulations of each drug that is covered.

Drugs, dosages, strengths, and formulations not listed are considered non-formulary.

## PRESCRIPTION COPAYMENTS (COSTS)

Effective May 1, 2024, the State of Maryland required that all HealthChoice Managed Care Organizations (including MedStar Family Choice) charge a copay for medicines. A copay is a cost that you will need to pay when you pick up your medicine.

- For most formulary (covered) brand name or generic medicines, you will have a copay (cost) of \$1.00. Covered medicines can be found on the MedStar Family Choice website at [medstarfamilychoice.com](https://www.medstarfamilychoice.com).

- For HIV/AIDS medicine, you will have a copay (cost) of \$1.00.
- There is NO copay (cost) for family planning options: condoms, birth control pills, diaphragms, intrauterine devices (IUDs), etc.
- For non-formulary (non-covered) brand-name medicines, you will have a copay (cost) of \$3.00.

Please note that the following MedStar Family Choice members will not have a copay for their medicine:

- Members under the age of 21
- Members who are pregnant
- Members who are living in long-term care facilities
- Members who are in hospice care (programs that give special care to people who are near the end of life and have stopped treatment to cure or control their illness/disease)
- Members who are Native Americans

## LEGEND

Drugs that require a prior authorization are indicated in the document by **PA**. See section **Medical Exception, Prior Authorization and Non-Formulary** below.

Drugs that require Step Therapy authorization for coverage are indicated in the document by **ST**. Step Therapy requires that drugs be used in a specific prescribing order. For information for drugs on Step Therapy reference the PA table on the website, [medstarfamilychoice.com](http://medstarfamilychoice.com).

Drugs that have an Age-Related Restriction for coverage are indicated in the document with a **specific notation** next to the medication.

Drugs that have dispensing quantity limitation are indicated in the document by **QL** along with the limits noted in the parentheses. Quantity Limits allow a maximum quantity of drug product that a member may receive per prescription and/or over a specific period of time. Many drug products on the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* have quantity limits based upon the dosage described in product labeling, or due to potential safety or utilization concerns.

A Tier number next to a medicine designates brand, generic, or preferred status of that medicine and indicates the expected copay amount for each prescription.

- Tier 0 indicates medicines with NO copay.
- Tier 1 indicates medicines with a \$1 copay.
- Tier 2 indicates medicines with a \$3 copay unless the member is excluded from the required copay as described above (see **PRESCRIPTION COPAYMENTS (COSTS)** section).

## **OVER-THE-COUNTER MEDICINES**

MedStar Family Choice covers many common over-the-counter (OTC) products. You are encouraged to prescribe OTC products when clinically appropriate. A prescription is required, and refills are permitted. The prescription expires under Maryland Pharmacy Law in 12 months. Generic OTC products are preferred when available.

Condoms and emergency contraception do not require a prescription.

## **DURABLE MEDICAL EQUIPMENT**

Blood pressure monitors and at-home diabetic testing machines and supplies are covered as part of the prescription benefit. MedStar Family Choice prefers Accu-Chek branded products when appropriate for patients. These include Accu-Chek Aviva, Accu-Chek Guide, and Accu-Chek Smart line of glucometers and coordinating supplies.

## **FERTILITY PRESERVATION**

As of October 7, 2023, Maryland Medicaid covers fertility preservation services for iatrogenic infertility. Iatrogenic infertility includes infertility that is caused by surgery, radiation, chemotherapy, gender-affirming treatments, or other medical treatments or interventions that affect reproductive organs or processes.

## **GENDER-AFFIRMING TREATMENTS**

Beginning on January 1, 2024, Maryland Medicaid covers gender-affirming treatments for people diagnosed with gender dysphoria with the capacity to make informed decisions and consent for treatment. Coverage includes hormone therapy, hormone blockers, puberty blockers, and other medications used for treatment as described in the current clinical standards of care for gender-affirming treatment published by the World Professional Association for Transgender Health.

## **PHARMACY AND THERAPEUTICS (P&T) COMMITTEE**

The MedStar Family Choice P&T Committee includes physicians, pharmacists, and nurses. The Committee meets quarterly to evaluate drugs for formulary inclusion and to develop policies concerning formulary and drug utilization management. Please visit the MedStar Family Choice website at [medstarfamilychoice.com](https://www.medstarfamilychoice.com) to view the decisions of the Committee and any applicable changes. The main features of the MedStar Family Choice-MD P&T Policies are also on the website in the FAQs.

## **PRODUCT SELECTION CRITERIA**

The MedStar Family Choice P&T Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects

- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations

When a drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* is reviewed on an annual basis.

*All the information in the MedStar Family Choice - Maryland HealthChoice Prescribing Guide is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.*

## **GENERIC SUBSTITUTION**

Brand name drugs that have a generic option will be automatically substituted by the pharmacy. Pharmacies will only substitute medications if they are evaluated by the U.S. Food and Drug Administration (FDA) and found to be clinically equivalent. Generic biosimilar therapies will also be substituted when permitted under FDA guidelines.

## **90-DAY, HOME DELIVERY AND MAIL SERVICE PRESCRIPTIONS**

MedStar Family Choice offers a 90-day fill option for most drugs used to treat chronic conditions.

MedStar Pharmacy offers prescription delivery at no extra cost to MedStar Family Choice members living in certain ZIP codes. This service is available Monday through Friday (prescriptions filled on Friday will be delivered on the following Monday). Deliveries are set up for the following day and patients need to be home at the time of drop off. If patients have copays, they can pay by either check at drop off or by credit card over the phone. Home delivery requires a signature. Use the following link to find out if a member is eligible for home delivery – [MedStar Home Delivery](#).

Members are also able to order their prescriptions from CVS Caremark Mail Service Pharmacy™ by calling 1-800-552-8159. Receiving a 90-day supply of medication by mail may prove to be more convenient for members, especially when filling prescriptions for routine or maintenance type medications. Mail service may also improve members adherence to their therapies.

To start the process, prescribers may call CVS Caremark Mail Service Pharmacy at 1-800-378-5697 or they may submit a prescription to the CVS Caremark Mail Service Pharmacy. Additional information can be found at the MedStar Family Choice website, [medstarfamilychoice.com](http://medstarfamilychoice.com) or at [caremark.com](http://caremark.com).

Please note that medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. As such, please advise members to allow up to 14 days for delivery from the time mail service receives the request. Any prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

## MEDICAL EXCEPTION, PRIOR AUTHORIZATION AND NON-FORMULARY REQUESTS

If a drug requiring prior authorization is desired for medical management of a patient, MedStar Family Choice has a prior authorization table that can be accessed to see the prior authorization requirements. To view the prior authorization criteria:

- Go to the website: [Medstarfamilychoice.com](http://Medstarfamilychoice.com)
- On the blue banner at the top of the page, click “Maryland Providers”
- Click “View Prescription Information” link center of page
- Click “Prior Authorization and Step Therapy Table” link

In addition, if a non-covered drug or a drug requiring prior authorization is desired for medical management of a patient, a medication exception may be requested by calling MedStar Family Choice at: 1-800-905-1722, Option 2 or sending in the completed Prior Authorization/Non-formulary request form that can be found on the MedStar Family Choice website. To access the forms:

- Go to the website: [Medstarfamilychoice.com](http://Medstarfamilychoice.com)
- On the blue banner at the top of the page, click “Maryland Providers”
- Click “View Prescription Information” link center of page
- Click the form that applies to your needs:
  - General Medication Prior Authorization Form
  - Hepatitis C Prior Authorization Form
  - Opioid Prior Authorization Form
  - Wegovy Prior Authorization Form

**MedStar Family Choice must make a decision and provide notification on all pharmacy requests within twenty-four (24) hours of receipt. To comply with this stringent turnaround time, we ask that your office provide complete clinical information at the time of original submission. Please consult this document and the Pharmacy Prior Authorization table that can be found on our website prior to submitting your request. If additional clinical information is required, please be advised that your office must return it promptly or the request may be denied due to incomplete information.**

## OPIOID DRUG MANAGEMENT

In alignment with the Federal Support Act, new-start opioid analgesic prescriptions are limited to a 7-day supply for adults or a 3-day supply for persons under 18 years of age.

A new-start opioid analgesic prescription means:

- The patient has not had an opioid medication filled in the preceding 30 days, OR
- The patient had one fill of a short-acting opioid at  $\leq 50$  morphine milligram equivalents (MME) per day for  $\leq 7$  days in the previous 30 days

New prescriptions cannot be filled for more than 7-day supply.

For complete information regarding the requirements of the Maryland Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit: [medstarfamilychoice.com](http://medstarfamilychoice.com) [Opioid Prior Authorization Policy](#)

## **MEDICATIONS CARVED OUT TO MARYLAND DEPARTMENT OF HEALTH**

If you do not see the medication you wish to prescribe, it may be covered by the Maryland Department of Health (MDH).

For more information and lists of medications carved out to the MDH, please visit the [MDH website](#) and click on either [Mental Health Formulary](#) or [Substance Use Disorder Medication Clinical Criteria](#)

### **MENTAL HEALTH**

- ANTICONVULSANTS, BENZODIAZEPINES AND MISCELLANEOUS
- ANTIDEPRESSANTS
- ANTIPSYCHOTIC AGENTS
- AMPHETAMINES AND CEREBRAL STIMULANTS
- ANXIOLYTICS, SEDATIVES AND HYPNOTICS
- ATTENTION DEFICIT HYPERACTIVITY DISORDER

For recipients 6 to 17 years old, Intuniv (guanfacine ER) and Kapvay (clonidine ER) are carved out to the MDH. For individuals not in this age range, a medical exception may be requested by calling MedStar Family Choice.

- WAKEFULNESS-PROMOTING AGENTS

### **SUBSTANCE USE DISORDER**

- ALCOHOL DETERRENTS
- OPIOID ANTAGONISTS
- PARTIAL OPIOID AGONISTS
- PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS
- SMOKING DETERRENTS

## **MARYLAND MEDICAID FORMULARY ACCESS**

Please visit [mmppi.com/formulary\\_navigator.htm](http://mmppi.com/formulary_navigator.htm) to view the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide*. This MDH sponsored site contains the formularies of all the Managed Care Organizations (MCO) and is updated frequently.

## NOTICE TO HEALTHCARE PROFESSIONALS REGARDING HIGH-COST MEDICATIONS

MedStar Family Choice requires Prior Authorization (PA) for very high-cost medications regardless of formulary status and/or place of service (i.e., PA is required in **ANY** outpatient OR inpatient setting). Prescribers **MUST** obtain approval from MedStar Family Choice before administration. Failure to do so will result in non-payment. Post-administration retrospective requests for authorization will **NOT** be accepted for review.

WITHOUT PRIOR AUTHORIZATION, YOU WILL NOT BE REIMBURSED, NO EXCEPTIONS.

Brand Name	Generic Name
Abecma	idecabtagene vicleucel
Actimmune	interferon Gamma-1b
Adcetris	brentuximab vedotin
Adzynma	ADAMTS13, recombinant
Agamree	vamorolone
Altuviiio	antihemophilic factor, Fc-VWF-XTEN fusion protein-ehtl
Amondys 45	casimersen
Amvuttra	vutrisiran
Benefix	coagulation factor IX (recombinant)
Beqvez	fidanacogene elaparvovec
Blinicyto	blinatumomab
Brineura	cerliponase alpha
Breyanzi	lisocabtagene maraleucel
Bylvay	odevixibat
Cablivi	caplacizumab
Cabometyx	cabozantinib
Carvykti	ciltacabtagene autoleucel
Casgevvy	exagamglogene autotemcel
Cerezyme	imiglucerase
Cinryze	C1 esterase inhibitor [human]
Columvi	glofitamab-gxbm
Crysvita	burosumab
Danyelza	naxitamab
Daybue	trofinetide

Elahere	mirvetuximab soravtansine
Elaprase	idursulfase
Elevidys	delandistrogene moxeparvovec
Elfabrio	pegunigalsidase alfa
Eloctate	antihemophilicfactor (recombinant), Fc-fusion protein
Emflaza	deflazacort
Empaveli	pegcetacoplan
Enspryng	satralizumab
Epkinly	epcoritamab
Evkeeza	evinacumab
Fabhalta	iptacopan
Fyarro	sirolimus protein-bound particles for injectable
Gattex	teduglutide
Givlaari	givosiran
Haegarda	C1 esterase inhibitor subcutaneous [human]
Hemgenix	etranacogene dezaparvovec
Hemlibra	emicizumab
Increlex	mecasermin
Jivi	antihemophilic factor (recombinant), pegylated-aucl
Joenja	leniolisib
Kimtrak	tebentafusp
Korlym	mifepristone
Krystexxa	pegloticase
Lamzede	velmanase alfa
Lenmeldy	atidarsagene autotemcel
Livmarli	maralixibat
Lumizyme	alglucosidase alpha
Lunsumio	mosunetuzumab
Luxturna	voretigene neparvovec
Mepsevii	vestronidase alpha
Myalept	metreleptin
Nexviazyme	avalglucosidase alfa
Novoseven	factor VIIa

Nulibry	fosdenopterin
Ojemda	tovorafenib
Olpruva	sodium phenylbutyrate
Onpattro	patisiran
Orfadin	nitisinone
Orladeyo	berotralstat
Orserdu	elacestrant
Oxlumo	lumasiran
Pombiliti	cipaglucosidase alfa
Poteligeo	mogamulizumab
Procysbi	cysteamine
Ravicti	glycerol phenylbutyrate
Rethymic	allogeneic processed thymus tissue
Revcovi	elapegademase
Roctavian	valoctocogene roxaparvovec
Rydapt	midostaurin
Ryplazim	plasminogen
Rysatiggo	rozanolixizumab-noli
Skysona	elivaldogene autotemcel
Sohonos	palovarotene
Soliris	eculizumab
Spinraza	nusinersen
Takhzyro	lanadelumab
Tecvayli	teclistamab
Tepezza	teprotumumab
Tevimbra	tislelizumab
Tivdak	tisotumab vedotin
Tzield	teplizumab-mzww
Ultomiris	ravulizumab
Unituxin	dinutuximab
Veopoz	pozelimab
Viltepso	viltolarsen
Vimizim	elosulfase alfa

Vyjuvek	beremagene geperpavec
Vyondys 53	golodirsen
Vyvgart	efgartigimod alfa
Vyvgart Hytrulo	efgartigimod alfa with hyaluronidase
Xenopozyme	olipudase alfa
Xyntha	antihemophilic factor [recombinant]
Yervoy	ipilimumab
Yescarta	axicabtagene ciloleucel
Zevtera	ceftobiprole
Zilbrysq	zilucoplan
Zolgensma	onasemnogene abeparvovec
Zynlonta	loncastuximab tesirine
Zynteglo	betibeglogene autotemcel

## EDITOR

Your comments and suggestions regarding the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments via email to:

[MFC-FormularyFeedback@MedStar.net](mailto:MFC-FormularyFeedback@MedStar.net)

## NOTICE

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## **Nondiscrimination Notice**

### **Discrimination is Against the Law**

MedStar Family Choice Maryland (“We”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnicity, age, religion, disability, pregnancy or related conditions, sex, sex characteristics including intersex traits, sexual orientation, sex stereotypes, marital status, gender, gender identity or expression, language, ability to pay, or socioeconomic status. MedStar Family Choice Maryland does not exclude people or treat them less favorably because of race, color, national origin, ethnicity, age, religion, disability, pregnancy or related conditions, sex, sex characteristics including intersex traits, sexual orientation, sex stereotypes, marital status, gender, gender identity or expression, language, ability to pay, or socioeconomic status.

