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Drug Tier
T1 = Generic
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Drug Name	Drug Tier	Requirements and Limits
Antidote Therapeutics		
Acetaminophen Antidote		
acetylcysteine inhalation	T1	
Alcohol Deterrents (91:02)		
acamprosate calcium	T1	
disulfiram oral	T1	
naltrexone hcl oral	T1	
VIVITROL	T2	QL (1 EA per 28 days)
Antidote Therapeutics		
atropine sulfate ophthalmic solution 1 %	T1	
BAQSIMI ONE PACK	T2	QL
BAQSIMI TWO PACK	T2	QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
KLOXXADO	T2	
naloxone hcl injection solution 0.4 mg/ml	T1	
naloxone hcl injection solution cartridge	T1	
naloxone hcl injection solution prefilled syringe	T1	
naloxone hcl nasal	T1	
penicillamine oral	T1	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
REXTOVY	T2	
RIVIVE	T2	
Antidotes (91:04)		
naloxone hcl injection solution 0.4 mg/ml	T1	
naloxone hcl injection solution cartridge	T1	
naloxone hcl injection solution prefilled syringe	T1	
naltrexone hcl oral	T1	
sevelamer carbonate oral packet	T1	PA
sevelamer carbonate oral tablet	T1	
sodium polystyrene sulfonate oral powder	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VIVITROL	T2	QL (1 EA per 28 days)
Chemotherapy Antidotes/Protectants		
leucovorin calcium oral	T1	
Antihistamine Drugs		
Antihistamine Drugs		
promethazine hcl oral tablet 25 mg	T1	
Ethanolamine Derivatives		
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine hcl oral	T1	
First Generation Antihistamines		
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
cyproheptadine hcl oral	T1	

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Drug Name	Drug Tier	Requirements and Limits
hydrocod poli-chlorphe poli er	T1	Prior authorization required for claims greater than 7 day supply.; QL (50 ML per 5 days); AL (Min 18 Years and Max 999 Years)
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral	T1	
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Other Antihistamines		
bepotastine besilate	T1	ST
cimetidine oral	T1	
famotidine oral tablet 20 mg, 40 mg	T1	
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral	T1	
LASTACAFT	T3	
nizatidine oral capsule	T1	
olopatadine hcl nasal	T1	
olopatadine hcl ophthalmic solution 0.2 %	T1	NDC 62332050203 is not on formulary. Use alternate NDC.
Phenothiazine Derivatives		
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	

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Drug Name	Drug Tier	Requirements and Limits
Propylamine Derivatives		
hydrocod poli-chlorphe poli er	T1	Prior authorization required for claims greater than 7 day supply.; QL (50 ML per 5 days); AL (Min 18 Years and Max 999 Years)
Second Generation Antihistamines		
desloratadine oral tablet	T1	
epinastine hcl	T1	ST
LASTACAFT	T3	
levocetirizine dihydrochloride oral	T1	
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil	T1	
cephalexin oral capsule 250 mg, 500 mg	T1	
cephalexin oral suspension reconstituted	T1	
cephalexin oral tablet	T1	
2Nd Generation Cephalosporin Antibiotics		
cefaclor er	T1	
cefaclor oral capsule	T1	
cefprozil	T1	
cefuroxime axetil oral tablet	T1	
3Rd Generation Cephalosporin Antibiotics		
cefdinir	T1	
cefixime oral capsule	T1	
cefpodoxime proxetil	T1	
Adamantane Antivirals		
amantadine hcl oral capsule	T1	
amantadine hcl oral solution	T1	

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Drug Name	Drug Tier	Requirements and Limits
GOCOVRI	T3	PA
Allylamine Antifungals		
terbinafine hcl oral	T1	
Amebicides		
chlorhexidine gluconate mouth/throat	T1	
metronidazole external cream	T1	
metronidazole external gel	T1	
metronidazole oral capsule	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal	T1	
Aminoglycoside Antibiotics		
gentamicin sulfate external	T1	
gentamicin sulfate ophthalmic solution	T1	
neomycin sulfate oral	T1	
tobramycin inhalation nebulization solution 300 mg/5ml	T4	PA; SP
tobramycin ophthalmic	T1	
tobramycin-dexamethasone	T1	QL (10 ML per 30 days)
Aminopenicillin Antibiotics		
amoxicillin oral capsule	T1	
amoxicillin oral suspension reconstituted	T1	
amoxicillin oral tablet	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
amoxicillin-pot clavulanate er	T1	
amoxicillin-pot clavulanate oral suspension reconstituted	T1	
amoxicillin-pot clavulanate oral tablet	T1	
ampicillin oral capsule 500 mg	T1	
Anthelmintics		
albendazole oral	T1	
EMVERM	T3	

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Drug Name	Drug Tier	Requirements and Limits
ivermectin oral tablet 3 mg	T1	QL
praziquantel oral	T1	
Antifungals, Miscellaneous		
griseofulvin microsize oral suspension	T1	
Antileprosy Agents		
dapsone oral	T1	
Antimalarials		
atovaquone-proguanil hcl	T1	
chloroquine phosphate oral	T1	
doxycycline hyclate oral capsule	T1	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
hydroxychloroquine sulfate oral tablet 200 mg	T1	
KRINTAFEL	T3	
mefloquine hcl	T1	
minocycline hcl oral capsule	T1	
primaquine phosphate oral tablet 26.3 (15 base) mg	T1	
pyrimethamine oral	T4	PA; SP
quinidine gluconate er	T1	
quinidine sulfate oral	T1	
quinine sulfate oral	T1	
tetracycline hcl oral capsule	T1	
Antimycobacterials, Miscellaneous		
dapsone oral	T1	
Antiprotozoals, Miscellaneous		
atovaquone oral	T1	
benznidazole	T1	
dapsone oral	T1	

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Drug Name	Drug Tier	Requirements and Limits
metronidazole oral capsule	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
pentamidine isethionate inhalation	T1	
SOLOSEC	T3	ST
sulfamethoxazole-trimethoprim oral	T1	
tinidazole oral	T1	
Antiprotozoals,Nitroimidazole-Derivative		
tinidazole oral	T1	
Antituberculosis Agents		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
ethambutol hcl oral	T1	
isoniazid oral tablet	T1	
levofloxacin oral	T1	
moxifloxacin hcl oral	T1	
pretomanid	T1	PA
PRIFTIN	T3	
pyrazinamide oral	T1	
rifabutin	T1	
rifampin oral	T1	
SIRTURO	T4	PA; SP
Antivirals, Miscellaneous		
PAXLOVID (150/100)	T2	QL (20 EA per 180 days); AL (Min 12 Years and Max 999 Years)
PAXLOVID (300/100 & 150/100)	T2	QL (11 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100)	T2	QL (30 EA per 180 days); AL (Min 12 Years and Max 999 Years)

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Drug Name	Drug Tier	Requirements and Limits
PREVYMIS ORAL	T3	QL (4 packets per 1 day)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 1 day)
Azole Antifungals		
CRESEMBA ORAL CAPSULE 186 MG	T3	PA
CRESEMBA ORAL CAPSULE 74.5 MG	T3	PA; SP
fluconazole oral	T1	
itraconazole oral	T1	PA
ketoconazole external cream	T1	
ketoconazole external shampoo 2 %	T1	
ketoconazole oral	T1	
posaconazole oral	T1	PA
voriconazole oral suspension reconstituted	T1	PA; AL (Max 12 Years)
voriconazole oral tablet	T1	PA
Bacitracin Antibiotics		
bacitracin ophthalmic	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
Carbapenem Antibiotics		
ertapenem sodium	T1	
Coronavirus (Covid-19)		
PAXLOVID (150/100)	T2	QL (20 EA per 180 days); AL (Min 12 Years and Max 999 Years)
PAXLOVID (300/100 & 150/100)	T2	QL (11 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100)	T2	QL (30 EA per 180 days); AL (Min 12 Years and Max 999 Years)
Endonuclease Inhibitors		

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Drug Name	Drug Tier	Requirements and Limits
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 1 day)
Erythromycin Antibiotics		
erythromycin base oral tablet	T1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	T1	
erythromycin ethylsuccinate oral tablet	T1	
erythromycin external gel	T1	
erythromycin external solution	T1	
Glycopeptide Antibiotics		
vancomycin hcl oral capsule	T1	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA	T4	PA; SP
HARVONI	T4	PA; SP
ledipasvir-sofosbuvir	T2	PA; SP
sofosbuvir-velpatasvir	T2	PA; SP
VOSEVI	T2	PA; SP
Hcv Protease Inhibitor Antivirals		
MAVYRET	T2	PA; SP
VOSEVI	T2	PA; SP
Hcv Replication Complex Inhibitors		
EPCLUSA	T4	PA; SP
HARVONI	T4	PA; SP
ledipasvir-sofosbuvir	T2	PA; SP
MAVYRET	T2	PA; SP
sofosbuvir-velpatasvir	T2	PA; SP
VOSEVI	T2	PA; SP
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
maraviroc	T1	QL (60 EA per 30 days)
RUKOBIA	T3	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	T2	QL (920 ML per 30 days)
Hiv Integrase Inhibitor Antiretrovirals		
APRETUDE	T2	2 loading doses 1 month apart; 1 maintenance dose per 2 months.; QL (3 ML per 28 days)
BIKTARVY	T2	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	T2	QL (4 ml per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	T2	2 loading doses 1 month apart; 1 maintenance dose per 2 months.; QL (6 ML per 28 days)
DOVATO	T2	QL (30 EA per 30 days)
GENVOYA	T2	QL (30 EA per 30 days)
ISENTRESS HD	T2	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	T2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	T2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE	T2	QL (180 EA per 30 days)
JULUCA	T2	QL (30 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	T2	QL (60 EA per 30 days)
TIVICAY PD	T2	QL (180 EA per 30 days)
TRIUMEQ	T2	QL (30 EA per 30 days)
triumeq pd	T2	QL (180 EA per 30 days)
VOCABRIA	T3	QL (30 EA per 30 days)
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
BIKTARVY	T2	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	T2	QL (4 ml per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	T2	2 loading doses 1 month apart; 1 maintenance dose per 2 months.; QL (6 ML per 28 days)
DELSTRIGO	T2	QL (30 EA per 30 days)
EDURANT	T3	QL (60 EA per 30 days)
EDURANT PED	T3	QL (6 tablets per 1 day)
efavirenz oral tablet	T1	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df	T1	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	T1	QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df	T1	QL (30 EA per 30 days)
etravirine oral tablet 100 mg	T1	QL (120 EA per 30 days)
etravirine oral tablet 200 mg	T1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	T2	QL (120 EA per 30 days)
JULUCA	T2	QL (30 EA per 30 days)
methocarbamol oral tablet 500 mg	T1	QL (480 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	T1	QL (30 EA per 30 days)
nevirapine oral suspension	T1	QL (1200 ML per 30 days)
nevirapine oral tablet	T1	QL (60 EA per 30 days)
ODEFSEY	T2	QL (30 EA per 30 days)
PIFELTRO	T2	QL (30 EA per 30 days)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir sulfate oral solution	T1	QL (960 ML per 30 days)
abacavir sulfate oral tablet	T1	QL (60 EA per 30 days)
abacavir sulfate-lamivudine	T1	QL (30 EA per 30 days)
BIKTARVY	T2	QL (30 EA per 30 days)
CIMDUO	T3	QL (30 EA per 30 days)
DELSTRIGO	T2	QL (30 EA per 30 days)
DESCOVY	T2	QL (30 EA per 30 days)
DOVATO	T2	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df	T1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
efavirenz-lamivudine-tenofovir	T1	QL (30 EA per 30 days)
emtricitabine	T1	QL (30 EA per 30 days)
emtricitabine-tenofovir df	T1	QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df	T1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	T2	QL (720 ML per 30 days)
GENVOYA	T2	QL (30 EA per 30 days)
lamivudine oral solution 10 mg/ml	T1	QL (960 ML per 30 days)
lamivudine oral tablet 100 mg, 300 mg	T1	QL (30 EA per 30 days)
lamivudine oral tablet 150 mg	T1	QL (60 EA per 30 days)
lamivudine-zidovudine	T1	QL (60 EA per 30 days)
ODEFSEY	T2	QL (30 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
tenofovir disoproxil fumarate	T1	QL (30 EA per 30 days)
TRIUMEQ	T2	QL (30 EA per 30 days)
triumeq pd	T2	QL (180 EA per 30 days)
VIREAD ORAL POWDER	T2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	QL (30 EA per 30 days)
zidovudine oral capsule	T1	QL (180 EA per 30 days)
zidovudine oral syrup	T1	QL (1680 ML per 28 days)
zidovudine oral tablet	T1	QL (60 EA per 30 days)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE	T2	QL (120 EA per 30 days)
atazanavir sulfate oral capsule 150 mg, 300 mg	T1	QL (30 EA per 30 days)
atazanavir sulfate oral capsule 200 mg	T1	QL (60 EA per 30 days)
darunavir oral tablet 600 mg	T1	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	T1	QL (30 EA per 30 days)
EVOTAZ	T2	QL (30 EA per 30 days)
fosamprenavir calcium	T1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
lopinavir-ritonavir oral tablet 100-25 mg	T1	QL (300 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	T1	QL (120 EA per 30 days)
NORVIR ORAL PACKET	T3	QL (360 EA per 30 days)
PREZCOBIX	T2	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	T2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	T2	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T2	QL (300 EA per 30 days)
REYATAZ ORAL PACKET	T2	QL (150 EA per 30 days)
ritonavir	T1	QL (360 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	T2	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	T2	QL (120 EA per 30 days)
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Lincomycin Antibiotics		
clindamycin hcl oral	T1	
clindamycin palmitate hcl	T1	
clindamycin phos (once-daily)	T1	
clindamycin phos (twice-daily)	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
clindamycin phosphate external lotion	T1	
clindamycin phosphate external solution	T1	
clindamycin phosphate external swab	T1	
clindamycin phosphate vaginal	T1	
Monobactam Antibiotics		
CAYSTON	T4	PA; SP
Natural Penicillin Antibiotics		

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Drug Name	Drug Tier	Requirements and Limits
penicillin v potassium oral solution reconstituted	T1	AL (Max 12 Years)
penicillin v potassium oral tablet	T1	
Neuraminidase Inhibitor Antivirals		
oseltamivir phosphate oral	T1	QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	QL
Nitroimidazole Derivative, Trypanocidal		
benznidazole	T1	
Nitroimidazole Derivatives, Misc		
metronidazole external cream	T1	
metronidazole external gel	T1	
metronidazole oral capsule	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal	T1	
Nucleoside And Nucleotide Antivirals		
acyclovir external cream	T1	PA
acyclovir external ointment	T1	
acyclovir oral capsule	T1	
acyclovir oral suspension 200 mg/5ml	T1	
acyclovir oral tablet	T1	
adefovir dipivoxil	T4	SP
BARACLUDE ORAL SOLUTION	T3	
DESCOVY	T2	QL (30 EA per 30 days)
emtricitabine-tenofovir df	T1	QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df	T1	QL (30 EA per 30 days)
entecavir	T1	
famciclovir oral	T1	

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Drug Name	Drug Tier	Requirements and Limits
LAGEVRIO	T2	QL (40 EA per 180 days); AL (Min 18 Years and Max 999 Years)
ODEFSEY	T2	QL (30 EA per 30 days)
ribavirin oral capsule	T1	
ribavirin oral tablet 200 mg	T1	
valacyclovir hcl oral	T1	
valganciclovir hcl oral solution reconstituted	T1	AL (Max 12 Years)
valganciclovir hcl oral tablet	T1	
VEMLIDY	T2	QL (30 EA per 30 days)
Other Macrolide Antibiotics		
azithromycin oral suspension reconstituted	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
DIFICID ORAL TABLET	T3	PA
Other Macrolides (8:12.12.92)		
azithromycin oral suspension reconstituted	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
DIFICID ORAL TABLET	T3	PA
Oxazolidinone Antibiotics		
linezolid oral suspension reconstituted	T1	AL (Max 12 Years)
linezolid oral tablet	T1	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	T1	
Polyene Antifungals		
nystatin external	T1	
nystatin mouth/throat	T1	

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Drug Name	Drug Tier	Requirements and Limits
nystatin oral tablet	T1	
nystatin-triamcinolone	T1	
Polymyxin Antibiotics		
polymyxin b-trimethoprim	T1	
Pyrimidine Antifungals		
flucytosine oral	T1	PA
Quinolone Antibiotics		
BAXDELA ORAL	T3	QL (2 EA per 1 day)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	
levofloxacin oral	T1	
moxifloxacin hcl ophthalmic solution	T1	QL (3 ML per 30 days)
moxifloxacin hcl oral	T1	
ofloxacin ophthalmic	T1	
ofloxacin oral tablet 300 mg, 400 mg	T1	
ofloxacin otic	T1	
Rifamycin Antibiotics		
PRIFTIN	T3	
rifabutin	T1	
rifampin oral	T1	
XIFAXAN	T3	PA
Sulfonamide Antibiotics (Systemic)		
sulfadiazine oral	T1	
sulfamethoxazole-trimethoprim oral	T1	
sulfasalazine oral	T1	
Tetracycline Antibiotics		
demeclocycline hcl oral	T1	
doxycycline hyclate oral capsule	T1	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	

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Drug Name	Drug Tier	Requirements and Limits
minocycline hcl oral capsule	T1	
tetracycline hcl oral capsule	T1	
Urinary Anti-Infectives		
fosfomycin tromethamine	T1	QL (1 EA per 1 day)
methenamine hippurate	T1	
nitrofurantoin macrocrystal oral	T1	
nitrofurantoin monohyd macro	T1	
sulfamethoxazole-trimethoprim oral	T1	
trimethoprim oral	T1	
Antineoplastic Agents		
Antineoplastic Agents		
abiraterone acetate oral tablet 250 mg	T4	QL (120 EA per 30 days)
abiraterone acetate oral tablet 500 mg	T4	PA; QL (60 EA per 30 days)
ABIRTEGA	T4	QL (120 EA per 30 days)
ALECENSA	T4	PA; SP; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T4	PA; SP; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	T4	PA; SP; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T4	PA; SP; QL (30 EA per 30 days)
anastrozole oral	T1	
AYVAKIT	T4	PA; SP; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	T4	PA; SP; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	T4	PA; SP; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP; QL (30 EA per 30 days)
bexarotene oral	T4	PA; SP
bicalutamide	T1	

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Drug Name	Drug Tier	Requirements and Limits
BOSULIF ORAL CAPSULE 100 MG	T4	PA; SP; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	T4	PA; SP; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	T4	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	T4	PA; SP; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	T4	PA; SP; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)
BRUKINSA ORAL TABLET	T4	PA; SP; QL (2 EA per 1 day)
CABOMETYX	T4	PA; SP; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET	T4	PA; SP; QL (60 EA per 30 days)
capecitabine	T1	
CAPRELSA ORAL TABLET 100 MG	T4	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	T4	PA; SP; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP; QL (84 EA per 28 days)
COPIKTRA	T4	PA; SP; QL (60 EA per 30 days)
COTELLIC	T4	PA; SP; QL (84 EA per 28 days)
cyclophosphamide oral capsule	T1	
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	T4	PA; SP; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
dasatinib oral tablet 20 mg	T4	PA; SP; QL (90 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	T4	PA; SP; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	T4	PA; SP; QL (60 EA per 30 days)
DROXIA	T3	
ELIGARD	T4	PA; SP
ERIVEDGE	T4	PA; SP; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	T4	PA; SP; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	T4	PA; SP; QL (90 EA per 30 days)
erlotinib hcl oral tablet 100 mg	T4	PA; SP; QL (30 EA per 30 days)
erlotinib hcl oral tablet 150 mg	T4	PA; SP; QL (90 EA per 30 days)
erlotinib hcl oral tablet 25 mg	T4	PA; SP; QL (60 EA per 30 days)
etoposide oral	T4	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T4	SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4	PA; SP; QL (30 EA per 30 days)
everolimus oral tablet soluble	T4	PA; SP
exemestane	T1	
fluorouracil external cream 0.5 %	T1	
fluorouracil external cream 5 %	T1	QL (40 g per 30 days)
fluorouracil external solution	T1	
FOTIVDA	T4	PA; SP; QL (21 EA per 28 days)
GAVRETO	T4	PA; SP; QL (120 EA per 30 days)

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gefitinib	T4	PA; SP; QL (30 EA per 30 days)
GILOTRIF	T4	PA; SP; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T4	PA; SP
HYCAMTIN ORAL	T4	SP
hydroxyurea oral	T1	
IBRANCE	T4	PA; SP; QL (21 EA per 28 days)
ICLUSIG	T4	PA; SP; QL (30 EA per 30 days)
IDHIFA	T4	PA; SP; QL (30 EA per 30 days)
imatinib mesylate oral	T1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG	T4	PA; SP; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	T4	PA; SP; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	T4	PA; SP; QL (6 ML per 1 day)
IMBRUVICA ORAL TABLET 140 MG	T4	PA; SP; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	T4	PA; SP; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	T4	PA; SP; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	T4	PA; SP; QL (120 EA per 30 days)
INQOVI	T4	PA; SP; QL (5 EA per 28 days)
INREBIC	T4	PA; SP; QL (120 EA per 30 days)
JAKAFI	T4	PA; SP; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	T4	PA; SP; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	T4	PA; SP; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
KOSELUGO ORAL CAPSULE	T4	PA; SP
KRAZATI	T4	PA; SP; QL (180 EA per 30 days)
lapatinib ditosylate	T4	PA; SP; QL (180 EA per 30 days)
lenalidomide	T4	PA; SP
LENVIMA (10 MG DAILY DOSE)	T4	PA; SP; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	T4	PA; SP; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE)	T4	PA; SP; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	T4	PA; SP; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	T4	PA; SP; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	T4	PA; SP; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	T4	PA; SP; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	T4	PA; SP; QL (60 EA per 30 days)
letrozole oral	T1	
LEUKERAN	T4	
leuprolide acetate injection	T4	SP
LONSURF	T4	PA; SP
LORBRENA ORAL TABLET 100 MG	T4	PA; SP; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	T4	PA; SP; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 240 MG	T4	PA; SP; QL (4 EA per 1 day)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SP; QL (90 EA per 30 days)
LUPRON DEPOT (1-MONTH)	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
LUPRON DEPOT (3-MONTH)	T4	PA; SP
LUPRON DEPOT (4-MONTH)	T4	PA; SP
LUPRON DEPOT (6-MONTH)	T4	PA; SP
LYNPARZA ORAL TABLET	T4	PA; SP; QL (120 EA per 30 days)
LYSODREN	T4	
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SP
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SP
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP
MATULANE	T4	SP
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml	T1	
megestrol acetate oral tablet	T1	
MEKINIST ORAL SOLUTION RECONSTITUTED	T4	PA; SP; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	T4	PA; SP; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	T4	PA; SP; QL (30 EA per 30 days)
MEKTOVI	T4	PA; SP; QL (180 EA per 30 days)
mercaptopurine oral suspension	T1	SP
mercaptopurine oral tablet	T1	
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	

