2024 Preferred Drug List

This formulary was updated on December 22, 2024.

Please Read: This document contains information about the drugs we cover in this plan.

For a complete, up-to-date list of covered drugs, visit our website at PacificSource.com.
For more recent information or other questions, please contact PacificSource Customer Service at (888) 977-9299 or by email at cs@pacificsource.com. Or visit us online at PacificSource.com.

CLB580_0221

PacificSource 2024 List of Covered Drugs

What is a Drug List?

A drug list is a list of covered drugs, selected in consultation with a team of healthcare providers. The list represents prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover a drug on the list as long as it is medically necessary, the prescription is filled at an in-network pharmacy, and other plan rules are followed. The drug list is a guide to help you and your provider identify medications that can provide the best clinical results at the lowest cost.

To find out which list applies to your pharmacy plan, check your PacificSource member ID card or Summary of Benefits—available online through your InTouch account or from your benefits administrator. You are also welcome to call our Customer Service Department for assistance. If you have questions about your coverage, please contact our Customer Service Department at 888-977-9299 or by email at cs@pacificsource.com.

Can the Drug List change?

Yes. Updates to the drug list may occur on a monthly basis. Refer to the list on our website, PacificSource.com, for the most current list of covered medications. If a change is made to the drug list, we will notify affected members at least 30 days before the change becomes effective. Changes may include removing drugs from our list, moving a drug to a higher cost-sharing tier, or adding restrictions such as preauthorization, quantity limit, or step therapy. Please refer to prescription drug information and news web page for more information (PacificSource.com/members/prescription-drug-information/lists-and-criteria).

How do I use the Drug List?

Our drug lists are available in a searchable online format and can be found at PacificSource.com/drug-list, where you'll have the option to view and print an entire list or just your search results. Only the drugs on the list are covered by your plan. Our drug lists are subject to change, as new drugs are constantly entering the market. **Please note: Some specific group plans may not cover all drugs on the drug list.** A separate benefit may apply to some drugs, such as specialty drugs.

PDL (Preferred Drug List): This list applies to PacificSource pharmacy plans that have PDL listed as the formulary on the plan's Summary of Benefits. It is mainly used by members who are covered by large employer groups.

Tier: The tier numbers in the drug list refer to drug co-pay tiers.

- Tier 0 drugs have no co-pays and include preventative service drugs covered under the Affordable Care Act.
- Tier 1 drugs have a low co-pay and are typically generics.
- Tier 2 drugs have a mid-range co-pay.
- Tier 3 drugs have a high co-pay.

Drugs listed as "SP" are specialty medications and may have additional restrictions or costs associated with them.

Drugs listed as "PS Expanded NCDL" are available on the PacificSource Expanded No Cost Drug List that groups may opt to provide.

Drugs listed as "VBP Drug List" are available on the Value Based Preventive No-Cost Drug List that select self-funded groups may opt to provide.

Drugs listed as "LEDL" are on the Legacy Enhanced Drug List which is available to Legacy Employee Health Plan members only.

Drugs listed with "Prudent" are available on a copay maximizer program, available to select self-insured large groups only, additional optional coverage, refer to benefit book.

Requirements/Limits: This may include information on Quantity Limits ("QL"), if the medication requires preauthorization ("PA"), Step Therapy ("ST"), if the medication is considered a specialty medication ("SP") or if there are other restrictions on coverage. Please see your Member Handbook for details.

What are generic drugs?

We cover both brand name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

If you or your provider have requested that your medication be filled with a brand named drug when a generic is available, you may be responsible for the brand name drug's co-pay plus the difference in cost between the brand name drug and the generic option. Actual costs may vary by plan design.

Affordable Care Act (ACA) No Cost Drug List

The Affordable Care Act (ACA) No Cost Drug List are medications used to prevent certain health conditions. These are also known as Tier 0 drugs. If you are enrolled in a group that qualified under ACA, these drugs are covered at no cost when prescribed by a licensed healthcare provider. Some examples include drugs used to help you stop smoking, folic acid, and contraceptives for women. Covered drugs are subject to restrictions such as age and gender. For more information please visit PacificSource.com/members/prescription-drug-information/lists-and-criteria.

If you are enrolled in a group that is not qualified under ACA, these drugs will be included as Tier 1 if generic and Tier 3 if branded drug.

Are there any restrictions on my coverage?

Most prescriptions are limited up to a 90-day supply which can be filled at either our in-network mail or retail pharmacies.

Caremark Prescription Services
(866) 329-3051 Toll-Free
www.Caremark.com

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Partial Fill: Some drugs have a high cost and many side effects that make them harder to tolerate for long-term use. These medications will be dispensed in a limited amount on the first fill only (for half the normal co-pay). This first fill acts as a trial period to see if you are able to tolerate the drug. If the trial is a success, future fills will be for the full amount.

PA (Preauthorization): If "PA" appears in the requirements column, the drug requires preauthorization. This means your provider will need to get preauthorization approval from us before you will be able to fill your prescription. Without preauthorization, we may not cover the drug. Please have your provider submit documentation to us for authorization review if you need to get a "PA."

QL (Quantity Limits): If "QL" appears in the requirements column, the drug may be covered by your plan, but only up to a certain quantity or amount. If you need quantities higher than the limit shown, please have your provider contact us for authorization.

ST (Step Therapy): In some cases, we require you to first try a lower cost alternative drug ("Step 1") drug before using the more expensive ("Step 2" or "Step 3") drug. If it is medically necessary for you to use a Step 2 or Step 3 drug as initial therapy, your provider will need to submit a request for authorization.

SP (Specialty Drug): If "SP" appears at the requirements column, it is a specialty drug. Fills of specialty drugs are limited to a 30-day supply and must be filled at our exclusive in-network Specialty Pharmacy. Specialty drugs are not available to be filled at your regular retail or mail-order pharmacy unless an exception has been granted. Following is the contact information for CVS Caremark, which is available to members in all 50 states:

CVS Caremark Specialty Pharmacy
(800) 237-2767 Phone
(800) 323-2445 Fax

Regional specialty pharmacies:
Depending where you live, you may wish to contact your provider about using the specialty pharmacies in your region, including MultiCare, Legacy Health, OHSU, St. Luke's, and Billings Clinic.

Age/Gender Restrictions: Covered drugs for members in Washington are subject to possible age restrictions. Gender restrictions do not apply. For more information, please visit PacificSource.com/Find-A-Drug.

How do I get authorization for my drug?

Certain drugs require preauthorization or have additional requirements ("PA" or "ST") that must be met before your drug is covered under your prescription benefit.

If your drug requires "PA", you can:

- Have your provider submit medical documentation to us for review.

If your drug requires "ST", you can:

- Ask your provider about prescribing a Step 1 drug. If these options are not appropriate, your provider will need to submit a request for authorization to us.

You and your provider can get more information about specific restrictions applied to covered drugs by visiting our website. We have posted searchable documents that address our Preauthorization and Step Therapy policies at PacificSource.com/members/prescription-drug-information/lists-and-criteria, under "Utilization Management Policies."