We provide reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (e.g., large print, audio, accessible electronic, other)

We provide free language services to those whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications or these aids or services, contact Member Services at **888-404-3549 (TTY: 711)**.

We have a grievance procedure to resolve complaints alleging discrimination. Member Services or the Section 1557 Coordinator can help you file a grievance. If you believe we have failed to provide these services or discriminated in another way, you can file a grievance in the following ways:

- By phone: **888-404-3549 (TTY: 711)**
- By e-mail: [mfc1557coordinator@medstar.net](mailto:mfc1557coordinator@medstar.net)
- By mail: Section 1557 Coordinator, 5233 King Avenue, Suite 400, Baltimore, MD 21237

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the web portal at [OCRPortal.HHS.gov/OCR/Portal/Lobby.jsf](https://ocrportal.hhs.gov/OCR/Portal/Lobby.jsf)
- By mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201
- By phone at **800-368-1019**, **800-537-7697** (TDD)

Complaint forms are available at [HHS.gov/OCR/Office/File/Index.html](https://HHS.gov/OCR/Office/File/Index.html).

You can also file a complaint regarding disability-related issues to the United States Department of Justice, Civil Rights Division, Disability Rights Section, by visiting [ADA.gov/File-a-Complaint/](https://ADA.gov/File-a-Complaint/).

This notice is available at MedStar Family Choice's website at [MedStarFamilyChoice.com/Notice-of-Nondiscrimination](https://MedStarFamilyChoice.com/Notice-of-Nondiscrimination)

## Language Accessibility Statement

Interpreter services are available for free. For help in your language, call MedStar Family Choice Member Services at 888-404-3549 (TTY 711).

### English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 888-404-3549 (TTY:711) or speak to your provider.

### Amharic/አማርኛ

ያስተውሉ:- እርስዎ የሚያወሩት አማርኛ ከሆነ ነፃ የማስተርጎም አገልግሎት ማግኘት ይቻላል። በተጨማሪም ያለ ምንም ክፍያ ትክክለኛ የሆኑ ተጨማሪ ድጋፎች እና አገልግሎቶች መደረስ በሚችሉ ቅርጸቶች ማግኘትም ይቻላል። 888-404-3549 (TTY:711) ብለው ይደውሉ ወይም አገልግሎት ሰጪዎችን ያነጋግሩ።

### اللغة العربية/Arabic

يرجى الانتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 888-404-3549 (الهاتف النصي [TTY]: 711) أو تحدث إلى مقدم الخدمات الخاص بك.

### Bassa (Liberian)/Bàsɔ̀

DĒ ĐE NIÀ KĒ DYÉĐĒ GBO: ɔ jũ ké m̄ d̄yí Bàsɔ̀-̀wùdù po-nyò jũin, à bédé Bàsɔ̀-̀wùdù xwiniin-mù-zà-zà bē se wídí pēē-pēē d̄ò k̄ɛ. Gbo-kpá-s̄ m̄énɛ́ bē kè k̄ùà bē b̄á b̄ɔ̀ bē tò jè d̄yí d̄é céé-d̄é-d̄yèd̄é kò-kò bē mú b̄é ɔ se wídí pēē-pēē d̄ò k̄ɛɛ ni bó d̄eké. Đá 888-404-3549 (TTY:711) m̄ɔ̀ wùdù ni hwòò-nyòò gbo.

### Burmese/ဘာသာစကား

သတိပြုရန်- သင်သည် မြန်မာဘာသာစကားကို ပြောပါက အခမဲ့ဘာသာစကားအကူအညီဝန်ဆောင်မှုများကို သင်ရရှိနိုင်ပါသည်။ သင်လက်လှမ်းမီနိုင်သောပုံစံများဖြင့် သတင်းအချက်အလက်များကိုပေးနိုင်ရန်အတွက် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ရရှိနိုင်ပါသည်။ 888-404-3549 (TTY:711) ကိုခေါ်ဆိုပါ သို့မဟုတ် သင့်ဝန်ဆောင်မှုပေးသူနှင့် စကားပြောပါ။

### Cantonese/廣東話

請注意：如果您說廣東話，您可以獲得免費的語言援助服務。另外，您還可以免費享受適當輔助工具和服務，以無障礙形式獲取資訊。請致電 888-404-3549 (聽障專線：711)，或諮詢您的提供者。

### **Chinese (Mandarin)/中文 (普通话)**

请注意：如果您说普通话，您可以获得免费的语言援助服务。另外，您还可以免费享受适当辅助工具和服务，以无障碍形式获取信息。请致电 **888-404-3549 (听障专线：711)**，或咨询您的提供者。

### **Danish/Dansk**

VÆR OPMÆRKSOM PÅ: Hvis du taler dansk, er gratis sproghjælpstjenester tilgængelige for dig. Passende hjælpemidler- og tjenester til at levere oplysninger i tilgængelige formater er også gratis tilgængelige. Ring på **888-404-3549 (TTY:711)**, eller tal med din udbyder.

### **فارسی/Farsi**

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی رایگان به شما ارائه می‌شود. خدمات و کمک‌های مناسب جهت ارائه اطلاعات در قالب‌های قابل دسترس نیز به صورت رایگان ارائه می‌شود. با شماره **888-404-3549 (TTY:711)** تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

### **Finnish/Suomen Kieli**

HUOMIO: Jos puhut Suomen Kieli, käytettävissäsi on ilmaiset kieliapupalvelut. Asianmukaiset apuvälineet ja -palvelut tiedon toimittamiseen helposti saavutettavissa olevissa muodoissa ovat saatavilla myös maksutta. Soittaa **888-404-3549 (TTY:711)** tai puhua kanssa tarjoajasi.

### **French/Français**

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **888-404-3549 (ATS : 711)** ou parlez-en à votre fournisseur.

### **Gujarati/ગુજરાતી**

ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સાધનો અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. **888-404-3549 (TTY:711)** પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

### **Haitian Creole/Kreyol Ayisyen**

ATANSYON: Si w pale Kreyòl Ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele **888-404-3549 (TTY:711)** oswa pale ak founisè w la.

### **Hindi/हिन्दी**

ध्यान दें: अगर आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ आपके लिए निःशुल्क उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **888-404-3549 (TTY:711)** पर कॉल करें या अपने प्रदाता से बात करें।

### **Hmong/Lus hmoob**

MOB SIAB RAU: yog tias koj hais lus hmoob, muaj kev pab cuam txhais lus pub dawb rau koj. cov kev pab cuam tsim nyog thiab cov kev pab cuam los muab cov ntaub ntawv ua lwm hom qauv uas mus siv tau kuj tseem muaj pub dawb. Hu rau **888-404-3549 (TTY:711)** los sis tham nrog koj tus neeg muab kev pab cuam.

### **Igbo/ìgbò**

GEE NTI: Ọ bụrụ na ị na-asụ **igbo**, ọrụ enyemaka asụsụ efu dị maka gị. Enyemaka na ọrụ ndị kwesịrị ekwesị ịji nye ozi n'ụdị enwere ike mweta dịkwa n'efu. Kpọọ **888-404-3549 (TTY:711)** ma ọ bụ gwa onye na-eweta ọrụ gị okwu.

### **Italian/Italiano**

ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuita in italiano. Vengono inoltre forniti gratuitamente mezzi e servizi adeguati per informazioni in formati accessibili. Si prega di telefonare al numero **888-404-3549 (TTY:711)** o di rivolgersi al proprio operatore.

### **Japanese/日本語**

注意：日本語を話される場合、無料の言語支援をご利用いただけます。アクセス可能な形式の情報を提供するための適切な補助援助やサービスも無料でご利用できます。**888-404-3549 (TTY:711)** まで電話するか、プロバイダーにお問い合わせください。

### **Korean/한국어**

주의: 한국어 이용자인 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공받기 위해 적절한 보조 지원 및 서비스도 무료로 이용하실 수 있습니다. **888-404-3549(TTY:711)**번으로 전화하거나 의료 제공자에게 문의하십시오.

### **Polish/Polski**

UWAGA: Jeśli znasz język polski, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **888-404-3549 (TTY:711)** lub skontaktuj się z usługodawcą.

### **Portuguese/Português**

ATENÇÃO: Se você fala português, serviços linguísticos estão disponíveis de forma gratuita para você. Recursos e serviços auxiliares apropriados a facilitar a entrega de informação com acessibilidade também estão disponíveis gratuitamente. Ligue para **888-404-3549 (TTY:711)** ou peça para seu provedor de serviço.

### **Punjabi/ਪੰਜਾਬੀ**

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ ਤਾਂ ਤੁਹਾਡੇ ਵਾਸਤੇ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੀਆਂ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। **888-404-3549 (TTY:711)** 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

### **Russian/Русский**

ВНИМАНИЕ: Если вы говорите на русском, для вас доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **888-404-3549 (TTY:711)** или обратитесь к своему поставщику услуг.

### **Somali/Soomaali**

FIIRO GAAR AH: Haddii aad ku hadasho soomaali, adeegyada kaalmada luqadda bilaashka ah ayaa diyaar kuu ah. Kaalmooyinka iyo adeegyada ku habboon ee loogu bixiyo macluumaadka qaabab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac **888-404-3549 (TTY:711)** ama la hadal bixiyahaaga.

### **Spanish/Español**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También dispone de ayudas y servicios auxiliares gratuitos adecuados para proporcionar información en formatos accesibles. Llame al **888-404-3549 (TTY:711)** o hable con su proveedor.

### **Tagalog/Tagalog**

PANSININ: Kung tagalog ang ginagamit mong wika, mayroon kang makukuhang libreng mga serbisyong tulong sa wika. Mayroon ding makukuhang libreng naaangkop na mga pantulong at mga serbisyo sa pandinig upang magbigay ng impormasyon sa madaling makuhang anyo. Tumawag sa **888-404-3549 (TTY:711)** o kausapin ang iyong provider.

### **اردو/Urdu**

متوجہ ہوں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے اردو زبان کی معاونت کے لیے مفت سہولت دستیاب ہے۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون آلات اور خدمات بھی مفت دستیاب ہیں۔ **888-404-3549 (TTY:711)** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

**Effective 07/01/2025**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>ANTI-OBESITY AGENTS</b>		
IMCIVREE SOLN 10MG/ML	Tier 1	PA, QL (10 vials every 30 days)
WEGOVY SOAJ 1.7MG/0.75ML, 2.4MG/0.75ML	Tier 1	PA, QL (4 pens every 28 days); Covered for age 18 and older
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML	Tier 1	PA, QL (4 pens every year); Covered for age 18 and older
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	Tier 1	PA, QL (4 pens every year); Covered for age 18 and older
ZEPBOUND SOAJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	Tier 1	PA, QL (4 pens every 28 days); Covered for age 18 and older
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) <i>tb24</i> <i>1mg, 2mg, 3mg, 4mg</i>	Tier 1	Covered for age 18 and older
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SUBL 2800BAU	Tier 1	
ORALAIR SUB 300 IR	Tier 1	
PALFORZIA CAP 1-3YRS	Tier 1	
PALFORZIA CAP 4-17YRS	Tier 1	
PALFORZIA CAP ESCALAT	Tier 1	
PALFORZIA CAP LEVEL 3	Tier 1	
PALFORZIA CAP LEVEL 7	Tier 1	
PALFORZIA CAP LEVEL 8	Tier 1	
PALFORZIA CAP LEVEL 10	Tier 1	
PALFORZIA LEVEL 0 CSPK 1MG	Tier 1	
PALFORZIA LEVEL 1 CSPK 1MG	Tier 1	
PALFORZIA LEVEL 2 CSPK 1MG	Tier 1	
PALFORZIA LEVEL 4 CSPK 20MG	Tier 1	
PALFORZIA LEVEL 5 CSPK 20MG	Tier 1	
PALFORZIA LEVEL 6 CSPK 20MG	Tier 1	
PALFORZIA LEVEL 9 CSPK 100MG	Tier 1	
PALFORZIA LEVEL 11 (MAINT PACK 300MG	Tier 1	
PALFORZIA LEVEL 11 (TITRA PACK 300MG	Tier 1	
RAGWITEK SUBL 12AMBA1-U	Tier 1	
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<i>neomycin sulfate tabs 500mg</i>	Tier 1	
<i>tobramycin</i> (generic of BETHKIS) <i>nebu</i> <i>300mg/4ml</i>	Tier 1	PA, QL (56 nebulas every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
ADALIMUMAB-AATY 1-PEN KIT AJKT 40MG/0.4ML	Tier 1	QL (4 injections every 28 days)
ADALIMUMAB-AATY 1-PEN KIT AJKT 80MG/0.8ML	Tier 1	QL (2 injections every 28 days)
ADALIMUMAB-AATY 2-PEN KIT AJKT 40MG/0.4ML	Tier 1	QL (4 injections every 28 days)
ADALIMUMAB-AATY 2-SYRINGE PSKT 40MG/0.4ML	Tier 1	QL (4 injections every 28 days)
ADALIMUMAB-AATY CD/UC/HS AJKT 80MG/0.8ML	Tier 1	QL (2 injections every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Tier 1	QL (4 injections every 28 days)
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	Tier 1	QL (4 syringes every 28 days)
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	Tier 1	QL (4 pens every 28 days)
YUFLYMA 1-PEN KIT AJKT 40MG/0.4ML	Tier 1	QL (4 injections every 28 days)
YUFLYMA 1-PEN KIT AJKT 80MG/0.8ML	Tier 1	QL (2 injections every 28 days)
YUFLYMA 2-PEN KIT AJKT 40MG/0.4ML	Tier 1	QL (4 injections every 28 days)
YUFLYMA 2-SYRINGE KIT PSKT 40MG/0.4ML	Tier 1	QL (4 injections every 28 days)
YUFLYMA CD/UC/HS STARTER AJKT 80MG/0.8ML	Tier 1	QL (starter dose: 1-time fill)
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
OLUMIANT TABS 2MG, 4MG	Tier 1	PA, QL (30 tabs every 30 days)
XELJANZ TABS 5MG, 10MG	Tier 1	QL (60 tabs every 30 days)
XELJANZ XR TB24 11MG, 22MG	Tier 1	QL (30 tabs every 30 days)
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML	Tier 1	QL (4 pens every 28 days)
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib</i> (generic of CELEBREX) caps 50mg, 100mg, 200mg, 400mg	Tier 1	
<i>diclofenac potassium</i> tabs 50mg	Tier 1	
<i>diclofenac sodium</i> tb24 100mg; tbec 25mg, 50mg, 75mg	Tier 1	
<i>etodolac</i> caps 200mg, 300mg; tabs 500mg	Tier 1	
<i>etodolac</i> (generic of LODINE) tabs 400mg	Tier 1	
<i>flurbiprofen</i> tabs 100mg	Tier 1	
<i>ibuprofen</i> susp 100mg/5ml, 200mg/10ml; tabs 400mg, 600mg, 800mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin caps 25mg, 50mg</i>	Tier 1	
<i>ketorolac tromethamine tabs 10mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>meloxicam tabs 7.5mg, 15mg</i>	Tier 1	
<i>nabumetone tabs 500mg, 750mg</i>	Tier 1	
<i>naproxen tabs 250mg, 375mg</i>	Tier 1	
<i>naproxen (generic of NAPROSYN) tabs 500mg</i>	Tier 1	
<i>oxaprozin (generic of DAYPRO) tabs 600mg</i>	Tier 1	
<i>sulindac tabs 150mg, 200mg</i>	Tier 1	

#### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

<i>OTEZLA TABS 20MG, 30MG</i>	Tier 1	QL (60 tabs every 30 days)
<i>OTEZLA TAB 10/20</i>	Tier 1	QL (starter dose: 1-time fill)
<i>OTEZLA TAB 10/20/30</i>	Tier 1	QL (starter dose: 1-time fill)