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Drug Name	Drug Tier	Requirements and Limits
methotrexate sodium oral	T1	
NERLYNX	T4	PA; SP; QL (180 EA per 30 days)
nilutamide	T4	SP; QL (60 EA per 30 days)
NINLARO	T4	PA; SP; QL (3 EA per 28 days)
NUBEQA	T4	PA; SP; QL (120 EA per 30 days)
ODOMZO	T4	PA; SP; QL (30 EA per 30 days)
ONUREG	T4	PA; SP; QL (15 EA per 30 days)
OPZELURA	T4	PA
ORSERDU ORAL TABLET 345 MG	T4	PA; SP; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	T4	PA; SP; QL (90 EA per 30 days)
pazopanib hcl	T4	PA; SP; QL (120 EA per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
PEMAZYRE	T4	PA; SP; QL (1 EA per 1 day)
PIQRAY (200 MG DAILY DOSE)	T4	PA; SP; QL (30 EA per 30 days)
PIQRAY (250 MG DAILY DOSE)	T4	PA; SP; QL (56 EA per 30 days)
PIQRAY (300 MG DAILY DOSE)	T4	PA; SP; QL (56 EA per 30 days)
POMALYST	T4	PA; SP; QL (21 EA per 28 days)
QINLOCK	T4	PA; SP; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	T4	PA; SP; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
RETEVMO ORAL TABLET 40 MG	T4	PA; SP; QL (90 EA per 30 days)
REVLIMID	T4	PA; SP
REZLIDHIA	T4	PA; SP; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	T4	PA; SP; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	T4	PA; SP; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET	T4	PA; SP
RUBRACA	T4	PA; SP; QL (120 EA per 30 days)
RUXIENCE	T4	PA; SP
RYDAPT	T4	PA; SP; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG	T4	PA; SP; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	T4	PA; SP; QL (60 EA per 30 days)
SOLTAMOX	T4	QL (600 ML per 30 days)
sorafenib tosylate	T4	PA; SP; QL (120 EA per 30 days)
STIVARGA	T4	PA; SP; QL (120 EA per 30 days)
sunitinib malate	T4	PA; SP; QL (30 EA per 30 days)
TABLOID	T4	PA; SP
TABRECTA	T4	PA; SP; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE	T4	PA; SP
TAGRISSO	T4	PA; SP; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
TALZENNA	T4	PA; SP; QL (30 EA per 30 days)
tamoxifen citrate oral	T1	
TARGRETIN EXTERNAL	T4	PA; SP
TASIGNA	T4	PA; SP; QL (120 EA per 30 days)
TAZVERIK	T4	PA; SP; QL (240 EA per 30 days)
TECVAYLI	T4	PA; SP
TEPMETKO	T4	PA; SP; QL (60 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	T4	PA; SP
TIBSOVO	T4	PA; SP; QL (60 EA per 30 days)
toremifene citrate	T1	SP
TRELSTAR MIXJECT	T4	PA; SP
tretinoin external cream	T1	AL (Max 30 Years)
tretinoin external gel 0.01 %, 0.025 %	T1	AL (Max 30 Years)
tretinoin oral	T4	SP
TRUXIMA	T4	PA; SP
TUKYSA	T4	PA; SP; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	T4	PA; SP; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG	T4	PA; SP; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	T4	PA; SP; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	T4	PA; SP; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK	T4	PA; SP; QL (42 EA per 28 days)
VERZENIO	T4	PA; SP; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
VITRAKVI ORAL CAPSULE 100 MG	T4	PA; SP; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	T4	PA; SP; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP; QL (300 ML per 30 days)
VIZIMPRO	T4	PA; SP; QL (30 EA per 30 days)
WELIREG	T4	PA; SP; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	T4	PA; SP; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	T4	PA; SP; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	T4	PA; SP; QL (120 EA per 30 days)
XATMEP	T3	PA
XOSPATA	T4	PA; SP; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T4	PA; SP; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	T4	PA; SP; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA; SP; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T4	PA; SP; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T4	PA; SP; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA; SP; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T4	PA; SP; QL (32 EA per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
XTANDI ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	T4	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	T4	PA; SP; QL (60 EA per 30 days)
YONSA	T4	PA; SP; QL (120 EA per 30 days)
ZEJULA ORAL TABLET	T4	PA; SP; QL (30 EA per 30 days)
ZELBORAF	T4	PA; SP; QL (240 EA per 30 days)
ZOLINZA	T4	PA; SP; QL (120 EA per 30 days)
ZYDELIG	T4	PA; SP; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET	T4	PA; SP; QL (90 EA per 30 days)
Antitoxins,Immune Glob,Toxoids,Vaccines		
Antitoxins And Immune Globulins		
ALYGLO	T4	PA; SP
ASCENIV	T4	PA; SP
BIVIGAM	T4	PA; SP
CUTAQUIG	T4	PA; SP
CUVITRU	T4	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	T4	PA; SP
GAMMAGARD	T4	PA; SP
GAMMAGARD S/D LESS IGA	T4	PA; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	T4	PA; SP
GAMUNEX-C	T4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	T4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
HYQVIA	T4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	T4	PA; SP
PANZYGA	T4	PA; SP
PRIVIGEN	T4	PA; SP
XEMBIFY	T4	PA; SP
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T2	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
Vaccines		
ABRYSVO	T2	QL (1 dose per 2 years)
ACTHIB	T2	AL (Min 19 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T2	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
AFLURIA	T2	

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Drug Name	Drug Tier	Requirements and Limits
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
AREXVY	T2	QL (1 dose per 2 years)
BEXSERO	T2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
CAPVAXIVE	T2	QL (0.5 ML per 1 lifetime)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T2	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T2	
FLUAD	T2	
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2	
FLUCELVAX INTRAMUSCULAR SUSPENSION	T2	
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
FLUMIST	T2	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
FLUZONE INTRAMUSCULAR SUSPENSION	T2	
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
GARDASIL 9	T2	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	T2	

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Drug Name	Drug Tier	Requirements and Limits
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2	
HIBERIX INJECTION	T2	AL (Min 19 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	T2	
IPOL INJECTION SUSPENSION	T2	AL (Min 19 Years)
JYNNEOS	T2	AL (Min 18 Years)
MENQUADFI INTRAMUSCULAR SOLUTION	T2	
MENVEO	T2	
M-M-R II INJECTION	T2	
MNEXSPIKE	T2	
MRESVIA	T2	QL (1 dose per 2 years)
nuvaxovid covid-19 vaccine	T2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	T2	AL (Min 19 Years)
PENBRAYA	T2	AL (Min 19 Years and Max 25 Years)
penmenvy	T2	AL (Min 10 Years and Max 25 Years)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	T2	QL (0.5 ML per 1 lifetime)
PREVNAR 20	T2	4 doses per 15 months for ages 0 to 5 years; 1 dose per lifetime for ages 6 years and older; QL (0.5 ML per 1 lifetime)
PRIORIX	T2	
RABAVERT	T2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T2	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T2	

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Drug Name	Drug Tier	Requirements and Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T2	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
TRUMENBA	T2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T2	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
VARIVAX INJECTION	T2	
VAXNEUVANCE	T2	4 doses per 15 months for ages 0 to 5 years; 1 dose per lifetime for ages 6 years and older; QL (0.5 ML per 1 lifetime)
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
epinephrine injection solution auto-injector	T1	QL
Alpha-Adrenergic Agonists		
clonidine	T1	
clonidine hcl er oral tablet extended release 12 hour	T1	QL (120 EA per 30 days)
clonidine hcl oral	T1	
lofexidine hcl	T4	
methyldopa oral	T1	
midodrine hcl	T1	
Antimuscarinics/Antispasmodics		
atropine sulfate ophthalmic solution 1 %	T1	
ATROVENT HFA	T3	QL (12.9 GM per 25 days)
BEVESPI AEROSPHERE	T2	QL (10.7 Inhaler per 30 days)
BREZTRI AEROSPHERE	T2	QL (1 Inhaler per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
dicyclomine hcl oral capsule	T1	
dicyclomine hcl oral solution 10 mg/5ml	T1	
dicyclomine hcl oral tablet 20 mg	T1	
diphenoxylate-atropine oral liquid	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
ipratropium bromide inhalation	T1	
ipratropium bromide nasal	T1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
methscopolamine bromide oral	T1	
scopolamine	T1	QL (10 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
tiotropium bromide	T1	QL (30 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)
umeclidinium-vilanterol	T3	ST; QL (60 EA per 30 days)
Antiparkinsonian Agents		
benztropine mesylate oral	T1	
GOCOVRI	T3	PA
trihexyphenidyl hcl	T1	

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Drug Name	Drug Tier	Requirements and Limits
Autonomic Drugs, Miscellaneous		
cvs nicotine mouth/throat lozenge	T1	
cvs nicotine polacrilex	T1	
cvs nicotine transdermal	T1	
eq nicotine mouth/throat lozenge	T1	
eq nicotine polacrilex	T1	
eq nicotine step 3	T1	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	
gnp nicotine mini mouth/throat lozenge 2 mg	T1	
gnp nicotine polacrilex	T1	
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	T1	
goodsense nicotine	T1	
KLS QUIT2	T1	
KLS QUIT4	T1	
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	
nicotine	T1	
nicotine mini	T1	
nicotine polacrilex mouth/throat	T1	
nicotine step 1	T1	
nicotine step 2	T1	
nicotine step 3	T1	
NICOTROL NS	T2	
sm nicotine mouth/throat	T1	
sm nicotine polacrilex mouth/throat lozenge 4 mg	T1	
varenicline tartrate oral tablet 0.5 mg, 1 mg	T1	QL (56 EA per 28 days)
Botulinum Toxins		
DYSPORT	T4	PA; SP
XEOMIN	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
Centrally Acting Skeletal Muscle Relaxnt		
carisoprodol oral tablet 350 mg	T1	PA; QL (63 EA per 21 days)
chlorzoxazone oral tablet 500 mg	T1	QL (120 EA per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1	QL (90 EA per 30 days)
metaxalone oral tablet 800 mg	T1	QL (120 EA per 30 days)
methocarbamol oral tablet 500 mg	T1	QL (480 EA per 30 days)
methocarbamol oral tablet 750 mg	T1	QL (300 EA per 30 days)
tizanidine hcl oral tablet 2 mg	T1	QL (120 EA per 30 days)
tizanidine hcl oral tablet 4 mg	T1	QL (240 EA per 30 days)
Direct-Acting Skeletal Muscle Relaxants		
dantrolene sodium oral capsule 100 mg	T1	QL (120 EA per 30 days)
dantrolene sodium oral capsule 25 mg, 50 mg	T1	QL (90 EA per 30 days)
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg, 20 mg	T1	QL (120 EA per 30 days)
Indirect-Acting Skeletal Muscle Relaxant		
orphenadrine citrate er	T1	QL (60 EA per 30 days)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	QL (120 EA per 30 days)
Non-Sel. Beta-Adrenergic Blocking Agents		
carvedilol	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
nebivolol hcl	T1	
pindolol	T1	
propranolol hcl er	T1	

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Drug Name	Drug Tier	Requirements and Limits
propranolol hcl oral	T1	
sotalol hcl (af)	T1	
sotalol hcl oral	T1	
timolol maleate ophthalmic solution	T1	
timolol maleate oral	T1	
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
doxazosin mesylate oral	T1	
prazosin hcl oral	T1	
terazosin hcl oral	T1	
Non-Sel.Alpha-Adrenergic Blocking Agents		
dihydroergotamine mesylate nasal	T1	QL
ERGOMAR	T3	QL (5 EA per 30 days)
ergotamine-caffeine	T1	QL (40 EA per 30 days)
phenoxybenzamine hcl oral	T4	SP
Parasympathomimetic (Cholinergic Agents)		
bethanechol chloride oral	T1	
cevimeline hcl	T1	
donepezil hcl	T1	
FIRDAPSE	T4	PA; SP
galantamine hydrobromide er	T1	
galantamine hydrobromide oral tablet	T1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
pilocarpine hcl oral	T1	
pyridostigmine bromide er oral tablet extended release	T1	
pyridostigmine bromide oral tablet 60 mg	T1	
QLOSI	T3	PA; QL (60 EA per 30 days)
rivastigmine	T1	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
rivastigmine tartrate	T1	
VUITY	T3	PA; QL (5 ML per 25 days)
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er	T1	QL (30 EA per 30 days)
carvedilol	T1	
dutasteride-tamsulosin hcl	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
silodosin	T1	ST
tamsulosin hcl	T1	
Selective Beta-2-Adrenergic Agonists		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	NDC 66993001968 (albuterol authorized generic for Ventolin) is not on formulary. Use alternate NDC.
albuterol sulfate inhalation	T1	
albuterol sulfate oral syrup 2 mg/5ml	T1	
albuterol sulfate oral tablet	T1	
BEVESPI AEROSPHERE	T2	QL (10.7 Inhaler per 30 days)
BREZTRI AEROSPHERE	T2	QL (1 Inhaler per 30 days)
budesonide-formoterol fumarate	T2	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T2	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 EA per 30 days)
formoterol fumarate inhalation	T1	QL (120 ml per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	T1	ST
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
STRIVERDI RESPIMAT	T2	QL (4 GM per 30 days)
terbutaline sulfate oral	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)
umeclidinium-vilanterol	T3	ST; QL (60 EA per 30 days)
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral	T1	
atenolol oral	T1	
betaxolol hcl	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
metoprolol succinate er	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
Skeletal Muscle Relaxants, Miscellaneous		
DYSPORT	T4	PA; SP
orphenadrine citrate er	T1	QL (60 EA per 30 days)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	QL (120 EA per 30 days)
XEOMIN	T4	PA; SP
Smoking Cessation Agents		

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Drug Name	Drug Tier	Requirements and Limits
bupropion hcl er (smoking det)	T1	
cvs nicotine mouth/throat lozenge	T1	
cvs nicotine polacrilex	T1	
cvs nicotine transdermal	T1	
eq nicotine mouth/throat lozenge	T1	
eq nicotine polacrilex	T1	
eq nicotine step 3	T1	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	
gnp nicotine mini mouth/throat lozenge 2 mg	T1	
gnp nicotine polacrilex	T1	
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	T1	
goodsense nicotine	T1	
KLS QUIT2	T1	
KLS QUIT4	T1	
naltrexone hcl oral	T1	
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	
nicotine	T1	
nicotine mini	T1	
nicotine polacrilex mouth/throat	T1	
nicotine step 1	T1	
nicotine step 2	T1	
nicotine step 3	T1	
NICOTROL NS	T2	
sm nicotine mouth/throat	T1	
sm nicotine polacrilex mouth/throat lozenge 4 mg	T1	
varenicline tartrate oral tablet 0.5 mg, 1 mg	T1	QL (56 EA per 28 days)
VIVITROL	T2	QL (1 EA per 28 days)
Blood Formation, Coagulation, Thrombosis		

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Drug Name	Drug Tier	Requirements and Limits
Antianemia Drugs		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T2	PA; SP
Anticoagulants, Miscellaneous		
fondaparinux sodium	T1	
Blood Form.,Coag,Thrombosis Agents Misc.		
PYRUKYND	T4	PA; SP
PYRUKYND TAPER PACK	T4	PA; SP
Coumarin Derivatives		
JANTOVEN	T1	
warfarin sodium oral	T1	
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK)	T2	
ELIQUIS (2 MG PACK)	T2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 EA per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE	T2	
rivaroxaban oral suspension reconstituted	T1	QL (600 ML per 30 days); AL (Max 18 Years)
rivaroxaban oral tablet	T1	QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	T2	QL (42 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
XARELTO STARTER PACK	T2	QL (51 EA per 30 days)
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate	T1	QL (60 EA per 30 days)
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA; SP
DOPTELET ORAL TABLET 20 MG	T4	PA; SP
DOPTELET SPRINKLE	T4	PA; SP
eltrombopag olamine	T4	PA; SP
FULPHILA	T4	PA; SP
LEUKINE INJECTION SOLUTION RECONSTITUTED	T4	PA; SP
NIVESTYM	T4	PA; SP
releuko subcutaneous	T4	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T2	PA; SP
VAFSEO	T4	PA; SP
Hemorrheologic Agents		
pentoxifylline er	T1	
Hemostatics		
aminocaproic acid oral tablet	T1	
desmopressin ace spray refrig	T1	QL (15 ML per 30 days)
desmopressin acetate oral	T1	
desmopressin acetate spray	T1	QL (15 ML per 30 days)
tranexamic acid oral	T1	
Heparins		
enoxaparin sodium injection solution prefilled syringe	T1	

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Drug Name	Drug Tier	Requirements and Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	T3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	T3	QL (15 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	T3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	T3	QL (21.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T3	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	T3	QL (9 ML per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	T1	
heparin sodium (porcine) pf	T1	
Indirect Factor Xa Inhibitors		
fondaparinux sodium	T1	
Iron Preparations		
m-natal plus	T1	
pnv prenatal plus multivitamin	T1	
PRENATABS RX	T1	
prenatal oral tablet 27-1 mg	T1	
westab plus	T1	
Platelet-Aggregation Inhibitors		
aspirin 81 oral tablet chewable	T1	
aspirin adult low dose	T1	
aspirin adult low strength oral tablet delayed release	T1	
aspirin childrens	T1	
aspirin ec adult low dose	T1	
aspirin ec low dose	T1	
aspirin ec low strength	T1	

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Drug Name	Drug Tier	Requirements and Limits
aspirin low dose oral tablet chewable	T1	
aspirin low dose oral tablet delayed release	T1	
aspirin low strength	T1	
aspirin oral tablet chewable	T1	
aspirin oral tablet delayed release 81 mg	T1	
aspirin-dipyridamole er	T1	
childrens aspirin	T1	
cilostazol	T1	
clopidogrel bisulfate oral tablet 75 mg	T1	
cvs aspirin adult low dose	T1	
cvs aspirin adult low strength	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose	T1	
cvs aspirin low strength oral tablet delayed release	T1	
dipyridamole oral	T1	
eq aspirin adult low dose	T1	
eq aspirin low dose oral tablet chewable	T1	
eql aspirin low dose	T1	
gnp adult aspirin low strength oral tablet chewable	T1	
gnp aspirin low dose	T1	
gnp aspirin oral tablet delayed release 81 mg	T1	
goodsense aspirin low dose	T1	
goodsense aspirin oral tablet chewable	T1	
h-e-b aspirin	T1	
kls aspirin low dose	T1	
kp aspirin	T1	
prasugrel hcl	T1	
qc aspirin low dose	T1	
qc childrens aspirin	T1	

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Drug Name	Drug Tier	Requirements and Limits
sb childrens aspirin	T1	
sb low dose asa ec	T1	
ticagrelor	T1	
ZONTIVITY	T3	PA
Platelet-Reducing Agents		
anagrelide hcl	T1	
Thrombolytic Agents		
aspirin 81 oral tablet chewable	T1	
aspirin adult low dose	T1	
aspirin adult low strength oral tablet delayed release	T1	
aspirin childrens	T1	
aspirin ec adult low dose	T1	
aspirin ec low dose	T1	
aspirin ec low strength	T1	
aspirin low dose oral tablet chewable	T1	
aspirin low dose oral tablet delayed release	T1	
aspirin low strength	T1	
aspirin oral tablet chewable	T1	
aspirin oral tablet delayed release 81 mg	T1	
childrens aspirin	T1	
cvs aspirin adult low dose	T1	
cvs aspirin adult low strength	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose	T1	
cvs aspirin low strength oral tablet delayed release	T1	
eq aspirin adult low dose	T1	
eq aspirin low dose oral tablet chewable	T1	
eql aspirin low dose	T1	

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Drug Name	Drug Tier	Requirements and Limits
gnp adult aspirin low strength oral tablet chewable	T1	
gnp aspirin low dose	T1	
gnp aspirin oral tablet delayed release 81 mg	T1	
goodsense aspirin low dose	T1	
goodsense aspirin oral tablet chewable	T1	
h-e-b aspirin	T1	
kls aspirin low dose	T1	
kp aspirin	T1	
qc aspirin low dose	T1	
qc childrens aspirin	T1	
sb childrens aspirin	T1	
sb low dose asa ec	T1	
Cardiovascular Drugs		
Acl Inhibitors		
NEXLETOL	T3	PA
NEXLIZET	T3	PA
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
prazosin hcl oral	T1	
terazosin hcl oral	T1	
Alpha-Adrenergic Blocking Agt.(Hypoten)		
carvedilol	T1	
doxazosin mesylate oral	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
prazosin hcl oral	T1	
terazosin hcl oral	T1	
Angiotensin Ii Recep Antagonist/Neprolys		

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Drug Name	Drug Tier	Requirements and Limits
sacubitril-valsartan	T1	QL (60 EA per 30 days)
Angiotensin Ii Receptor Antagon.(Hypotn)		
candesartan cilexetil	T1	
irbesartan	T1	
losartan potassium oral	T1	
olmesartan medoxomil oral	T1	
telmisartan	T1	
valsartan oral tablet	T1	
Angiotensin Ii Receptor Antagonists		
amlodipine besylate-valsartan	T1	
amlodipine-olmesartan	T1	
candesartan cilexetil	T1	
candesartan cilexetil-hctz	T1	
irbesartan	T1	
irbesartan-hydrochlorothiazide	T1	
losartan potassium oral	T1	
losartan potassium-hctz	T1	
olmesartan medoxomil oral	T1	
olmesartan medoxomil-hctz	T1	
sacubitril-valsartan	T1	QL (60 EA per 30 days)
telmisartan	T1	
telmisartan-hctz	T1	
valsartan oral tablet	T1	
valsartan-hydrochlorothiazide	T1	
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
benazepril hcl oral	T1	
captopril oral	T1	
enalapril maleate oral tablet	T1	
fosinopril sodium	T1	
lisinopril oral	T1	