Your provider can submit authorization requests and supporting documentation directly to our Pharmacy Services department online, using our InTouch portal, at PacificSource.com/providers or by calling us at (844) 877-4803.

How do I get a drug discount?

To get a drug discount, visit a participating in-network pharmacy and show your PacificSource ID card when you drop off your prescription. If the drug is not covered under your plan, a discount is automatically taken off the cash price of the prescription, and you pay the discounted price.

What if my drug is not on the Drug List?

If your drug is not included on the list of covered drugs for your plan, you can:

- Visit our website for a list of similar drugs that are covered by us. You can ask your provider to prescribe a drug that is covered by your plan.
- You can ask us to make an exception and cover your drug.

How do I request an exception from PacificSource?

You can ask us to cover a drug even if it is not on our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level. Generally, we will only approve your request for an exception if the alternative drugs included on the plan's drug list would not be as effective in treating your covered condition and/or would cause you to have adverse medical effects.

Your provider will need to submit documentation to us for consideration. If you or your provider have questions about how to submit a request, please contact our Customer Service Department at 888-977-9299 or by email at cs@pacificsource.com.

PacificSource Medication Synchronization Program:

To ensure your medication is effective, it's important to take it exactly as prescribed. This can be challenging if you take multiple medications that refill at different times and require many trips to the pharmacy. Through our medication synchronization program, your ongoing prescriptions may be coordinated so refills are ready at the same time. Certain limitations apply regarding the medications eligible for synchronization. If you wish to have your medication refills synchronized, please ask your provider or pharmacist to contact our Pharmacy Services Department at (844) 877-4803, or email pharmacy@pacificsource.com. We will work with your providers to evaluate your options and develop your synchronization plan.