#### **PYRIMIDINE SYNTHESIS INHIBITORS**

<i>leflunomide (generic of ARAVA) tabs 10mg, 20mg</i>	Tier 1	
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#### **SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

<i>ENBREL SOSY 25MG/0.5ML</i>	Tier 1	PA, QL (8 syringes every 28 days)
<i>ENBREL SOSY 50MG/ML</i>	Tier 1	PA, QL (4 syringes every 28 days)
<i>ENBREL MINI SOCT 50MG/ML</i>	Tier 1	PA, QL (4 injections every 28 days)
<i>ENBREL SURECLICK SOAJ 50MG/ML</i>	Tier 1	PA, QL (4 pens every 28 days)

#### **ANALGESICS - NONNARCOTIC**

##### **ANALGESIC COMBINATIONS**

<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (18 tabs every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	QL (18 tabs every 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	QL (18 caps every 30 days)

#### **ANALGESICS - OPIOID**

##### **OPIOID AGONISTS**

<i>codeine sulfate tabs 30mg</i>	Tier 1	PA
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	Tier 1	PA
<i>hydromorphone hcl (generic of DILAUDID) liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	Tier 1	PA
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg</i>	Tier 1	PA
<i>morphine sulfate cp24 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/5ml, 20mg/5ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg; tbcr 100mg, 200mg</i>	Tier 1	PA
<i>morphine sulfate (generic of MS CONTIN) tbcr 15mg, 30mg, 60mg</i>	Tier 1	PA
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	Tier 1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl caps 5mg; conc 20mg/ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	Tier 1	PA
<i>oxycodone hcl (generic of ROXICODONE) tabs 15mg, 30mg</i>	Tier 1	PA
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG	Tier 1	PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
<i>tramadol hcl cp24 100mg, 200mg, 300mg; tabs 50mg; tb24 100mg, 200mg, 300mg</i>	Tier 1	PA

### OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	PA
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	PA
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	PA
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (generic of FIORICET/CODEINE)</i>	Tier 1	PA, QL (18 caps every 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	PA, QL (18 caps every 30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Tier 1	PA, QL (18 caps every 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	PA
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	PA
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	PA
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	PA
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	Tier 1	PA
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	Tier 1	PA
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	Tier 1	PA

### OPIOID PARTIAL AGONISTS

BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	Tier 1	PA, QL (60 films every 30 days)
<i>buprenorphine (generic of BUTRANS) ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	Tier 1	PA, QL (4 patches every 28 days)

### ANDROGENS-ANABOLIC

#### ANDROGENS

<i>testosterone (generic of ANDROGEL PUMP) gel 1.62%</i>	Tier 1	
<i>testosterone gel 10mg/act, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	Tier 1	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	Tier 1	
<i>testosterone enanthate soln 200mg/ml</i>	Tier 1	
TLANDO CAPS 112.5MG	Tier 1	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
CORTIFOAM FOAM 10%	Tier 1	
<i>hydrocortisone (intrarectal) (generic of CORTENEMA) enem 100mg/60ml</i>	Tier 1	
<b>RECTAL COMBINATIONS</b>		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	Tier 1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	Tier 1	
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone (rectal) crea 1%</i>	Tier 1	
<i>hydrocortisone (rectal) (generic of ANUSOL-HC) crea 2.5%</i>	Tier 1	
<b>VASODILATING AGENTS</b>		
<i>nitroglycerin (intra-anal) (generic of RECTIV) oint .4%</i>	Tier 1	QL (30 gm every 48 days)
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole tabs 200mg</i>	Tier 1	
<i>ivermectin (generic of STROMEKTOL) tabs 3mg</i>	Tier 1	PA
<i>praziquantel tabs 600mg</i>	Tier 1	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>metronidazole tabs 250mg, 500mg</i>	Tier 1	
<i>pentamidine isethionate (generic of NEBUPENT) solr 300mg</i>	Tier 1	
<i>tinidazole tabs 250mg, 500mg</i>	Tier 1	
<i>trimethoprim tabs 100mg</i>	Tier 1	
XIFAXAN TABS 550MG	Tier 1	
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	Tier 1	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone (generic of MEPRON) susp 750mg/5ml</i>	Tier 1	
LAMPIT TABS 30MG, 120MG	Tier 1	
<i>nitazoxanide tabs 500mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>GLYCOPEPTIDES</b>		
<i>vancomycin hcl</i> (generic of VANCOCIN) <i>caps</i> 125mg, 250mg	Tier 1	
<i>vancomycin hcl</i> (generic of FIRVANQ) <i>solr</i> 25mg/ml, 50mg/ml, 250mg/5ml	Tier 1	
<b>LEPROSTATICS</b>		
<i>dapsone tabs</i> 25mg, 100mg	Tier 1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i> (generic of CLEOCIN) <i>caps</i> 75mg	Tier 1	
<i>clindamycin hcl caps</i> 150mg, 300mg	Tier 1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) <i>solr</i> 75mg/5ml	Tier 1	
<b>OXAZOLIDINONES</b>		
<i>linezolid</i> (generic of ZYVOX) <i>susr</i> 100mg/5ml; <i>tabs</i> 600mg	Tier 1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine pack</i> 3gm	Tier 1	QL (3 packets every 9 days)
<i>methenamine hippurate</i> (generic of HIPREX) <i>tabs</i> 1gm	Tier 1	
<i>methenamine mandelate tabs</i> .5gm, 1gm	Tier 1	
<i>nitrofurantoin susp</i> 25mg/5ml, 50mg/10ml	Tier 1	Covered for younger than age 8
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) <i>caps</i> 25mg, 50mg, 100mg	Tier 1	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) <i>caps</i> 100mg	Tier 1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tb12</i> 500mg, 1000mg	Tier 1	
<b>NITRATES</b>		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) <i>tabs</i> 5mg	Tier 1	
<i>isosorbide dinitrate tabs</i> 10mg, 20mg, 30mg	Tier 1	
<i>isosorbide mononitrate tb24</i> 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 1	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	Tier 1	
<i>nitroglycerin pt24</i> .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 1	
<i>nitroglycerin</i> (generic of NITROLINGUAL) <i>soln</i> .4mg/spray	Tier 1	
<i>nitroglycerin</i> (generic of NITROSTAT) <i>subl</i> .3mg, .4mg, .6mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
NORPACE CR CP12 100MG, 150MG	Tier 1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
mexiletine hcl caps 150mg, 200mg, 250mg	Tier 1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
flecainide acetate tabs 50mg, 100mg, 150mg	Tier 1	
propafenone hcl tabs 150mg, 225mg, 300mg	Tier 1	
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone hcl tabs 100mg, 200mg, 400mg	Tier 1	
dofetilide (generic of TIKOSYN) caps 125mcg, 250mcg, 500mcg	Tier 1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
cromolyn sodium nebu 20mg/2ml	Tier 1	
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA SOSY 10MG/0.5ML	Tier 1	PA, QL (1 syringe every 56 days); Covered for age 6 to 12
FASENRA SOSY 30MG/ML	Tier 1	PA, QL (1 syringe every 56 days)
FASENRA PEN SOAJ 30MG/ML	Tier 1	PA, QL (1 pen every 56 days)
NUCALA SOAJ 100MG/ML	Tier 1	PA, QL (3 pens every 28 days)
NUCALA SOSY 40MG/0.4ML	Tier 1	PA, QL (1 syringe every 28 days)
NUCALA SOSY 100MG/ML	Tier 1	PA, QL (3 syringes every 28 days)
XOLAIR SOAJ 75MG/0.5ML	Tier 1	PA, QL (2 pens every 28 days); Covered for age 12 and older
XOLAIR SOAJ 150MG/ML	Tier 1	PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	Tier 1	PA, QL (4 pens every 28 days)
XOLAIR SOSY 75MG/0.5ML	Tier 1	PA, QL (2 syringes every 28 days); Covered for age 6 and older
XOLAIR SOSY 150MG/ML	Tier 1	PA, QL (8 syringes every 28 days)
XOLAIR SOSY 300MG/2ML	Tier 1	PA, QL (4 syringes every 28 days)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA AERS 17MCG/ACT	Tier 1	QL (2 inhalers every 50 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide soln .02%</i>	Tier 1	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	Tier 1	
<i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) caps 18mcg	Tier 1	
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> (generic of SINGULAIR) chew 4mg, 5mg; pack 4mg; tabs 10mg	Tier 1	
<i>zafirlukast</i> (generic of ACCOLATE) tabs 10mg, 20mg	Tier 1	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast</i> (generic of DALIRESP) tabs 250mcg, 500mcg	Tier 1	
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80MCG/ACT, 160MCG/ACT	Tier 1	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	Tier 1	
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	Tier 1	
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	Tier 1	
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	Tier 1	
<i>budesonide (inhalation)</i> (generic of PULMICORT) susp .25mg/2ml, .5mg/2ml, 1mg/2ml	Tier 1	
<i>fluticasone propionate hfa aero</i> 44mcg/act, 110mcg/act, 220mcg/act	Tier 1	
PULMICORT FLEXHALER AEPB 90MCG/ACT	Tier 1	QL (3 inhalers every 90 days)
PULMICORT FLEXHALER AEPB 180MCG/ACT	Tier 1	QL (6 inhalers every 90 days)
QVAR REDIHALER AERB 40MCG/ACT	Tier 1	QL (3 inhalers every 90 days)
QVAR REDIHALER AERB 80MCG/ACT	Tier 1	QL (6 inhalers every 90 days)
<b>SYMPATHOMIMETICS</b>		
AIRSUPRA AER 90-80MCG	Tier 1	QL (6 inhalers every year)
<i>albuterol sulfate aers</i> 108mcg/act	Tier 1	QL (6 inhalers every year)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; syrp 2mg/5ml, 8mg/20ml</i>	Tier 1	
BREO ELLIPTA INH 50-25MCG	Tier 1	
BREO ELLIPTA INH 100-25	Tier 1	
BREO ELLIPTA INH 200-25	Tier 1	
BREZTRI AERO AER SPHERE	Tier 1	QL (3 inhalers every 90 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act (generic of SYMBICORT)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	Tier 1	
COMBIVENT AER 20-100	Tier 1	QL (2 inhalers every 50 days)
DULERA AER 50-5MCG	Tier 1	Covered for age 5 to 11
DULERA AER 100-5MCG	Tier 1	
DULERA AER 200-5MCG	Tier 1	
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	Tier 1	
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	Tier 1	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	Tier 1	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	Tier 1	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	Tier 1	QL (3 inhalers every 90 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	Tier 1	
<i>levalbuterol tartrate aero 45mcg/act</i>	Tier 1	QL (6 inhalers every year)
SEREVENT DISKUS AEPB 50MCG/DOSE	Tier 1	
STIOLTO AER 2.5-2.5	Tier 1	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	Tier 1	
TRELEGY AER 100MCG	Tier 1	QL (3 inhalers every 90 days)
TRELEGY AER 200MCG	Tier 1	QL (3 inhalers every 90 days)
<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	Tier 1	
<b>XANTHINES</b>		
<i>theophylline tb12 100mg, 200mg</i>	Tier 1	
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Tier 1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS TABS 2.5MG, 5MG	Tier 1	
ELIQUIS STARTER PACK TBPK 5MG	Tier 1	QL (starter dose: 1-time fill)
<i>rivaroxaban (generic of XARELTO) tabs 2.5mg</i>	Tier 1	QL (60 tabs every 30 days)
XARELTO TABS 2.5MG	Tier 1	QL (60 tabs every 30 days)

Drug Name		Requirements/Limits
XARELTO TABS 10MG, 20MG	Tier 1	QL (30 tabs every 30 days)
XARELTO TABS 15MG	Tier 1	QL (42 tabs every 180 days)
XARELTO STAR TAB 15/20MG	Tier 1	QL (starter dose: 1-time fill)

### HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium</i> (generic of LOVENOX) <i>soln</i> 300mg/3ml; <i>sosy</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1
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### THROMBIN INHIBITORS

<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) <i>caps</i> 75mg, 110mg, 150mg	Tier 1
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### ANTICONVULSANTS

#### ANTICONVULSANTS - MISC.

<i>lamotrigine</i> (generic of LAMICTAL XR) <i>tb24</i> 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1
<i>primidone</i> (generic of MYSOLINE) <i>tabs</i> 50mg, 250mg	Tier 1

#### HYDANTOINS

<i>phenytoin</i> (generic of DILANTIN INFATABS) <i>chew</i> 50mg	Tier 1
<i>phenytoin</i> (generic of DILANTIN-125) <i>susp</i> 125mg/5ml	Tier 1
<i>phenytoin sodium extended</i> (generic of DILANTIN) <i>caps</i> 100mg	Tier 1
<i>phenytoin sodium extended caps</i> 200mg, 300mg	Tier 1

#### SUCCINIMIDES

<i>ethosuximide</i> (generic of ZARONTIN) <i>caps</i> 250mg; <i>soln</i> 250mg/5ml	Tier 1
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### ANTIDIABETICS

#### ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs</i> 25mg, 50mg, 100mg	Tier 1
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#### ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab</i> 12.5-500 mg	Tier 1
<i>alogliptin-metformin hcl tab</i> 12.5-1000 mg	Tier 1
<i>alogliptin-pioglitazone tab</i> 12.5-30 mg	Tier 1
<i>alogliptin-pioglitazone tab</i> 25-15 mg	Tier 1
<i>alogliptin-pioglitazone tab</i> 25-30 mg	Tier 1
<i>alogliptin-pioglitazone tab</i> 25-45 mg	Tier 1
<i>dapagliflozin prop-metformin hcl tab er</i> 24hr 5-1000 mg	Tier 1
<i>dapagliflozin prop-metformin hcl tab er</i> 24hr 10-1000 mg	Tier 1
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	Tier 1
<i>glipizide-metformin hcl tab</i> 2.5-500 mg	Tier 1
<i>glipizide-metformin hcl tab</i> 5-500 mg	Tier 1