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Drug Name	Drug Tier	Requirements and Limits
moexipril hcl	T1	
perindopril erbumine	T1	
quinapril hcl	T1	
ramipril	T1	
trandolapril	T1	
Angiotensin-Converting Enzyme Inhibitors		
amlodipine besy-benazepril hcl	T1	
benazepril hcl oral	T1	
benazepril-hydrochlorothiazide	T1	
captopril oral	T1	
enalapril maleate oral tablet	T1	
enalapril-hydrochlorothiazide	T1	
fosinopril sodium	T1	
lisinopril oral	T1	
lisinopril-hydrochlorothiazide	T1	
moexipril hcl	T1	
perindopril erbumine	T1	
quinapril hcl	T1	
quinapril-hydrochlorothiazide	T1	
ramipril	T1	
trandolapril	T1	
Antiarrhythmics, Miscellaneous		
DIGOX	T1	
digoxin oral solution	T1	
digoxin oral tablet 125 mcg, 250 mcg	T1	
Antilipemic Agents, Miscellaneous		
icosapent ethyl	T1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP
NEXLETOL	T3	PA
NEXLIZET	T3	PA

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Drug Name	Drug Tier	Requirements and Limits
niacin er (antihyperlipidemic)	T1	
omega-3-acid ethyl esters	T1	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral	T1	
atenolol oral	T1	
atenolol-chlorthalidone	T1	
betaxolol hcl oral	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide	T1	
carvedilol	T1	
doxazosin mesylate oral	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate er	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
metoprolol-hydrochlorothiazide	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
nebivolol hcl	T1	
pindolol	T1	
prazosin hcl oral	T1	
propranolol hcl er	T1	
propranolol hcl oral	T1	
sotalol hcl (af)	T1	
sotalol hcl oral	T1	
terazosin hcl oral	T1	
timolol maleate ophthalmic solution	T1	
timolol maleate oral	T1	
Bile Acid Sequestrants		
cholestyramine light	T1	
cholestyramine oral	T1	
colesevelam hcl	T1	

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Drug Name	Drug Tier	Requirements and Limits
colestipol hcl	T1	
Bradykinin Receptors Antagonists		
icatibant acetate subcutaneous solution prefilled syringe	T4	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARTIA XT	T1	
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral	T1	
dilt-xr	T1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
Calcium-Channel Blocking Agents		
CARTIA XT	T1	
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral	T1	
dilt-xr	T1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	

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Drug Name	Drug Tier	Requirements and Limits
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
Calcium-Channel Blocking Agents, Misc.		
CARTIA XT	T1	
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral	T1	
dilt-xr	T1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
Carbonic Anhydrase Inhibitors (24:36)		
acetazolamide er	T1	
acetazolamide oral	T1	
methazolamide oral	T1	
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er	T1	
acetazolamide oral	T1	
methazolamide oral	T1	
Cardiac Drugs, Miscellaneous		
CAMZYOS	T4	PA
CORLANOR ORAL SOLUTION	T3	PA
ivabradine hcl	T1	PA

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Drug Name	Drug Tier	Requirements and Limits
ranolazine er	T1	
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
VYNDAQEL	T4	PA; SP
Cardiotonic Agents		
CORLANOR ORAL SOLUTION	T3	PA
DIGOX	T1	
digoxin oral solution	T1	
digoxin oral tablet 125 mcg, 250 mcg	T1	
ivabradine hcl	T1	PA
Central Alpha-Agonists		
acebutolol hcl oral	T1	
atenolol oral	T1	
atenolol-chlorthalidone	T1	
betaxolol hcl oral	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide	T1	
carvedilol	T1	
clonidine	T1	
clonidine hcl oral	T1	
guanfacine hcl oral	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
methyldopa oral	T1	
metoprolol succinate er	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
metoprolol-hydrochlorothiazide	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
nebivolol hcl	T1	
pindolol	T1	
propranolol hcl er	T1	

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Drug Tier
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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
propranolol hcl oral	T1	
sotalol hcl (af)	T1	
sotalol hcl oral	T1	
timolol maleate oral	T1	
Cgmp Synthesis Agent		
VERQUVO	T3	PA
Cholesterol Absorption Inhibitors		
ezetimibe	T1	
ezetimibe-simvastatin	T1	
NEXLIZET	T3	PA
Class Ia Antiarrhythmics		
disopyramide phosphate oral	T1	
NORPACE CR	T3	
quinidine gluconate er	T1	
quinidine sulfate oral	T1	
Class Ib Antiarrhythmics		
DILANTIN ORAL CAPSULE 30 MG	T3	
mexiletine hcl oral	T1	
PHENYTEK	T3	
phenytoin oral	T1	
phenytoin sodium extended	T1	
Class Ic Antiarrhythmics		
flecainide acetate	T1	
propafenone hcl	T1	
Class Ii Antiarrhythmics		
acebutolol hcl oral	T1	
atenolol oral	T1	
betaxolol hcl	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
carvedilol	T1	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate er	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
nebivolol hcl	T1	
pindolol	T1	
propranolol hcl er	T1	
propranolol hcl oral	T1	
sotalol hcl (af)	T1	
sotalol hcl oral	T1	
timolol maleate ophthalmic solution	T1	
timolol maleate oral	T1	
Class Iii Antiarrhythmics		
amiodarone hcl oral	T1	
dofetilide	T1	
MULTAQ	T3	
sotalol hcl (af)	T1	
sotalol hcl oral	T1	
Class Iv Antiarrhythmics		
CARTIA XT	T1	
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral	T1	
dilt-xr	T1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	

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Requirements and Limits
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PA = Prior Authorization
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ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
Dihydropyridines		
amlodipine besy-benazepril hcl	T1	
amlodipine besylate oral	T1	
amlodipine besylate-valsartan	T1	
amlodipine-atorvastatin	T1	ST
amlodipine-olmesartan	T1	
felodipine er	T1	
isradipine	T1	
nicardipine hcl oral	T1	
nifedipine er	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral capsule	T1	
Dihydropyridines (Antihypertensive)		
amlodipine besylate oral	T1	
felodipine er	T1	
isradipine	T1	
nicardipine hcl oral	T1	
nifedipine er	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral capsule	T1	
Direct Vasodilators		
clonidine	T1	
clonidine hcl er oral tablet extended release 12 hour	T1	QL (120 EA per 30 days)
clonidine hcl oral	T1	
guanfacine hcl oral	T1	
hydralazine hcl oral	T1	

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Drug Name	Drug Tier	Requirements and Limits
methyldopa oral	T1	
minoxidil oral	T1	
Diuretics, Miscellaneous (Hypotensive)		
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour	T1	
theophylline oral	T1	
Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	T1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	T1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1	
fenofibric acid oral capsule delayed release	T1	
fenofibric acid oral tablet 35 mg	T1	
gemfibrozil oral	T1	
Hmg-Coa Reductase Inhibitors		
amlodipine-atorvastatin	T1	ST
atorvastatin calcium oral	T1	
ezetimibe-simvastatin	T1	
lovastatin oral	T1	
pravastatin sodium	T1	
rosuvastatin calcium oral	T1	
simvastatin oral tablet	T1	
Kallikrein Inhibitors (24:48:08)		
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP
Loop Diuretics (24:36)		

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Drug Name	Drug Tier	Requirements and Limits
bumetanide oral	T1	
ethacrynic acid oral	T1	PA
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	
furosemide oral tablet	T1	
torsemide oral	T1	
Loop Diuretics (Hypotensive Agents)		
bumetanide oral	T1	
ethacrynic acid oral	T1	PA
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	
furosemide oral tablet	T1	
torsemide oral	T1	
Mineralocorticoid (Aldosterone) Antagnts		
eplerenone	T1	
spironolactone oral tablet	T1	
spironolactone-hctz	T1	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
eplerenone	T1	
spironolactone oral tablet	T1	
Mtp Protein Inhibitors		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP
Nitrates And Nitrites		
acebutolol hcl oral	T1	
atenolol oral	T1	
betaxolol hcl oral	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
carvedilol	T1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1	

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Drug Name	Drug Tier	Requirements and Limits
isosorbide mononitrate	T1	
isosorbide mononitrate er	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate er	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
NITRO-BID	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	
nitroglycerin rectal	T3	
nitroglycerin sublingual	T1	
nitroglycerin transdermal patch 24 hour	T1	
nitroglycerin translingual solution	T1	
pindolol	T1	
propranolol hcl er	T1	
propranolol hcl oral	T1	
sotalol hcl (af)	T1	
sotalol hcl oral	T1	
timolol maleate oral	T1	
Omega-3-Mediated Antilipemics		
icosapent ethyl	T1	PA
omega-3-acid ethyl esters	T1	
Pcsk9 Inhibitors		
REPATHA	T2	PA
REPATHA SURECLICK	T2	PA
Phosphodiesterase Type 5 Inhibitors		
aspirin-dipyridamole er	T1	
cilostazol	T1	
dipyridamole oral	T1	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
sildenafil citrate oral suspension reconstituted	T1	PA; SP
sildenafil citrate oral tablet 20 mg	T1	PA; SP
tadalafil (pah)	T1	PA; SP
Potassium-Sparing Diuretic		
amiloride hcl oral	T1	
eplerenone	T1	
spironolactone oral tablet	T1	
spironolactone-hctz	T1	
Potassium-Sparing Diuretics (Hypoten)		
amiloride hcl oral	T1	
eplerenone	T1	
spironolactone oral tablet	T1	
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
sacubitril-valsartan	T1	QL (60 EA per 30 days)
Steroidal Mineralocorticoid Receptor Ant		
eplerenone	T1	
spironolactone oral tablet	T1	
spironolactone-hctz	T1	
Thiazide Diuretics (24:36)		
hydrochlorothiazide oral	T1	
Thiazide Diuretics(Hypotensive Agents)		
hydrochlorothiazide oral	T1	
Thiazide-Like Diuretics (24:36)		
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral	T1	
metolazone	T1	

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Drug Name	Drug Tier	Requirements and Limits
Thiazide-Like Diuretics(Hypotensive Agt)		
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral	T1	
metolazone	T1	
Vasodilating Agents, Miscellaneous		
ambrisentan	T4	PA; SP
amlodipine besylate oral	T1	
bosentan	T4	PA; SP
CARTIA XT	T1	
CORLANOR ORAL SOLUTION	T3	PA
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral	T1	
dilt-xr	T1	
dipyridamole oral	T1	
ivabradine hcl	T1	PA
nicardipine hcl oral	T1	
nifedipine er	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral capsule	T1	
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
phenoxybenzamine hcl oral	T4	SP
TYVASO	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per 1 lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
VERQUVO	T3	PA
Central Nervous System Agents		
Adamantanes (Cns)		
amantadine hcl oral capsule	T1	
amantadine hcl oral solution	T1	
GOCOVRI	T3	PA
Amphetamines		
ADZENYS XR-ODT	T3	ST; QL (30 EA per 30 days); AL (Max 21 Years)
amphetamine sulfate oral tablet 10 mg	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
amphetamine sulfate oral tablet 5 mg	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
amphetamine-dextroamphet er	T1	QL (30 EA per 30 days); AL (Max 21 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)
amphetamine-dextroamphetamine oral tablet 30 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	T1	QL (120 EA per 30 days); AL (Max 21 Years)

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Drug Name	Drug Tier	Requirements and Limits
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate oral tablet 10 mg	T1	QL (180 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate oral tablet 5 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
lisdexamfetamine dimesylate oral capsule	T1	QL (30 EA per 30 days); AL (Max 21 Years)
Amyotrophic Lateral Sclerosis(Als) Agent		
RADICAVA ORS	T4	PA; SP
RADICAVA ORS STARTER KIT	T4	PA; SP
riluzole	T1	
Analgesics And Antipyretics, Misc.		
acetaminophen-codeine oral solution	T1	Prior authorization required for claims greater than 7 day supply.; QL (4500 ML per 30 days); AL (Min 18 Years)
acetaminophen-codeine oral tablet	T1	Prior authorization required for claims greater than 7 day supply.; QL (180 EA per 30 days); AL (Min 18 Years)
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (36 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	Prior authorization required for claims greater than 7 day supply.; QL; AL (Min 18 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)
gabapentin oral capsule	T1	QL (180 EA per 30 days)
gabapentin oral solution 250 mg/5ml	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
gabapentin oral solution 300 mg/6ml	T1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	T1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	T1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	Prior authorization required for claims greater than 7 day supply.
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	Prior authorization required for claims greater than 7 day supply.
tramadol-acetaminophen	T1	Prior authorization required for claims greater than 7 day supply.; QL (40 EA per 5 days)
Anticholinergic Agents (Cns)		
benztropine mesylate oral	T1	
orphenadrine citrate er	T1	QL (60 EA per 30 days)
trihexyphenidyl hcl	T1	
Anticonvulsants, Miscellaneous		
acetazolamide er	T1	
acetazolamide oral	T1	
APTIOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION	T3	ST; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	T3	ST; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 300 mg	T1	
carbamazepine er oral tablet extended release 12 hour	T1	
carbamazepine oral suspension 100 mg/5ml	T1	AL (Max 12 Years)
carbamazepine oral tablet	T1	
carbamazepine oral tablet chewable 100 mg	T1	
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
divalproex sodium er oral tablet extended release 24 hour	T1	

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Drug Name	Drug Tier	Requirements and Limits
divalproex sodium oral capsule delayed release sprinkle	T1	
divalproex sodium oral tablet delayed release	T1	
EPIDIOLEX	T4	ST; SP; QL (500 ml per 28 days)
EQUETRO	T3	
felbamate	T1	
FINTEPLA	T4	ST; SP; QL (360 ml per 30 days)
FYCOMPA ORAL SUSPENSION	T3	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET	T3	ST; QL (30 EA per 30 days)
gabapentin oral capsule	T1	QL (180 EA per 30 days)
gabapentin oral solution 250 mg/5ml	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
gabapentin oral solution 300 mg/6ml	T1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	T1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	T1	QL (120 EA per 30 days)
lacosamide oral solution 10 mg/ml	T1	QL (1200 ML per 30 days)
lacosamide oral tablet	T1	QL (60 EA per 30 days)
lamotrigine er	T1	
lamotrigine oral tablet	T1	
lamotrigine oral tablet chewable	T1	
lamotrigine starter kit-blue	T1	
lamotrigine starter kit-green	T1	
lamotrigine starter kit-orange	T1	
levetiracetam er	T1	
levetiracetam oral solution	T1	
levetiracetam oral tablet	T1	
oxcarbazepine oral suspension	T1	AL (Max 12 Years)
oxcarbazepine oral tablet	T1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T1	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
pregabalin oral solution	T1	QL (900 ML per 30 days)
rufinamide oral suspension	T1	QL (2400 ML per 30 days); AL (Max 12 Years)
rufinamide oral tablet	T1	ST; QL (240 EA per 30 days)
tiagabine hcl	T1	
topiramate oral capsule sprinkle 15 mg, 25 mg	T1	
topiramate oral tablet	T1	
valproic acid oral capsule	T1	
valproic acid oral solution 250 mg/5ml	T1	
vigabatrin	T1	ST; SP; QL (180 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	T3	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	T3	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	T3	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	ST; QL
zonisamide oral	T1	
Antidepressants, Miscellaneous		
bupropion hcl er (smoking det)	T1	
bupropion hcl er (sr)	T1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	T1	
bupropion hcl oral	T1	
mirtazapine oral	T1	
Antimanic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T2	QL (3.2 ML per 60 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T2	QL (1 EA per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)
aripiprazole oral solution	T1	QL (750 ML per 30 days); AL (Max 12 Years)
aripiprazole oral tablet	T1	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	T1	QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T2	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T2	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T2	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T2	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T2	QL (3.2 ML per 28 days)
asenapine maleate	T1	ST; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 300 mg	T1	
carbamazepine er oral tablet extended release 12 hour	T1	
carbamazepine oral suspension 100 mg/5ml	T1	AL (Max 12 Years)
carbamazepine oral tablet	T1	
carbamazepine oral tablet chewable 100 mg	T1	
divalproex sodium er oral tablet extended release 24 hour	T1	
divalproex sodium oral capsule delayed release sprinkle	T1	
divalproex sodium oral tablet delayed release	T1	
EQUETRO	T3	
lamotrigine er	T1	
lamotrigine oral tablet	T1	
lamotrigine oral tablet chewable	T1	
lamotrigine starter kit-blue	T1	

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Drug Name	Drug Tier	Requirements and Limits
lamotrigine starter kit-green	T1	
lamotrigine starter kit-orange	T1	
lithium carbonate er	T1	
lithium carbonate oral	T1	
olanzapine oral	T1	QL (30 EA per 30 days)
PERSERIS	T3	PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 25 mg, 50 mg	T1	QL (90 EA per 30 days)
risperidone microspheres er	T1	QL (2 EA per 28 days)
risperidone oral solution	T1	QL (480 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	QL (60 EA per 30 days)
risperidone oral tablet 3 mg, 4 mg	T1	QL (120 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	QL (60 EA per 30 days)
risperidone oral tablet dispersible 3 mg, 4 mg	T1	QL (120 EA per 30 days)
RYKINDO	T3	PA; QL (2 EA per 28 days)
SECUADO	T3	ST; QL (30 EA per 30 days)
valproic acid oral capsule	T1	
valproic acid oral solution 250 mg/5ml	T1	
ziprasidone hcl	T1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
Antimigraine Agents, Miscellaneous		
aspirin 81 oral tablet chewable	T1	
aspirin adult low dose	T1	

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Drug Name	Drug Tier	Requirements and Limits
aspirin adult low strength oral tablet delayed release	T1	
aspirin childrens	T1	
aspirin ec adult low dose	T1	
aspirin ec low dose	T1	
aspirin ec low strength	T1	
aspirin low dose oral tablet chewable	T1	
aspirin low dose oral tablet delayed release	T1	
aspirin low strength	T1	
aspirin oral tablet chewable	T1	
aspirin oral tablet delayed release 81 mg	T1	
butorphanol tartrate nasal	T1	Prior authorization required for claims greater than 7 day supply.; QL (5 ML per 30 days)
childrens aspirin	T1	
cvs aspirin adult low dose	T1	
cvs aspirin adult low strength	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose	T1	
cvs aspirin low strength oral tablet delayed release	T1	
dihydroergotamine mesylate nasal	T1	QL
divalproex sodium er oral tablet extended release 24 hour	T1	
divalproex sodium oral capsule delayed release sprinkle	T1	
divalproex sodium oral tablet delayed release	T1	
ec-naproxen oral tablet delayed release 500 mg	T1	
eq aspirin adult low dose	T1	
eq aspirin low dose oral tablet chewable	T1	
eql aspirin low dose	T1	
ERGOMAR	T3	QL (5 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
ergotamine-caffeine	T1	QL (40 EA per 30 days)
gnp adult aspirin low strength oral tablet chewable	T1	
gnp aspirin low dose	T1	
gnp aspirin oral tablet delayed release 81 mg	T1	
goodsense aspirin low dose	T1	
goodsense aspirin oral tablet chewable	T1	
h-e-b aspirin	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
ketoprofen oral capsule 25 mg	T1	
kls aspirin low dose	T1	
kp aspirin	T1	
naproxen oral tablet	T1	
naproxen oral tablet delayed release	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
propranolol hcl er	T1	
propranolol hcl oral	T1	
qc aspirin low dose	T1	
qc childrens aspirin	T1	
sb childrens aspirin	T1	
sb low dose asa ec	T1	
timolol maleate oral	T1	
topiramate oral capsule sprinkle 15 mg, 25 mg	T1	
topiramate oral tablet	T1	
valproic acid oral capsule	T1	
valproic acid oral solution 250 mg/5ml	T1	
Antipsychotics, Miscellaneous		
loxapine succinate oral	T1	
pimozide	T1	

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Drug Name	Drug Tier	Requirements and Limits
Anxiolytics,Sedatives,And Hypnotics,Misc		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
buspirone hcl oral	T1	
DAYVIGO	T3	ST; QL (30 EA per 30 days)
eszopiclone	T1	QL (30 EA per 30 days)
HETLIOZ LQ	T4	PA; SP; QL (5 ml per 1 day)
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral	T1	
meprobamate	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
ramelteon	T1	ST; QL (30 EA per 30 days)
tasimelteon	T4	PA; SP; QL (30 EA per 30 days)
zaleplon	T1	QL (30 EA per 30 days)
zolpidem tartrate er	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	T1	QL (30 EA per 30 days)
Atypical Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T2	QL (3.2 ML per 60 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T2	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
aripiprazole oral solution	T1	QL (750 ML per 30 days); AL (Max 12 Years)
aripiprazole oral tablet	T1	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	T1	QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T2	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T2	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T2	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T2	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T2	QL (3.2 ML per 28 days)
asenapine maleate	T1	ST; QL (60 EA per 30 days)
CAPLYTA	T3	ST; QL (30 EA per 30 days)
clozapine oral tablet 100 mg	T1	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	T1	QL (120 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	T1	QL (90 EA per 30 days)
clozapine oral tablet dispersible 100 mg	T1	QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg, 25 mg	T1	QL (90 EA per 30 days)
clozapine oral tablet dispersible 150 mg	T1	QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	T1	QL (120 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	T3	PA; QL (0.75 ml per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	T3	PA; QL (1 ml per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T3	PA; QL (1.5 ml per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	T3	PA; QL (2.25 ML per 1 lifetime)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T3	PA; QL (0.25 ml per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T3	PA; QL (0.5 ml per 28 days)
FANAPT	T3	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK A	T3	ST; QL
FANAPT TITRATION PACK B ORAL TABLET	T3	ST; QL (1 kit per 1 lifetime)
FANAPT TITRATION PACK C ORAL TABLET	T3	ST; QL (1 kit per 1 lifetime)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	T3	PA; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	T3	PA; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	T3	PA; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	T3	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T3	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T3	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T3	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	T3	PA; QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	T3	PA; QL (1.32 ML per 84 days)