More information

For more detailed information about our prescription drug coverage, please review your Summary of Benefits and other plan materials. If you have questions, please contact our Customer Service Department at 888-977-9299 or by email at cs@pacificsource.com.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD Agent - Selective Alpha Adrenergic Agonists		
clonidine hcl er tablet extended release 12 hour 0.1 mg oral	1	QL 120/30 days
guanfacine hcl er tablet extended release 24 hour 1 mg oral	1	
guanfacine hcl er tablet extended release 24 hour 2 mg oral	1	
guanfacine hcl er tablet extended release 24 hour 3 mg oral	1	
guanfacine hcl er tablet extended release 24 hour 4 mg oral	1	
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	3	
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL	3	
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	3	
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	3	
KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL	3	QL 120/30 days
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1 MG/ML ORAL	3	PA, Medical Necessity PA
ADHD Agent - Selective Norepinephrine Reuptake Inhibitor		
atomoxetine hcl capsule 10 mg oral	1	QL 120/30 days
atomoxetine hcl capsule 100 mg oral	1	QL 30/30 days
atomoxetine hcl capsule 18 mg oral	1	QL 120/30 days
atomoxetine hcl capsule 25 mg oral	1	QL 120/30 days
atomoxetine hcl capsule 40 mg oral	1	QL 60/30 days
atomoxetine hcl capsule 60 mg oral	1	QL 30/30 days
atomoxetine hcl capsule 80 mg oral	1	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ADHD Agent - Selective Norepinephrine Reuptake Inhibitor (continued)		
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	PA, QL 90/30 days, Medical Necessity PA
STRATTERA CAPSULE 10 MG ORAL	3	QL 120/30 days
STRATTERA CAPSULE 100 MG ORAL	3	QL 30/30 days
STRATTERA CAPSULE 18 MG ORAL	3	QL 120/30 days
STRATTERA CAPSULE 25 MG ORAL	3	QL 120/30 days
STRATTERA CAPSULE 40 MG ORAL	3	QL 60/30 days
STRATTERA CAPSULE 60 MG ORAL	3	QL 30/30 days
STRATTERA CAPSULE 80 MG ORAL	3	QL 30/30 days
Amphetamine Mixtures		
ADDERALL TABLET 10 MG ORAL	3	QL 180/30 days
ADDERALL TABLET 12.5 MG ORAL	3	QL 120/30 days
ADDERALL TABLET 15 MG ORAL	3	QL 120/30 days
ADDERALL TABLET 20 MG ORAL	3	QL 90/30 days
ADDERALL TABLET 30 MG ORAL	3	QL 60/30 days
ADDERALL TABLET 5 MG ORAL	3	QL 180/30 days
ADDERALL TABLET 7.5 MG ORAL	3	QL 180/30 days
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	QL 90/30 days
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	3	QL 90/30 days
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	QL 90/30 days
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamine Mixtures (continued)		
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	QL 60/30 days
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	3	QL 90/30 days
amphetamine-dextroamphet er capsule extended release 24 hour 10 mg oral	1	QL 90/30 days
amphetamine-dextroamphet er capsule extended release 24 hour 15 mg oral	1	QL 90/30 days
amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral	1	QL 90/30 days
amphetamine-dextroamphet er capsule extended release 24 hour 25 mg oral	1	QL 60/30 days
amphetamine-dextroamphet er capsule extended release 24 hour 30 mg oral	1	QL 60/30 days
amphetamine-dextroamphet er capsule extended release 24 hour 5 mg oral	1	QL 90/30 days
amphetamine-dextroamphetamine tablet 10 mg oral	1	QL 180/30 days
amphetamine-dextroamphetamine tablet 12.5 mg oral	1	QL 120/30 days
amphetamine-dextroamphetamine tablet 15 mg oral	1	QL 120/30 days
amphetamine-dextroamphetamine tablet 20 mg oral	1	QL 90/30 days
amphetamine-dextroamphetamine tablet 30 mg oral	1	QL 60/30 days
amphetamine-dextroamphetamine tablet 5 mg oral	1	QL 180/30 days
amphetamine-dextroamphetamine tablet 7.5 mg oral	1	QL 180/30 days
amphet-dextroamphet 3-bead er capsule extended release 24 hour 12.5 mg oral	1	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamine Mixtures (continued)		
amphet-dextroamphet 3-bead er capsule extended release 24 hour 25 mg oral	1	QL 30/30 days
amphet-dextroamphet 3-bead er capsule extended release 24 hour 37.5 mg oral	1	QL 30/30 days
amphet-dextroamphet 3-bead er capsule extended release 24 hour 50 mg oral	1	QL 30/30 days
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL	3	QL 30/30 days
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	QL 30/30 days
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	3	QL 30/30 days
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	QL 30/30 days
Amphetamines		
ADZENYS ER SUSPENSION EXTENDED RELEASE 1.25 MG/ML ORAL	3	PA, Medical Necessity PA
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL	3	PA, Medical Necessity PA
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL	3	PA, Medical Necessity PA
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL	3	PA, Medical Necessity PA
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL	3	PA, Medical Necessity PA
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamines (continued)		
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL	3	PA, Medical Necessity PA
amphetamine er suspension extended release 1.25 mg/ml oral	1	PA, Medical Necessity PA
amphetamine sulfate tablet 10 mg oral	1	QL 60/30 days
amphetamine sulfate tablet 5 mg oral	1	QL 60/30 days
DESOXYN TABLET 5 MG ORAL	3	
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	QL 120/30 days
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	3	QL 120/30 days
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	3	QL 30/30 days
dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral	1	QL 120/30 days
dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral	1	QL 120/30 days
dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral	1	QL 30/30 days
dextroamphetamine sulfate solution 5 mg/5ml oral	1	
dextroamphetamine sulfate tablet 10 mg oral	1	QL 180/30 days
dextroamphetamine sulfate tablet 15 mg oral	1	QL 120/30 days
dextroamphetamine sulfate tablet 2.5 mg oral	1	QL 120/30 days
dextroamphetamine sulfate tablet 20 mg oral	1	QL 90/30 days
dextroamphetamine sulfate tablet 30 mg oral	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamines (continued)		
dextroamphetamine sulfate tablet 5 mg oral	1	QL 120/30 days
dextroamphetamine sulfate tablet 7.5 mg oral	1	QL 120/30 days
DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL	3	PA, Medical Necessity PA
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 10 MG ORAL	3	QL 30/30 days
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 15 MG ORAL	3	QL 30/30 days
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL	3	QL 30/30 days
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 5 MG ORAL	3	QL 30/30 days
DYANAVEL XR TABLET EXTENDED RELEASE 10 MG ORAL	3	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
DYANAVEL XR TABLET EXTENDED RELEASE 15 MG ORAL	3	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
DYANAVEL XR TABLET EXTENDED RELEASE 20 MG ORAL	3	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
DYANAVEL XR TABLET EXTENDED RELEASE 5 MG ORAL	3	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
EVEKEO ODT TABLET DISPERSIBLE 10 MG ORAL	3	QL 60/30 days
EVEKEO ODT TABLET DISPERSIBLE 15 MG ORAL	3	QL 60/30 days
EVEKEO ODT TABLET DISPERSIBLE 20 MG ORAL	3	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamines (continued)		
EVEKEO ODT TABLET DISPERSIBLE 5 MG ORAL	3	QL 60/30 days
EVEKEO TABLET 10 MG ORAL	3	QL 60/30 days
EVEKEO TABLET 5 MG ORAL	3	QL 60/30 days
lisdexamfetamine dimesylate capsule 10 mg oral	1	QL 60/30 days