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	
GLYXAMBI TAB 10-5 MG	Tier 1	
GLYXAMBI TAB 25-5 MG	Tier 1	
INVOKAMET TAB 50-500MG	Tier 1	
INVOKAMET TAB 50-1000	Tier 1	
INVOKAMET TAB 150-500	Tier 1	
INVOKAMET TAB 150-1000	Tier 1	
INVOKAMET XR TAB 50-500MG	Tier 1	
INVOKAMET XR TAB 50-1000	Tier 1	
INVOKAMET XR TAB 150-500	Tier 1	
INVOKAMET XR TAB 150-1000	Tier 1	
<i>pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)</i>	Tier 1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	Tier 1	
SOLIQUA INJ 100/33	Tier 1	
STEGLUJAN TAB 5-100MG	Tier 1	
STEGLUJAN TAB 15-100MG	Tier 1	
SYNJARDY TAB	Tier 1	
SYNJARDY TAB 5-500MG	Tier 1	
SYNJARDY TAB 5-1000MG	Tier 1	
SYNJARDY TAB 12.5-500	Tier 1	
SYNJARDY XR TAB	Tier 1	
SYNJARDY XR TAB 5-1000MG	Tier 1	
SYNJARDY XR TAB 10-1000	Tier 1	
SYNJARDY XR TAB 25-1000	Tier 1	
TRIJARDY XR TAB	Tier 1	
XIGDUO XR TAB 2.5-1000	Tier 1	
XIGDUO XR TAB 5-500MG	Tier 1	
XIGDUO XR TAB 10-500MG	Tier 1	
<b>BIGUANIDES</b>		
<i>metformin hcl tabs 500mg; tb24 500mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>metformin hcl tabs 850mg; tb24 750mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>metformin hcl tabs 1000mg</i>	Tier 1	QL (60 tabs every 30 days)
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK POWD 3MG/DOSE	Tier 1	
BAQSIMI TWO PACK POWD 3MG/DOSE	Tier 1	
<i>diazoxide (generic of PROGLYCEM) susp 50mg/ml</i>	Tier 1	
<i>glucagon (rdna) kit 1mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) tabs 300mg	Tier 1	PA, QL (120 tabs every 30 days)
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin benzoate</i> tabs 6.25mg, 12.5mg, 25mg	Tier 1	QL (30 tabs every 30 days)
<b>INCRETIN MIMETIC AGENTS</b>		
<i>liraglutide</i> (generic of VICTOZA) <i>sopn</i> 6mg/ml, 18mg/3ml	Tier 1	PA, QL (3 pens every 30 days)
MOUNJARO SOAJ 2.5MG/0.5ML	Tier 1	PA, QL (starter dose: 1-time fill)
MOUNJARO SOAJ 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	Tier 1	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2MG/3ML	Tier 1	PA, QL (titration dose: 2-time fill)
OZEMPIC SOPN 4MG/3ML, 8MG/3ML	Tier 1	PA, QL (1 pen every 28 days)
RYBELSUS TABS 1.5MG, 3MG	Tier 1	PA, QL (starter dose: 1-time fill)
RYBELSUS TABS 4MG, 7MG, 9MG, 14MG	Tier 1	PA, QL (30 tabs every 30 days)
TRULICITY SOAJ 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	Tier 1	PA, QL (4 pens every 28 days)
TRULICITY SOAJ .75MG/0.5ML	Tier 1	PA, QL (starter dose: 1-time fill)
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	Tier 1	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	Tier 1	
INSULIN DEGLUDEC SOLN 100UNIT/ML	Tier 1	
INSULIN DEGLUDEC FLEXTUOC SOPN 100UNIT/ML, 200UNIT/ML	Tier 1	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	Tier 1	
LANTUS SOLN 100UNIT/ML	Tier 1	
LANTUS SOLOSTAR SOPN 100UNIT/ML	Tier 1	
NOVOLOG SOLN 100UNIT/ML	Tier 1	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	Tier 1	
NOVOLOG FLEXPEN RELION SOPN 100UNIT/ML	Tier 1	
NOVOLOG MIX INJ 70/30	Tier 1	
NOVOLOG MIX INJ FLEX REL	Tier 1	
NOVOLOG MIX INJ FLEXPEN	Tier 1	
NOVOLOG PENFILL SOCT 100UNIT/ML	Tier 1	
NOVOLOG RELI INJ 70/30	Tier 1	
NOVOLOG RELION SOLN 100UNIT/ML	Tier 1	
REZVOGLAR KWIKPEN SOPN 100UNIT/ML	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i> (generic of ACTOS) <i>tabs 15mg, 30mg, 45mg</i>	Tier 1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tabs 60mg, 120mg</i>	Tier 1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Tier 1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
<i>dapagliflozin propanediol tabs 5mg, 10mg</i>	Tier 1	
JARDIANCE TABS 10MG, 25MG	Tier 2	QL (30 tabs every 30 days)
<b>SULFONYLUREAS</b>		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Tier 1	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg</i>	Tier 1	
<i>glipizide</i> (generic of GLUCOTROL XL) <i>tb24 5mg, 10mg</i>	Tier 1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	Tier 1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	Tier 1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	Tier 1	QL (240 tabs every 30 days)
<i>loperamide hcl caps 2mg</i>	Tier 1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox</i> (generic of JADENU SPRINKLE) <i>pack 90mg, 180mg, 360mg</i>	Tier 1	
<i>deferasirox</i> (generic of JADENU) <i>tabs 90mg, 180mg, 360mg</i>	Tier 1	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl soln 1mg/ml</i>	Tier 1	
<i>granisetron hcl tabs 1mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>ondansetron tbdp 4mg, 8mg</i>	Tier 1	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg</i>	Tier 1	
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl tabs 12.5mg, 25mg</i>	Tier 1	
<i>scopolamine pt72 1mg/3days</i>	Tier 1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	Tier 1	QL (120 tabs every 30 days)
<i>dronabinol</i> (generic of MARINOL) <i>caps 2.5mg</i>	Tier 1	
<i>dronabinol caps 5mg, 10mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant</i> (generic of EMEND BIPACK) <i>caps 80mg</i>	Tier 1	QL (4 caps every 21 days)
<i>aprepitant caps 125mg</i>	Tier 1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 1	QL (6 caps every 21 days)

## ANTIFUNGALS

### ANTIFUNGALS

<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	Tier 1	
<i>nystatin tabs 500000unit</i>	Tier 1	
<i>terbinafine hcl tabs 250mg</i>	Tier 1	

### IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole susr 10mg/ml; tabs 50mg, 200mg</i>	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) <i>susr 40mg/ml; tabs 100mg</i>	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) <i>tabs 150mg</i>	Tier 1	QL (4 tabs every 30 days)
<i>itraconazole</i> (generic of SPORANOX) <i>caps 100mg</i>	Tier 1	
<i>posaconazole</i> (generic of NOXAFIL) <i>susp 40mg/ml; tbec 100mg</i>	Tier 1	PA
<i>voriconazole</i> (generic of VFEND) <i>susr 40mg/ml; tabs 50mg</i>	Tier 1	
<i>voriconazole tabs 200mg</i>	Tier 1	

## ANTI-HISTAMINES

### ANTI-HISTAMINES - ETHANOLAMINES

<i>diphenhydramine hcl elix 12.5mg/5ml</i>	Tier 1	
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### ANTI-HISTAMINES - NON-SEDATING

<i>cetirizine hcl soln 1mg/ml</i>	Tier 1	
<i>desloratadine</i> (generic of CLARINEX) <i>tabs 5mg</i>	Tier 1	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	Tier 1	

### ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl soln 6.25mg/5ml</i>	Tier 1	QL (240 mL every 90 days)
<i>promethazine hcl soln 12.5mg/10ml; supp 12.5mg, 25mg, 50mg; tabs 12.5mg, 25mg, 50mg</i>	Tier 1	

### ANTI-HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	Tier 1	
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## ANTIHYPERLIPIDEMICS

### ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TABS 180MG	Tier 1	
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### ANGIOPOIETIN-LIKE PROTEIN INHIBITORS

EVKEEZA SOLN 345MG/2.3ML, 1200MG/8ML	Tier 1	PA, QL (2 vials every 28 days)
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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)	Tier 1	
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)	Tier 1	
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)	Tier 1	
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)	Tier 1	
NEXLIZET TAB 180/10MG	Tier 1	
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
icosapent ethyl (generic of VASCEPA) caps .5gm, 1gm	Tier 1	PA
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	Tier 1	
<b>BILE ACID SEQUESTRANTS</b>		
cholestyramine (generic of QUESTRAN) pack 4gm; powd 4gm/dose	Tier 1	
cholestyramine light pack 4gm	Tier 1	
cholestyramine light (generic of QUESTRAN LIGHT) powd 4gm/dose	Tier 1	
colestipol hcl (generic of COLESTID) tabs 1gm	Tier 1	
<b>FIBRIC ACID DERIVATIVES</b>		
fenofibrate (generic of TRICOR) tabs 48mg, 145mg	Tier 1	
fenofibrate tabs 54mg, 160mg	Tier 1	
fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg	Tier 1	
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin calcium (generic of LIPITOR) tabs 10mg, 20mg, 40mg, 80mg	Tier 1	
lovastatin tabs 10mg, 20mg, 40mg	Tier 1	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	Tier 1	
rosuvastatin calcium (generic of CRESTOR) tabs 5mg, 10mg, 20mg, 40mg	Tier 1	
simvastatin tabs 5mg	Tier 1	
simvastatin (generic of ZOCOR) tabs 10mg, 20mg, 40mg	Tier 1	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe (generic of ZETIA) tabs 10mg	Tier 1	
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAPS 5MG, 10MG	Tier 1	PA, QL (28 caps every 28 days)
JUXTAPID CAPS 20MG, 30MG	Tier 1	PA, QL (56 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin (antihyperlipidemic) tbc</i> 500mg, 750mg, 1000mg	Tier 1	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT SOAJ 75MG/ML, 150MG/ML	Tier 1	QL (2 pens every 28 days)
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tabs</i> 5mg	Tier 1	
<i>benazepril hcl (generic of LOTENSIN) tabs</i> 10mg, 20mg, 40mg	Tier 1	
<i>captopril tabs</i> 12.5mg, 25mg, 50mg, 100mg	Tier 1	
<i>enalapril maleate (generic of VASOTEC) tabs</i> 2.5mg, 5mg, 10mg, 20mg	Tier 1	
<i>fosinopril sodium tabs</i> 10mg, 20mg, 40mg	Tier 1	
<i>lisinopril (generic of ZESTRIL) tabs</i> 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
<i>quinapril hcl (generic of ACCUPRIL) tabs</i> 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>ramipril caps</i> 1.25mg, 5mg	Tier 1	
<i>ramipril (generic of ALTACE) caps</i> 2.5mg, 10mg	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil (generic of ATACAND) tabs</i> 4mg, 8mg, 16mg, 32mg	Tier 1	
<i>irbesartan tabs</i> 75mg	Tier 1	
<i>irbesartan (generic of AVAPRO) tabs</i> 150mg, 300mg	Tier 1	
<i>losartan potassium (generic of COZAAR) tabs</i> 25mg, 50mg, 100mg	Tier 1	
<i>olmesartan medoxomil (generic of BENICAR) tabs</i> 5mg, 20mg, 40mg	Tier 1	
<i>telmisartan tabs</i> 20mg	Tier 1	
<i>telmisartan (generic of MICARDIS) tabs</i> 40mg, 80mg	Tier 1	
<i>valsartan (generic of DIOVAN) tabs</i> 40mg, 80mg, 160mg, 320mg	Tier 1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine (generic of CATAPRES-TTS-1) ptwk</i> .1mg/24hr	Tier 1	
<i>clonidine (generic of CATAPRES-TTS-2) ptwk</i> .2mg/24hr	Tier 1	
<i>clonidine (generic of CATAPRES-TTS-3) ptwk</i> .3mg/24hr	Tier 1	
<i>clonidine hcl tabs</i> .1mg, .2mg, .3mg	Tier 1	
<i>doxazosin mesylate tabs</i> 1mg, 2mg, 4mg, 8mg	Tier 1	
<i>guanfacine hcl tabs</i> 1mg, 2mg	Tier 1	
<i>methyldopa tabs</i> 250mg, 500mg	Tier 1	
<i>prazosin hcl caps</i> 1mg, 2mg, 5mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	Tier 1	
TEZRULY SOLN 1MG/ML	Tier 1	

### **ANTIHYPERTENSIVE COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i>	Tier 1	
<i>atenolol &amp; chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	Tier 1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	Tier 1	

### **SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**

<i>eplerenone (generic of INSPRA) tabs 25mg, 50mg</i>	Tier 1	
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### **VASODILATORS**

<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Tier 1	
<i>minoxidil tabs 2.5mg, 10mg</i>	Tier 1	

### **ANTIMALARIALS**

#### **ANTIMALARIAL COMBINATIONS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	Tier 1	

#### **ANTIMALARIALS**

<i>chloroquine phosphate tabs 250mg, 500mg</i>	Tier 1	
<i>hydroxychloroquine sulfate (generic of PLAQUENIL) tabs 200mg</i>	Tier 1	
<i>mefloquine hcl tabs 250mg</i>	Tier 1	
<i>primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) tabs 26.3mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<i>pyridostigmine bromide</i> (generic of MESTINON) <i>soln 60mg/5ml; tabs 60mg</i>	Tier 1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>ethambutol hcl tabs 100mg, 400mg</i>	Tier 1	
<i>isoniazid syrps 50mg/5ml; tabs 100mg, 300mg</i>	Tier 1	
PRIFTIN TABS 150MG	Tier 1	
<i>pyrazinamide tabs 500mg</i>	Tier 1	
<i>rifabutin caps 150mg</i>	Tier 1	
<i>rifampin caps 150mg, 300mg</i>	Tier 1	
SIRTURO TABS 20MG, 100MG	Tier 1	PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide caps 25mg, 50mg</i>	Tier 1	
LEUKERAN TABS 2MG	Tier 1	
MYLERAN TABS 2MG	Tier 1	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Tier 1	
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i> (generic of XELODA) <i>tabs 150mg, 500mg</i>	Tier 1	
<i>mercaptopurine tabs 50mg</i>	Tier 1	
<i>methotrexate sodium tabs 2.5mg</i>	Tier 1	
ONUREG TABS 200MG, 300MG	Tier 1	PA, QL (14 tabs every 28 days)
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
LUNSUMIO SOLN 30MG/30ML	Tier 1	PA, QL (2 vials every 21 days)
ZYNLONTA SOLR 10MG	Tier 1	PA
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TABS 10MG, 50MG	Tier 1	QL (120 tabs every 30 days)
VENCLEXTA TABS 100MG	Tier 1	QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	Tier 1	QL (starter dose: 1-time fill)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl tabs 25mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>erlotinib hcl</i> (generic of TARCEVA) <i>tabs 100mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>erlotinib hcl tabs 150mg</i>	Tier 1	QL (30 tabs every 30 days)
TAGRISSO TABS 40MG, 80MG	Tier 1	QL (30 tabs every 30 days)
VIZIMPRO TABS 15MG, 30MG, 45MG	Tier 1	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate</i> (generic of ZYTIGA) <i>tabs 250mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>abiraterone acetate</i> (generic of ZYTIGA) <i>tabs 500mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>anastrozole</i> (generic of ARIMIDEX) <i>tabs 1mg</i>	Tier 1	
<i>bicalutamide</i> (generic of CASODEX) <i>tabs 50mg</i>	Tier 1	
ELIGARD KIT 45MG	Tier 1	PA
<i>exemestane</i> (generic of AROMASIN) <i>tabs 25mg</i>	Tier 1	
FIRMAGON SOLR 80MG, 120MG/VIAL	Tier 1	
<i>letrozole</i> (generic of FEMARA) <i>tabs 2.5mg</i>	Tier 1	
<i>leuprolide acetate kit 1mg/0.2ml, 14mg/2.8ml</i>	Tier 1	PA
LUPRON DEPOT (1-MONTH) KIT 3.75MG, 7.5MG	Tier 1	PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG, 22.5MG	Tier 1	PA
LUPRON DEPOT (4-MONTH) KIT 30MG	Tier 1	PA
LYSODREN TABS 500MG	Tier 1	
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	Tier 1	
NUBEQA TABS 300MG	Tier 1	PA, QL (120 tabs every 30 days)
ORGOVYX TABS 120MG	Tier 1	QL (30 tabs every 30 days)
ORSERDU TABS 86MG	Tier 1	PA, QL (90 tabs every 30 days)
ORSERDU TABS 345MG	Tier 1	PA, QL (30 tabs every 30 days)
<i>tamoxifen citrate tabs 10mg, 20mg</i>	Tier 1	
<i>toremifene citrate</i> (generic of FARESTON) <i>tabs 60mg</i>	Tier 1	
TRELSTAR MIXJECT SUSR 3.75MG, 11.25MG, 22.5MG	Tier 1	PA
XTANDI TABS 80MG	Tier 1	PA, QL (60 tabs every 30 days)
ZOLADEX IMPL 3.6MG, 10.8MG	Tier 1	PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	Tier 1	QL (21 caps every 28 days)
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT TABS 100MG, 200MG, 300MG	Tier 1	PA, QL (30 tabs every 30 days)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
DARZALEX SOL FASPRO	Tier 1	
LONSURF TAB 15-6.14	Tier 1	QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	Tier 1	QL (80 tabs every 28 days)
RITUXAN INJ HYCELA	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA CAPS 150MG	Tier 1	PA, QL (240 caps every 30 days)
ALUNBRIG TABS 30MG	Tier 1	PA, QL (120 tabs every 30 days)
ALUNBRIG TABS 90MG, 180MG	Tier 1	PA, QL (30 tabs every 30 days)
ALUNBRIG PAK	Tier 1	PA, QL (starter dose: 1-time fill)
BOSULIF TABS 100MG	Tier 1	PA, QL (90 tabs every 30 days)
BOSULIF TABS 500MG	Tier 1	PA, QL (30 tabs every 30 days)
BRUKINSA CAPS 80MG	Tier 1	QL (120 caps every 30 days)
CABOMETYX TABS 20MG, 40MG, 60MG	Tier 1	PA, QL (30 tabs every 30 days)
CALQUENCE TABS 100MG	Tier 1	QL (60 tabs every 30 days)
<i>dasatinib</i> (generic of SPRYCEL) <i>tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	Tier 1	QL (30 tabs every 30 days)
FOTIVDA CAPS .89MG, 1.34MG	Tier 1	PA, QL (21 caps every 28 days)
IBRANCE CAPS 75MG, 100MG, 125MG	Tier 1	PA, QL (21 caps every 28 days)
ICLUSIG TABS 15MG, 30MG, 45MG	Tier 1	PA, QL (30 tabs every 30 days)
<i>imatinib mesylate</i> (generic of GLEEVEC) <i>tabs 100mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>imatinib mesylate</i> (generic of GLEEVEC) <i>tabs 400mg</i>	Tier 1	QL (60 tabs every 30 days)
IMBRUVICA CAPS 140MG	Tier 1	PA, QL (90 caps every 30 days)
ITOVEBI TABS 3MG	Tier 1	PA, QL (60 tabs every 30 days)
ITOVEBI TABS 9MG	Tier 1	PA, QL (30 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Tier 1	PA, QL (60 tabs every 30 days)
KISQALI TAB 200 MG DOSE TBPK 200MG	Tier 1	QL (42 tabs every 28 days)
KISQALI TAB 400 MG DOSE TBPK 200MG	Tier 1	QL (84 tabs every 28 days)
KISQALI TAB 600 MG DOSE TBPK 200MG	Tier 1	QL (126 tabs every 28 days)
KRAZATI TABS 200MG	Tier 1	PA, QL (180 tabs every 30 days)
<i>lapatinib ditosylate</i> (generic of TYKERB) <i>tabs 250mg</i>	Tier 1	QL (180 tabs every 30 days)
LYNPARZA TABS 100MG, 150MG	Tier 1	QL (120 tabs every 30 days)
MEKINIST TABS 2MG	Tier 1	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABS .5MG	Tier 1	QL (90 tabs every 30 days)
OGSIVEO TABS 150MG	Tier 1	PA, QL (60 tabs every 30 days)
RETEVMO TABS 120MG, 160MG	Tier 1	QL (60 tabs every 30 days)
<i>sunitinib malate</i> (generic of SUTENT) caps <i>12.5mg, 25mg, 37.5mg, 50mg</i>	Tier 1	QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	Tier 1	PA, QL (120 caps every 30 days)
TURALIO CAPS 125MG	Tier 1	QL (120 caps every 30 days)
VITRAKVI CAPS 25MG	Tier 1	PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	Tier 1	PA, QL (60 caps every 30 days)
XALKORI CAPS 200MG, 250MG	Tier 1	PA, QL (120 caps every 30 days)
XOSPATA TABS 40MG	Tier 1	PA, QL (90 tabs every 30 days)