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Drug Name	Drug Tier	Requirements and Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	T3	PA; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	T3	PA; QL (2.63 ML per 84 days)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	T1	ST; QL (30 EA per 30 days)
lurasidone hcl oral tablet 80 mg	T1	ST; QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	T3	ST; QL (30 EA per 30 days)
olanzapine oral	T1	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	T1	ST; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	T1	ST; QL (60 EA per 30 days)
PERSERIS	T3	PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 25 mg, 50 mg	T1	QL (90 EA per 30 days)
REXULTI	T3	ST; QL (30 EA per 30 days)
risperidone microspheres er	T1	QL (2 EA per 28 days)
risperidone oral solution	T1	QL (480 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	QL (60 EA per 30 days)
risperidone oral tablet 3 mg, 4 mg	T1	QL (120 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	QL (60 EA per 30 days)
risperidone oral tablet dispersible 3 mg, 4 mg	T1	QL (120 EA per 30 days)
RYKINDO	T3	PA; QL (2 EA per 28 days)
SECUADO	T3	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	T3	PA; QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	T3	PA; QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	T3	PA; QL (0.42 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	T3	PA; QL (0.56 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	T3	PA; QL (0.7 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	T3	PA; QL (0.14 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	T3	PA; QL (0.21 ML per 30 days)
VERSACLOZ	T3	QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)
ziprasidone hcl	T1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
Barbiturates (Anticonvulsants)		
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
primidone oral tablet 250 mg, 50 mg	T1	
Barbiturates (Anxiolytic, Sedative/Hyp)		
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (36 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	Prior authorization required for claims greater than 7 day supply.; QL; AL (Min 18 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
butalbital-aspirin-caffeine oral capsule	T1	QL (18 EA per 30 days)
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
Benzodiazepines (Anticonvulsants)		
clobazam oral suspension 2.5 mg/ml	T1	QL (480 ML per 30 days)
clobazam oral tablet	T1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	T1	QL (120 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	T1	QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	T1	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	T1	QL (90 EA per 30 days)
diazepam oral concentrate	T1	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	T1	QL (1200 ML per 30 days)
diazepam oral tablet	T1	QL (120 EA per 30 days)
diazepam rectal	T1	
lorazepam oral concentrate	T1	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	T1	QL (150 EA per 30 days)
NAYZILAM	T3	QL
SYMPAZAN	T3	ST; QL (60 EA per 30 days)
VALTOCO 10 MG DOSE	T3	QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T3	QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T3	QL
VALTOCO 5 MG DOSE	T3	QL
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	T1	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	T1	QL (150 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
chlordiazepoxide hcl oral capsule 10 mg	T1	QL (270 EA per 30 days)
chlordiazepoxide hcl oral capsule 25 mg	T1	QL (120 EA per 30 days)
chlordiazepoxide hcl oral capsule 5 mg	T1	QL (90 EA per 30 days)
chlordiazepoxide-amitriptyline	T1	
clobazam oral suspension 2.5 mg/ml	T1	QL (480 ML per 30 days)
clobazam oral tablet	T1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	T1	QL (120 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	T1	QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	T1	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	T1	QL (90 EA per 30 days)
diazepam oral concentrate	T1	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	T1	QL (1200 ML per 30 days)
diazepam oral tablet	T1	QL (120 EA per 30 days)
diazepam rectal	T1	
estazolam	T1	QL (30 EA per 30 days)
lorazepam oral concentrate	T1	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	T1	QL (150 EA per 30 days)
NAYZILAM	T3	QL
oxazepam	T1	QL (120 EA per 30 days)
quazepam	T1	QL (30 EA per 30 days)
SYMPAZAN	T3	ST; QL (60 EA per 30 days)
temazepam	T1	QL (30 EA per 30 days)
triazolam	T1	QL (30 EA per 30 days)
Butyrophenones		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	T1	
haloperidol lactate injection solution 5 mg/ml	T1	

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Drug Name	Drug Tier	Requirements and Limits
haloperidol lactate oral concentrate 2 mg/ml	T1	
haloperidol oral	T1	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	T3	PA; QL (1 ML per 30 days)
EMGALITY	T2	PA; QL (1 ML per 30 days)
EMGALITY (300 MG DOSE)	T2	PA; QL (1 ML per 30 days)
NURTEC	T3	PA; QL (16 EA per 30 days)
QULIPTA	T3	PA; QL (30 EA per 30 days)
UBRELVY	T2	PA; QL
Catechol-O-Methyltransferase(Comt)Inhib.		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	T1	
entacapone	T1	
ONGENTYS	T3	PA
tolcapone	T1	
Central Nervous System Agents, Misc.		
acamprosate calcium	T1	
atomoxetine hcl	T1	
guanfacine hcl er	T1	
guanfacine hcl oral	T1	
memantine hcl er	T1	QL (30 EA per 30 days)
memantine hcl oral tablet 10 mg, 5 mg	T1	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	T1	QL
NUEDEXTA	T3	PA; QL (60 EA per 30 days)
RADICAVA ORS	T4	PA; SP
RADICAVA ORS STARTER KIT	T4	PA; SP
riluzole	T1	

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Drug Name	Drug Tier	Requirements and Limits
sodium oxybate	T4	PA; SP; QL (540 ml per 30 days)
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
XYWAV	T4	PA; SP; QL (540 ml per 30 days)
Cyclooxygenase-2 (Cox-2) Inhibitors		
celecoxib oral	T1	
Dibenzoxapines		
loxapine succinate oral	T1	
Diphenylbutylperidines		
pimozide	T1	
Dopamine Precursors		
carbidopa oral	T1	
carbidopa-levodopa	T1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	T1	
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral	T1	
cabergoline	T1	
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T1	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T1	QL (60 EA per 30 days)
pregabalin oral solution	T1	QL (900 ML per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
SAVELLA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 12.5 MG	T3	QL (30 EA per 30 days)
SAVELLA TITRATION PACK	T3	QL
Gaba-Mediated Anticonvulsants		
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
divalproex sodium er oral tablet extended release 24 hour	T1	
divalproex sodium oral tablet delayed release	T1	
gabapentin oral capsule	T1	QL (180 EA per 30 days)
gabapentin oral solution 250 mg/5ml	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
gabapentin oral solution 300 mg/6ml	T1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	T1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	T1	QL (120 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T1	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T1	QL (60 EA per 30 days)
pregabalin oral solution	T1	QL (900 ML per 30 days)
tiagabine hcl	T1	
valproic acid oral solution 250 mg/5ml	T1	
vigabatrin	T1	ST; SP; QL (180 EA per 30 days)
Hydantoins		
DILANTIN ORAL CAPSULE 30 MG	T3	
PHENYTEK	T3	
phenytoin oral	T1	
phenytoin sodium extended	T1	
Ion Channel Inhibition Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
APTIOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
lacosamide oral solution 10 mg/ml	T1	QL (1200 ML per 30 days)
lacosamide oral tablet	T1	QL (60 EA per 30 days)
oxcarbazepine oral suspension	T1	AL (Max 12 Years)
oxcarbazepine oral tablet	T1	
rufinamide oral suspension	T1	QL (2400 ML per 30 days); AL (Max 12 Years)
rufinamide oral tablet	T1	ST; QL (240 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	T3	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	T3	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	T3	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	ST; QL
zonisamide oral	T1	
Melatonin Receptor Agonists		
HETLIOZ LQ	T4	PA; SP; QL (5 ml per 1 day)
ramelteon	T1	ST; QL (30 EA per 30 days)
tasimelteon	T4	PA; SP; QL (30 EA per 30 days)
Monoamine Oxidase B Inhibitors		
EMSAM	T3	
rasagiline mesylate oral	T1	
selegiline hcl oral	T1	
XADAGO	T3	PA
Monoamine Oxidase Inhibitors		
EMSAM	T3	
MARPLAN	T3	
phenelzine sulfate oral	T1	
rasagiline mesylate oral	T1	
selegiline hcl oral	T1	

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Drug Name	Drug Tier	Requirements and Limits
tranylcypromine sulfate	T1	
XADAGO	T3	PA
Non-Benzodiazepine Anxiolytics		
buspirone hcl oral	T1	
meprobamate	T1	
Non-Benzodiazepine Hypnotics		
eszopiclone	T1	QL (30 EA per 30 days)
zaleplon	T1	QL (30 EA per 30 days)
zolpidem tartrate er	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	T1	QL (30 EA per 30 days)
Nonergot-Deriv.Dopamine Receptor Agonist		
apomorphine hcl subcutaneous	T4	PA
NEUPRO	T3	
pramipexole dihydrochloride	T1	
pramipexole dihydrochloride er	T1	
ropinirole hcl	T1	
ropinirole hcl er	T1	
Non-Opioid Analgesics		
acetaminophen-codeine oral solution	T1	Prior authorization required for claims greater than 7 day supply.; QL (4500 ML per 30 days); AL (Min 18 Years)
acetaminophen-codeine oral tablet	T1	Prior authorization required for claims greater than 7 day supply.; QL (180 EA per 30 days); AL (Min 18 Years)
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (36 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	Prior authorization required for claims greater than 7 day supply.; QL; AL (Min 18 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	Prior authorization required for claims greater than 7 day supply.
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	Prior authorization required for claims greater than 7 day supply.
tramadol-acetaminophen	T1	Prior authorization required for claims greater than 7 day supply.; QL (40 EA per 5 days)
Nonsteroidal Anti-Inflamm. Agents, Misc		
diclofenac potassium oral tablet 50 mg	T1	
diclofenac sodium er	T1	
diclofenac sodium oral	T1	
diclofenac-misoprostol oral tablet delayed release	T1	
diflunisal oral	T1	
ec-naproxen oral tablet delayed release 500 mg	T1	
etodolac er	T1	
etodolac oral	T1	
flurbiprofen oral	T1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	Prior authorization required for claims greater than 7 day supply.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
indomethacin er	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
ketoprofen oral capsule 25 mg	T1	
ketorolac tromethamine oral	T1	QL
meclofenamate sodium oral	T1	
mefenamic acid oral	T1	
meloxicam oral tablet	T1	

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Drug Name	Drug Tier	Requirements and Limits
nabumetone oral	T1	
naproxen oral tablet	T1	
naproxen oral tablet delayed release	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
oxaprozin oral tablet	T1	
piroxicam oral	T1	
sulindac oral	T1	
Opioid Agonists (28:08)		
acetaminophen-codeine oral solution	T1	Prior authorization required for claims greater than 7 day supply.; QL (4500 ML per 30 days); AL (Min 18 Years)
acetaminophen-codeine oral tablet	T1	Prior authorization required for claims greater than 7 day supply.; QL (180 EA per 30 days); AL (Min 18 Years)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	Prior authorization required for claims greater than 7 day supply.; QL; AL (Min 18 Years)
codeine sulfate oral tablet	T1	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
fentanyl	T1	PA; QL (10 EA per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	T1	PA
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	Prior authorization required for claims greater than 7 day supply.
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	Prior authorization required for claims greater than 7 day supply.
hydromorphone hcl er oral tablet extended release 24 hour	T1	PA
hydromorphone hcl oral tablet	T1	Prior authorization required for claims greater than 7 day supply.

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Drug Name	Drug Tier	Requirements and Limits
levorphanol tartrate oral	T1	PA
meperidine hcl oral tablet 50 mg	T1	Prior authorization required for claims greater than 7 day supply.; QL (180 EA per 30 days)
methadone hcl oral solution	T1	PA
methadone hcl oral tablet	T1	PA
morphine sulfate er oral tablet extended release	T1	PA
morphine sulfate oral tablet	T1	Prior authorization required for claims greater than 7 day supply.
oxycodone hcl oral solution	T1	Prior authorization required for claims greater than 7 day supply.
oxycodone hcl oral tablet	T1	Prior authorization required for claims greater than 7 day supply.
oxycodone hcl oral tablet abuse-deterrent 15 mg	T1	Prior authorization required for claims greater than 7 day supply.
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	Prior authorization required for claims greater than 7 day supply.
oxymorphone hcl	T1	Prior authorization required for claims greater than 7 day supply.
oxymorphone hcl er	T1	PA
tramadol hcl er oral tablet extended release 24 hour 100 mg	T1	PA; QL (90 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 200 mg	T1	PA; QL (45 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 300 mg	T1	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
tramadol hcl oral tablet 50 mg	T1	Prior authorization required for claims greater than 7 day supply.; QL (240 EA per 30 days)
tramadol-acetaminophen	T1	Prior authorization required for claims greater than 7 day supply.; QL (40 EA per 5 days)
Opioid Antagonists (28:10)		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T1	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	T1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1	QL (90 EA per 30 days)
KLOXXADO	T2	
naloxone hcl injection solution 0.4 mg/ml	T1	
naloxone hcl injection solution cartridge	T1	
naloxone hcl injection solution prefilled syringe	T1	
naloxone hcl nasal	T1	
naltrexone hcl oral	T1	
pentazocine-naloxone hcl	T1	Prior authorization required for claims greater than 7 day supply.
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	T3	PA; QL (11.2 ML per 28 days)
REXTOVY	T2	
RIVIVE	T2	
VIVITROL	T2	QL (1 EA per 28 days)
Opioid Partial Agonists		

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Drug Name	Drug Tier	Requirements and Limits
buprenorphine hcl sublingual	T1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T1	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	T1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1	QL (90 EA per 30 days)
buprenorphine transdermal	T1	PA; QL (4 EA per 28 days)
butorphanol tartrate nasal	T1	Prior authorization required for claims greater than 7 day supply.; QL (5 ML per 30 days)
pentazocine-naloxone hcl	T1	Prior authorization required for claims greater than 7 day supply.
Orexin Receptor Antagonists		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
DAYVIGO	T3	ST; QL (30 EA per 30 days)
Phenothiazines		
chlorpromazine hcl oral concentrate	T1	AL (Max 12 Years)
chlorpromazine hcl oral tablet	T1	
fluphenazine decanoate injection	T1	
fluphenazine hcl oral	T1	
perphenazine oral	T1	
perphenazine-amitriptyline	T1	
prochlorperazine	T1	
prochlorperazine maleate oral	T1	
thioridazine hcl oral	T1	
trifluoperazine hcl oral	T1	
Respiratory And Cns Stimulants		
atomoxetine hcl	T1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	Prior authorization required for claims greater than 7 day supply.; QL; AL (Min 18 Years)

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Drug Name	Drug Tier	Requirements and Limits
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (18 EA per 30 days)
dexmethylphenidate hcl er	T1	QL (30 EA per 30 days); AL (Max 21 Years)
dexmethylphenidate hcl oral tablet 10 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)
ergotamine-caffeine	T1	QL (40 EA per 30 days)
methylphenidate hcl er (cd)	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (la)	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (xr)	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er oral tablet extended release 10 mg	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er oral tablet extended release 20 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er oral tablet extended release 24 hour	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl oral solution 10 mg/5ml	T1	QL (900 ML per 30 days); AL (Max 21 Years)
methylphenidate hcl oral solution 5 mg/5ml	T1	QL (450 ML per 30 days); AL (Max 21 Years)
methylphenidate hcl oral tablet	T1	QL (90 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl oral tablet chewable 10 mg	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)

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Drug Name	Drug Tier	Requirements and Limits
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	QL (120 EA per 30 days)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour	T1	
theophylline oral	T1	
Reversible Cox-1/Cox-2 Inhibitors		
diclofenac sodium external gel 3 %	T1	QL (100 g per 30 days)
diflunisal oral	T1	
ec-naproxen oral tablet delayed release 500 mg	T1	
etodolac er	T1	
etodolac oral	T1	
flurbiprofen oral	T1	
flurbiprofen sodium	T1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	Prior authorization required for claims greater than 7 day supply.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
indomethacin er	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
ketorolac tromethamine ophthalmic	T1	
ketorolac tromethamine oral	T1	QL
meclofenamate sodium oral	T1	
mefenamic acid oral	T1	
meloxicam oral tablet	T1	
nabumetone oral	T1	
naproxen oral tablet	T1	
naproxen oral tablet delayed release	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	

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Drug Name	Drug Tier	Requirements and Limits
oxaprozin oral tablet	T1	
piroxicam oral	T1	
sulindac oral	T1	
Salicylates		
aspirin 81 oral tablet chewable	T1	
aspirin adult low dose	T1	
aspirin adult low strength oral tablet delayed release	T1	
aspirin childrens	T1	
aspirin ec adult low dose	T1	
aspirin ec low dose	T1	
aspirin ec low strength	T1	
aspirin low dose oral tablet chewable	T1	
aspirin low dose oral tablet delayed release	T1	
aspirin low strength	T1	
aspirin oral tablet chewable	T1	
aspirin oral tablet delayed release 81 mg	T1	
aspirin-dipyridamole er	T1	
butalbital-aspirin-caffeine oral capsule	T1	QL (18 EA per 30 days)
childrens aspirin	T1	
cvs aspirin adult low dose	T1	
cvs aspirin adult low strength	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose	T1	
cvs aspirin low strength oral tablet delayed release	T1	
eq aspirin adult low dose	T1	
eq aspirin low dose oral tablet chewable	T1	
eql aspirin low dose	T1	
gnp adult aspirin low strength oral tablet chewable	T1	
gnp aspirin low dose	T1	

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Drug Name	Drug Tier	Requirements and Limits
gnp aspirin oral tablet delayed release 81 mg	T1	
goodsense aspirin low dose	T1	
goodsense aspirin oral tablet chewable	T1	
h-e-b aspirin	T1	
kls aspirin low dose	T1	
kp aspirin	T1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	QL (120 EA per 30 days)
qc aspirin low dose	T1	
qc childrens aspirin	T1	
sb childrens aspirin	T1	
sb low dose asa ec	T1	
Sel.Serotonin,Norepi Reuptake Inhibitor		
desvenlafaxine succinate er	T1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	
FETZIMA	T3	QL (30 EA per 30 days)
FETZIMA TITRATION	T3	QL
SAVELLA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 12.5 MG	T3	QL (30 EA per 30 days)
SAVELLA TITRATION PACK	T3	QL
venlafaxine hcl	T1	
venlafaxine hcl er oral capsule extended release 24 hour	T1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	T1	ST
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	T1	
Selective Serotonin Agonists		
almotriptan malate	T1	ST; QL
eletriptan hydrobromide	T1	ST; QL

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Drug Name	Drug Tier	Requirements and Limits
frovatriptan succinate	T1	ST; QL
naratriptan hcl	T1	ST; QL
rizatriptan benzoate	T1	QL
sumatriptan nasal	T1	ST; QL
sumatriptan succinate oral	T1	QL
sumatriptan succinate refill subcutaneous solution cartridge	T1	ST; QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	T1	ST; QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	T1	ST; QL
zolmitriptan oral tablet	T1	ST; QL
Selective-Serotonin Reuptake Inhibitors		
citalopram hydrobromide oral solution	T1	
citalopram hydrobromide oral tablet	T1	
escitalopram oxalate oral solution 5 mg/5ml	T1	AL (Max 12 Years)
escitalopram oxalate oral tablet	T1	
fluoxetine hcl (pmdd) oral tablet	T1	
fluoxetine hcl oral capsule	T1	
fluoxetine hcl oral capsule delayed release	T1	
fluoxetine hcl oral solution	T1	
fluoxetine hcl oral tablet 10 mg, 20 mg	T1	ST
fluvoxamine maleate	T1	
paroxetine hcl	T1	
paroxetine hcl er	T1	
sertraline hcl oral concentrate	T1	
sertraline hcl oral tablet	T1	
Serotonin Modulators		
mirtazapine oral	T1	
nefazodone hcl	T1	
trazodone hcl oral	T1	

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Drug Name	Drug Tier	Requirements and Limits
TRINTELLIX	T3	
vilazodone hcl	T1	
Succinimides		
ethosuximide oral	T1	
methsuximide	T1	
Thioxanthenes		
thiothixene oral	T1	
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline hcl oral	T1	
amoxapine	T1	
chlordiazepoxide-amitriptyline	T1	
clomipramine hcl oral	T1	
desipramine hcl oral	T1	
doxepin hcl external	T1	ST; QL (45 GM per 30 days)
doxepin hcl oral capsule	T1	
doxepin hcl oral concentrate	T1	
doxepin hcl oral tablet	T1	QL (30 EA per 30 days)
imipramine hcl oral	T1	
imipramine pamoate	T1	
nortriptyline hcl oral	T1	
perphenazine-amitriptyline	T1	
protriptyline hcl	T1	
trimipramine maleate oral	T1	
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO	T4	PA; SP
AUSTEDO XR	T4	PA; SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	T4	PA; SP
INGREZZA	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
tetrabenazine	T1	SP
Wakefulness-Promoting Agents		
armodafinil	T1	PA
diclofenac sodium oral tablet delayed release 75 mg	T1	
modafinil oral	T1	PA
sodium oxybate	T4	PA; SP; QL (540 ml per 30 days)
SUNOSI	T3	PA
Dental Agents		
Dental Agents		
sf	T1	
sf 5000 plus	T1	
sodium fluoride 5000 plus	T1	
sodium fluoride 5000 ppm dental cream	T1	
sodium fluoride dental cream	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	AL (Max 17 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	T1	AL (Max 17 Years)
sodium fluoride oral tablet chewable	T1	AL (Max 17 Years)
Nutritional Supplements		
sf	T1	
sf 5000 plus	T1	
sodium fluoride 5000 plus	T1	
sodium fluoride 5000 ppm dental cream	T1	
sodium fluoride dental cream	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	AL (Max 17 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	T1	AL (Max 17 Years)
sodium fluoride oral tablet chewable	T1	AL (Max 17 Years)
Devices		

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Drug Name	Drug Tier	Requirements and Limits
Devices		
ACCU-CHEK AVIVA IN VITRO SOLUTION	T1	
ACCU-CHEK AVIVA PLUS	T1	QL (1 kit per 365 days)
ACCU-CHEK FASTCLIX LANCET	T1	
ACCU-CHEK FASTCLIX LANCETS	T1	
ACCU-CHEK GUIDE	T1	QL (1 kit per 365 days)
ACCU-CHEK GUIDE CONTROL	T1	
ACCU-CHEK GUIDE ME	T1	QL (1 kit per 365 days)
ACCU-CHEK SMARTVIEW CONTROL	T1	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T1	
ACCU-CHEK SOFTCLIX LANCETS	T1	
ADVOCATE ALCOHOL PREP PADS	T1	
AIRZONE PEAK FLOW METER	T1	QL (1 EA per 365 days)
alcohol pads	T1	
alcohol prep	T1	
alcohol prep pads	T1	
alcohol swabs	T1	
alcohol swabstick pad	T1	
ASSESS PEAK FLOW METER	T1	QL (1 EA per 365 days)
aum alcohol prep pads	T1	
BAND-AID GAUZE SMALL	T1	
BD AUTOSHIELD DUO	T1	
BD INS SYR ULTRAFINE 1/2UNIT	T1	
BD INSULIN SYRINGE U-500	T1	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	T1	