lisdexamfetamine dimesylate capsule 20 mg oral	1	QL 30/30 days
lisdexamfetamine dimesylate capsule 30 mg oral	1	QL 30/30 days
lisdexamfetamine dimesylate capsule 40 mg oral	1	QL 30/30 days
lisdexamfetamine dimesylate capsule 50 mg oral	1	QL 30/30 days
lisdexamfetamine dimesylate capsule 60 mg oral	1	QL 30/30 days
lisdexamfetamine dimesylate capsule 70 mg oral	1	QL 30/30 days
lisdexamfetamine dimesylate tablet chewable 10 mg oral	1	QL 60/30 days
lisdexamfetamine dimesylate tablet chewable 20 mg oral	1	QL 30/30 days
lisdexamfetamine dimesylate tablet chewable 30 mg oral	1	QL 30/30 days
lisdexamfetamine dimesylate tablet chewable 40 mg oral	1	QL 30/30 days
lisdexamfetamine dimesylate tablet chewable 50 mg oral	1	QL 30/30 days
lisdexamfetamine dimesylate tablet chewable 60 mg oral	1	QL 30/30 days
methamphetamine hcl tablet 5 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamines (continued)		
PROCENTRA SOLUTION 5 MG/5ML ORAL	3	
VYVANSE CAPSULE 10 MG ORAL	3	QL 60/30 days
VYVANSE CAPSULE 20 MG ORAL	3	QL 30/30 days
VYVANSE CAPSULE 30 MG ORAL	3	QL 30/30 days
VYVANSE CAPSULE 40 MG ORAL	3	QL 30/30 days
VYVANSE CAPSULE 50 MG ORAL	3	QL 30/30 days
VYVANSE CAPSULE 60 MG ORAL	3	QL 30/30 days
VYVANSE CAPSULE 70 MG ORAL	3	QL 30/30 days
VYVANSE TABLET CHEWABLE 10 MG ORAL	3	QL 60/30 days
VYVANSE TABLET CHEWABLE 20 MG ORAL	3	QL 30/30 days
VYVANSE TABLET CHEWABLE 30 MG ORAL	3	QL 30/30 days
VYVANSE TABLET CHEWABLE 40 MG ORAL	3	QL 30/30 days
VYVANSE TABLET CHEWABLE 50 MG ORAL	3	QL 30/30 days
VYVANSE TABLET CHEWABLE 60 MG ORAL	3	QL 30/30 days
ZENZEDI TABLET 10 MG ORAL	1	QL 180/30 days
ZENZEDI TABLET 15 MG ORAL	1	QL 120/30 days
ZENZEDI TABLET 2.5 MG ORAL	1	QL 120/30 days
ZENZEDI TABLET 20 MG ORAL	1	QL 90/30 days
ZENZEDI TABLET 30 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 5 MG ORAL	1	QL 120/30 days
ZENZEDI TABLET 7.5 MG ORAL	1	QL 120/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Analeptics		
CAFCIT SOLUTION 60 MG/3ML INTRAVENOUS	3	
caffeine citrate solution 20 mg/ml oral	1	LEDL
caffeine citrate solution 60 mg/3ml intravenous	1	
caffeine citrate solution 60 mg/3ml oral	1	LEDL
DOPRAM SOLUTION 20 MG/ML INTRAVENOUS	3	
doxapram hcl solution 20 mg/ml intravenous	1	
Anti-Obesity - GLP-1 Receptor Agonists		
WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS	3	PA, QL 2/28 days, Medical Necessity PA
WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS	3	PA, QL 2/28 days, Medical Necessity PA
WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS	3	PA, QL 2/28 days, Medical Necessity PA
WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS	3	PA, QL 3/28 days, Medical Necessity PA
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS	3	PA, QL 3/28 days, Medical Necessity PA
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI TABLET 150 MG ORAL	3	PA, QL 30/30 days
SUNOSI TABLET 75 MG ORAL	3	PA, QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX TABLET 17.8 MG ORAL	3	PA, QL 60/30 days, SP, Medical Necessity PA, Prudent
WAKIX TABLET 4.45 MG ORAL	3	PA, QL 60/30 days, SP, Medical Necessity PA, Prudent
Stimulant Combinations		
AZSTARYS CAPSULE 26.1-5.2 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
AZSTARYS CAPSULE 39.2-7.8 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
AZSTARYS CAPSULE 52.3-10.4 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Stimulants - Misc.		
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	QL 30/30 days
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL	3	QL 30/30 days
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL	3	QL 30/30 days
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 55 MG ORAL	3	QL 30/30 days
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 70 MG ORAL	3	QL 30/30 days
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 85 MG ORAL	3	QL 30/30 days
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	QL 30/30 days
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	3	QL 30/30 days
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	QL 30/30 days
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	QL 30/30 days
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	QL 30/30 days
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	QL 30/30 days
armodafinil tablet 150 mg oral	1	QL 30/30 days
armodafinil tablet 200 mg oral	1	QL 30/30 days
armodafinil tablet 250 mg oral	1	QL 30/30 days
armodafinil tablet 50 mg oral	1	QL 60/30 days
CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL	3	QL 60/30 days
CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL	3	QL 60/30 days
CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL	3	QL 60/30 days
CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL	3	QL 30/30 days
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL	3	PA, Medical Necessity PA
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL	3	PA, Medical Necessity PA
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL	3	PA, Medical Necessity PA
DAYTRANA PATCH 10 MG/9HR TRANSDERMAL	3	QL 30/30 days
DAYTRANA PATCH 15 MG/9HR TRANSDERMAL	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
DAYTRANA PATCH 20 MG/9HR TRANSDERMAL	3	QL 30/30 days
DAYTRANA PATCH 30 MG/9HR TRANSDERMAL	3	QL 30/30 days
dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral	1	QL 120/30 days
dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral	1	QL 60/30 days
dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral	1	QL 60/30 days
dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral	1	QL 30/30 days
dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral	1	QL 30/30 days
dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral	1	QL 30/30 days
dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral	1	QL 30/30 days
dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral	1	QL 240/30 days
dexmethylphenidate hcl tablet 10 mg oral	1	QL 120/30 days
dexmethylphenidate hcl tablet 2.5 mg oral	1	QL 240/30 days
dexmethylphenidate hcl tablet 5 mg oral	1	QL 120/30 days
FOCALIN TABLET 10 MG ORAL	3	QL 120/30 days
FOCALIN TABLET 2.5 MG ORAL	3	QL 240/30 days
FOCALIN TABLET 5 MG ORAL	3	QL 120/30 days
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	QL 120/30 days
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	3	QL 60/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1.
For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	QL 60/30 days
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	QL 30/30 days
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	QL 30/30 days
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL	3	QL 30/30 days
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	QL 30/30 days
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	3	QL 240/30 days
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	QL 30/30 days
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	QL 30/30 days
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	QL 30/30 days
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	QL 30/30 days
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	QL 30/30 days
METADATE CD CAPSULE EXTENDED RELEASE 10 MG ORAL	3	QL 60/30 days
METADATE CD CAPSULE EXTENDED RELEASE 20 MG ORAL	3	QL 60/30 days
METADATE CD CAPSULE EXTENDED RELEASE 30 MG ORAL	3	QL 60/30 days
METADATE CD CAPSULE EXTENDED RELEASE 40 MG ORAL	3	QL 30/30 days
METADATE CD CAPSULE EXTENDED RELEASE 50 MG ORAL	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
METADATE CD CAPSULE EXTENDED RELEASE 60 MG ORAL	3	QL 30/30 days
METADATE ER TABLET EXTENDED RELEASE 20 MG ORAL	3	QL 60/30 days
METHYLIN SOLUTION 10 MG/5ML ORAL	3	QL 900/30 days