#### **ANTINEOPLASTICS MISC.**

<i>bexarotene</i> (generic of TARGRETIN) caps 75mg	Tier 1
<i>hydroxyurea</i> (generic of HYDREA) caps 500mg	Tier 1
<i>tretinoin</i> (chemotherapy) caps 10mg	Tier 1

#### **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

<i>leucovorin calcium</i> tabs 5mg, 10mg, 15mg, 25mg	Tier 1
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#### **MITOTIC INHIBITORS**

<i>etoposide</i> caps 50mg	Tier 1
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#### **ANTIPARKINSON AND RELATED THERAPY AGENTS**

##### **ANTIPARKINSON DOPAMINERGICS**

<i>amantadine hcl</i> caps 100mg; soln 50mg/5ml	Tier 1
<i>bromocriptine mesylate</i> (generic of PARLODEL) caps 5mg; tabs 2.5mg	Tier 1
<i>carbidopa &amp; levodopa tab</i> 10-100 mg (generic of SINEMET)	Tier 1
<i>carbidopa &amp; levodopa tab</i> 25-100 mg (generic of SINEMET)	Tier 1
<i>carbidopa &amp; levodopa tab</i> 25-250 mg	Tier 1
<i>carbidopa &amp; levodopa tab er</i> 25-100 mg	Tier 1
<i>carbidopa &amp; levodopa tab er</i> 50-200 mg	Tier 1
<i>carbidopa-levodopa-entacapone</i> tabs 12.5-50-200 mg	Tier 1
<i>carbidopa-levodopa-entacapone</i> tabs 18.75-75-200 mg	Tier 1
<i>carbidopa-levodopa-entacapone</i> tabs 25-100-200 mg	Tier 1
<i>carbidopa-levodopa-entacapone</i> tabs 31.25-125-200 mg	Tier 1

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	Tier 1	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	Tier 1	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	Tier 1	

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

<i>selegiline hcl caps 5mg; tabs 5mg</i>	Tier 1	
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### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

#### **PHENOTHIAZINES**

<i>prochlorperazine supp 25mg</i>	Tier 1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	Tier 1	

### **ANTIVIRALS**

#### **ANTIRETROVIRALS**

APRETUDE SUER 600MG/3ML	Tier 1	QL (3 mL every 75 days)
<i>atazanavir sulfate (generic of REYATAZ) caps 300mg</i>	Tier 1	PA, QL (30 caps every 30 days)
BIKTARVY 50/200/25	Tier 1	PA, QL (30 tabs every 30 days)
CABENUVA SUS 600-900	Tier 1	PA
COMPLERA TAB	Tier 1	PA, QL (30 tabs every 30 days)
<i>darunavir (generic of PREZISTA) tabs 600mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>darunavir (generic of PREZISTA) tabs 800mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
DELSTRIGO TAB	Tier 1	PA, QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	Tier 1	QL (30 tabs every 30 days)
DOVATO TAB 50-300MG	Tier 1	PA, QL (30 tabs every 30 days)
EDURANT TABS 25MG	Tier 1	PA, QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	Tier 1	QL (30 tabs every 30 days)
GENVOYA TAB	Tier 1	PA, QL (30 tabs every 30 days)
ISENTRESS TABS 400MG	Tier 1	PA, QL (60 tabs every 30 days)
ISENTRESS HD TABS 600MG	Tier 1	PA, QL (60 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JULUCA TAB 50-25MG	Tier 1	PA, QL (30 tabs every 30 days)
<i>lamivudine</i> (generic of EPIVIR) <i>soln 10mg/ml, 300mg/30ml</i>	Tier 1	PA, QL (960 mL every 30 days)
<i>nevirapine susp 50mg/5ml</i>	Tier 1	PA, QL (1200 mL every 30 days)
ODEFSEY TAB	Tier 1	PA, QL (30 tabs every 30 days)
PIFELTRO TABS 100MG	Tier 1	PA, QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	Tier 1	PA, QL (30 tabs every 30 days)
<i>ritonavir</i> (generic of NORVIR) <i>tabs 100mg</i>	Tier 1	PA, QL (120 tabs every 30 days)
RUKOBIA TB12 600MG	Tier 1	PA, QL (60 tabs every 30 days)
STRIBILD TAB	Tier 1	PA, QL (30 tabs every 30 days)
SUNLENCA SOLN 463.5MG/1.5ML	Tier 1	PA, QL (2 vials every 168 days)
SUNLENCA TBPk 300MG	Tier 1	PA, QL (120 tabs every 30 days)
SUNLENCA TBPk 300MG	Tier 1	PA, QL (5 tabs every 8 days)
SYMTUZA TAB	Tier 1	PA, QL (30 tabs every 30 days)
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) <i>tabs 300mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
TIVICAY TABS 50MG	Tier 1	PA, QL (60 tabs every 30 days)
TRIUMEQ TAB	Tier 1	PA, QL (30 tabs every 30 days)
<i>zidovudine</i> (generic of RETROVIR) <i>syrr 50mg/5ml</i>	Tier 1	PA, QL (1920 mL every 30 days)
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB 150-100	Tier 1	QL (20 tabs every 180 days)
PAXLOVID TAB 300-100	Tier 1	QL (30 tabs every 180 days)
<b>CMV AGENTS</b>		
LIVTENCITY TABS 200MG	Tier 1	PA, QL (120 tabs every 30 days)
<i>valganciclovir hcl</i> (generic of VALCYTE) <i>solr 50mg/ml</i>	Tier 1	QL (1000 mL every 30 days)
<i>valganciclovir hcl</i> (generic of VALCYTE) <i>tabs 450mg</i>	Tier 1	QL (120 tabs every 30 days)
<b>HEPATITIS AGENTS</b>		
BARACLUDE SOLN .05MG/ML	Tier 1	QL (630 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>entecavir</i> (generic of BARACLUDE) <i>tabs .5mg, 1mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>ribavirin</i> (hepatitis c) <i>caps 200mg; tabs 200mg</i>	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 1	PA, QL (84 tabs every year)
VEMLIDY TABS 25MG	Tier 1	PA, QL (30 tabs every 30 days)

### HERPES AGENTS

<i>acyclovir caps 200mg; susp 200mg/5ml, 800mg/20ml; tabs 400mg, 800mg</i>	Tier 1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	Tier 1	
<i>valacyclovir hcl</i> (generic of VALTREX) <i>tabs 1gm, 500mg</i>	Tier 1	

### INFLUENZA AGENTS

<i>oseltamivir phosphate</i> (generic of TAMIFLU) <i>caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	Tier 1	QL (2 fills every year)
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### MISC. ANTIVIRALS

LAGEVRIO CAPS 200MG	Tier 1	QL (40 caps every 81 days)
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### BETA BLOCKERS

#### ALPHA-BETA BLOCKERS

<i>carvedilol</i> (generic of COREG) <i>tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Tier 1	
<i>carvedilol phosphate</i> (generic of COREG CR) <i>cp24 10mg, 20mg, 40mg, 80mg</i>	Tier 1	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	Tier 1	

#### BETA BLOCKERS CARDIO-SELECTIVE

<i>atenolol</i> (generic of TENORMIN) <i>tabs 25mg, 50mg, 100mg</i>	Tier 1	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	Tier 1	
<i>metoprolol succinate</i> (generic of TOPROL XL) <i>tb24 25mg, 50mg, 100mg, 200mg</i>	Tier 1	
<i>metoprolol tartrate tabs 25mg</i>	Tier 1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) <i>tabs 50mg, 100mg</i>	Tier 1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) <i>tabs 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	

#### BETA BLOCKERS NON-SELECTIVE

<i>nadolol tabs 20mg, 40mg, 80mg</i>	Tier 1	
<i>propranolol hcl</i> (generic of INDERAL LA) <i>cp24 60mg, 80mg, 120mg, 160mg</i>	Tier 1	
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Tier 1	
<i>sotalol hcl</i> (generic of BETAPACE) <i>tabs 80mg, 120mg, 160mg</i>	Tier 1	
<i>sotalol hcl tabs 240mg</i>	Tier 1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) <i>tabs 80mg, 120mg, 160mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> (generic of NORVASC) <i>tabs</i> 2.5mg, 5mg, 10mg	Tier 1	
<i>diltiazem hcl</i> <i>cp24</i> 60mg, 90mg, 120mg; <i>cp24</i> 120mg, 180mg, 240mg; <i>tabs</i> 90mg	Tier 1	
<i>diltiazem hcl</i> (generic of CARDIZEM) <i>tabs</i> 30mg, 60mg, 120mg	Tier 1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) <i>tb24</i> 360mg	Tier 1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) <i>cp24</i> 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) <i>cp24</i> 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>felodipine</i> <i>tb24</i> 2.5mg, 5mg, 10mg	Tier 1	
<i>nifedipine</i> <i>caps</i> 10mg, 20mg; <i>tb24</i> 30mg, 60mg, 90mg	Tier 1	
<i>nifedipine</i> (generic of PROCARDIA XL) <i>tb24</i> 30mg, 60mg, 90mg	Tier 1	
<i>verapamil hcl</i> <i>cp24</i> 100mg, 200mg, 300mg, 360mg; <i>tabs</i> 40mg, 80mg, 120mg; <i>tbc</i> 120mg, 180mg, 240mg	Tier 1	
<i>verapamil hcl</i> (generic of VERELAN) <i>cp24</i> 120mg, 180mg, 240mg	Tier 1	
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin</i> <i>soln</i> .05mg/ml	Tier 1	
<i>digoxin</i> (generic of LANOXIN) <i>tabs</i> 125mcg, 250mcg	Tier 1	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	Tier 1	QL (30 caps every 30 days)
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 2.5-10 mg	Tier 1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 2.5-20 mg	Tier 1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 2.5-40 mg	Tier 1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-10 mg (generic of CADUET)	Tier 1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-20 mg (generic of CADUET)	Tier 1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-40 mg (generic of CADUET)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	Tier 1	
ENTRESTO CAP 6-6MG	Tier 1	QL (120 caps every 30 days)
ENTRESTO CAP 15-16MG	Tier 1	QL (120 caps every 30 days)
ENTRESTO TAB 24-26MG	Tier 1	
ENTRESTO TAB 49-51MG	Tier 1	
ENTRESTO TAB 97-103MG	Tier 1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)</i>	Tier 1	
OPSYNVI TAB 10-20MG	Tier 1	PA, QL (30 tabs every 30 days)
OPSYNVI TAB 10-40MG	Tier 1	PA, QL (30 tabs every 30 days)
<b>PROSTAGLANDIN VASODILATORS</b>		
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	Tier 1	PA
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	Tier 1	
TYVASO SOLN .6MG/ML	Tier 1	QL (28 ampules every 28 days)
TYVASO REFILL KIT SOLN .6MG/ML	Tier 1	QL (28 ampules every 28 days)
TYVASO STARTER KIT SOLN .6MG/ML	Tier 1	QL (starter dose: 1-time fill)
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan (generic of LETAIRIS) tabs 5mg, 10mg</i>	Tier 1	QL (30 tabs every 30 days)
OPSUMIT TABS 10MG	Tier 1	PA, QL (30 tabs every 30 days)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	Tier 1	QL (224 mL every 30 days); PA required for age 6 and older
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) tabs 20mg</i>	Tier 1	PA, QL (90 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) (generic of ADCIRCA) tabs 20mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TABS 200MCG	Tier 1	PA, QL (140 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	Tier 1	PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	Tier 1	PA, QL (starter dose: 1-time fill)

### **PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	Tier 1	PA, QL (90 tabs every 30 days)
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### **SINUS NODE INHIBITORS**

<i>ivabradine hcl</i> (generic of CORLANOR) tabs 5mg, 7.5mg	Tier 1	
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## **CEPHALOSPORINS**

### **CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	Tier 1	
<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml</i>	Tier 1	

### **CEPHALOSPORINS - 2ND GENERATION**

<i>cefuroxime axetil tabs 250mg, 500mg</i>	Tier 1	
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### **CEPHALOSPORINS - 3RD GENERATION**