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Drug Name	Drug Tier	Requirements and Limits
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	T1	
BD PEN NEEDLE MICRO ULTRAFINE	T1	
BD PEN NEEDLE MINI U/F	T1	
BD PEN NEEDLE MINI ULTRAFINE	T1	
BD PEN NEEDLE NANO 2ND GEN	T1	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	T1	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	T1	
BD PEN NEEDLE SHORT ULTRAFINE	T1	
BD SWAB SINGLE USE REGULAR	T1	
BD VEO INSULIN SYR U/F 1/2UNIT	T1	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	T1	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	T1	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	T1	
CARETOUCH ALCOHOL PREP	T1	
COMFORT TOUCH ALCOHOL PREP	T1	
CURITY ALCOHOL PREPS	T1	
CURITY ALL PURPOSE SPONGES PAD 2"X2"	T1	
CURITY AMD ANTIMICROBIAL SPNGE PAD 2"X2"	T1	
CURITY GAUZE PAD 2"X2"	T1	
CURITY GAUZE SPONGE PAD 2"X2"	T1	
CURITY SPONGES PAD 2"X2"	T1	
cvs alcohol prep pads	T1	
cvs antibacterial gauze	T1	
cvs gauze pad 2"x2"	T1	

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Drug Name	Drug Tier	Requirements and Limits
cvs prep	T1	
DERMACEA GAUZE SPONGE PAD 2"X2"	T1	
DERMACEA IV DRAIN SPONGES PAD 2"X2"	T1	
DERMACEA IV SPONGES	T1	
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	T1	
DERMACEA TYPE VII GAUZE PAD 2"X2"	T1	
DEXCOM G6 RECEIVER	T2	ST; QL
DEXCOM G6 SENSOR	T2	ST; QL
DEXCOM G6 TRANSMITTER	T2	ST; QL
DEXCOM G7 15 DAY SENSOR	T2	ST; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER	T2	ST; QL
DEXCOM G7 SENSOR	T2	ST; QL
DROPSAFE ALCOHOL PREP	T1	
easy comfort alcohol pads	T1	
EASY TOUCH ALCOHOL PREP MEDIUM	T1	
EMBECTA AUTOSHIELD DUO	T1	
EMBECTA INS SYR U/F 1/2 UNIT	T1	
EMBECTA INSULIN SYR ULTRAFINE	T1	
EMBECTA INSULIN SYRINGE	T1	
EMBECTA INSULIN SYRINGE U-100	T1	
EMBECTA INSULIN SYRINGE U-500	T1	
EMBECTA PEN NEEDLE NANO	T1	
EMBECTA PEN NEEDLE NANO 2 GEN	T1	
EMBECTA PEN NEEDLE ULTRAFINE	T1	
eql alcohol swabs	T1	
eql gauze pad 2"x2"	T1	
EXCILON IV SPONGES	T1	
FIFTY50 ALCOHOL PREP	T1	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL

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Drug Name	Drug Tier	Requirements and Limits
FREESTYLE LIBRE 2 PLUS SENSOR	T2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL
FREESTYLE LIBRE 3 PLUS SENSOR	T2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 3 READER	T2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL
FREESTYLE LIBRE READER	T2	ST; QL (1 EA per 365 days)
gauze pads pad 2"x2"	T1	
gauze type vii medi-pak	T1	
global alcohol prep ease	T1	
gnp alcohol swabs pad 70 %	T1	
gnp sterile gauze pad 2"x2"	T1	
goodsense alcohol swabs	T1	
h-e-b incontrol alcohol	T1	
hm sterile pads pad 2"x2"	T1	
J & J GAUZE PAD 2"X2"	T1	
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	T1	
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	T1	
lung perform peak flow meter	T1	QL (1 EA per 365 days)
meijer alcohol swabs	T1	
MINI WRIGHT PEAK FLOW METER	T1	QL (1 EA per 365 days)
MIRASORB SPONGES 2"X2"	T1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T2	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	T2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	T2	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T2	
OMNIPOD DASH INTRO (GEN 4)	T2	QL (1 kit per 730 days)
OMNIPOD DASH PDM (GEN 4)	T2	QL
OMNIPOD DASH PODS (GEN 4)	T2	

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Drug Name	Drug Tier	Requirements and Limits
OPTICHAMBER DIAMOND	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-LG MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-MD MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-SM MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
peak a-i-r flow meter	T1	QL (1 EA per 365 days)
PEAK AIR PEAK FLOW METER	T1	QL (1 EA per 365 days)
PHARMACIST CHOICE ALCOHOL	T1	
POCKET PEAK FLOW METER	T1	QL (1 EA per 365 days)
POCKETPEAK PEAK FLOW METER	T1	QL (1 EA per 365 days)
pro comfort alcohol	T1	
pure comfort alcohol prep	T1	
qc alcohol swabs	T1	
qc border island gauze	T1	
qc sterile pads pad 2"x2"	T1	
reality swabs	T1	
RELION ALCOHOL SWABS	T1	
RESTORE CONTACT LAYER PAD 2"X2"	T1	
saps care alcohol prep	T1	
saps health alcohol prep	T1	
saps health care alcohol prep	T1	
sb alcohol prep	T1	
SILIGENTLE FOAM DRESSING PAD 2"X2"	T1	
sm sterile pad 2"x2"	T1	
sterile gauze pad 2"x2"	T1	
sterile pad 2"x2"	T1	
sure comfort alcohol prep	T1	
surgical gauze sponge	T1	
THERAGAUZE PAD 2"X2"	T1	
true comfort alcohol prep pads	T1	

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Drug Name	Drug Tier	Requirements and Limits
true comfort pro alcohol prep	T1	
TRUZONE PEAK FLOW METER	T1	QL (1 EA per 365 days)
ULTICARE ALCOHOL SWABS	T1	
ultilet alcohol swabs	T1	
ultra-care alcohol prep pads	T1	
WEBCOL ALCOHOL PREP LARGE	T1	
WEBCOL ALCOHOL PREP MEDIUM	T1	
zevrx sterile alcohol prep pad	T1	
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR	T4	PA; SP
CORTROPHIN	T4	PA; SP
CORTROPHIN GEL	T4	PA
Cardiac Function		
aspirin-dipyridamole er	T1	
dipyridamole oral	T1	
Diabetes Mellitus		
ACCU-CHEK AVIVA PLUS IN VITRO	T1	
ACCU-CHEK GUIDE TEST	T1	Only NDCs 65702071110 and 65702071210 are covered.
ACCU-CHEK SMARTVIEW	T1	
Diagnostic Agents		
advin covid-19 antigen test	T1	Only NDC 60010003312 is covered.; QL (1 EA per 120 days)
fastep covid-19 antigen test	T1	Only NDC 10022063031 is covered.; QL (1 EA per 120 days)
FLOWFLEX COVID-19 AG HOME TEST	T1	Only NDC 82607066026 is covered.; QL (1 EA per 120 days)

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Drug Name	Drug Tier	Requirements and Limits
ON/GO ONE COVID-19 HOME TEST	T1	Only NDC 60007093040 is covered.; QL (1 EA per 120 days)
SPEEDY SWAB COVID-19 ANTIGEN	T1	Only NDCs 60009074320 and 74012067713 are covered.; QL (1 EA per 120 days)
Thyroid Function		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	T4	SP
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
potassium citrate er	T1	
Ammonia Detoxicants		
carglumic acid oral tablet soluble	T4	SP
constulose	T1	
enulose	T1	
generlac	T1	
lactulose encephalopathy oral solution 10 gm/15ml	T1	
lactulose oral solution	T1	
Caloric Agents		
cvs glucose oral tablet chewable 4-6 gm-mg	T1	QL (200 EA per 30 days)
glucose oral tablet chewable 4-6 gm-mg	T1	QL (200 EA per 30 days)
hy-vee glucose	T1	QL (200 EA per 30 days)
meijer glucose oral tablet chewable 4-6 gm-mg	T1	QL (200 EA per 30 days)
RELION GLUCOSE ORAL TABLET CHEWABLE	T1	QL (200 EA per 30 days)
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	T1	QL (200 EA per 30 days)
Carbonic Anhydrase Inhibitors		
acetazolamide er	T1	

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Drug Name	Drug Tier	Requirements and Limits
acetazolamide oral	T1	
Diuretics, Miscellaneous		
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour	T1	
theophylline oral	T1	
Irrigating Solutions		
RENACIDIN	T3	
Loop Diuretics (40:28)		
bumetanide oral	T1	
ethacrynic acid oral	T1	PA
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	
furosemide oral tablet	T1	
torsemide oral	T1	
Phosphate-Removing Agents		
calcium acetate (phos binder) oral capsule	T1	
FOSRENOL ORAL PACKET	T3	PA
lanthanum carbonate	T1	PA
sevelamer carbonate oral packet	T1	PA
sevelamer carbonate oral tablet	T1	
VELPHORO	T3	PA
Potassium-Removing Agents		
LOKELMA	T3	PA
sodium polystyrene sulfonate oral powder	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VELTASSA	T3	PA; SP
Potassium-Sparing Diuretics		
amiloride hcl oral	T1	
amiloride-hydrochlorothiazide	T1	
eplerenone	T1	

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Drug Name	Drug Tier	Requirements and Limits
spironolactone oral tablet	T1	
spironolactone-hctz	T1	
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet	T1	
Replacement Preparations		
calcium acetate (phos binder) oral capsule	T1	
KLOR-CON 10	T2	
KLOR-CON M10	T2	
KLOR-CON M15	T2	
KLOR-CON M20	T2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T2	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	T1	
potassium chloride er	T1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	T1	
Thiazide Diuretics		
amiloride-hydrochlorothiazide	T1	
benazepril-hydrochlorothiazide	T1	
bisoprolol-hydrochlorothiazide	T1	
candesartan cilexetil-hctz	T1	
enalapril-hydrochlorothiazide	T1	
hydrochlorothiazide oral	T1	
irbesartan-hydrochlorothiazide	T1	
lisinopril-hydrochlorothiazide	T1	
losartan potassium-hctz	T1	
metoprolol-hydrochlorothiazide	T1	
olmesartan medoxomil-hctz	T1	
quinapril-hydrochlorothiazide	T1	
spironolactone-hctz	T1	
telmisartan-hctz	T1	

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Drug Name	Drug Tier	Requirements and Limits
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet	T1	
valsartan-hydrochlorothiazide	T1	
Thiazide-Like Diuretics		
atenolol-chlorthalidone	T1	
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral	T1	
metolazone	T1	
Uricosuric Agents		
colchicine-probenecid	T1	
probenecid oral	T1	
Vasopressin Antagonists		
tolvaptan oral tablet 15 mg, 30 mg	T4	PA; SP
tolvaptan oral tablet therapy pack	T4	PA; SP
Enzymes		
Enzyme Cofactors/Chaperones		
GALAFOLD	T4	PA; SP
sapropterin dihydrochloride oral packet	T4	PA; SP
sapropterin dihydrochloride oral tablet	T4	PA; SP
Enzyme Inhibitors		
CERDELGA	T4	PA; SP
miglustat	T4	PA; SP
nitisinone	T4	PA; SP
NITYR	T4	PA; SP
ORFADIN ORAL SUSPENSION	T4	PA; SP
Enzymes		
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	T4	PA; SP
CREON	T2	
ELELYSO	T4	PA; SP
HYQVIA	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP
SANTYL	T3	PA; QL (90 GM per 30 days)
SUCRAID	T4	PA; SP
VPRIV	T4	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T2	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
apraclonidine hcl	T1	ST
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	T1	
brimonidine tartrate-timolol	T1	ST
SIMBRINZA	T2	QL (8 ML per 25 days)
Antiallergic Agents		
ALOCRIL	T3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	T1	
azelastine hcl ophthalmic	T1	
bepotastine besilate	T1	ST
cromolyn sodium inhalation	T1	
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	
epinastine hcl	T1	ST
LASTACAFT	T3	
olopatadine hcl nasal	T1	
olopatadine hcl ophthalmic solution 0.2 %	T1	NDC 62332050203 is not on formulary. Use alternate NDC.

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Drug Name	Drug Tier	Requirements and Limits
Antibacterials (52:04)		
AZASITE	T3	
bacitracin ophthalmic	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
BESIVANCE	T3	
CIPRO HC	T3	
ciprofloxacin hcl ophthalmic	T1	
ciprofloxacin hcl otic	T1	ST
ciprofloxacin-dexamethasone	T1	ST
ciprofloxacin-fluocinolone pf	T1	ST
erythromycin external gel	T1	
erythromycin external solution	T1	
erythromycin ophthalmic	T1	
gatifloxacin ophthalmic	T1	
gentamicin sulfate external	T1	
gentamicin sulfate ophthalmic solution	T1	
minocycline hcl oral capsule	T1	
moxifloxacin hcl ophthalmic solution	T1	QL (3 ML per 30 days)
neomycin sulfate oral	T1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	T1	
neomycin-polymyxin-dexameth	T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T1	
neomycin-polymyxin-hc otic	T1	
ofloxacin ophthalmic	T1	
ofloxacin otic	T1	
polymyxin b-trimethoprim	T1	
sulfacetamide sodium ophthalmic	T1	
sulfacetamide-prednisolone ophthalmic solution	T1	

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Drug Name	Drug Tier	Requirements and Limits
tobramycin inhalation nebulization solution 300 mg/5ml	T4	PA; SP
tobramycin ophthalmic	T1	
tobramycin-dexamethasone	T1	QL (10 ML per 30 days)
ZYLET	T3	
Antifungals (Eent)		
NATACYN	T3	
Anti-Infectives, Miscellaneous (52:04)		
chlorhexidine gluconate mouth/throat	T1	
Anti-Inflammatory Agents (Eent)		
cyclosporine modified	T1	
cyclosporine ophthalmic	T1	ST; QL (60 EA per 30 days)
cyclosporine oral capsule	T1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	T2	
OXERVATE	T4	PA; SP
XIIDRA	T3	PA; QL (60 EA per 30 days)
Antivirals (Eent)		
trifluridine ophthalmic	T1	
Astringents (52:04)		
chlorhexidine gluconate mouth/throat	T1	
Beta-Adrenergic Blocking Agents (Eent)		
betaxolol hcl ophthalmic	T1	
brimonidine tartrate-timolol	T1	ST
carteolol hcl	T1	
dorzolamide hcl-timolol mal	T1	
levobunolol hcl ophthalmic solution 0.5 %	T1	
timolol maleate ophthalmic solution	T1	

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Drug Name	Drug Tier	Requirements and Limits
Carbonic Anhydrase Inhibitors (Eent)		
acetazolamide er	T1	
acetazolamide oral	T1	
brinzolamide	T1	ST
dorzolamide hcl ophthalmic	T1	
dorzolamide hcl-timolol mal	T1	
methazolamide oral	T1	
SIMBRINZA	T2	QL (8 ML per 25 days)
Corticosteroids (Eent)		
ARNUITY ELLIPTA	T2	QL (30 Inhaler per 30 days)
CIPRO HC	T3	
ciprofloxacin-dexamethasone	T1	ST
ciprofloxacin-fluocinolone pf	T1	ST
dexamethasone oral elixir	T1	
dexamethasone oral solution	T1	
dexamethasone oral tablet	T1	
dexamethasone sodium phosphate ophthalmic	T1	
difluprednate	T1	ST
flunisolide nasal solution 25 mcg/act (0.025%)	T1	
fluocinolone acetonide external cream 0.01 %	T1	ST
fluocinolone acetonide external cream 0.025 %	T1	
fluocinolone acetonide external ointment	T1	
fluocinolone acetonide external solution	T1	
fluocinolone acetonide otic	T1	
fluorometholone ophthalmic	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
fluticasone propionate diskus	T2	QL (60 Inhaler per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T2	QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T2	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T2	QL (10.6 GM per 30 days)
fluticasone propionate nasal	T1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 EA per 30 days)
FML FORTE	T2	
hydrocortisone (perianal)	T1	
hydrocortisone butyrate external	T1	ST
hydrocortisone external cream 1 %, 2.5 %	T1	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral	T1	
hydrocortisone rectal enema	T1	
hydrocortisone valerate external cream	T1	
hydrocortisone valerate external ointment	T1	ST
hydrocortisone-acetic acid	T1	
loteprednol etabonate ophthalmic suspension 0.5 %	T1	ST
MEDPURA HYDROCORTISONE	T1	
mometasone furoate external	T1	
mometasone furoate nasal	T1	
neomycin-polymyxin-dexameth	T1	
neomycin-polymyxin-hc otic	T1	
prednisolone acetate ophthalmic	T1	
prednisolone oral solution	T1	

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Drug Name	Drug Tier	Requirements and Limits
prednisolone sodium phosphate ophthalmic	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	T1	
sulfacetamide-prednisolone ophthalmic solution	T1	
tobramycin-dexamethasone	T1	QL (10 ML per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)
ZYLET	T3	
Eent Anti-Inflammatory Agents, Misc.		
cyclosporine ophthalmic	T1	ST; QL (60 EA per 30 days)
XIIDRA	T3	PA; QL (60 EA per 30 days)
Eent Drugs, Miscellaneous		
acetic acid otic	T1	
ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 1-0.3 %	T1	
apraclonidine hcl	T1	ST
artificial tears ophthalmic solution 0.1-0.3 %	T1	
artificial tears pf	T1	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	T1	
cromolyn sodium inhalation	T1	
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	
eq artificial tears ophthalmic solution 1-0.3 %	T1	
eq restore tears	T1	
GENTEAL TEARS	T1	
GENTEAL TEARS PF	T1	

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Drug Name	Drug Tier	Requirements and Limits
hydrocortisone-acetic acid	T1	
just tears eye drops	T1	
lubricant eye drops ophthalmic solution 0.5 %	T1	
OXERVATE	T4	PA; SP
polyvinyl alcohol ophthalmic	T1	
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML	T1	
REFRESH TEARS	T1	
SOOTHE HYDRATION	T1	
SOOTHE XP	T1	
SOOTHE XP XTRA PROTECTION	T1	
SYSTANE CONTACTS	T1	
ULTRA FRESH	T1	
Eent Nonsteroidal Anti-Inflam. Agents		
bromfenac sodium (once-daily)	T1	ST
diclofenac sodium ophthalmic	T1	
flurbiprofen oral	T1	
flurbiprofen sodium	T1	
ketorolac tromethamine ophthalmic	T1	
ketorolac tromethamine oral	T1	QL
NEVANAC	T3	
Local Anesthetics (Eent)		
lidocaine hcl mouth/throat	T1	
lidocaine viscous hcl	T1	
proparacaine hcl ophthalmic	T1	
Miotics		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
pilocarpine hcl oral	T1	
QLOSI	T3	PA; QL (60 EA per 30 days)
VUITY	T3	PA; QL (5 ML per 25 days)

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Drug Name	Drug Tier	Requirements and Limits
Mydriatics		
atropine sulfate ophthalmic solution 1 %	T1	
Prostaglandin Analogs		
latanoprost ophthalmic	T1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	QL (2.5 ML per 25 days)
tafluprost (pf)	T1	ST
travoprost (bak free)	T1	ST
Rho Kinase Inhibitors		
RHOPRESSA	T3	QL (2.5 ML per 25 days)
Vascular Endothelial Growth Factor Antag		
CIMERLI	T4	PA; SP
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO ORAL	T3	PA
granisetron hcl oral	T1	QL (2 EA per 1 day)
ondansetron hcl oral solution	T1	QL (30 ML per 1 day)
ondansetron hcl oral tablet 24 mg	T1	QL (1 EA per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	T1	QL (3 EA per 1 day)
ondansetron oral tablet dispersible 4 mg, 8 mg	T1	QL (3 EA per 1 day)
Antacids And Adsorbents		
omeprazole-sodium bicarbonate oral capsule	T1	ST
omeprazole-sodium bicarbonate oral packet	T1	ST; AL (Max 12 Years)
Antidiarrhea Agents		
diphenoxylate-atropine oral liquid	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
loperamide hcl oral capsule	T1	
XERMELO	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
Antiemetics, Miscellaneous		
dronabinol	T1	
olanzapine oral	T1	QL (30 EA per 30 days)
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
scopolamine	T1	QL (10 EA per 30 days)
SYNDROS	T3	AL (Max 12 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
Antihistamines (Gi Drugs)		
doxylamine-pyridoxine	T1	PA
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
prochlorperazine	T1	
prochlorperazine maleate oral	T1	
trimethobenzamide hcl oral	T1	
Anti-Inflammatory Agents (Gi Drugs)		
alosetron hcl	T1	QL (60 EA per 30 days)
balsalazide disodium	T1	
DIPENTUM	T3	
mesalamine er oral capsule extended release 24 hour	T1	
mesalamine oral capsule delayed release	T1	
mesalamine oral tablet delayed release 1.2 gm	T1	
mesalamine rectal	T1	