METHYLIN SOLUTION 5 MG/5ML ORAL	3	QL 1800/30 days
METHYLIN TABLET 10 MG ORAL	3	QL 180/30 days
METHYLIN TABLET 20 MG ORAL	3	QL 90/30 days
METHYLIN TABLET 5 MG ORAL	3	QL 180/30 days
METHYLIN TABLET CHEWABLE 10 MG ORAL	3	QL 180/30 days
METHYLIN TABLET CHEWABLE 2.5 MG ORAL	3	QL 180/30 days
METHYLIN TABLET CHEWABLE 5 MG ORAL	3	QL 180/30 days
methylphenidate hcl er (cd) capsule extended release 10 mg oral	1	QL 60/30 days
methylphenidate hcl er (cd) capsule extended release 20 mg oral	1	QL 60/30 days
methylphenidate hcl er (cd) capsule extended release 30 mg oral	1	QL 60/30 days
methylphenidate hcl er (cd) capsule extended release 40 mg oral	1	QL 30/30 days
methylphenidate hcl er (cd) capsule extended release 50 mg oral	1	QL 30/30 days
methylphenidate hcl er (cd) capsule extended release 60 mg oral	1	QL 30/30 days
methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral	1	QL 60/30 days
methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral	1	QL 60/30 days
methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral	1	QL 30/30 days
methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral	1	QL 30/30 days
methylphenidate hcl er (osm) tablet extended release 18 mg oral	1	QL 60/30 days
methylphenidate hcl er (osm) tablet extended release 27 mg oral	1	QL 60/30 days
methylphenidate hcl er (osm) tablet extended release 36 mg oral	1	QL 60/30 days
methylphenidate hcl er (osm) tablet extended release 54 mg oral	1	QL 30/30 days
methylphenidate hcl er (osm) tablet extended release 72 mg oral	3	PA, QL 30/30 days, Medical Necessity PA
methylphenidate hcl er (xr) capsule extended release 24 hour 10 mg oral	1	QL 30/30 days
methylphenidate hcl er (xr) capsule extended release 24 hour 15 mg oral	1	QL 30/30 days
methylphenidate hcl er (xr) capsule extended release 24 hour 20 mg oral	1	QL 30/30 days
methylphenidate hcl er (xr) capsule extended release 24 hour 30 mg oral	1	QL 30/30 days
methylphenidate hcl er (xr) capsule extended release 24 hour 40 mg oral	1	QL 30/30 days
methylphenidate hcl er (xr) capsule extended release 24 hour 50 mg oral	1	QL 30/30 days
methylphenidate hcl er (xr) capsule extended release 24 hour 60 mg oral	1	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
methylphenidate hcl er tablet extended release 10 mg oral	1	QL 90/30 days
methylphenidate hcl er tablet extended release 20 mg oral	1	QL 60/30 days
methylphenidate hcl er tablet extended release 24 hour 18 mg oral	1	PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only
methylphenidate hcl er tablet extended release 24 hour 27 mg oral	1	PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only
methylphenidate hcl er tablet extended release 24 hour 36 mg oral	1	PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only
methylphenidate hcl er tablet extended release 24 hour 54 mg oral	1	PA, QL 30/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only
methylphenidate hcl solution 10 mg/5ml oral	1	QL 900/30 days
methylphenidate hcl solution 5 mg/5ml oral	1	QL 1800/30 days
methylphenidate hcl tablet 10 mg oral	1	QL 180/30 days
methylphenidate hcl tablet 20 mg oral	1	QL 90/30 days
methylphenidate hcl tablet 5 mg oral	1	QL 180/30 days
methylphenidate hcl tablet chewable 10 mg oral	1	QL 180/30 days
methylphenidate hcl tablet chewable 2.5 mg oral	1	QL 180/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
methylphenidate hcl tablet chewable 5 mg oral	1	QL 180/30 days
methylphenidate patch 10 mg/9hr transdermal	1	QL 30/30 days
methylphenidate patch 15 mg/9hr transdermal	1	QL 30/30 days
methylphenidate patch 20 mg/9hr transdermal	1	QL 30/30 days
methylphenidate patch 30 mg/9hr transdermal	1	QL 30/30 days
modafinil tablet 100 mg oral	1	QL 60/30 days
modafinil tablet 200 mg oral	1	QL 60/30 days
NUVIGIL TABLET 150 MG ORAL	2	PA, QL 30/30 days, Medical Necessity PA
NUVIGIL TABLET 200 MG ORAL	2	PA, QL 30/30 days, Medical Necessity PA
NUVIGIL TABLET 250 MG ORAL	2	PA, QL 30/30 days, Medical Necessity PA
NUVIGIL TABLET 50 MG ORAL	2	PA, QL 60/30 days, Medical Necessity PA
PROVIGIL TABLET 100 MG ORAL	3	QL 60/30 days
PROVIGIL TABLET 200 MG ORAL	3	QL 60/30 days
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL	3	PA, Medical Necessity PA
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL	3	PA, Medical Necessity PA
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL	3	PA, Medical Necessity PA
QUILLIVANT XR SUSPENSION RECONSTITUTED 25 MG/5ML ORAL	3	PA, Medical Necessity PA
RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
RELEXXII TABLET EXTENDED RELEASE 72 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	QL 60/30 days
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	QL 60/30 days
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	QL 60/30 days
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	QL 30/30 days
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	QL 30/30 days
RITALIN TABLET 10 MG ORAL	3	QL 180/30 days
RITALIN TABLET 20 MG ORAL	3	QL 90/30 days
RITALIN TABLET 5 MG ORAL	3	QL 180/30 days
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL	2	QL 30/30 days
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL	3	PA, QL 45/14 days, Prudent
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	3	PA, QL 30/14 days, Prudent
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	3	PA, QL 60/14 days, Prudent
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	3	PA, QL 15/14 days, Prudent
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	3	PA, QL 30/14 days, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Allergenic Extracts (continued)		
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	3	PA, QL 60/14 days, Prudent
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	3	PA, QL 45/14 days, Prudent
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	3	PA, QL 30/30 days, Prudent
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	3	PA, QL 15/14 days, Prudent
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	3	PA, QL 30/14 days, Prudent
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	3	PA, QL 90/14 days, Prudent
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	3	PA, QL 60/14 days, Prudent
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG ORAL	3	PA, QL 13/14 days, Prudent
RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL	2	QL 30/30 days
Biologicals Misc		
ADAGEN SOLUTION 250 UNIT/ML INTRAMUSCULAR	3	LA, PA, SP
Mixed Allergenic Extracts		
ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL	2	QL 30/30 days
ORALAIR ADULT SAMPLE KIT TABLET SUBLINGUAL 300 IR SUBLINGUAL	3	PA, QL 30/30 days, Medical Necessity PA
ORALAIR ADULT STARTER PACK TABLET SUBLINGUAL 300 IR SUBLINGUAL	3	PA, QL 30/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Mixed Allergenic Extracts (continued)		
ORALAIR CHILDRENS SAMPLE KIT THERAPY PACK 3 X 100 IR & 6 X 300 IR SUBLINGUAL	3	PA, Medical Necessity PA
ORALAIR CHILDRENS STARTER PACK TABLET SUBLINGUAL 100 IR SUBLINGUAL	3	PA, Medical Necessity PA
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	3	PA, QL 30/30 days, Medical Necessity PA
AMEBICIDES		
Amebicides		
SOLOSEC PACKET 2 GM ORAL	3	PA, Medical Necessity PA
AMINOGLYCOSIDES		
Aminoglycosides		
ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION	3	LA, PA, QL 236/28 days, SP, Prudent
BETHKIS NEBULIZATION SOLUTION 300 MG/4ML INHALATION	3	PA, SP, Prudent
HUMATIN CAPSULE 250 MG ORAL	3	PA, QL 168/21 days, Medical Necessity PA
KITABIS PAK NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	PA, QL 280/56 days, SP, Prudent
neomycin sulfate tablet 500 mg oral	1	