<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Tier 1	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	Tier 1	
<i>cefprozime proxetil tabs 100mg, 200mg</i>	Tier 1	
<i>ceftriaxone sodium solr 500mg</i>	Tier 1	

## **CONTRACEPTIVES**

### **COMBINATION CONTRACEPTIVES - ORAL**

<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	Tier 0	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Tier 0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 0	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	Tier 0	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Tier 0	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	Tier 0	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	Tier 0	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 0	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 0	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 0	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 0	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 0	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Tier 0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	Tier 0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	Tier 0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	Tier 0	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 0	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	Tier 0	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 0	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	Tier 0	
<b>COPPER CONTRACEPTIVES - IUD</b>		
<b>MIUDELLA IUD COPPER</b>	Tier 0	

Drug Name	Drug Tier	Requirements/Limits
PARAGARD IUD T380A	Tier 0	
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TABS 30MG	Tier 0	
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMPL 68MG	Tier 0	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	Tier 0	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) <i>susp 150mg/ml; susy 150mg/ml</i>	Tier 0	
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG	Tier 0	
LILETTA IUD 20.1MCG/DAY	Tier 0	
MIRENA IUD 20MCG/DAY	Tier 0	
SKYLA IUD 13.5MG	Tier 0	
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone (contraceptive) tabs .35mg</i>	Tier 0	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide cpep 3mg</i>	Tier 1	
<i>budesonide (generic of UCERIS) tb24 9mg</i>	Tier 1	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml;</i> <i>tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	Tier 1	
DEXAMETHASONE INTENSOL CONC 1MG/ML	Tier 1	
<i>hydrocortisone (generic of CORTEF) tabs 5mg,</i> <i>10mg, 20mg</i>	Tier 1	
<i>methylprednisolone (generic of MEDROL) tabs</i> <i>4mg, 8mg, 16mg</i>	Tier 1	
<i>methylprednisolone tabs 32mg</i>	Tier 1	
<i>methylprednisolone (generic of MEDROL</i> <i>DOSEPAK) tbpk 4mg</i>	Tier 1	
<i>prednisolone soln 15mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate (generic of</i> <i>PEDIAPRED) soln 5mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	Tier 1	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg,</i> <i>5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Tier 1	
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate tabs .1mg</i>	Tier 1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate caps 100mg, 200mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	
<b>EXPECTORANTS</b>		
<i>potassium iodide (expectorant) soln 1gm/ml</i>	Tier 1	
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	Tier 1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine soln 10%, 20%</i>	Tier 1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>adapalene (generic of DIFFERIN) crea .1%; gel .3%</i>	Tier 1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)</i>	Tier 1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5% (generic of EPIDUO FORTE)</i>	Tier 1	
<i>AKLIEF CREA .005%</i>	Tier 1	
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	Tier 1	
<i>CABTREO GEL</i>	Tier 1	
<i>clindamycin phosphate (topical) (generic of CLINDAGEL) gel 1%</i>	Tier 1	
<i>clindamycin phosphate (topical) gel 1%; soln 1%; swab 1%</i>	Tier 1	
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) lotn 1%</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)</i>	Tier 1	
<i>erythromycin (acne aid) (generic of ERYGEL) gel 2%</i>	Tier 1	
<i>erythromycin (acne aid) pads 2%; soln 2%</i>	Tier 1	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	Tier 1	
<i>tretinoin (generic of RETIN-A) crea .025%, .05%, .1%; gel .01%, .025%</i>	Tier 1	
<i>TWYNEO CRE 0.1-3%</i>	Tier 1	
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac sodium (topical) soln 1.5%</i>	Tier 1	
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox sham 1%; soln 8%</i>	Tier 1	
<i>ciclopirox olamine crea .77%; susp .77%</i>	Tier 1	
<i>clotrimazole (topical) crea 1%; soln 1%</i>	Tier 1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	
<i>ketoconazole (topical) crea 2%; sham 2%</i>	Tier 1	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	Tier 1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>fluorouracil (topical) crea 5%</i>	Tier 1	
<b>ANTIPSORIATICS</b>		
<i>calcipotriene oint .005%; soln .005%</i>	Tier 1	
COSENTYX SOSY 75MG/0.5ML	Tier 1	PA, QL (1 syringe every 28 days)
COSENTYX SOSY 150MG/ML	Tier 1	PA, QL (2 syringes every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Tier 1	PA, QL (2 pens every 28 days)
COSENTYX UNOREADY SOAJ 300MG/2ML	Tier 1	PA, QL (1 pen every 28 days)
STEQEYMA SOSY 45MG/0.5ML	Tier 1	PA, QL (1 syringe every 84 days)
STEQEYMA SOSY 90MG/ML	Tier 1	PA, QL (1 syringe every 56 days)
<i>tazarotene (generic of TAZORAC) crea .05%; gel .05%</i>	Tier 1	
YESINTEK SOSY 45MG/0.5ML	Tier 1	PA, QL (1 syringe every 84 days)
YESINTEK SOSY 90MG/ML	Tier 1	PA, QL (1 syringe every 56 days)
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotn 2.5%</i>	Tier 1	
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine (generic of SILVADENE) crea 1%</i>	Tier 1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	Tier 1	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	Tier 1	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	Tier 1	
<i>clobetasol propionate crea .05%; gel .05%; oint .05%; soln .05%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emollient base crea .05%</i>	Tier 1	
<i>desonide (generic of DESOWEN) crea .05%</i>	Tier 1	
<i>desonide oint .05%</i>	Tier 1	
<i>fluocinolone acetonide crea .01%; soln .01%</i>	Tier 1	
<i>fluocinolone acetonide (generic of SYNALAR) crea .025%; oint .025%</i>	Tier 1	
<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY) oil .01%</i>	Tier 1	
<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS SCALP) oil .01%</i>	Tier 1	
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	Tier 1	
<i>fluocinonide emulsified base crea .05%</i>	Tier 1	
<i>halobetasol propionate crea .05%; oint .05%</i>	Tier 1	
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%</i>	Tier 1	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	Tier 1	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	Tier 1	
<i>pramoxine-hc cream 1-2.5%</i>	Tier 1	
<i>triamcinolone acetonide (topical) aers .147mg/gm; crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	Tier 1	
<b>ECZEMA AGENTS</b>		
DUPIXENT SOAJ 200MG/1.14ML	Tier 1	PA, QL (2 pens every 28 days)
DUPIXENT SOAJ 300MG/2ML	Tier 1	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML	Tier 1	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300MG/2ML	Tier 1	PA, QL (4 syringes every 28 days)
EBGLYSS SOAJ 250MG/2ML	Tier 1	PA, QL (2 pens every 28 days)
EBGLYSS SOSY 250MG/2ML	Tier 1	PA, QL (2 syringes every 28 days)
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea crea 20%</i>	Tier 1	
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	Tier 1	
<b>ENZYMES - TOPICAL</b>		
SANTYL OINT 250UNIT/GM	Tier 1	QL (30 gm every 30 days)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod crea 5%</i>	Tier 1	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus (generic of ELIDEL) crea 1%</i>	Tier 1	Covered for age 2 and older

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) oint .1%</i>	Tier 1	Covered for age 16 and older
<i>tacrolimus (topical) oint .03%</i>	Tier 1	Covered for age 2 and older
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b>		
<i>podofilox soln .5%</i>	Tier 1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine (generic of LIDODERM) ptch 5%</i>	Tier 1	
<i>lidocaine hcl crea 3%; gel 2%; soln 4%</i>	Tier 1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	
<b>MISC. TOPICAL</b>		
DRYSOL SOLN 20%	Tier 1	
QBREXZA PADS 2.4%	Tier 1	PA, QL (30 pads every 30 days)
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT 2%	Tier 1	QL (60 gm every 30 days); PA required for age 2 and older
ZORYVE CREA .15%, .3%; FOAM .3%	Tier 1	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid (generic of FINACEA) gel 15%</i>	Tier 1	ST
<i>metronidazole (topical) crea .75%; gel .75%</i>	Tier 1	
<i>metronidazole (topical) (generic of METROGEL) gel 1%</i>	Tier 1	
<i>metronidazole (topical) (generic of METROLOTION) lotn .75%</i>	Tier 1	
NORITATE CREA 1%	Tier 1	
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>malathion lotn .5%</i>	Tier 1	
<i>permethrin (generic of ELIMITE) crea 5%</i>	Tier 1	
<b>WOUND CARE PRODUCTS</b>		
VYJUVEK GEL	Tier 1	PA, QL (4 cartons every 28 days)
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
ZENPEP CAP 3000UNIT	Tier 1	
ZENPEP CAP 5000UNIT	Tier 1	
ZENPEP CAP 10000UNT	Tier 1	
ZENPEP CAP 15000UNT	Tier 1	
ZENPEP CAP 20000UNT	Tier 1	
ZENPEP CAP 25000UNT	Tier 1	
ZENPEP CAP 40000UNT	Tier 1	
ZENPEP CAP 60000UNT	Tier 1	
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide tabs 25mg, 50mg</i>	Tier 1	
<b>DIURETIC COMBINATIONS</b>		
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1	
<b>LOOP DIURETICS</b>		
<i>bumetanide tabs 1mg, 2mg</i>	Tier 1	
<i>bumetanide (generic of BUMEX) tabs .5mg</i>	Tier 1	
<i>ethacrynic acid (generic of EDECRIN) tabs 25mg</i>	Tier 1	
FUROSCIX CTKT 80MG/10ML	Tier 1	PA, QL (8 each every 30 days)
<i>furosemide soln 10mg/ml, 40mg/5ml</i>	Tier 1	
<i>furosemide (generic of LASIX) tabs 20mg, 40mg, 80mg</i>	Tier 1	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	Tier 1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl tabs 5mg</i>	Tier 1	
<i>spironolactone (generic of ALDACTONE) tabs 25mg, 50mg, 100mg</i>	Tier 1	
<i>triamterene (generic of DYRENIUM) caps 50mg, 100mg</i>	Tier 1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone tabs 25mg, 50mg</i>	Tier 1	
DIURIL SUSP 250MG/5ML	Tier 1	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	Tier 1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	Tier 1	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	Tier 1	
THALITONE TABS 15MG	Tier 1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium tabs 5mg, 10mg, 35mg</i>	Tier 1	
<i>alendronate sodium (generic of FOSAMAX) tabs 70mg</i>	Tier 1	
<i>calcitonin (salmon) soln 200unit/act</i>	Tier 1	
FOSAMAX + D TAB 70-2800	Tier 1	
FOSAMAX + D TAB 70-5600	Tier 1	
PROLIA SOSY 60MG/ML	Tier 1	PA, QL (1 syringe every 180 days)
TERIPARATIDE SOPN 620MCG/2.48ML	Tier 1	PA, QL (1 pen every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TYMLOS SOPN 3120MCG/1.56ML	Tier 1	PA, QL (1 pen every 30 days)
XGEVA SOLN 120MG/1.7ML	Tier 1	QL (1 vial every 28 days)
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA TABS 150MG, 200MG	Tier 1	
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA SV SOLR 2MG	Tier 1	PA, QL (30 vials every 30 days)
<b>GROWTH HORMONES</b>		
NGENLA SOPN 24MG/1.2ML, 60MG/1.2ML	Tier 1	PA
NORDITROPIN FLEXPOR SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	Tier 1	PA
SEROSTIM SOLR 4MG, 5MG, 6MG	Tier 1	PA
<b>HORMONE RECEPTOR MODULATORS</b>		
<i>raloxifene hcl</i> (generic of EVISTA) <i>tabs 60mg</i>	Tier 1	
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	Tier 1	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	Tier 1	PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG)	Tier 1	PA
SUPPRELIN LA KIT 50MG	Tier 1	PA
<b>MENOPAUSAL SYMPTOMS SUPPRESSANTS</b>		
VEOZAH TABS 45MG	Tier 1	PA
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol</i> (generic of ROCALTROL) <i>caps .25mcg, .5mcg; soln 1mcg/ml</i>	Tier 1	
<i>cinacalcet hcl</i> (generic of SENSIPAR) <i>tabs 30mg, 60mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>cinacalcet hcl</i> (generic of SENSIPAR) <i>tabs 90mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	Tier 1	
<i>nitisinone</i> (generic of ORFADIN) <i>caps 2mg, 5mg, 10mg, 20mg</i>	Tier 1	PA
NULIBRY SOLR 9.5MG	Tier 1	PA, QL (150 vials every 30 days)
XENPOZYME SOLR 4MG, 20MG	Tier 1	PA
YORVIPATH SOPN 168MCG/0.56ML, 294MCG/0.98ML, 420MCG/1.4ML	Tier 1	PA, QL (2 pens every 28 days)
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TABS 10MG, 20MG	Tier 1	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
DESMOPRESSIN ACETATE SOLN 1.5MG/ML	Tier 1	
<i>desmopressin acetate</i> (generic of DDAVP) <i>tabs .1mg, .2mg</i>	Tier 1	
<i>desmopressin acetate spray soln .01%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	Tier 1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tabs .5mg</i>	Tier 1	
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
CLIMARA PRO DIS WEEKLY	Tier 1	
COMBIPATCH DIS	Tier 1	
<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i>	Tier 1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	
ORIAHNN CAP	Tier 1	PA, QL (56 caps every 28 days); Limit of 24 fills per lifetime
<b>ESTROGENS</b>		
DEPO-ESTRADIOL OIL 5MG/ML	Tier 1	
<i>estradiol (generic of MINIVELLE) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Tier 1	
<i>estradiol (generic of VIVELLE-DOT) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Tier 1	
<i>estradiol (generic of CLIMARA) ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	Tier 1	
<i>estradiol (generic of ESTRACE) tabs .5mg, 1mg, 2mg</i>	Tier 1	
<i>estradiol valerate (generic of DELESTROGEN) oil 10mg/ml, 20mg/ml</i>	Tier 1	
<i>estradiol valerate oil 40mg/ml</i>	Tier 1	
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR 5GM/100ML, 500MG/5ML	Tier 1	
<i>ciprofloxacin hcl (generic of CIPRO) tabs 250mg, 500mg</i>	Tier 1	
<i>ciprofloxacin hcl tabs 750mg</i>	Tier 1	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	Tier 1	
<i>moxifloxacin hcl tabs 400mg</i>	Tier 1	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol caps 300mg; tabs 250mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol</i> (generic of URSO FORTE) <i>tabs 500mg</i>	Tier 1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM) <i>conc 100mg/5ml</i>	Tier 1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i> (generic of AMITIZA) <i>caps 8mcg, 24mcg</i>	Tier 1	QL (60 caps every 30 days)
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml</i>	Tier 1	
<i>metoclopramide hcl</i> (generic of REGLAN) <i>tabs 5mg, 10mg</i>	Tier 1	
<b>HEPATOTROPICS</b>		
REZDIFFRA TABS 80MG, 100MG	Tier 1	PA, QL (30 tabs every 30 days)
<b>INFLAMMATORY BOWEL AGENTS</b>		
CIMZIA KIT 200MG	Tier 1	PA, QL (2 vials every 28 days)
CIMZIA PSKT 200MG/ML	Tier 1	PA, QL (2 injections every 28 days)
CIMZIA STARTER KIT PSKT 200MG/ML	Tier 1	PA, QL (starter dose: 1-time fill)
ENTYVIO PEN SOAJ 108MG/0.68ML	Tier 1	QL (2 pens every 28 days)
<i>mesalamine</i> (generic of APRISO) <i>cp24 .375gm</i>	Tier 1	
<i>mesalamine cpdr 400mg; enem 4gm; tbec 800mg</i>	Tier 1	
<i>mesalamine</i> (generic of CANASA) <i>supp 1000mg</i>	Tier 1	
<i>mesalamine</i> (generic of LIALDA) <i>tbec 1.2gm</i>	Tier 1	
<i>mesalamine w/ cleanser</i> (generic of ROWASA) <i>kit 4gm</i>	Tier 1	
OMVOH SOAJ 100MG/ML	Tier 1	PA, QL (2 pens every 28 days)
PENTASA CPCR 500MG	Tier 1	
<i>sulfasalazine</i> (generic of AZULFIDINE) <i>tabs 500mg</i>	Tier 1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) <i>tbec 500mg</i>	Tier 1	
VELSIPITY TABS 2MG	Tier 1	PA, QL (30 tabs every 30 days)
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose</i> ( <i>encephalopathy</i> ) <i>soln 10gm/15ml</i>	Tier 1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl</i> (generic of LOTRONEX) <i>tabs .5mg, 1mg</i>	Tier 1	PA, QL (60 tabs every 30 days); Covered for females only
<b>LIVE FECAL MICROBIOTA</b>		
VOWST CAP	Tier 1	PA, QL (24 caps per lifetime)