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Drug Name	Drug Tier	Requirements and Limits
mesalamine-cleanser	T1	
sulfasalazine oral	T1	
Antiulcer Agents And Acid Suppressants		
amoxicillin oral capsule	T1	
amoxicillin oral suspension reconstituted	T1	
amoxicillin oral tablet	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
metronidazole oral capsule	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
tetracycline hcl oral capsule	T1	
Cathartics And Laxatives		
GAVILYTE-C	T1	
GAVILYTE-G	T1	
GAVILYTE-N WITH FLAVOR PACK	T1	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	T1	PA
peg 3350-kcl-na bicarb-nacl	T1	
peg-3350/electrolytes	T1	
peg-kcl-nacl-nasulf-na asc-c	T1	PA
polyethylene glycol 3350 oral packet 17 gm	T1	
polyethylene glycol 3350 oral powder	T1	
polyethylene glycol 3350 powder	T1	
Chloride Channel Activators		
lubiprostone	T1	QL (60 EA per 30 days)
Cholelitholytic Agents		
BYLVAY	T4	PA; SP
BYLVAY (PELLETS)	T4	PA; SP
LIVMARLI	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
OCALIVA	T4	PA; SP
ursodiol oral capsule 300 mg	T1	
ursodiol oral tablet	T1	
Digestants		
CREON	T2	
GATTEX	T4	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T2	
Dopamine Receptor Antagonists		
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Gi Drugs, Miscellaneous		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP
adalimumab-aaty (1 pen)	T4	PA; SP
adalimumab-aaty (2 pen)	T4	PA; SP
adalimumab-aaty (2 syringe)	T4	PA; SP
adalimumab-aaty cd/uc/hs start	T4	PA; SP
adalimumab-fkjp (2 pen)	T4	PA; SP
adalimumab-fkjp (2 syringe)	T4	PA; SP
BYLVAY	T4	PA; SP
BYLVAY (PELLETS)	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
CIMZIA-STARTER	T4	PA; SP
dronabinol	T1	
GATTEX	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
LINZESS	T2	ST; QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	T4	PA; SP
lubiprostone	T1	QL (60 EA per 30 days)
MOVANTIK	T2	ST; QL (30 EA per 30 days)
OCALIVA	T4	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	PA; SP
octreotide acetate intramuscular	T4	PA; SP
octreotide acetate subcutaneous	T4	PA; SP
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	T3	PA; QL (11.2 ML per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
SKYRIZI INTRAVENOUS	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
SYMPROIC	T2	ST; QL (30 EA per 30 days)
SYNDROS	T3	AL (Max 12 Years)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS	T2	ST; QL (30 EA per 30 days)
Histamine H2-Antagonists		
cimetidine oral	T1	
famotidine oral tablet 20 mg, 40 mg	T1	
nizatidine oral capsule	T1	
Lipotropic Agents		
scopolamine	T1	QL (10 EA per 30 days)
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	T3	PA
aprepitant oral capsule 125 mg	T1	QL (1 EA per 1 day)
aprepitant oral capsule 40 mg	T1	QL (4 EA per 2 days)
aprepitant oral capsule 80 & 125 mg	T1	QL (3 EA per 3 days)
aprepitant oral capsule 80 mg	T1	QL (2 EA per 2 days)
EMEND ORAL SUSPENSION RECONSTITUTED	T3	PA
VARUBI (180 MG DOSE)	T3	PA
Opioid Antagonists (56:18)		
MOVANTIK	T2	ST; QL (30 EA per 30 days)
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	T3	PA; QL (11.2 ML per 28 days)
SYMPROIC	T2	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
Prokinetic Agents		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1	
metoclopramide hcl oral tablet	T1	
Prostaglandins		
diclofenac-misoprostol oral tablet delayed release	T1	
misoprostol oral	T1	
Protectants		
sucralfate oral tablet	T1	
Proton-Pump Inhibitors		
dexlansoprazole	T1	PA
esomeprazole magnesium oral capsule delayed release	T1	ST
lansoprazole oral capsule delayed release	T1	ST
omeprazole oral capsule delayed release	T1	
omeprazole-sodium bicarbonate oral capsule	T1	ST
omeprazole-sodium bicarbonate oral packet	T1	ST; AL (Max 12 Years)
pantoprazole sodium oral tablet delayed release	T1	
rabeprazole sodium oral tablet delayed release	T1	ST
Heavy Metal Antagonists		
Heavy Metal Antagonists		
deferasirox granules	T4	PA; SP
deferasirox oral tablet	T4	PA; SP
deferasirox oral tablet soluble	T4	PA; SP
deferiprone	T4	PA
FERRIPROX TWICE-A-DAY	T4	PA
penicillamine oral	T1	PA; SP
trientine hcl oral capsule 250 mg	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
Hormones And Synthetic Substitutes		
Adrenals		
ARNUITY ELLIPTA	T2	QL (30 Inhaler per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	QL (1 Inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T2	QL (1 Inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	QL (1 Inhaler per 30 days)
ASMANEX HFA	T2	QL (13 Inhaler per 30 days)
betamethasone dipropionate aug	T1	
betamethasone dipropionate external	T1	
betamethasone valerate external cream	T1	
betamethasone valerate external lotion	T1	
betamethasone valerate external ointment	T1	
BREZTRI AEROSPHERE	T2	QL (1 Inhaler per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	QL (120 ml per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	QL (60 ML per 30 days)
budesonide oral	T1	
budesonide-formoterol fumarate	T2	QL (10.2 GM per 30 days)
dexamethasone oral elixir	T1	
dexamethasone oral solution	T1	
dexamethasone oral tablet	T1	
fludrocortisone acetate oral	T1	
flunisolide nasal solution 25 mcg/act (0.025%)	T1	

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Drug Name	Drug Tier	Requirements and Limits
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T2	QL (60 EA per 30 days)
fluticasone propionate diskus	T2	QL (60 Inhaler per 30 days)
fluticasone propionate external cream	T1	
fluticasone propionate external lotion	T1	ST
fluticasone propionate external ointment	T1	
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T2	QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T2	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T2	QL (10.6 GM per 30 days)
fluticasone propionate nasal	T1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 EA per 30 days)
hydrocortisone (perianal)	T1	
hydrocortisone butyrate external	T1	ST
hydrocortisone external cream 1 %, 2.5 %	T1	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral	T1	
hydrocortisone rectal enema	T1	
hydrocortisone valerate external cream	T1	
hydrocortisone valerate external ointment	T1	ST
hydrocortisone-acetic acid	T1	
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA; SP
MEDPURA HYDROCORTISONE	T1	
methylprednisolone oral	T1	
mometasone furoate external	T1	

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mometasone furoate nasal	T1	
prednisolone acetate ophthalmic	T1	
prednisolone oral solution	T1	
prednisolone sodium phosphate ophthalmic	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	T1	
prednisone oral	T1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	T2	QL (2 Inhaler per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	T2	QL (1 Inhaler per 30 days)
QVAR REDIHALER	T2	QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)
triamcinolone acetonide external cream	T1	
triamcinolone acetonide external lotion	T1	
triamcinolone acetonide external ointment	T1	
Alpha-Glucosidase Inhibitors		
acarbose oral	T1	
Androgens		
danazol oral	T1	
methyltestosterone oral	T1	PA
testosterone cypionate intramuscular solution 100 mg/ml	T1	QL (10 ML per 30 days)
testosterone cypionate intramuscular solution 200 mg/ml	T1	QL (4 ML per 28 days)
testosterone enanthate intramuscular solution	T1	QL (5 ML per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	T1	PA
testosterone transdermal solution	T1	PA
Antidiabetic Agents, Miscellaneous		
colesevelam hcl	T1	
mifepristone oral tablet 300 mg	T4	SP
Antiestrogens		
anastrozole oral	T1	
exemestane	T1	
letrozole oral	T1	
Antigonadtropins		
cetrorelix acetate	T4	PA; SP
ECONTRA ONE-STEP	T1	QL (2 EA per 1 day)
ganirelix acetate subcutaneous solution prefilled syringe	T4	PA; SP
levonorgestrel oral tablet 1.5 mg	T1	QL (2 EA per 1 day)
MY CHOICE	T1	QL (2 EA per 1 day)
MY WAY	T1	QL (2 EA per 1 day)
NEW DAY	T1	QL (2 EA per 1 day)
OPCICON ONE-STEP	T1	QL (2 EA per 1 day)
OPTION 2	T1	QL (2 EA per 1 day)
ORILISSA	T3	PA
TAKE ACTION	T1	QL (2 EA per 1 day)
testosterone cypionate intramuscular solution 100 mg/ml	T1	QL (10 ML per 30 days)
testosterone cypionate intramuscular solution 200 mg/ml	T1	QL (4 ML per 28 days)
testosterone enanthate intramuscular solution	T1	QL (5 ML per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	T1	PA
testosterone transdermal solution	T1	PA
Antihypoglycemic Agents, Miscellaneous		
cvs glucose oral tablet chewable	T1	QL (200 EA per 30 days)
glucose oral tablet chewable	T1	QL (200 EA per 30 days)
gnp glucose oral tablet chewable 4 gm	T1	QL (200 EA per 30 days)
hy-vee glucose	T1	QL (200 EA per 30 days)
meijer glucose oral tablet chewable 4-6 gm-mg	T1	QL (200 EA per 30 days)
RELION GLUCOSE ORAL TABLET CHEWABLE	T1	QL (200 EA per 30 days)
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	T1	QL (200 EA per 30 days)
walgreens glucose oral tablet chewable 4 gm	T1	QL (200 EA per 30 days)
Antiparathyroid Agents		
calcitonin (salmon) nasal	T1	QL (3.7 ML per 30 days)
cinacalcet hcl oral tablet 30 mg, 60 mg	T1	QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	T1	QL (120 EA per 30 days)
Antithyroid Agents		
methimazole oral	T1	
propylthiouracil oral	T1	
Biguanides		
alogliptin-metformin hcl	T1	QL (60 EA per 30 days)
glipizide-metformin hcl	T1	
glyburide-metformin	T1	
JANUMET	T2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 EA per 30 days)
metformin hcl er	T1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	T1	
pioglitazone hcl-metformin hcl	T1	
SYNJARDY	T2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	QL (60 EA per 30 days)
Contraceptives		
AFIRMELLE	T1	
ALTAVERA	T1	
alyacen 1/35	T1	
alyacen 7/7/7	T1	
AMETHYST	T1	
APRI	T1	
ARANELLE	T1	
ASHLYNA	T1	

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Drug Name	Drug Tier	Requirements and Limits
AUBRA EQ	T1	
AUROVELA 1.5/30	T1	
AUROVELA 1/20	T1	
AUROVELA 24 FE	T1	
AUROVELA FE 1.5/30	T1	
AUROVELA FE 1/20	T1	
AVERI	T1	
AVIANE	T1	
AYUNA	T1	
AZURETTE	T1	
BALZIVA	T1	
BLISOVI 24 FE	T1	
BLISOVI FE 1.5/30	T1	
BLISOVI FE 1/20	T1	
briellyn	T1	
CAMILA	T1	
CAMRESE	T1	
CAMRESE LO	T1	
CHARLOTTE 24 FE	T1	
CHATEAL EQ	T1	
CRYSELLE-28	T1	
CYRED EQ	T1	
DASETTA 1/35 (28)	T1	
DASETTA 7/7/7	T1	
DAYSEE	T1	
DEBLITANE	T1	
DELYLA	T1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
DOLISHALE	T1	
drospiren-eth estrad-levomefol	T1	
drospirenone-ethinyl estradiol	T1	

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Drug Name	Drug Tier	Requirements and Limits
ECONTRA ONE-STEP	T1	QL (2 EA per 1 day)
ELINEST	T1	
ELLA	T2	
ELURYNG	T1	
EMZAHH	T1	
ENILLORING	T1	
ENPRESSE-28	T1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	
ERRIN	T1	
ESTARYLLA	T1	
ethynodiol diac-eth estradiol	T1	
etonogestrel-ethinyl estradiol	T1	
FALMINA	T1	
FEIRZA 1.5/30	T1	
FEIRZA 1/20	T1	
FINZALA	T1	
GALBRIELA	T1	
GEMMILY	T1	
HAILEY 1.5/30	T1	
HAILEY 24 FE	T1	
HAILEY FE 1.5/30	T1	
HAILEY FE 1/20	T1	
HALOETTE	T1	
HEATHER	T1	
ICLEVIA	T1	
INCASSIA	T1	
INTROVALE	T1	
ISIBLOOM	T1	
JAIMIESS	T1	
JASMIEL	T1	
JENCYCLA	T1	
JOLESSA	T1	

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Drug Name	Drug Tier	Requirements and Limits
JULEBER	T1	
JUNEL 1.5/30	T1	
JUNEL 1/20	T1	
JUNEL FE 1.5/30	T1	
JUNEL FE 1/20	T1	
JUNEL FE 24	T1	
KAITLIB FE	T1	
KALLIGA	T1	
KARIVA	T1	
KELNOR 1/35	T1	
KURVELO	T1	
LARIN 1.5/30	T1	
LARIN 1/20	T1	
LARIN 24 FE	T1	
LARIN FE 1.5/30	T1	
LARIN FE 1/20	T1	
LEENA	T1	
LESSINA	T1	
LEVONEST	T1	
levonorgest-eth est & eth est	T1	
levonorgest-eth estrad 91-day	T1	
levonorgestrel oral tablet 1.5 mg	T1	QL (2 EA per 1 day)
levonorgestrel-ethinyl estrad	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	
LEVORA 0.15/30 (28)	T1	
LOJAIMIESS	T1	
LORYNA	T1	
LOW-OGESTREL	T1	
LO-ZUMANDIMINE	T1	
LUIZZA 1.5/30	T1	
LUIZZA 1/20	T1	

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Drug Name	Drug Tier	Requirements and Limits
LUTERA	T1	
LYLEQ	T1	
LYZA	T1	
marlissa	T1	
medroxyprogesterone acetate intramuscular	T1	
MELEYA	T1	
MIBELAS 24 FE	T1	
MICROGESTIN 1.5/30	T1	
MICROGESTIN 1/20	T1	
MICROGESTIN FE 1.5/30	T1	
MICROGESTIN FE 1/20	T1	
MILI	T1	
MONO-LINYAH	T1	
MY CHOICE	T1	QL (2 EA per 1 day)
MY WAY	T1	QL (2 EA per 1 day)
NECON 0.5/35 (28)	T1	
NECON 1/35 (28)	T1	
NEW DAY	T1	QL (2 EA per 1 day)
NIKKI	T1	
NORA-BE	T1	
norelgestromin-eth estradiol	T1	
norethin ace-eth estrad-fe oral capsule	T1	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable	T1	
norethindrone acet-ethinyl est oral tablet	T1	
norethindrone oral	T1	
norethin-eth estradiol-fe	T1	
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	T1	
norgestim-eth estrad triphasic	T1	

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Drug Name	Drug Tier	Requirements and Limits
NORLYDA	T1	
NORLYROC	T1	
NORTREL 0.5/35 (28)	T1	
NORTREL 1/35 (21)	T1	
NORTREL 1/35 (28)	T1	
NORTREL 7/7/7	T1	
NYLIA 1/35	T1	
NYLIA 7/7/7	T1	
OPCICON ONE-STEP	T1	QL (2 EA per 1 day)
OPILL	T1	QL (28 EA per 28 days)
OPTION 2	T1	QL (2 EA per 1 day)
ORSYTHIA	T1	
PHILITH	T1	
PIMTREA	T1	
PIRMELLA 7/7/7	T1	
PORTIA-28	T1	
RECLIPSEN	T1	
RIVELSA	T1	
ROSYRAH	T1	
SETLAKIN	T1	
SHAROBEL	T1	
SIMLIYA	T1	
SIMPESSE	T1	
SOLIA	T1	
SPRINTEC 28	T1	
SRONYX	T1	
SYEDA	T1	
TAKE ACTION	T1	QL (2 EA per 1 day)
TARINA 24 FE	T1	
TARINA FE 1/20 EQ	T1	
TAYSOFY	T1	
TILIA FE	T1	

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Drug Name	Drug Tier	Requirements and Limits
TRI FEMYNOR	T1	
TRI-ESTARYLLA	T1	
TRI-LEGEST FE	T1	
TRI-LINYAH	T1	
TRI-LO-ESTARYLLA	T1	
TRI-LO-MARZIA	T1	
TRI-LO-MILI	T1	
TRI-LO-SPRINTEC	T1	
TRI-MILI	T1	
TRINESSA (28)	T1	
TRI-SPRINTEC	T1	
TRIVORA (28)	T1	
TRI-VYLIBRA	T1	
TRI-VYLIBRA LO	T1	
TURQOZ	T1	
TYBLUME ORAL TABLET CHEWABLE	T2	
TYDEMY	T1	
VALTYA 1/50	T1	
VELIVET	T1	
VESTURA	T1	
VIENVA	T1	
viorele	T1	
VOLNEA	T1	
VYFEMLA	T1	
VYLIBRA	T1	
WERA	T1	
WYMZYA FE	T1	
XARAH FE	T1	
XELRIA FE	T1	
XULANE	T1	
ZAFEMY	T1	
ZOVIA 1/35 (28)	T1	

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Drug Name	Drug Tier	Requirements and Limits
ZUMANDIMINE	T1	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
alogliptin benzoate	T1	QL (30 EA per 30 days)
alogliptin-metformin hcl	T1	QL (60 EA per 30 days)
GLYXAMBI	T2	QL (30 EA per 30 days)
JANUMET	T2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 EA per 30 days)
JANUVIA	T2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 EA per 30 days)
Estrogen Agonist-Antagonists		
clomiphene citrate oral	T1	PA; QL (10 EA per 30 days)
DUAVEE	T3	ST
OSPHENA	T3	
raloxifene hcl	T1	
SOLTAMOX	T4	QL (600 ML per 30 days)
tamoxifen citrate oral	T1	
toremifene citrate	T1	SP
Estrogens		
AFIRMELLE	T1	
ALTAVERA	T1	
alyacen 1/35	T1	
alyacen 7/7/7	T1	
AMETHYST	T1	

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Drug Name	Drug Tier	Requirements and Limits
APRI	T1	
ARANELLE	T1	
ASHLYNA	T1	
AUBRA EQ	T1	
AUROVELA 1.5/30	T1	
AUROVELA 1/20	T1	
AUROVELA 24 FE	T1	
AUROVELA FE 1.5/30	T1	
AUROVELA FE 1/20	T1	
AVERI	T1	
AVIANE	T1	
AYUNA	T1	
AZURETTE	T1	
BALZIVA	T1	
BIJUVA	T3	QL (30 EA per 30 days)
BLISOVI 24 FE	T1	
BLISOVI FE 1.5/30	T1	
BLISOVI FE 1/20	T1	
briellyn	T1	
CAMRESE	T1	
CAMRESE LO	T1	
CHARLOTTE 24 FE	T1	
CHATEAL EQ	T1	
COMBIPATCH	T3	
CRYSELLE-28	T1	
CYRED EQ	T1	
DASETTA 1/35 (28)	T1	
DASETTA 7/7/7	T1	
DAYSEE	T1	
DELYLA	T1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
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Drug Name	Drug Tier	Requirements and Limits
DOLISHALE	T1	
drospiren-eth estrad-levomefol	T1	
drospirenone-ethinyl estradiol	T1	
DUAVEE	T3	ST
ELINEST	T1	
ELURYNG	T1	
ENILLORING	T1	
ENPRESSE-28	T1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	
ESTARYLLA	T1	
estradiol oral	T1	
estradiol transdermal patch twice weekly	T1	
estradiol transdermal patch weekly	T1	
estradiol vaginal tablet	T1	
estradiol valerate intramuscular	T1	
estradiol-norethindrone acet	T1	
ethynodiol diac-eth estradiol	T1	
etonogestrel-ethinyl estradiol	T1	
FALMINA	T1	
FEIRZA 1.5/30	T1	
FEIRZA 1/20	T1	
FINZALA	T1	
FYAVOLV	T1	
GALBRIELA	T1	
GEMMILY	T1	
HAILEY 1.5/30	T1	
HAILEY 24 FE	T1	
HAILEY FE 1.5/30	T1	
HAILEY FE 1/20	T1	
HALOETTE	T1	
ICLEVIA	T1	
INTROVALE	T1	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
ISIBLOOM	T1	
JAIMIESS	T1	
JASMIEL	T1	
JINTELI	T1	
JOLESSA	T1	
JULEBER	T1	
JUNEL 1.5/30	T1	
JUNEL 1/20	T1	
JUNEL FE 1.5/30	T1	
JUNEL FE 1/20	T1	
JUNEL FE 24	T1	
KAITLIB FE	T1	
KALLIGA	T1	
KARIVA	T1	
KELNOR 1/35	T1	
KURVELO	T1	
LARIN 1.5/30	T1	
LARIN 1/20	T1	
LARIN 24 FE	T1	
LARIN FE 1.5/30	T1	
LARIN FE 1/20	T1	
LEENA	T1	
LESSINA	T1	
LEVONEST	T1	
levonorgest-eth est & eth est	T1	
levonorgest-eth estrad 91-day	T1	
levonorgestrel-ethinyl estrad	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	
LEVORA 0.15/30 (28)	T1	
LOJAIMIESS	T1	
LORYNA	T1	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
LOW-OGESTREL	T1	
LO-ZUMANDIMINE	T1	
LUIZZA 1.5/30	T1	
LUIZZA 1/20	T1	
LUTERA	T1	
marlissa	T1	
MIBELAS 24 FE	T1	
MICROGESTIN 1.5/30	T1	
MICROGESTIN 1/20	T1	
MICROGESTIN FE 1.5/30	T1	
MICROGESTIN FE 1/20	T1	
MILI	T1	
MIMVEY	T1	
MONO-LINYAH	T1	
NECON 0.5/35 (28)	T1	
NECON 1/35 (28)	T1	
NIKKI	T1	
norelgestromin-eth estradiol	T1	
norethin ace-eth estrad-fe oral capsule	T1	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable	T1	
norethindrone acet-ethinyl est oral tablet	T1	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	T1	
norethin-eth estradiol-fe	T1	
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	T1	
norgestim-eth estrad triphasic	T1	
NORTREL 0.5/35 (28)	T1	
NORTREL 1/35 (21)	T1	
NORTREL 1/35 (28)	T1	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
NORTREL 7/7/7	T1	
NYLIA 1/35	T1	
NYLIA 7/7/7	T1	
ORSYTHIA	T1	
PHILITH	T1	
PIMTREA	T1	
PIRMELLA 7/7/7	T1	
PORTIA-28	T1	
PREMARIN ORAL	T3	ST
PREMARIN VAGINAL	T3	
PREMPHASE	T3	
PREMPRO	T3	
RECLIPSEN	T1	
RIVELSA	T1	
ROSYRAH	T1	
SETLAKIN	T1	
SIMLIYA	T1	
SIMPESSE	T1	
SOLIA	T1	
SPRINTEC 28	T1	
SRONYX	T1	
SYEDA	T1	
TARINA 24 FE	T1	
TARINA FE 1/20 EQ	T1	
TAYSOFY	T1	
TILIA FE	T1	
TRI FEMYNOR	T1	
TRI-ESTARYLLA	T1	
TRI-LEGEST FE	T1	
TRI-LINYAH	T1	
TRI-LO-ESTARYLLA	T1	
TRI-LO-MARZIA	T1	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
TRI-LO-MILI	T1	
TRI-LO-SPRINTEC	T1	
TRI-MILI	T1	
TRINESSA (28)	T1	
TRI-SPRINTEC	T1	
TRIVORA (28)	T1	
TRI-VYLIBRA	T1	
TRI-VYLIBRA LO	T1	
TURQOZ	T1	
TYBLUME ORAL TABLET CHEWABLE	T2	
TYDEMY	T1	
VALTYA 1/50	T1	
VELIVET	T1	
VESTURA	T1	
VIENVA	T1	
viorele	T1	
VOLNEA	T1	
VYFEMLA	T1	
VYLIBRA	T1	
WERA	T1	
WYMZYA FE	T1	
XARAH FE	T1	
XELRIA FE	T1	
XULANE	T1	
YUVAFEM	T1	
ZAFEMY	T1	
ZOVIA 1/35 (28)	T1	
ZUMANDIMINE	T1	
Glycogenolytic Agents		
BAQSIMI ONE PACK	T2	QL
BAQSIMI TWO PACK	T2	QL