paromomycin sulfate capsule 250 mg oral	1	PA, QL 168/21 days, Medical Necessity PA
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	PA, QL 280/56 days, SP, Prudent
TOBI PODHALER CAPSULE 28 MG INHALATION	3	PA, SP, Prudent
tobramycin nebulization solution 300 mg/4ml inhalation	1	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Aminoglycosides (continued)		
tobramycin nebulization solution 300 mg/5ml inhalation	1	PA, QL 280/56 days, SP, Prudent
ANALGESICS - ANTI-INFLAMMATORY		
Antirheumatic - Janus Kinase (JAK) Inhibitors		
OLUMIANT TABLET 1 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
OLUMIANT TABLET 2 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
OLUMIANT TABLET 4 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA, Prudent
RINVOQ LQ SOLUTION 1 MG/ML ORAL	3	PA, QL 360/30 days, SP, Prudent
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL	3	PA, QL 84/365 days, SP, Prudent
XELJANZ SOLUTION 1 MG/ML ORAL	3	PA, QL 240/30 days, SP, Prudent
XELJANZ TABLET 10 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
XELJANZ TABLET 5 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	3	PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antirheumatic Antimetabolites		
OTREXUP SOLUTION AUTO-INJECTOR 10 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
OTREXUP SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
OTREXUP SOLUTION AUTO-INJECTOR 15 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
OTREXUP SOLUTION AUTO-INJECTOR 17.5 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
OTREXUP SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
OTREXUP SOLUTION AUTO-INJECTOR 22.5 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
OTREXUP SOLUTION AUTO-INJECTOR 25 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antirheumatic Antimetabolites (continued)		
RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
REDITREX SOLUTION PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
REDITREX SOLUTION PREFILLED SYRINGE 12.5 MG/0.5ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
REDITREX SOLUTION PREFILLED SYRINGE 15 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
REDITREX SOLUTION PREFILLED SYRINGE 17.5 MG/0.7ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
REDITREX SOLUTION PREFILLED SYRINGE 20 MG/0.8ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
REDITREX SOLUTION PREFILLED SYRINGE 22.5 MG/0.9ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
REDITREX SOLUTION PREFILLED SYRINGE 25 MG/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
REDITREX SOLUTION PREFILLED SYRINGE 7.5 MG/0.3ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
RHEUMATREX TABLET 2.5 MG ORAL	3	
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
ABRILADA AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
ABRILADA PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
ABRILADA PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-adaz solution auto-injector 40 mg/0.4ml subcutaneous	3	PA, QL 0.80/28 days, SP, Prudent
adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous	3	PA, QL 0.80/28 days, SP, Prudent
adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-adbm (2 syringe) prefilled syringe kit 10 mg/0.2ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-adbm (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.4ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.4ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-fkjp (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-fkjp (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-fkjp (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-fkjp auto-injector kit 40 mg/0.8ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
adalimumab-ryvk (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.80/28 days, SP, Medical Necessity PA, Prudent
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Medical Necessity PA, Prudent
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Medical Necessity PA, Prudent
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.80/28 days, SP, Medical Necessity PA, Prudent
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Medical Necessity PA, Prudent
AMJEVITA-PED 10KG TO	3	PA, QL 0.40/28 days, Medical Necessity PA, Prudent
AMJEVITA-PED 15KG TO	3	PA, QL 0.40/28 days, SP, Medical Necessity PA, Prudent
AMJEVITA-PED 15KG TO	3	PA, QL 0.80/28 days, SP, Medical Necessity PA, Prudent
CYLTEZO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
CYLTEZO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.2ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
CYLTEZO-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
CYLTEZO-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
CYLTEZO-PSORIASIS/UV STARTER AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
CYLTEZO-PSORIASIS/UV STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.80/28 days, SP, Prudent
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.80/28 days, SP, Prudent
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Prudent
HULIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HULIO PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HULIO PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA, Prudent
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA, Prudent
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA, Prudent
HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA, Prudent
HUMIRA-PED	3	PA, QL 2/28 days, SP, Medical Necessity PA
HUMIRA-PED>/=40KG CROHNS START PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA
HUMIRA-PED>/=40KG UC STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA, Prudent
HUMIRA-PED>/=40KG UC STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA, Prudent
HUMIRA-PS/UV/ADOL HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA-PS/UV/ADOL HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
HUMIRA-PSORIASIS/UVEIT STARTER AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA, Prudent
HUMIRA-PSORIASIS/UVEIT STARTER PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA, Prudent
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.80/28 days, SP, Medical Necessity PA, Prudent
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Cordavis, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
HYRIMOZ SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML SUBCUTANEOUS	3	PA, QL 0.20/28 days, SP, Medical Necessity PA, Prudent
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	3	PA, QL 0.40/28 days, SP, Medical Necessity PA, Prudent
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.80/28 days, SP, Medical Necessity PA, Prudent
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Cordavis, Prudent
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2.40/28 days, SP, Medical Necessity PA, Prudent
HYRIMOZ-PED	3	PA, QL 1.20/28 days, SP, Medical Necessity PA, Prudent
HYRIMOZ-PED>/=40KG CROHN START SOLUTION PREFILLED SYRINGE 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2.40/28 days, SP, Medical Necessity PA, Prudent
HYRIMOZ-PLAQ PSOR/UVEIT START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Medical Necessity PA, Prudent
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Cordavis, Prudent
IDACIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA
IDACIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
IDACIO-CROHNS/UC STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA
IDACIO-PSORIASIS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
SIMLANDI (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA, Prudent
SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	3	PA, QL 0.50/28 days, SP, Medical Necessity PA, Prudent
SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA, Prudent
SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS	3	PA, QL 0.50/28 days, SP, Medical Necessity PA, Prudent
YUFLYMA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
YUFLYMA (1 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
YUFLYMA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA, Prudent
YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA, Prudent
YUFLYMA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA, Prudent
YUSIMRY SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Medical Necessity PA, Prudent
YUSIMRY SOLUTION PEN-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Medical Necessity PA, Prudent
Cyclooxygenase 2 (COX-2) Inhibitors		
CELEBREX CAPSULE 100 MG ORAL	3	
CELEBREX CAPSULE 200 MG ORAL	3	
CELEBREX CAPSULE 400 MG ORAL	3	QL 30/30 days
CELEBREX CAPSULE 50 MG ORAL	3	
celecoxib capsule 100 mg oral	1	
celecoxib capsule 200 mg oral	1	
celecoxib capsule 400 mg oral	1	QL 30/30 days
celecoxib capsule 50 mg oral	1	
Gold Compounds		
RIDAURA CAPSULE 3 MG ORAL	3	QL 90/30 days
Interleukin-1 Blockers		
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	3	LA, PA, QL 18.76/28 days, SP, Medical Necessity PA, Prudent
Interleukin-1beta Blockers		
ILARIS (150MG DELIVERED) SOLUTION RECONSTITUTED 180 MG SUBCUTANEOUS	3	PA, QL 2/30 days, SP, Prudent
ILARIS SOLUTION 150 MG/ML SUBCUTANEOUS	3	PA, QL 2/30 days, Prudent
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	3	PA, QL 3.60/28 days, SP, Medical Necessity PA, Prudent
ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	3	PA, QL 3.60/28 days, SP, Medical Necessity PA, Prudent
KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
Nonsteroidal Anti-inflammatory Agent Combinations		
ARTHROTEC TABLET DELAYED RELEASE 50-0.2 MG ORAL	3	QL 120/30 days
ARTHROTEC TABLET DELAYED RELEASE 75-0.2 MG ORAL	3	QL 90/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agent Combinations (continued)		
diclofenac-misoprostol tablet delayed release 50-0.2 mg oral	1	QL 120/30 days
diclofenac-misoprostol tablet delayed release 75-0.2 mg oral	1	QL 90/30 days
DUEXIS TABLET 800-26.6 MG ORAL	3	PA, QL 90/30 days, Medical Necessity PA
ibuprofen-famotidine tablet 800-26.6 mg oral	1	PA, QL 90/30 days, Medical Necessity PA
IC 400 KIT 400 MG ORAL	3	
IC 800 KIT 800 MG ORAL	3	
INFLATHERM KIT 75-10 MG-% COMBINATION	3	PA, Medical Necessity PA
INFLATHERM THERAPY PACK 75 & 3-3 MG & % COMBINATION	3	PA, Medical Necessity PA
naproxen-esomeprazole mg tablet delayed release 375-20 mg oral	1	PA, Medical Necessity PA
naproxen-esomeprazole mg tablet delayed release 500-20 mg oral	1	PA, Medical Necessity PA
naproxen-esomeprazole tablet delayed release 375-20 mg oral	1	PA, Medical Necessity PA
naproxen-esomeprazole tablet delayed release 500-20 mg oral	1	PA, Medical Necessity PA
VIMOVO TABLET DELAYED RELEASE 375-20 MG ORAL	3	PA, Medical Necessity PA
VIMOVO TABLET DELAYED RELEASE 500-20 MG ORAL	3	PA, Medical Necessity PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABLET 550 MG ORAL	3	
ANAPROX TABLET 275 MG ORAL	3	
CALDOLOR SOLUTION 400 MG/4ML INTRAVENOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
CALDOLOR SOLUTION 800 MG/8ML INTRAVENOUS	3	
CATAFLAM TABLET 50 MG ORAL	1	
COXANTO CAPSULE 300 MG ORAL	3	PA, Medical Necessity PA
DAYPRO TABLET 600 MG ORAL	3	
diclofenac potassium capsule 25 mg oral	1	PA, Medical Necessity PA
diclofenac potassium tablet 25 mg oral	1	PA, Medical Necessity PA
diclofenac potassium tablet 50 mg oral	1	
diclofenac sodium er tablet extended release 24 hour 100 mg oral	1	
diclofenac sodium tablet delayed release 25 mg oral	1	
diclofenac sodium tablet delayed release 50 mg oral	1	
diclofenac sodium tablet delayed release 75 mg oral	1	
EC-NAPROSYN TABLET DELAYED RELEASE 375 MG ORAL	3	
EC-NAPROSYN TABLET DELAYED RELEASE 500 MG ORAL	3	
etodolac capsule 200 mg oral	1	
etodolac capsule 300 mg oral	1	
etodolac er tablet extended release 24 hour 400 mg oral	1	
etodolac er tablet extended release 24 hour 500 mg oral	1	
etodolac er tablet extended release 24 hour 600 mg oral	1	
etodolac tablet 400 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
etodolac tablet 500 mg oral	1	
FELDENE CAPSULE 10 MG ORAL	3	
FELDENE CAPSULE 20 MG ORAL	3	
fenoprofen calcium capsule 200 mg oral	1	PA, Medical Necessity PA
fenoprofen calcium capsule 400 mg oral	1	Medical Necessity PA
fenoprofen calcium tablet 600 mg oral	1	PA, Medical Necessity PA
FENORTHO CAPSULE 200 MG ORAL	3	PA, Medical Necessity PA
flurbiprofen tablet 100 mg oral	1	
flurbiprofen tablet 50 mg oral	1	
IBU TABLET 600 MG ORAL	1	
IBU TABLET 800 MG ORAL	1	
ibuprofen tablet 400 mg oral	1	
ibuprofen tablet 600 mg oral	1	
ibuprofen tablet 800 mg oral	1	
INDOCIN SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	2	
INDOCIN SUPPOSITORY 50 MG RECTAL	3	PA, Medical Necessity PA
INDOCIN SUSPENSION 25 MG/5ML ORAL	3	
indomethacin capsule 20 mg oral	1	PA, Medical Necessity PA
indomethacin capsule 25 mg oral	1	
indomethacin capsule 50 mg oral	1	
indomethacin er capsule extended release 75 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
indomethacin sodium solution reconstituted 1 mg intravenous	2	
indomethacin suspension 25 mg/5ml oral	1	
ketoprofen capsule 25 mg oral	1	
ketoprofen capsule 50 mg oral	1	
ketoprofen capsule 75 mg oral	1	
ketoprofen er capsule extended release 24 hour 200 mg oral	1	
ketorolac tromethamine solution 15 mg/ml injection	1	
ketorolac tromethamine solution 30 mg/ml injection	1	
ketorolac tromethamine solution 300 mg/10ml injection	1	
ketorolac tromethamine solution 60 mg/2ml injection	1	
ketorolac tromethamine solution 60 mg/2ml intramuscular	1	
ketorolac tromethamine tablet 10 mg oral	1	QL 20/25 days
LOFENA TABLET 25 MG ORAL	1	PA, Medical Necessity PA
meclofenamate sodium capsule 100 mg oral	1	
meclofenamate sodium capsule 50 mg oral	1	
mefenamic acid capsule 250 mg oral	1	
meloxicam capsule 10 mg oral	1	PA, Medical Necessity PA
meloxicam capsule 5 mg oral	1	PA, Medical Necessity PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
meloxicam tablet 15 mg oral	1	
meloxicam tablet 7.5 mg oral	1	
MOBIC SUSPENSION 7.5 MG/5ML ORAL	3	
MOBIC TABLET 15 MG ORAL	3	
MOBIC TABLET 7.5 MG ORAL	3	QL 60/30 days
nabumetone tablet 500 mg oral	1	
nabumetone tablet 750 mg oral	1	
NALFON CAPSULE 400 MG ORAL	3	PA, Medical Necessity PA
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL	3	PA, Medical Necessity PA
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	3	PA, Medical Necessity PA
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	3	PA, Medical Necessity PA
NAPROSYN TABLET 250 MG ORAL	3	
NAPROSYN TABLET 375 MG ORAL	3	
NAPROSYN TABLET 500 MG ORAL	3	
NAPROXEN COMFORT PAC KIT 500 MG COMBINATION	3	
naproxen dr tablet delayed release 375 mg oral	1	
naproxen dr tablet delayed release 500 mg oral	1	
naproxen sodium er tablet extended release 24 hour 375 mg oral	1	PA, Medical Necessity PA
naproxen sodium er tablet extended release 24 hour 500 mg oral	1	PA, Medical Necessity PA
naproxen sodium tablet 275 mg oral	1	
naproxen sodium tablet 550 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
naproxen suspension 125 mg/5ml oral	1	
naproxen tablet 250 mg oral	1	
naproxen tablet 375 mg oral	1	
naproxen tablet 500 mg oral	1	
NEOPROFEN SOLUTION 10 MG/ML INTRAVENOUS	2	
oxaprozin capsule 300 mg oral	1	PA, Medical Necessity PA
oxaprozin tablet 600 mg oral	1	
piroxicam capsule 10 mg oral	1	