Drug Name	Drug Tier	Requirements/Limits
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TABS 12.5MG, 25MG	Tier 1	QL (30 tabs every 30 days)
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	Tier 1	
ferric citrate tabs 210mg	Tier 1	
lanthanum carbonate (generic of FOSRENOL) chew 500mg, 750mg, 1000mg	Tier 1	
sevelamer carbonate (generic of RENVELA) pack .8gm, 2.4gm; tabs 800mg	Tier 1	
VELPHORO CHEW 500MG	Tier 1	QL (180 tabs every 30 days)
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
ORACIT SOL	Tier 1	
potassium citrate & citric acid soln 1100-334 mg/5ml	Tier 1	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) tbcr 10meq	Tier 1	
potassium citrate (alkalinizer) tbcr 540mg	Tier 1	
sodium citrate & citric acid soln 500-334 mg/5ml	Tier 1	
<b>HYPEROXALURIA AGENTS</b>		
OXLUMO SOLN 94.5MG/0.5ML	Tier 1	PA, QL (4 vials every 90 days)
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAPS 100MG	Tier 1	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
alfuzosin hcl (generic of UROXATRAL) tb24 10mg	Tier 1	
dutasteride (generic of AVODART) caps .5mg	Tier 1	
finasteride (generic of PROSCAR) tabs 5mg	Tier 1	
silodosin (generic of RAPAFLO) caps 4mg, 8mg	Tier 1	
tamsulosin hcl caps .4mg	Tier 1	
<b>URINARY ANALGESICS</b>		
phenazopyridine hcl tabs 100mg, 200mg	Tier 1	
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	
<b>GOUT AGENTS</b>		
allopurinol tabs 100mg, 300mg	Tier 1	
colchicine tabs .6mg	Tier 1	QL (60 tabs every 30 days)
KRYSTEXXA SOLN 8MG/ML	Tier 1	PA
<b>URICOSURICS</b>		
probenecid tabs 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Tier 1	PA
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	Tier 1	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i> (generic of FIRAZYR) <i>sosy 30mg/3ml</i>	Tier 1	PA, QL (45 syringes every 90 days)
<b>COMPLEMENT INHIBITORS</b>		
CINRYZE SOLR 500UNIT	Tier 1	PA, QL (20 vials every 30 days)
EMPAVELI SOLN 1080MG/20ML	Tier 1	PA, QL (10 vials every 30 days)
HAEGARDA SOLR 2000UNIT, 3000UNIT	Tier 1	PA, QL (20 vials every 30 days)
SOLIRIS SOLN 300MG/30ML	Tier 1	PA
ULTOMIRIS SOLN 300MG/3ML, 1100MG/11ML	Tier 1	PA
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TABS 100MG, 150MG	Tier 1	PA, QL (60 tabs every 30 days)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tbc</i> 400mg	Tier 1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
ORLADEYO CAPS 110MG, 150MG	Tier 1	PA, QL (28 caps every 28 days)
TAKHZYRO SOLN 300MG/2ML	Tier 1	PA, QL (2 vials every 28 days)
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl caps 1mg</i>	Tier 1	
<i>anagrelide hcl</i> (generic of AGRYLIN) <i>caps .5mg</i>	Tier 1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
CABLIVI KIT 11MG	Tier 1	PA, QL (30 kits every 30 days)
<i>cilostazol tabs 50mg, 100mg</i>	Tier 1	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) <i>tabs 75mg</i>	Tier 1	
<i>clopidogrel bisulfate tabs 300mg</i>	Tier 1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	Tier 1	
<i>prasugrel hcl</i> (generic of EFFIENT) <i>tabs 5mg, 10mg</i>	Tier 1	
<i>ticagrelor</i> (generic of BRILINTA) <i>tabs 60mg, 90mg</i>	Tier 1	
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND TABS 5MG, 20MG, 50MG	Tier 1	PA, QL (28 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA CAPS 200MG, 300MG, 400MG	Tier 1	
<i>glutamine (sickle cell)</i> (generic of ENDARI) <i>pack 5gm</i>	Tier 1	QL (180 packets every 30 days)
OXBRYTA TABS 300MG	Tier 1	QL (150 tabs every 30 days)
SIKLOS TABS 100MG, 1000MG	Tier 1	
<b>COBALAMINS</b>		
<i>cyanocobalamin soln 1000mcg/ml</i>	Tier 1	
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid tabs 1mg</i>	Tier 1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	Tier 1	
DOPTELET TABS 20MG	Tier 1	PA, QL (60 tabs every 30 days)
DOPTELET TABS 20MG	Tier 1	PA, QL (90 tabs every 30 days)
<i>eltrombopag olamine</i> (generic of PROMACTA) <i>pack 12.5mg</i>	Tier 1	PA, QL (4 packets every 1 day)
<i>eltrombopag olamine</i> (generic of PROMACTA) <i>pack 25mg</i>	Tier 1	PA, QL (6 packets every 1 day)
<i>eltrombopag olamine</i> (generic of PROMACTA) <i>tabs 12.5mg, 75mg</i>	Tier 1	PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine</i> (generic of PROMACTA) <i>tabs 25mg, 50mg</i>	Tier 1	PA, QL (3 tabs every 1 day)
FULPHILA SOSY 6MG/0.6ML	Tier 1	QL (2 syringes every 28 days)
FYLNETRA SOSY 6MG/0.6ML	Tier 1	QL (2 syringes every 28 days)
MULPLETA TABS 3MG	Tier 1	PA, QL (7 tabs every 14 days)
NYPOZI SOSY 300MCG/0.5ML, 480MCG/0.8ML	Tier 1	
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	Tier 1	
<b>HEMATOPOIETIC MIXTURES</b>		
<i>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap</i>	Tier 1	
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid soln .25gm/ml, 250mg/ml; tabs 500mg, 1000mg</i>	Tier 1	
<i>tranexamic acid tabs 650mg</i>	Tier 1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Tier 1	
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 1	QL (4000 mL per fill)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (generic of MOVIPREP)</i>	Tier 1	QL (4000 mL per fill)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	Tier 1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (generic of ZITHROMAX) susr 100mg/5ml, 200mg/5ml</i>	Tier 1	
<i>azithromycin (generic of ZITHROMAX) tabs 250mg, 500mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>azithromycin tabs 600mg</i>	Tier 1	QL (30 tabs every 30 days)
<b>CLARITHROMYCIN</b>		
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 1	
<b>ERYTHROMYCINS</b>		
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Tier 1	
<i>erythromycin ethylsuccinate (generic of E.E.S. GRANULES) susr 200mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate (generic of ERYPED 400) susr 400mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate tabs 400mg</i>	Tier 1	
<b>FIDAXOMICIN</b>		
<i>DIFICID TABS 200MG</i>	Tier 1	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
<i>CAYA DPR</i>	Tier 0	
<i>FEMCAP MIS 22MM</i>	Tier 0	

Drug Name	Drug Tier	Requirements/Limits
FEMCAP MIS 26MM	Tier 0	
FEMCAP MIS 30MM	Tier 0	
OMNIFLEX DPR	Tier 0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	Tier 0	

### **DIABETIC SUPPLIES**

DEXCOM G6 MIS RECEIVER	Tier 1	QL (1 receiver every year)
DEXCOM G6 MIS SENSOR	Tier 1	QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	Tier 1	QL (1 transmitter every 90 days)
DEXCOM G7 MIS RECEIVER	Tier 1	QL (1 receiver every year)
DEXCOM G7 MIS SENSOR	Tier 1	QL (3 sensors every 30 days)
FREE LIBRE2 KIT PLUS/SEN	Tier 1	QL (2 sensors every 30 days)
FREE LIBRE3 KIT PLUS/SEN	Tier 1	QL (2 sensors every 30 days)
FREESTY LIBR KIT 2 SENSOR	Tier 1	QL (2 sensors every 28 days)
FREESTY LIBR KIT 3 SENSOR	Tier 1	QL (2 sensors every 28 days)
FREESTY LIBR KIT SENSOR	Tier 1	QL (2 sensors every 28 days)
FREESTY LIBR MIS 2 READER	Tier 1	QL (1 reader every year)
FREESTY LIBR MIS 3 READER	Tier 1	QL (1 reader every year)
FREESTY LIBR MIS READER	Tier 1	QL (1 reader every year)
FREESTYLE MIS READER	Tier 1	QL (1 reader every year)
LANCETS	Tier 1	QL (200 lancets every 30 days), OTC
OMNIPOD 5 DX KIT INT G7G6	Tier 1	QL (1 kit every year)
OMNIPOD 5 DX MIS POD G7G6	Tier 1	QL (15 pods every 30 days)
OMNIPOD 5 LB KIT INTRO G6	Tier 1	QL (1 kit every year)
OMNIPOD 5 LB MIS PODS G6	Tier 1	QL (15 pods every 30 days)
OMNIPOD DASH KIT INTRO	Tier 1	QL (1 kit every year)
OMNIPOD DASH KIT PDM	Tier 1	QL (1 kit every year)
OMNIPOD DASH MIS PODS	Tier 1	QL (15 pods every 30 days)
OMNIPOD GO KIT 10UNT/DY	Tier 1	QL (10 pods every 30 days)
OMNIPOD GO KIT 15UNT/DY	Tier 1	QL (10 pods every 30 days)
OMNIPOD GO KIT 25UNT/DY	Tier 1	QL (10 pods every 30 days)
OMNIPOD GO KIT 35UNT/DY	Tier 1	QL (10 pods every 30 days)
OMNIPOD GO KIT 40UNT/DY	Tier 1	QL (10 pods every 30 days)
TWIST KIT STARTER	Tier 1	

### **PARENTERAL THERAPY SUPPLIES**

DISPOSABLE SYRINGES	Tier 1	
INJECTION DEVICE FOR INSULIN	Tier 1	
INSULIN PEN NEEDLES	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES/NEEDLES U-100	Tier 1	
NEEDLES, ASSORTED 14G - 30G	Tier 1	
SYRINGES/NEEDLES	Tier 1	
TUBERCULIN/ALLERGY SYRINGES	Tier 1	

### **RESPIRATORY THERAPY SUPPLIES**

NEBULIZERS	Tier 1	
SPACER/AEROSOL-HOLDING CHAMBER MASKS	Tier 1	
SPACER/AEROSOL-HOLDING CHAMBERS	Tier 1	

### **MIGRAINE PRODUCTS**

#### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

AJOVY SOAJ 225MG/1.5ML	Tier 1	QL (3 pens every 90 days)
AJOVY SOSY 225MG/1.5ML	Tier 1	QL (3 syringes every 90 days)
EMGALITY SOAJ 120MG/ML	Tier 1	QL (2 pens every 28 days)
EMGALITY SOSY 100MG/ML	Tier 1	QL (3 syringes every 28 days)
EMGALITY SOSY 120MG/ML	Tier 1	QL (2 syringes every 28 days)
QULIPTA TABS 10MG, 30MG, 60MG	Tier 1	QL (30 tabs every 30 days)
UBRELVY TABS 50MG, 100MG	Tier 1	PA, QL (16 tabs every 30 days)

#### **SEROTONIN AGONISTS**

<i>naratriptan hcl tabs 1mg, 2.5mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT) tabs 10mg</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT-MLT) tbdp 10mg</i>	Tier 1	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act</i>	Tier 1	QL (24 inhalers every 30 days)
<i>sumatriptan soln 20mg/act</i>	Tier 1	QL (12 inhalers every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml</i>	Tier 1	QL (12 injections every 30 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) soaj 6mg/0.5ml</i>	Tier 1	QL (12 injections every 30 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE REFILL) soct 6mg/0.5ml</i>	Tier 1	QL (12 injections every 30 days)
<i>sumatriptan succinate (generic of IMITREX) tabs 25mg, 50mg, 100mg</i>	Tier 1	QL (9 tabs every 30 days)
<i>zolmitriptan (generic of ZOMIG) soln 5mg</i>	Tier 1	QL (6 inhalers every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	Tier 1	QL (12 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>FLUORIDE</b>		
sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml; tabs .5mg, 1mg	Tier 1	
<b>PHOSPHATE</b>		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	Tier 1	
<b>POTASSIUM</b>		
potassium bicarbonate tbcf 25meq	Tier 1	
potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq	Tier 1	
potassium chloride microencapsulated crystals er tbcf 10meq, 20meq	Tier 1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>IMMUNOMODULATORS</b>		
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg	Tier 1	QL (28 caps every 28 days)
lenalidomide caps 20mg, 25mg	Tier 1	QL (21 caps every 28 days)
REZUROCK TABS 200MG	Tier 1	PA, QL (30 tabs every 30 days)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
azathioprine (generic of IMURAN) tabs 50mg	Tier 1	
azathioprine tabs 100mg	Tier 1	
cyclosporine (generic of SANDIMMUNE) caps 25mg, 100mg	Tier 1	
cyclosporine modified (for microemulsion) (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml	Tier 1	
ENSPRYNG SOSY 120MG/ML	Tier 1	PA, QL (1 syringe every 28 days)
ENVARUSUS XR TB24 .75MG, 1MG, 4MG	Tier 1	PA
LUPKYNIS CAPS 7.9MG	Tier 1	PA, QL (180 caps every 30 days)
mycophenolate mofetil (generic of CELLCEPT) caps 250mg; susr 200mg/ml; tabs 500mg	Tier 1	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	Tier 1	
tacrolimus caps .5mg, 1mg, 5mg	Tier 1	
tacrolimus (generic of PROGRAF) caps .5mg, 1mg, 5mg	Tier 1	
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PACK 5GM, 10GM	Tier 1	
sodium polystyrene sulfonate susp 15gm/60ml	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA SOAJ 200MG/ML	Tier 1	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl (mouth-throat) soln 2%</i>	Tier 1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troc 10mg</i>	Tier 1	
<i>nystatin (mouth-throat) (generic of NYSTATIN) susp 100000unit/ml</i>	Tier 1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) soln .12%</i>	Tier 1	
<b>DENTAL PRODUCTS</b>		
<i>DENTA 5000 GEL PLUS SEN</i>	Tier 1	
<i>FLUORID SENS GEL 1.1-5%</i>	Tier 1	
<i>FLUORMX 5000 GEL SENSITIV</i>	Tier 1	
<i>PREVDNT 5000 GEL 1.1-5%</i>	Tier 1	
<i>SOD FLUORIDE GEL 1.1-5%</i>	Tier 1	
<i>sodium fluoride (dental) crea 1.1%; gel 1.1%; pste 1.1%</i>	Tier 1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide (mouth) pste .1%</i>	Tier 1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>pilocarpine hcl (oral) (generic of SALAGEN) tabs 5mg</i>	Tier 1	
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>b-complex w/ c &amp; folic acid cap 1 mg</i>	Tier 1	
<i>b-complex w/ c &amp; folic acid tab</i>	Tier 1	
<i>b-complex w/ c &amp; folic acid tab 1 mg</i>	Tier 1	
<i>DIALYVITE/ TAB ZINC</i>	Tier 1	
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<i>multiple vitamins w/ minerals cap</i>	Tier 1	
<i>multiple vitamins w/ minerals tab</i>	Tier 1	
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Tier 1	
<b>PED MV W/ FLUORIDE</b>		
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Tier 1	
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Tier 1	
<b>PRENATAL VITAMINS</b>		
<i>prenatal vitamins</i>	Tier 1	Covered for females age 14 to 49 up to \$25
PRENATAL VITAMINS	Tier 1	Covered for females age 14 to 49 up to \$25
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen tabs 5mg, 10mg, 20mg</i>	Tier 1	
<i>chlorzoxazone tabs 500mg</i>	Tier 1	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	Tier 1	
<i>metaxalone tabs 800mg</i>	Tier 1	
<i>methocarbamol tabs 500mg, 750mg</i>	Tier 1	
<i>orphenadrine citrate tb12 100mg</i>	Tier 1	
<i>tizanidine hcl tabs 2mg</i>	Tier 1	
<i>tizanidine hcl (generic of ZANAFLEX) tabs 4mg</i>	Tier 1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (generic of DANTRIUM) caps 25mg</i>	Tier 1	
<i>dantrolene sodium caps 50mg</i>	Tier 1	
<b>VISCOSUPPLEMENTS</b>		
VISCO-3 SOSY 25MG/2.5ML	Tier 1	QL (6 syringes every 150 days)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl soln 137mcg/spray</i>	Tier 1	
<i>olopatadine hcl (nasal) soln .6%</i>	Tier 1	
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	Tier 1	
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal) soln .025%</i>	Tier 1	
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Tier 1	
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<i>riluzole tabs 50mg</i>	Tier 1	QL (60 tabs every 30 days)
<b>MUSCULAR DYSTROPHY AGENTS</b>		
AMONDYS 45 SOLN 100MG/2ML	Tier 1	PA, QL (60 vials every 28 days)
VILTEPSO SOLN 250MG/5ML	Tier 1	PA, QL (64 vials every 28 days)
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX SOLR 100UNIT, 200UNIT	Tier 1	PA, QL (2 vials every 70 days)