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Drug Name	Drug Tier	Requirements and Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
Gonadotropins		
chorionic gonadotropin intramuscular	T4	PA; SP
ELIGARD	T4	PA; SP
FOLLISTIM AQ SUBCUTANEOUS	T4	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	T4	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	T4	PA; SP
leuprolide acetate injection	T4	SP
LUPRON DEPOT (1-MONTH)	T4	PA; SP
LUPRON DEPOT (3-MONTH)	T4	PA; SP
LUPRON DEPOT (4-MONTH)	T4	PA; SP
LUPRON DEPOT (6-MONTH)	T4	PA; SP
LUPRON DEPOT-PED (1-MONTH)	T4	PA; SP
LUPRON DEPOT-PED (3-MONTH)	T4	PA; SP
LUPRON DEPOT-PED (6-MONTH)	T4	PA; SP
MENOPUR	T4	PA; SP

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Requirements and Limits
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ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	T4	PA; SP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
PREGNYL	T4	PA; SP
SYNAREL	T4	PA; SP
TRELSTAR MIXJECT	T4	PA; SP
Incretin Mimetics		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (2 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T2	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T2	PA; QL (3 ML per 28 days)
RYBELSUS	T2	PA; QL (30 EA per 30 days)
SOLIQUA	T2	ST; QL (30 ML per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (2 ML per 28 days)
XULTOPHY	T3	ST; QL
Intermediate-Acting Insulins		
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMULIN N	T2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
Long-Acting Insulins		
insulin degludec	T2	ST
insulin degludec flextouch	T2	ST
insulin glargine-yfgn	T1	
LANTUS	T2	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
REZVOGLAR KWIKPEN	T1	
SOLIQUA	T2	ST; QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR	T2	ST
TOUJEO SOLOSTAR	T2	ST
XULTOPHY	T3	ST; QL
Meglitinides		
nateglinide	T1	
repaglinide	T1	
Parathyroid Agents		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	T4	PA; SP
TYMLOS	T4	PA; SP
Pituitary		
ACTHAR	T4	PA; SP
CORTROPHIN	T4	PA; SP
CORTROPHIN GEL	T4	PA
desmopressin ace spray refrig	T1	QL (15 ML per 30 days)
desmopressin acetate oral	T1	
desmopressin acetate spray	T1	QL (15 ML per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP
HUMATROPE INJECTION CARTRIDGE	T4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA; SP
Progestins		
AFIRMELLE	T1	
ALTAVERA	T1	
alyacen 1/35	T1	
alyacen 7/7/7	T1	
AMETHYST	T1	
APRI	T1	
ARANELLE	T1	
ASHLYNA	T1	
AUBRA EQ	T1	
AUROVELA 1.5/30	T1	
AUROVELA 1/20	T1	
AUROVELA 24 FE	T1	
AUROVELA FE 1.5/30	T1	
AUROVELA FE 1/20	T1	
AVERI	T1	
AVIANE	T1	
AYUNA	T1	
AZURETTE	T1	
BALZIVA	T1	
BIJUVA	T3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
BLISOVI 24 FE	T1	
BLISOVI FE 1.5/30	T1	
BLISOVI FE 1/20	T1	
briellyn	T1	
CAMILA	T1	
CAMRESE	T1	
CAMRESE LO	T1	
CHARLOTTE 24 FE	T1	
CHATEAL EQ	T1	
COMBIPATCH	T3	
CRINONE	T3	PA
CRYSELLE-28	T1	
CYRED EQ	T1	
DASETTA 1/35 (28)	T1	
DASETTA 7/7/7	T1	
DAYSEE	T1	
DEBLITANE	T1	
DELYLA	T1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
DOLISHALE	T1	
drospiren-eth estrad-levomefol	T1	
drospirenone-ethinyl estradiol	T1	
ECONTRA ONE-STEP	T1	QL (2 EA per 1 day)
ELINEST	T1	
ELLA	T2	
ELURYNG	T1	
EMZAHH	T1	
ENDOMETRIN	T2	PA
ENILLORING	T1	
ENPRESSE-28	T1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
ERRIN	T1	
ESTARYLLA	T1	
estradiol-norethindrone acet	T1	
ethynodiol diac-eth estradiol	T1	
etonogestrel-ethinyl estradiol	T1	
FALMINA	T1	
FEIRZA 1.5/30	T1	
FEIRZA 1/20	T1	
FINZALA	T1	
FYAVOLV	T1	
GALBRIELA	T1	
GEMMILY	T1	
HAILEY 1.5/30	T1	
HAILEY 24 FE	T1	
HAILEY FE 1.5/30	T1	
HAILEY FE 1/20	T1	
HALOETTE	T1	
HEATHER	T1	
ICLEVIA	T1	
INCASSIA	T1	
INTROVALE	T1	
ISIBLOOM	T1	
JAIMIESS	T1	
JASMIEL	T1	
JENCYCLA	T1	
JINTELI	T1	
JOLESSA	T1	
JULEBER	T1	
JUNEL 1.5/30	T1	
JUNEL 1/20	T1	
JUNEL FE 1.5/30	T1	
JUNEL FE 1/20	T1	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
JUNEL FE 24	T1	
KAITLIB FE	T1	
KALLIGA	T1	
KARIVA	T1	
KELNOR 1/35	T1	
KURVELO	T1	
LARIN 1.5/30	T1	
LARIN 1/20	T1	
LARIN 24 FE	T1	
LARIN FE 1.5/30	T1	
LARIN FE 1/20	T1	
LEENA	T1	
LESSINA	T1	
LEVONEST	T1	
levonorgest-eth est & eth est	T1	
levonorgest-eth estrad 91-day	T1	
levonorgestrel oral tablet 1.5 mg	T1	QL (2 EA per 1 day)
levonorgestrel-ethinyl estrad	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	
LEVORA 0.15/30 (28)	T1	
LOJAIMIESS	T1	
LORYNA	T1	
LOW-OGESTREL	T1	
LO-ZUMANDIMINE	T1	
LUIZZA 1.5/30	T1	
LUIZZA 1/20	T1	
LUTERA	T1	
LYLEQ	T1	
LYZA	T1	
marlissa	T1	
medroxyprogesterone acetate intramuscular	T1	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
medroxyprogesterone acetate oral	T1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml	T1	
megestrol acetate oral tablet	T1	
MELEYA	T1	
MIBELAS 24 FE	T1	
MICROGESTIN 1.5/30	T1	
MICROGESTIN 1/20	T1	
MICROGESTIN FE 1.5/30	T1	
MICROGESTIN FE 1/20	T1	
MILI	T1	
MIMVEY	T1	
MONO-LINYAH	T1	
MY CHOICE	T1	QL (2 EA per 1 day)
MY WAY	T1	QL (2 EA per 1 day)
NECON 0.5/35 (28)	T1	
NECON 1/35 (28)	T1	
NEW DAY	T1	QL (2 EA per 1 day)
NIKKI	T1	
NORA-BE	T1	
norelgestromin-eth estradiol	T1	
norethin ace-eth estrad-fe oral capsule	T1	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable	T1	
norethindrone acetate oral	T1	
norethindrone acet-ethinyl est oral tablet	T1	
norethindrone oral	T1	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	T1	
norethin-eth estradiol-fe	T1	

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Requirements and Limits
AL = Age Limit
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QL = Quantity Limit
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ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	T1	
norgestim-eth estrad triphasic	T1	
NORLYDA	T1	
NORLYROC	T1	
NORTREL 0.5/35 (28)	T1	
NORTREL 1/35 (21)	T1	
NORTREL 1/35 (28)	T1	
NORTREL 7/7/7	T1	
NYLIA 1/35	T1	
NYLIA 7/7/7	T1	
OPCICON ONE-STEP	T1	QL (2 EA per 1 day)
OPILL	T1	QL (28 EA per 28 days)
OPTION 2	T1	QL (2 EA per 1 day)
ORSYTHIA	T1	
PHILITH	T1	
PIMTREA	T1	
PIRMELLA 7/7/7	T1	
PORTIA-28	T1	
PREMPHASE	T3	
PREMPRO	T3	
progesterone oral	T1	
RECLIPSEN	T1	
RIVELSA	T1	
ROSYRAH	T1	
SETLAKIN	T1	
SHAROBEL	T1	
SIMLIYA	T1	
SIMPESSE	T1	
SOLIA	T1	
SPRINTEC 28	T1	
SRONYX	T1	

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
SYEDA	T1	
TAKE ACTION	T1	QL (2 EA per 1 day)
TARINA 24 FE	T1	
TARINA FE 1/20 EQ	T1	
TAYSOFY	T1	
TILIA FE	T1	
TRI FEMYNOR	T1	
TRI-ESTARYLLA	T1	
TRI-LEGEST FE	T1	
TRI-LINYAH	T1	
TRI-LO-ESTARYLLA	T1	
TRI-LO-MARZIA	T1	
TRI-LO-MILI	T1	
TRI-LO-SPRINTEC	T1	
TRI-MILI	T1	
TRINESSA (28)	T1	
TRI-SPRINTEC	T1	
TRIVORA (28)	T1	
TRI-VYLIBRA	T1	
TRI-VYLIBRA LO	T1	
TURQOZ	T1	
TYBLUME ORAL TABLET CHEWABLE	T2	
TYDEMY	T1	
VALTYA 1/50	T1	
VELIVET	T1	
VESTURA	T1	
VIENVA	T1	
viorele	T1	
VOLNEA	T1	
VYFEMLA	T1	
VYLIBRA	T1	
WERA	T1	

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Drug Name	Drug Tier	Requirements and Limits
WYMZYA FE	T1	
XARAH FE	T1	
XELRIA FE	T1	
XULANE	T1	
ZAFEMY	T1	
ZOVIA 1/35 (28)	T1	
ZUMANDIMINE	T1	
Rapid-Acting Insulins		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMALOG MIX 75/25	T2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	
insulin aspart flexpen	T2	ST
insulin aspart injection	T2	ST
insulin lispro (1 unit dial)	T1	
insulin lispro injection	T1	
insulin lispro junior kwikpen	T1	
KIRSTY	T2	ST
MERILOG	T2	ST
MERILOG SOLOSTAR	T2	ST
Short-Acting Insulins		
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMULIN R	T2	

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Drug Name	Drug Tier	Requirements and Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
BRENZAVVY	T3	PA; QL (30 EA per 30 days)
FARXIGA	T2	QL (30 EA per 30 days)
GLYXAMBI	T2	QL (30 EA per 30 days)
JARDIANCE	T2	QL (30 EA per 30 days)
SYNJARDY	T2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	QL (60 EA per 30 days)
Somatostatin Agonists		
lanreotide acetate	T4	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	PA; SP
octreotide acetate intramuscular	T4	PA; SP
octreotide acetate subcutaneous	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
SIGNIFOR	T4	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	T4	PA; SP
Somatotropin Agonists		
EGRIFTA SV	T4	PA; SP
EGRIFTA WR	T4	PA; SP
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP
HUMATROPE INJECTION CARTRIDGE	T4	PA; SP
INCRELEX	T4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA; SP
Somatotropin Antagonists		
SOMAVERT	T4	PA; SP
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1	
glipizide er	T1	

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Drug Name	Drug Tier	Requirements and Limits
glipizide oral	T1	
glipizide-metformin hcl	T1	
glyburide micronized	T1	
glyburide oral	T1	
glyburide-metformin	T1	
Thiazolidinediones		
pioglitazone hcl	T1	
pioglitazone hcl-metformin hcl	T1	
Thyroid Agents		
levothyroxine sodium oral tablet	T1	
LEVOXYL	T2	
liothyronine sodium oral	T1	
SYNTHROID	T2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T3	
Immunomodulatory Agents (90:00)		
Amino Acid Polymers		
glatiramer acetate	T4	PA; SP
GLATOPA	T4	PA; SP
Antimetabolites		
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
teriflunomide	T1	PA; QL (1 EA per 1 day)
Antimetabolites, Immunosupp Therapy Misc		

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Drug Name	Drug Tier	Requirements and Limits
azathioprine oral tablet 50 mg	T1	
mycophenolate mofetil oral capsule	T1	
Bone-Modifying Agents		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Calcineurin Inhibitors, Misc (90:28)		
ASTAGRAF XL	T4	SP
cyclosporine modified	T1	
cyclosporine ophthalmic	T1	ST; QL (60 EA per 30 days)
cyclosporine oral capsule	T1	
ENVARSUS XR	T4	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	T2	
PROGRAF ORAL PACKET	T3	
tacrolimus external ointment	T1	ST
tacrolimus oral	T1	
Complement Inhibitor Agents (90:20)		
TAVNEOS	T4	PA; SP
Disease-Modifying Antirheumat Drugs Misc		
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Disease-Modifying Antirheumatic Drugs		
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
hydroxychloroquine sulfate oral tablet 200 mg	T1	

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Drug Name	Drug Tier	Requirements and Limits
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
sulfasalazine oral	T1	
TREMFYA INTRAVENOUS	T4	PA; SP
TREMFYA PEN	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
TREMFYA-CD/UC INDUCTION	T4	PA; SP
XATMEP	T3	PA
Fumarates		
BAFIERTAM	T4	PA; SP
dimethyl fumarate oral	T1	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack	T1	PA
VUMERITY	T4	PA; SP
Igg1 Monoclonal Antibodies		
BENLYSTA SUBCUTANEOUS	T4	PA; SP
Immunomodulatory Agents (90:00)		
cyclophosphamide oral capsule	T1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T4	SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4	PA; SP; QL (30 EA per 30 days)
everolimus oral tablet soluble	T4	PA; SP
mercaptopurine oral suspension	T1	SP
mercaptopurine oral tablet	T1	
Interferons		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA; SP
BETASERON SUBCUTANEOUS KIT	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Interleukin Inhibitor Agents, Misc		
XOLAIR	T4	PA; SP
Interleukin-Mediated Agents, Misc		
ACTEMRA ACTPEN	T4	PA; SP
ACTEMRA SUBCUTANEOUS	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
IMULDOSA SUBCUTANEOUS	T4	PA; SP
KEVZARA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
OTULFI SUBCUTANEOUS	T4	PA; SP
SELARSDI SUBCUTANEOUS	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
STEQEYMA SUBCUTANEOUS	T4	PA; SP
TALTZ	T4	PA; SP
YESINTEK SUBCUTANEOUS	T4	PA; SP
Janus Kinase Inhibitors, Miscellaneous		
CIBINQO	T4	PA; SP
OLUMIANT	T4	PA; SP
RINVOQ	T4	PA; SP
RINVOQ LQ	T4	PA; SP
XELJANZ	T4	PA; SP
XELJANZ XR	T4	PA; SP
Monocarboxylic Acid Amide Agents		
leflunomide oral	T1	
Mtor Inhibitors, Miscellaneous		
HYFTOR	T4	PA; SP
sirolimus oral	T1	
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
OTEZLA XR	T4	PA; SP
OTEZLA/OTEZLA XR INITIATION PK	T4	PA; SP
Sphingosine 1-Phosphate (S1p) Agents		
fingolimod hcl	T1	PA
MAYZENT	T4	PA; SP
MAYZENT STARTER PACK	T4	PA; SP
TASCENSO ODT	T4	PA; SP
T-Cell Blockers (90:24)		
LUPKYNIS	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
Tumor Necrosis Factor Inhibitors, Misc		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP
adalimumab-aaty (1 pen)	T4	PA; SP
adalimumab-aaty (2 pen)	T4	PA; SP
adalimumab-aaty (2 syringe)	T4	PA; SP
adalimumab-aaty cd/uc/hs start	T4	PA; SP
adalimumab-fkjp (2 pen)	T4	PA; SP
adalimumab-fkjp (2 syringe)	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
ENBREL MINI	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
SIMLANDI (1 PEN)	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE)	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
Local Anesthetics		
Local Anesthetics		
ZTLIDO	T3	PA
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
dutasteride oral	T1	
dutasteride-tamsulosin hcl	T1	
finasteride oral tablet 5 mg	T1	
5-Alpha-Reductase Inhibitors (92:04)		
disulfiram oral	T1	
dutasteride oral	T1	
dutasteride-tamsulosin hcl	T1	
finasteride oral tablet 5 mg	T1	
naltrexone hcl oral	T1	
VIVITROL	T2	QL (1 EA per 28 days)
Antidotes (92:12)		
acetylcysteine inhalation	T1	
BAQSIMI ONE PACK	T2	QL
BAQSIMI TWO PACK	T2	QL
FOSRENOL ORAL PACKET	T3	PA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
lanthanum carbonate	T1	PA
leucovorin calcium oral	T1	
naloxone hcl injection solution 0.4 mg/ml	T1	
naloxone hcl injection solution cartridge	T1	
naloxone hcl injection solution prefilled syringe	T1	
naltrexone hcl oral	T1	
sevelamer carbonate oral packet	T1	PA
sevelamer carbonate oral tablet	T1	
sodium polystyrene sulfonate oral powder	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VIVITROL	T2	QL (1 EA per 28 days)
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	T1	
colchicine oral tablet	T1	
colchicine-probenecid	T1	
ec-naproxen oral tablet delayed release 500 mg	T1	
febuxostat	T1	ST
indomethacin er	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
naproxen oral tablet	T1	
naproxen oral tablet delayed release	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
probenecid oral	T1	
Antisense Oligonucleotides		

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Drug Name	Drug Tier	Requirements and Limits
sodium oxybate	T4	PA; SP; QL (540 ml per 30 days)
Bone Anabolic Agents		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	T4	PA; SP
TYMLOS	T4	PA; SP
Bone Resorption Inhibitors		
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	T1	
calcitonin (salmon) nasal	T1	QL (3.7 ML per 30 days)
estradiol oral	T1	
estradiol transdermal patch twice weekly	T1	
estradiol transdermal patch weekly	T1	
estradiol vaginal tablet	T1	
estradiol valerate intramuscular	T1	
ibandronate sodium oral	T1	
PREMARIN ORAL	T3	ST
PREMARIN VAGINAL	T3	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
raloxifene hcl	T1	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	T1	
YUVAFEM	T1	
Bradykinin Receptor Antagonists		
icatibant acetate subcutaneous solution prefilled syringe	T4	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Cariostatic Agents		
sf	T1	
sf 5000 plus	T1	
sodium fluoride 5000 plus	T1	

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Drug Name	Drug Tier	Requirements and Limits
sodium fluoride 5000 ppm dental cream	T1	
sodium fluoride dental cream	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	AL (Max 17 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	T1	AL (Max 17 Years)
sodium fluoride oral tablet chewable	T1	AL (Max 17 Years)
Complement Inhibitors		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
RUCONEST	T4	PA; SP
TAVNEOS	T4	PA; SP
Complement Inhibitors (92:32)		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
icatibant acetate subcutaneous solution prefilled syringe	T4	PA; SP
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
RUCONEST	T4	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SP
TAVNEOS	T4	PA; SP
Disease-Modifying Antirheumatic Agents		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP

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Drug Name	Drug Tier	Requirements and Limits
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ACTEMRA ACTPEN	T4	PA; SP
ACTEMRA SUBCUTANEOUS	T4	PA; SP
adalimumab-aaty (1 pen)	T4	PA; SP
adalimumab-aaty (2 pen)	T4	PA; SP
adalimumab-aaty (2 syringe)	T4	PA; SP
adalimumab-aaty cd/uc/hs start	T4	PA; SP
adalimumab-fkjp (2 pen)	T4	PA; SP
adalimumab-fkjp (2 syringe)	T4	PA; SP
azathioprine oral tablet 50 mg	T1	
CIBINQO	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
cyclosporine modified	T1	
cyclosporine oral capsule	T1	
ENBREL MINI	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	T2	
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
hydroxychloroquine sulfate oral tablet 200 mg	T1	
KEVZARA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
leflunomide oral	T1	
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
OLUMIANT	T4	PA; SP
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
OTEZLA ORAL TABLET 30 MG	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4	PA; SP
penicillamine oral	T1	PA; SP
RINVOQ	T4	PA; SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
sulfasalazine oral	T1	
XATMEP	T3	PA
XELJANZ	T4	PA; SP
XELJANZ XR	T4	PA; SP
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
Immunomodulatory Agents		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ACTEMRA ACTPEN	T4	PA; SP
ACTEMRA SUBCUTANEOUS	T4	PA; SP
ACTIMMUNE	T4	PA; SP
adalimumab-aaty (1 pen)	T4	PA; SP
adalimumab-aaty (2 pen)	T4	PA; SP
adalimumab-aaty (2 syringe)	T4	PA; SP
adalimumab-aaty cd/uc/hs start	T4	PA; SP
adalimumab-fkjp (2 pen)	T4	PA; SP
adalimumab-fkjp (2 syringe)	T4	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA; SP
azathioprine oral tablet 50 mg	T1	
BAFIERTAM	T4	PA; SP
BETASERON SUBCUTANEOUS KIT	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
cyclosporine modified	T1	

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Drug Name	Drug Tier	Requirements and Limits
cyclosporine oral capsule	T1	
dimethyl fumarate oral	T1	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack	T1	PA
ENBREL MINI	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
fingolimod hcl	T1	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	T2	
glatiramer acetate	T4	PA; SP
GLATOPA	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
hydroxychloroquine sulfate oral tablet 200 mg	T1	
KESIMPTA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
leflunomide oral	T1	
lenalidomide	T4	PA; SP
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
MAYZENT	T4	PA; SP
MAYZENT STARTER PACK	T4	PA; SP
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
POMALYST	T4	PA; SP; QL (21 EA per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REVLIMID	T4	PA; SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
sulfasalazine oral	T1	
TASCENSO ODT	T4	PA; SP
teriflunomide	T1	PA; QL (1 EA per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	T4	PA; SP
VUMERITY	T4	PA; SP
XATMEP	T3	PA
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
ZEPOSIA	T4	PA; SP
ZEPOSIA 7-DAY STARTER PACK	T4	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	T4	PA; SP
Immunosuppressive Agents		
ASTAGRAF XL	T4	SP
azathioprine oral tablet 50 mg	T1	
BENLYSTA SUBCUTANEOUS	T4	PA; SP
cyclophosphamide oral capsule	T1	
cyclosporine modified	T1	
cyclosporine oral capsule	T1	
ENVARSUS XR	T4	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T4	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	T2	
HYFTOR	T4	PA; SP
leflunomide oral	T1	
LUPKYNIS	T4	PA; SP
MAVENCLAD (10 TABS)	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
mercaptopurine oral suspension	T1	SP
mercaptopurine oral tablet	T1	
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
mycophenolate mofetil oral	T1	
mycophenolate sodium	T1	
pimecrolimus	T1	ST
PROGRAF ORAL PACKET	T3	
sirolimus oral	T1	
tacrolimus external ointment	T1	ST
tacrolimus oral	T1	
XATMEP	T3	PA
Kallikrein Inhibitors		
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP
Other Miscellaneous Therapeutic Agents		
betaine	T4	SP
CERDELGA	T4	PA; SP
CYSTAGON	T4	SP
dalfampridine er	T1	PA; SP
DYSPORT	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
ELMIRON	T3	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T4	PA; SP
EVOTAZ	T2	QL (30 EA per 30 days)
EVRYSDI	T4	PA; SP
FIRDAPSE	T4	PA; SP
GALAFOLD	T4	PA; SP
GELSYN-3	T4	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA; SP
levocarnitine oral solution	T1	
levocarnitine oral tablet	T1	
levocarnitine sf	T1	
l-glutamine oral packet	T4	PA; SP
miglustat	T4	PA; SP
nitisinone	T4	PA; SP
NITYR	T4	PA; SP
ORFADIN ORAL SUSPENSION	T4	PA; SP
PREZCOBIX	T2	QL (30 EA per 30 days)
REZUROCK	T4	PA; SP
sapropterin dihydrochloride oral packet	T4	PA; SP
sapropterin dihydrochloride oral tablet	T4	PA; SP
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
tiopronin oral tablet delayed release	T4	SP
TYBOST	T2	QL (30 EA per 30 days)
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
VYNDAQEL	T4	PA; SP
XEOMIN	T4	PA; SP
Protective Agents		
adapalene external gel 0.1 %	T1	

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Drug Name	Drug Tier	Requirements and Limits
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
dalfampridine er	T1	PA; SP
mesna oral	T1	
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
CAYA	T2	
DUREX REALFEEL	T2	QL (12 EA per 30 days)
ENCARE VAGINAL SUPPOSITORY	T2	QL (12 EA per 30 days)
FANTASY LUBRICATED	T2	QL (12 EA per 30 days)
FANTASY LUBRICATED/SPERMICIDE	T2	QL (12 EA per 30 days)
FC2 FEMALE CONDOM	T2	QL (12 EA per 90 days)
FEMCAP	T2	
OMNIFLEX DIAPHRAGM	T2	
PHEXXI	T2	QL (60 GM per 30 days)
TODAY SPONGE	T2	QL (3 EA per 30 days)
TRUSTEX LUB/RIBBED/STUDDED	T2	QL (12 EA per 30 days)
TRUSTEX LUB/SPERMICIDE EX ST	T2	QL (12 EA per 30 days)
TRUSTEX LUB/SPERMICIDE XL	T2	QL (12 EA per 30 days)
TRUSTEX LUBRICATED EX LARGE	T2	QL (12 EA per 30 days)
TRUSTEX NON-LUBRICATED	T2	QL (12 EA per 30 days)
TRUSTEX RIA NON-LUBRICATED	T2	QL (12 EA per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD	T2	QL (12 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T2	QL (9 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T2	QL (25.5 GM per 30 days)
WIDE-SEAL DIAPHRAGM 60	T2	
WIDE-SEAL DIAPHRAGM 65	T2	
WIDE-SEAL DIAPHRAGM 70	T2	
WIDE-SEAL DIAPHRAGM 75	T2	
WIDE-SEAL DIAPHRAGM 80	T2	

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Drug Name	Drug Tier	Requirements and Limits
WIDE-SEAL DIAPHRAGM 85	T2	
WIDE-SEAL DIAPHRAGM 90	T2	
WIDE-SEAL DIAPHRAGM 95	T2	
Oxytocics		
Oxytocics		
mifepristone oral tablet 200 mg	T1	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
epinephrine injection solution auto-injector	T1	QL
Anticholinergic Agents (Respir.Tract)		
atropine sulfate ophthalmic solution 1 %	T1	
ATROVENT HFA	T3	QL (12.9 GM per 25 days)
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
ipratropium bromide inhalation	T1	
ipratropium bromide nasal	T1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
tiotropium bromide	T1	QL (30 EA per 30 days)
Antifibrotic Agents		
OFEV	T4	PA; SP
pirfenidone oral capsule	T4	PA; SP
pirfenidone oral tablet 267 mg, 801 mg	T4	PA; SP
Anti-Inflammatory Agents (Respiratory)		

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Drug Name	Drug Tier	Requirements and Limits
NUCALA	T4	PA; SP
Antitussives		
codeine sulfate oral tablet	T1	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
hydrocod poli-chlorphe poli er	T1	Prior authorization required for claims greater than 7 day supply.; QL (50 ML per 5 days); AL (Min 18 Years and Max 999 Years)
Corticosteroids (Respiratory Tract)		
ARNUITY ELLIPTA	T2	QL (30 Inhaler per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	QL (120 ml per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	QL (60 ML per 30 days)
flunisolide nasal solution 25 mcg/act (0.025%)	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T2	QL (60 EA per 30 days)
fluticasone propionate diskus	T2	QL (60 Inhaler per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T2	QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T2	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T2	QL (10.6 GM per 30 days)
fluticasone propionate nasal	T1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 EA per 30 days)
mometasone furoate external	T1	
mometasone furoate nasal	T1	

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Drug Name	Drug Tier	Requirements and Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	T2	QL (2 Inhaler per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	T2	QL (1 Inhaler per 30 days)
QVAR REDIHALER	T2	QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)
Cystic Fibrosis (Cftr) Correctors		
ALYFTREK	T4	PA; SP
ORKAMBI	T4	PA; SP
SYMDEKO	T4	PA; SP
TRIKAFTA	T4	PA; SP
Cystic Fibrosis (Cftr) Potentiators		
ALYFTREK	T4	PA; SP
KALYDECO	T4	PA; SP
ORKAMBI	T4	PA; SP
SYMDEKO	T4	PA; SP
TRIKAFTA	T4	PA; SP
Endothelin Receptor Antagonists		
ambrisentan	T4	PA; SP
bosentan	T4	PA; SP
First Generation Antihist.(Respir Tract)		
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
cyproheptadine hcl oral	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	

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Drug Name	Drug Tier	Requirements and Limits
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; SP
FASENRA	T4	PA; SP
FASENRA PEN	T4	PA; SP
TEZSPIRE	T4	PA; SP
Leukotriene Modifiers		
montelukast sodium oral	T1	
zafirlukast	T1	ST
zileuton er	T1	ST
Mast-Cell Stabilizers		
ALOCRIL	T3	
cromolyn sodium inhalation	T1	
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	
Mucolytic Agents		
acetylcysteine inhalation	T1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP
sodium chloride inhalation nebulization solution 3 %, 7 %	T1	
Nasal Preparations (Steroids)		
flunisolide nasal solution 25 mcg/act (0.025%)	T1	
fluticasone propionate nasal	T1	
mometasone furoate nasal	T1	
Orally Inhaled Preparations (Steroids)		

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Drug Name	Drug Tier	Requirements and Limits
ARNUITY ELLIPTA	T2	QL (30 Inhaler per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	QL (120 ml per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	QL (60 ML per 30 days)
fluticasone propionate diskus	T2	QL (60 Inhaler per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T2	QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T2	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T2	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	T2	QL (2 Inhaler per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	T2	QL (1 Inhaler per 30 days)
QVAR REDIHALER	T2	QL (1 Inhaler per 30 days)
Phosphodiesterase Type 4 Inhibitors		
roflumilast	T1	PA
Phosphodiesterase-5 Inhibitors (Respir)		
sildenafil citrate oral suspension reconstituted	T1	PA; SP
sildenafil citrate oral tablet 20 mg	T1	PA; SP
tadalafil (pah)	T1	PA; SP
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
TYVASO	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per 1 lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
Respiratory Tract Agents, Miscellaneous		
pirfenidone oral capsule	T4	PA; SP
pirfenidone oral tablet 267 mg, 801 mg	T4	PA; SP
TEZSPIRE	T4	PA; SP
XOLAIR	T4	PA; SP
Second Generation Antihist(Respir Tract)		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	T1	
azelastine hcl ophthalmic	T1	
desloratadine oral tablet	T1	
Select.Beta-2-Adrenergic Agonist(Respir)		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	NDC 66993001968 (albuterol authorized generic for Ventolin) is not on formulary. Use alternate NDC.
albuterol sulfate inhalation	T1	
albuterol sulfate oral syrup 2 mg/5ml	T1	
albuterol sulfate oral tablet	T1	
formoterol fumarate inhalation	T1	QL (120 ml per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	T1	ST
STRIVERDI RESPIMAT	T2	QL (4 GM per 30 days)
terbutaline sulfate oral	T1	

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Drug Name	Drug Tier	Requirements and Limits
Vasodilating Agents (Respiratory Tract)		
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)
ambrisentan	T4	PA; SP
bosentan	T4	PA; SP
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
sildenafil citrate oral suspension reconstituted	T1	PA; SP
sildenafil citrate oral tablet 20 mg	T1	PA; SP
tadalafil (pah)	T1	PA; SP
TYVASO	T4	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per 1 lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
UPTRAVI ORAL	T4	PA; SP; QL (2 tablet per 1 day)
UPTRAVI TITRATION	T4	PA; SP; QL (1 pack per 1 lifetime)
Vasodilating Agents, Misc		
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)
UPTRAVI ORAL	T4	PA; SP; QL (2 tablet per 1 day)
UPTRAVI TITRATION	T4	PA; SP; QL (1 pack per 1 lifetime)
Xanthine Derivatives		
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	

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Drug Name	Drug Tier	Requirements and Limits
theophylline er oral tablet extended release 24 hour	T1	
theophylline oral	T1	
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	T1	
brimonidine tartrate-timolol	T1	ST
Allylamines (Skin And Mucous Membrane)		
naftifine hcl external cream	T1	PA
Antibacterials (84:04)		
azelaic acid external	T1	
bacitracin ophthalmic	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
benzoyl peroxide-erythromycin	T1	
clindamycin hcl oral	T1	
clindamycin palmitate hcl	T1	
clindamycin phos (once-daily)	T1	
clindamycin phos (twice-daily)	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
clindamycin phosphate external lotion	T1	
clindamycin phosphate external solution	T1	
clindamycin phosphate external swab	T1	
clindamycin phosphate vaginal	T1	
dapsone oral	T1	
doxycycline hyclate oral capsule	T1	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	

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Drug Name	Drug Tier	Requirements and Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
erythromycin external gel	T1	
erythromycin external solution	T1	
gentamicin sulfate external	T1	
gentamicin sulfate ophthalmic solution	T1	
levofloxacin oral	T1	
metronidazole external cream	T1	
metronidazole external gel	T1	
metronidazole oral capsule	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal	T1	
minocycline hcl oral capsule	T1	
moxifloxacin hcl oral	T1	
mupirocin external	T1	QL (88 GM per 30 days)
neomycin sulfate oral	T1	
polymyxin b-trimethoprim	T1	
sulfacetamide sodium (acne)	T1	
SULFAMYLON EXTERNAL CREAM	T3	
tetracycline hcl oral capsule	T1	
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	T3	PA
Antiproliferants		
bexarotene oral	T4	PA; SP
fluorouracil external cream 0.5 %	T1	
fluorouracil external cream 5 %	T1	QL (40 g per 30 days)
fluorouracil external solution	T1	
imiquimod external cream 5 %	T1	QL (24 EA per 30 days)
PANRETIN	T4	PA; SP
TARGRETIN EXTERNAL	T4	PA; SP
VALCHLOR	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
Antipruritics And Local Anesthetics		
doxepin hcl external	T1	ST; QL (45 GM per 30 days)
doxepin hcl oral capsule	T1	
doxepin hcl oral concentrate	T1	
doxepin hcl oral tablet	T1	QL (30 EA per 30 days)
lidocaine external ointment 5 %	T1	
lidocaine external patch 5 %	T1	PA; QL (90 EA per 30 days)
lidocaine hcl external solution	T1	
lidocaine-prilocaine	T1	
ZTLIDO	T3	PA
Antivirals (Skin And Mucous Membrane)		
acyclovir external cream	T1	PA
acyclovir external ointment	T1	
acyclovir oral capsule	T1	
acyclovir oral suspension 200 mg/5ml	T1	
acyclovir oral tablet	T1	
penciclovir	T1	PA
Astringents (84:12)		
BEVESPI AEROSPHERE	T2	QL (10.7 Inhaler per 30 days)
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
Astringents, Anti-Infective		
chlorhexidine gluconate mouth/throat	T1	
selenium sulfide external lotion	T1	
silver sulfadiazine external	T1	
SSD	T3	
Azoles (Skin And Mucous Membrane)		
clotrimazole anti-fungal	T1	
clotrimazole external cream	T1	
clotrimazole external solution	T1	

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Drug Name	Drug Tier	Requirements and Limits
clotrimazole mouth/throat troche	T1	
clotrimazole-betamethasone	T1	
econazole nitrate external cream	T1	
GYNAZOLE-1	T3	
JUBLIA	T3	PA; QL (8 ml per 30 days)
ketoconazole external cream	T1	
ketoconazole external shampoo 2 %	T1	
luliconazole	T1	PA
oxiconazole nitrate	T1	PA
sulconazole nitrate external cream	T1	QL (60 GM per 30 days)
terconazole	T1	
Basic Lotions And Liniments		
ammonium lactate external	T1	
Basic Ointments And Protectants		
calcipotriene external cream	T1	
calcipotriene external ointment	T1	
calcipotriene external solution	T1	
calcipotriene-betameth diprop external ointment	T1	ST
hydrocortisone external cream 1 %	T1	
nitroglycerin rectal	T3	
SANTYL	T3	PA; QL (90 GM per 30 days)
Cell Stimulants And Proliferants		
finasteride oral tablet 5 mg	T1	
minoxidil oral	T1	
tretinoin external cream	T1	AL (Max 30 Years)
tretinoin external gel 0.01 %, 0.025 %	T1	AL (Max 30 Years)
tretinoin oral	T4	SP
Corticosteroids (Skin, Mucous Membrane)		
alclometasone dipropionate	T1	
betamethasone dipropionate aug	T1	

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Drug Name	Drug Tier	Requirements and Limits
betamethasone dipropionate external	T1	
betamethasone valerate external cream	T1	
betamethasone valerate external lotion	T1	
betamethasone valerate external ointment	T1	
calcipotriene-betameth diprop external ointment	T1	ST
clobetasol propionate e	T1	
clobetasol propionate external cream 0.05 %	T1	
clobetasol propionate external gel	T1	
clobetasol propionate external ointment	T1	
clobetasol propionate external solution	T1	
clocortolone pivalate	T1	ST
clotrimazole-betamethasone	T1	
desonide external cream	T1	
desonide external lotion	T1	ST
desonide external ointment	T1	
desoximetasone external cream 0.05 %	T1	ST
desoximetasone external cream 0.25 %	T1	
desoximetasone external gel	T1	ST
desoximetasone external liquid	T1	ST
desoximetasone external ointment 0.05 %	T1	ST
desoximetasone external ointment 0.25 %	T1	
fluocinolone acetonide external cream 0.01 %	T1	ST
fluocinolone acetonide external cream 0.025 %	T1	
fluocinolone acetonide external ointment	T1	
fluocinolone acetonide external solution	T1	
fluocinolone acetonide otic	T1	
fluocinonide emulsified base	T1	
fluocinonide external gel	T1	
fluocinonide external ointment	T1	

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Drug Name	Drug Tier	Requirements and Limits
fluocinonide external solution	T1	
fluticasone propionate external cream	T1	
fluticasone propionate external lotion	T1	ST
fluticasone propionate external ointment	T1	
halcinonide external cream	T1	ST
halobetasol propionate external cream	T1	
halobetasol propionate external foam	T1	ST
halobetasol propionate external ointment	T1	
hydrocortisone (perianal)	T1	
hydrocortisone butyrate external	T1	ST
hydrocortisone external cream 1 %, 2.5 %	T1	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral	T1	
hydrocortisone rectal enema	T1	
hydrocortisone valerate external cream	T1	
hydrocortisone valerate external ointment	T1	ST
hydrocortisone-acetic acid	T1	
MEDPURA HYDROCORTISONE	T1	
mometasone furoate external	T1	
nystatin-triamcinolone	T1	
triamcinolone acetonide external cream	T1	
triamcinolone acetonide external lotion	T1	
triamcinolone acetonide external ointment	T1	
triamcinolone acetonide mouth/throat	T1	
Hydroxypyridones (Skin, Mucous Membrane)		
ciclopirox external solution	T1	
ciclopirox olamine external	T1	
Immunomodulatory Agents (84:06)		
ASTAGRAF XL	T4	SP

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Drug Name	Drug Tier	Requirements and Limits
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T4	PA; SP
ENVARSUS XR	T4	SP
HYFTOR	T4	PA; SP
ILUMYA	T4	PA; SP
pimecrolimus	T1	ST
PROGRAF ORAL PACKET	T3	
SILIQ	T4	PA; SP
sirolimus oral	T1	
SKYRIZI PEN	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
tacrolimus external ointment	T1	ST
tacrolimus oral	T1	
TREMFYA INTRAVENOUS	T4	PA; SP
TREMFYA PEN	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
TREMFYA-CD/UC INDUCTION	T4	PA; SP
Janus Kinase Inhibitors (84:06)		
CIBINQO	T4	PA; SP
JAKAFI	T4	PA; SP; QL (60 EA per 30 days)
OPZELURA	T4	PA
roflumilast	T1	PA
SOTYKTU	T4	PA; SP
Keratolytic Agents		
acitretin	T1	PA
adapalene external gel 0.1 %	T1	

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Drug Name	Drug Tier	Requirements and Limits
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
isotretinoin oral	T1	PA; QL (60 EA per 30 days)
podofilox external solution	T1	
tazarotene external cream	T1	
tazarotene external gel	T1	
Local Anti-Infectives, Miscellaneous		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
benzoyl peroxide-erythromycin	T1	
chlorhexidine gluconate mouth/throat	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
selenium sulfide external lotion	T1	
silver sulfadiazine external	T1	
SSD	T3	
SULFAMYLON EXTERNAL CREAM	T3	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
diclofenac sodium external gel 1 %	T1	
diclofenac sodium external gel 3 %	T1	QL (100 g per 30 days)
Phosphodiesterase-4 Inhibitors (84:06)		
EUCRISA	T3	PA
roflumilast	T1	PA
Pigmenting Agents		
methoxsalen rapid	T4	QL (84 EA per 30 days)
Polyenes (Skin And Mucous Membrane)		
nystatin external	T1	
nystatin mouth/throat	T1	
nystatin-triamcinolone	T1	

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Drug Name	Drug Tier	Requirements and Limits
Scabicides And Pediculicides		
CROTAN	T3	
ivermectin external cream	T1	ST
malathion external	T1	
permethrin external cream	T1	
spinosad	T1	
Skin And Mucous Membrane Agents, Misc.		
acitretin	T1	PA
adapalene external gel 0.1 %	T1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
azelaic acid external	T1	
calcipotriene external cream	T1	
calcipotriene external ointment	T1	
calcipotriene external solution	T1	
calcipotriene-betameth diprop external ointment	T1	ST
calcitriol external	T1	QL (800 GM per 28 days)
CIBINQO	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
dapsone oral	T1	
diclofenac sodium external gel 1 %	T1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
fluorouracil external cream 0.5 %	T1	
fluorouracil external cream 5 %	T1	QL (40 g per 30 days)
fluorouracil external solution	T1	
HYFTOR	T4	PA; SP
ILUMYA	T4	PA; SP
imiquimod external cream 5 %	T1	QL (24 EA per 30 days)
isotretinoin oral	T1	PA; QL (60 EA per 30 days)
l-glutamine oral packet	T4	PA; SP
nitroglycerin rectal	T3	
OPZELURA	T4	PA
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
PANRETIN	T4	PA; SP
pimecrolimus	T1	ST
podofilox external solution	T1	
SANTYL	T3	PA; QL (90 GM per 30 days)
SILIQ	T4	PA; SP
SKYRIZI PEN	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
SOTYKTU	T4	PA; SP
tacrolimus external ointment	T1	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	T4	PA; SP
TARGRETIN EXTERNAL	T4	PA; SP
tazarotene external cream	T1	
tazarotene external gel	T1	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4	PA; SP
VALCHLOR	T4	PA; SP

Smooth Muscle Relaxants

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Drug Name	Drug Tier	Requirements and Limits
Antimuscarinics		
darifenacin hydrobromide er	T1	ST
fesoterodine fumarate er	T1	ST
flavoxate hcl	T1	
oxybutynin chloride er	T1	
oxybutynin chloride oral solution	T1	
oxybutynin chloride oral tablet 5 mg	T1	
solifenacin succinate	T1	
tolterodine tartrate	T1	
tolterodine tartrate er	T1	ST
trospium chloride	T1	
trospium chloride er	T1	ST
Respiratory Smooth Muscle Relaxants		
sildenafil citrate oral suspension reconstituted	T1	PA; SP
sildenafil citrate oral tablet 20 mg	T1	PA; SP
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour	T1	
theophylline oral	T1	
Selective Beta-3-Adrenergic Agonists		
mirabegron er	T3	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	QL (300 ML per 30 days); AL (Min 3 Years and Max 18 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	QL (30 EA per 30 days)
Vitamins		
Multivitamin Preparations		
m-natal plus	T1	

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Drug Name	Drug Tier	Requirements and Limits
pnv prenatal plus multivitamin	T1	
PRENATABS RX	T1	
prenatal oral tablet 27-1 mg	T1	
westab plus	T1	
Vitamin B Complex		
cvs folic acid oral tablet 800 mcg	T1	
drospiren-eth estrad-levomefol	T1	
folic acid oral capsule 0.8 mg	T1	
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	T1	
gnp folic acid	T1	
kp folic acid oral tablet 800 mcg	T1	
leucovorin calcium oral	T1	
m-natal plus	T1	
niacin er (antihyperlipidemic)	T1	
pnv prenatal plus multivitamin	T1	
PRENATABS RX	T1	
prenatal oral tablet 27-1 mg	T1	
qc folic acid	T1	
TYDEMY	T1	
westab plus	T1	
yl folic acid	T1	
Vitamin C		
cvs glucose oral tablet chewable 4-6 gm-mg	T1	QL (200 EA per 30 days)
glucose oral tablet chewable 4-6 gm-mg	T1	QL (200 EA per 30 days)
hy-vee glucose	T1	QL (200 EA per 30 days)
meijer glucose oral tablet chewable 4-6 gm-mg	T1	QL (200 EA per 30 days)
peg-kcl-nacl-nasulf-na asc-c	T1	PA
RELION GLUCOSE ORAL TABLET CHEWABLE	T1	QL (200 EA per 30 days)
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	T1	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
Vitamin D		
calcitriol oral	T1	
doxercalciferol oral	T1	
paricalcitol oral	T1	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	T1	QL (200 EA per 30 days)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	T1	

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