Drug Name	Drug Tier	Requirements/Limits
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<i>betaxolol hcl (ophth) soln .5%</i>	Tier 1	
BETIMOL SOLN .25%	Tier 1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)</i>	Tier 1	
<i>carteolol hcl (ophth) soln 1%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)</i>	Tier 1	
<i>levobunolol hcl soln .5%</i>	Tier 1	
<i>timolol (generic of BETIMOL) soln .5%</i>	Tier 1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	Tier 1	
<i>timolol maleate (ophth) (generic of ISTALOL) soln .5%</i>	Tier 1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SULFATE SOLN 1%	Tier 1	
<i>atropine sulfate (ophthalmic) soln 1%</i>	Tier 1	
CYCLOGYL SOLN .5%, 2%	Tier 1	
<i>cyclopentolate hcl (generic of CYCLOGYL) soln 1%</i>	Tier 1	
<i>homatropine hbr soln 5%</i>	Tier 1	
<i>phenylephrine hcl (mydriatic) soln 2.5%</i>	Tier 1	
<i>phenylephrine hcl (mydriatic) (generic of PHENYLEPHRINE HYDROCHLORI) soln 2.5%</i>	Tier 1	
<i>tropicamide (generic of MYDRIACYL) soln 1%</i>	Tier 1	
<i>tropicamide soln .5%</i>	Tier 1	
<b>MIOTICS</b>		
<i>pilocarpine hcl soln 1%</i>	Tier 1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<i>brimonidine tartrate (generic of ALPHAGAN P) soln .1%, .15%</i>	Tier 1	
<i>brimonidine tartrate soln .2%</i>	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 1	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	Tier 1	
<i>erythromycin (ophth) oint 5mg/gm</i>	Tier 1	
<i>gentamicin sulfate (ophth) soln .3%</i>	Tier 1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) soln .5%</i>	Tier 1	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) soln .3%	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	Tier 1	
<i>tobramycin (ophth) soln .3%</i>	Tier 1	
TOBREX OINT .3%	Tier 1	
<i>trifluridine soln 1%</i>	Tier 1	
XDEMVY SOLN .25%	Tier 2	PA, QL (10 mL every year)

### **OPHTHALMIC IMMUNOMODULATORS**

<i>cyclosporine (ophth)</i> (generic of RESTASIS) emul .05%	Tier 1	QL (60 single-use vials every 30 days)
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### **OPHTHALMIC INTEGRIN ANTAGONISTS**

XIIDRA SOLN 5%	Tier 1	PA
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### **OPHTHALMIC KINASE INHIBITORS**

RHOPRESSA SOLN .02%	Tier 1	
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### **OPHTHALMIC STEROIDS**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
CLOBETASOL PROPIONATE SUSP .05%	Tier 1	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Tier 1	
<i>difluprednate</i> (generic of DUREZOL) emul .05%	Tier 1	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) susp .1%	Tier 1	
FML FORTE SUSP .25%	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> (generic of MAXITROL)	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> (generic of MAXITROL)	Tier 1	
PRED MILD SUSP .12%	Tier 1	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) susp 1%	Tier 1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	

### **OPHTHALMICS - MISC.**

<i>azelastine hcl (ophth) soln .05%</i>	Tier 1	
<i>cromolyn sodium (ophth) soln 4%</i>	Tier 1	
<i>diclofenac sodium (ophth) soln .1%</i>	Tier 1	
<i>dorzolamide hcl soln 2%</i>	Tier 1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	Tier 1	
<i>flurbiprofen sodium soln .03%</i>	Tier 1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) soln .4%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) <i>soln .5%</i>	Tier 1	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost soln .03%</i>	Tier 1	
<i>latanoprost</i> (generic of XALATAN) <i>soln .005%</i>	Tier 1	
LUMIGAN SOLN .01%	Tier 1	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid (otic) soln 2%</i>	Tier 1	
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) <i>soln .2%</i>	Tier 1	
<i>ofloxacin (otic) soln .3%</i>	Tier 1	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<b>OTIC STEROIDS</b>		
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) <i>oil .01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methylergonovine maleate tabs .2mg</i>	Tier 1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CUTAQUIG SOLN 4GM/24ML	Tier 1	
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml; tabs 500mg, 875mg</i>	Tier 1	
<i>amoxicillin</i> (generic of AMOXICILLIN) <i>susr 400mg/5ml</i>	Tier 1	
<i>ampicillin caps 500mg</i>	Tier 1	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	Tier 1	
EXTENCILLINE SUSR 2400000UNIT	Tier 1	
LENTOCILIN SUSR 1200000UNIT	Tier 1	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1	
BICILLIN C-R INJ 900/300	Tier 1	
BICILLIN C-R INJ 1200000	Tier 1	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium caps 250mg, 500mg</i>	Tier 1	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate (generic of PROVERA) tabs 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>norethindrone acetate tabs 5mg</i>	Tier 1	
<i>progesterone (generic of PROMETRIUM) caps 100mg, 200mg</i>	Tier 1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hydrochloride (generic of ARICEPT) tabs 5mg, 10mg</i>	Tier 1	
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	Tier 1	
<i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>	Tier 1	
<i>memantine hcl soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg</i>	Tier 1	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	Tier 1	
<i>rivastigmine (generic of EXELON) pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	Tier 1	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	Tier 1	
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	Tier 1	
SAVELLA MIS TITR PAK	Tier 1	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TABS 6MG, 9MG	Tier 1	PA, QL (60 tabs every 30 days)
AUSTEDO TABS 12MG	Tier 1	PA, QL (120 tabs every 30 days)
AUSTEDO XR TAB TITR KIT	Tier 1	PA, QL (starter dose: 1-time fill)

Drug Name	Drug Tier	Requirements/Limits
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM CPDR 95MG	Tier 1	QL (120 caps every 30 days)
<i>dalfampridine</i> (generic of AMPYRA) <i>tb12 10mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate</i> (generic of TECFIDERA) <i>cpdr 120mg</i>	Tier 1	QL (14 caps every 28 days)
<i>dimethyl fumarate</i> (generic of TECFIDERA) <i>cpdr 240mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (generic of TECFIDERA STARTER PACK)	Tier 1	QL (starter dose: 1-time fill)
<i>fingolimod hcl</i> (generic of GILENYA) <i>caps .5mg</i>	Tier 1	QL (30 caps every 30 days)
<i>glatiramer acetate</i> (generic of COPAXONE) <i>sosy 20mg/ml</i>	Tier 1	QL (30 injections every 30 days)
<i>glatiramer acetate</i> (generic of COPAXONE) <i>sosy 40mg/ml</i>	Tier 1	QL (12 injections every 28 days)
OCREVUS SOLN 300MG/10ML	Tier 1	PA, QL (2 vials every 180 days)
OCREVUS INJ ZUNOVO	Tier 1	PA, QL (1 vial every 180 days)
PLEGRIDY SOAJ 125MCG/0.5ML	Tier 1	QL (2 pens every 28 days)
PLEGRIDY SOSY 125MCG/0.5ML	Tier 1	QL (2 injections every 28 days)
PLEGRIDY INJ STARTER	Tier 1	QL (starter dose: 1-time fill)
PLEGRIDY PEN INJ STARTER	Tier 1	QL (starter dose: 1-time fill)
<i>teriflunomide</i> (generic of AUBAGIO) <i>tabs 7mg, 14mg</i>	Tier 1	QL (30 tabs every 30 days)
ZEPOSIA CAPS .92MG	Tier 1	PA, QL (30 caps every 30 days)
ZEPOSIA 7DAY CAP STR PACK	Tier 1	PA, QL (starter dose: 1-time fill)
ZEPOSIA CAP STR KIT	Tier 1	PA, QL (starter dose: 1-time fill)
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
<i>gabapentin (once-daily)</i> (generic of GRALISE) <i>tabs 300mg</i>	Tier 1	PA, QL (90 tabs every 30 days)
<i>gabapentin (once-daily)</i> (generic of GRALISE) <i>tabs 600mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP 20-10MG	Tier 1	PA, QL (60 caps every 30 days)
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
ONPATTRO SOLN 10MG/5ML	Tier 1	PA, QL (3 vials every 21 days)

Drug Name	Drug Tier	Requirements/Limits
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO TABS 150MG	Tier 1	PA, QL (60 tabs every 30 days)
ORKAMBI TAB 100-125	Tier 1	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	Tier 1	PA, QL (112 tabs every 28 days)
PULMOZYME SOLN 2.5MG/2.5ML	Tier 1	QL (60 ampules every 30 days)
TRIKAFTA TAB	Tier 1	PA, QL (84 tabs every 28 days)
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV CAPS 100MG, 150MG	Tier 1	PA, QL (60 caps every 30 days)
<i>pirfenidone</i> (generic of ESBRIET) caps 267mg	Tier 1	QL (270 caps every 30 days)
<b>TETRACYCLINES</b>		
<b>TETRACYCLINES</b>		
<i>doxycycline (monohydrate)</i> caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg	Tier 1	
<i>doxycycline hyclate</i> caps 50mg, 100mg; tabs 20mg, 100mg	Tier 1	
<i>minocycline hcl</i> caps 50mg, 75mg, 100mg; tabs 75mg	Tier 1	
<i>tetracycline hcl</i> caps 250mg, 500mg	Tier 1	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i> tabs 5mg, 10mg	Tier 1	
<i>propylthiouracil</i> tabs 50mg	Tier 1	
<b>THYROID HORMONES</b>		
ADTHYZA TABS 15MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 120MG, 130MG	Tier 1	
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	Tier 1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>liothyronine sodium</i> (generic of CYTOMEL) tabs 5mcg, 25mcg, 50mcg	Tier 1	
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Tier 1	
NP THYROID 15 TABS 15MG	Tier 1	
NP THYROID 30 TABS 30MG	Tier 1	
NP THYROID 60 TABS 60MG	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
NP THYROID 90 TABS 90MG	Tier 1	
NP THYROID 120 TABS 120MG	Tier 1	
RENTHYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Tier 1	
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Tier 1	

## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

### ANTISPASMODICS

<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	Tier 1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	Tier 1	
<i>hyoscyamine sulfate elix .125mg/5ml; sub1 .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	Tier 1	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	Tier 1	

### H-2 ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	Tier 1	
<i>famotidine susr 40mg/5ml</i>	Tier 1	
<i>famotidine (generic of PEPCID) tabs 20mg, 40mg</i>	Tier 1	

### MISC. ANTI-ULCER

<i>sucralfate (generic of CARAFATE) tabs 1gm</i>	Tier 1	
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### PROTON PUMP INHIBITORS

<i>esomeprazole magnesium (generic of NEXIUM) cpdr 20mg</i>	Tier 1	QL (60 caps every 30 days)
<i>esomeprazole magnesium (generic of NEXIUM) cpdr 40mg</i>	Tier 1	QL (30 caps every 30 days)
<i>lansoprazole (generic of PREVACID) cpdr 30mg</i>	Tier 1	QL (60 caps every 30 days)
<i>lansoprazole (generic of PREVACID SOLUTAB) tbd 15mg, 30mg</i>	Tier 1	QL (30 tabs every 30 days); Covered for younger than age 8
<i>omeprazole cpdr 10mg</i>	Tier 1	QL (30 caps every 30 days)
<i>omeprazole cpdr 20mg, 40mg</i>	Tier 1	QL (60 caps every 30 days)
<i>pantoprazole sodium (generic of PROTONIX) tbec 20mg, 40mg</i>	Tier 1	QL (60 tabs every 30 days)

### ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol (generic of CYTOTEC) tabs 100mcg, 200mcg</i>	Tier 1	
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### ULCER THERAPY COMBINATIONS

<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (generic of PYLERA)</i>	Tier 1	QL (240 caps every year)
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	Tier 1	

## URINARY ANTISPASMODICS

### URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	Tier 1	
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Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate</i> (generic of VESICARE) <i>tabs 5mg, 10mg</i>	Tier 1	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg</i>	Tier 1	
<i>tolterodine tartrate</i> (generic of DETROL) <i>tabs 2mg</i>	Tier 1	
<i>tropium chloride cp24 60mg; tabs 20mg</i>	Tier 1	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
<i>mirabegron</i> (generic of MYRBETRIQ) <i>tb24 25mg, 50mg</i>	Tier 1	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	Tier 1	
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
VIVOTIF CAP EC	Tier 1	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN SUPP 100MG	Tier 1	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) <i>crea 2%</i>	Tier 1	
<i>metronidazole vaginal gel .75%</i>	Tier 1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	Tier 1	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal</i> (generic of ESTRACE) <i>crea .1mg/gm</i>	Tier 1	
<i>estradiol vaginal</i> (generic of VAGIFEM) <i>tabs 10mcg</i>	Tier 1	
FEMRING RING .05MG/24HR, .1MG/24HR	Tier 1	
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 4%, 8%	Tier 1	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) <i>soaj .3mg/0.3ml</i>	Tier 1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) <i>soaj .15mg/0.3ml</i>	Tier 1	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml</i>	Tier 1	
NEFFY SOLN 2MG/0.1ML	Tier 1	
<b>VASOPRESSORS</b>		
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	Tier 1	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol</i> (generic of DRISDOL) <i>caps 1.25mg, 50000unit</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>phytonadione tabs 5mg</i>	Tier 1	

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