piroxicam capsule 20 mg oral	1	
PONSTEL CAPSULE 250 MG ORAL	3	
QMIIZ ODT TABLET DISPERSIBLE 15 MG ORAL	3	PA, Medical Necessity PA
QMIIZ ODT TABLET DISPERSIBLE 7.5 MG ORAL	3	PA, Medical Necessity PA
RELAFEN DS TABLET 1000 MG ORAL	3	PA, Medical Necessity PA
SPRIX SOLUTION 15.75 MG/SPRAY NASAL	3	PA, Medical Necessity PA
sulindac tablet 150 mg oral	1	
sulindac tablet 200 mg oral	1	
TIVORBEX CAPSULE 20 MG ORAL	3	PA, Medical Necessity PA
TIVORBEX CAPSULE 40 MG ORAL	3	PA, Medical Necessity PA
tolmetin sodium capsule 400 mg oral	1	
tolmetin sodium tablet 200 mg oral	1	
tolmetin sodium tablet 600 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
VIVLODEX CAPSULE 10 MG ORAL	3	PA, Medical Necessity PA
VIVLODEX CAPSULE 5 MG ORAL	3	PA, Medical Necessity PA
VOLTAREN-XR TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	
ZIPSOR CAPSULE 25 MG ORAL	3	PA, Medical Necessity PA
ZORVOLEX CAPSULE 18 MG ORAL	3	PA, Medical Necessity PA
ZORVOLEX CAPSULE 35 MG ORAL	3	PA, Medical Necessity PA
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABLET 20 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
OTEZLA TABLET 30 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL	3	PA, SP, Prudent
Pyrimidine Synthesis Inhibitors		
ARAVA TABLET 10 MG ORAL	3	QL 30/30 days
ARAVA TABLET 20 MG ORAL	3	
leflunomide tablet 10 mg oral	1	
leflunomide tablet 20 mg oral	1	
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Medical Necessity PA, Prudent
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Costimulation Modulators (continued)		
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS	3	PA, QL 1.60/28 days, SP, Medical Necessity PA, Prudent
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS	3	PA, QL 2.80/28 days, SP, Medical Necessity PA, Prudent
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS	3	PA, QL 8/28 days, SP, Prudent
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	3	PA, QL 8/28 days, SP, Prudent
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
ANALGESICS - NonNarcotic		
Analgesic Combinations		
duraxin capsule 300-200-20 mg oral	1	
ED-FLEX CAPSULE 300-200-20 MG ORAL	3	
LEVACET TABLET 500-250-150 MG ORAL	3	
Analgesics Other		
clonidine hcl (analgesia) solution 100 mcg/ml epidural	1	
clonidine hcl (analgesia) solution 500 mcg/ml epidural	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Analgesics Other (continued)		
DURACLON SOLUTION 100 MCG/ML EPIDURAL	3	
DURACLON SOLUTION 500 MCG/ML EPIDURAL	3	
OFIRMEV SOLUTION 10 MG/ML INTRAVENOUS	3	
Analgesics-Sedatives		
ALLZITAL TABLET 25-325 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
BUPAP TABLET 50-300 MG ORAL	1	QL 30/30 days
butalbital-acetaminophen capsule 50-300 mg oral	1	QL 30/30 days
butalbital-acetaminophen tablet 25-325 mg oral	1	PA, QL 30/30 days, Medical Necessity PA
butalbital-acetaminophen tablet 50-300 mg oral	1	QL 30/30 days
butalbital-acetaminophen tablet 50-325 mg oral	1	QL 30/30 days
butalbital-apap-caffeine capsule 50-300-40 mg oral	1	QL 30/30 days
butalbital-apap-caffeine capsule 50-325-40 mg oral	1	QL 30/30 days
butalbital-apap-caffeine tablet 50-325-40 mg oral	1	QL 30/30 days
butalbital-asa-caffeine capsule 50-325-40 mg oral	1	QL 30/30 days
butalbital-aspirin-caffeine capsule 50-325-40 mg oral	1	QL 30/30 days
ESGIC CAPSULE 50-325-40 MG ORAL	1	QL 30/30 days
ESGIC TABLET 50-325-40 MG ORAL	3	QL 30/30 days
FIORICET CAPSULE 50-300-40 MG ORAL	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Analgesics-Sedatives (continued)		
FIORINAL CAPSULE 50-325-40 MG ORAL	3	QL 30/30 days
margesic capsule 50-325-40 mg oral	1	QL 30/30 days
marten-tab tablet 50-325 mg oral	1	QL 30/30 days
TENCON TABLET 50-325 MG ORAL	1	QL 30/30 days
VANATOL LQ SOLUTION 50-325-40 MG/15ML ORAL	1	PA, QL 450/30 days, Medical Necessity PA
VANATOL S SOLUTION 50-325-40 MG/15ML ORAL	1	PA, QL 450/30 days, Medical Necessity PA
VTOL LQ SOLUTION 50-325-40 MG/15ML ORAL	1	PA, QL 450/30 days, Medical Necessity PA
ZEBUTAL CAPSULE 50-325-40 MG ORAL	1	QL 30/30 days
Salicylate Combinations		
choline & mag trisalicylate tablet 1000 mg oral	1	
choline-mag trisalicylate liquid 500 mg/5ml oral	1	
Salicylates		
diflunisal tablet 500 mg oral	1	
ANALGESICS - OPIOID		
Codeine Combinations		
acetaminophen-codeine #2 tablet 300-15 mg oral	1	PA, PA may apply
acetaminophen-codeine #3 tablet 300-30 mg oral	1	PA, PA may apply
acetaminophen-codeine #4 tablet 300-60 mg oral	1	PA, PA may apply
acetaminophen-codeine solution 120-12 mg/5ml oral	1	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Codeine Combinations (continued)		
acetaminophen-codeine tablet 300-15 mg oral	1	PA, PA may apply
acetaminophen-codeine tablet 300-30 mg oral	1	PA, PA may apply
acetaminophen-codeine tablet 300-60 mg oral	1	PA, PA may apply
ASCOMP-CODEINE CAPSULE 50-325-40-30 MG ORAL	3	PA, QL 30/30 days, PA may apply
butalbital-apap-caff-cod capsule 50-300-40-30 mg oral	1	PA, QL 30/30 days, PA may apply
butalbital-apap-caff-cod capsule 50-325-40-30 mg oral	1	PA, QL 30/30 days, PA may apply
butalbital-asa-caff-codeine capsule 50-325-40-30 mg oral	1	PA, QL 30/30 days, PA may apply
FIORICET/CODEINE CAPSULE 50-300-40-30 MG ORAL	3	PA, QL 30/30 days, PA may apply
FIORINAL/CODEINE #3 CAPSULE 50-325-40-30 MG ORAL	3	PA, QL 30/30 days, PA may apply
TYLENOL WITH CODEINE #3 TABLET 300-30 MG ORAL	3	PA, PA may apply
TYLENOL WITH CODEINE #4 TABLET 300-60 MG ORAL	3	PA, PA may apply
Dihydrocodeine Combinations		
apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral	1	PA, PA may apply
apap-caff-dihydrocodeine tablet 325-30-16 mg oral	1	PA, PA may apply
TREZIX CAPSULE 320.5-30-16 MG ORAL	3	PA, PA may apply
Hydrocodone Combinations		
HYCET SOLUTION 7.5-325 MG/15ML ORAL	3	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hydrocodone Combinations (continued)		
hydrocodone-acetaminophen solution 10-325 mg/15ml oral	1	PA, PA may apply
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	PA, PA may apply
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	1	PA, PA may apply
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	PA, PA may apply
hydrocodone-acetaminophen tablet 10-300 mg oral	1	PA, PA may apply
hydrocodone-acetaminophen tablet 10-325 mg oral	1	PA, PA may apply
hydrocodone-acetaminophen tablet 2.5-325 mg oral	1	PA, PA may apply
hydrocodone-acetaminophen tablet 5-300 mg oral	1	PA, PA may apply
hydrocodone-acetaminophen tablet 5-325 mg oral	1	PA, PA may apply
hydrocodone-acetaminophen tablet 7.5-300 mg oral	1	PA, PA may apply
hydrocodone-acetaminophen tablet 7.5-325 mg oral	1	PA, PA may apply
hydrocodone-ibuprofen tablet 10-200 mg oral	1	PA, PA may apply
hydrocodone-ibuprofen tablet 5-200 mg oral	1	PA, PA may apply
hydrocodone-ibuprofen tablet 7.5-200 mg oral	1	PA, PA may apply
IBUDONE TABLET 10-200 MG ORAL	1	PA, PA may apply
IBUDONE TABLET 5-200 MG ORAL	1	PA, PA may apply
LORCET TABLET 5-325 MG ORAL	3	PA, PA may apply
LORTAB TABLET 5-325 MG ORAL	3	PA, PA may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hydrocodone Combinations (continued)		
LORTAB TABLET 7.5-325 MG ORAL	3	PA, PA may apply
NORCO TABLET 10-325 MG ORAL	3	PA, PA may apply
NORCO TABLET 5-325 MG ORAL	3	PA, PA may apply
NORCO TABLET 7.5-325 MG ORAL	3	PA, PA may apply
REPREXAIN TABLET 10-200 MG ORAL	1	PA, PA may apply
REPREXAIN TABLET 5-200 MG ORAL	1	PA, PA may apply
VICODIN ES TABLET 7.5-300 MG ORAL	1	PA, PA may apply
VICODIN HP TABLET 10-300 MG ORAL	1	PA, PA may apply
VICODIN TABLET 5-300 MG ORAL	1	PA, PA may apply
VICOPROFEN TABLET 7.5-200 MG ORAL	3	PA, PA may apply
XODOL TABLET 10-300 MG ORAL	3	PA, PA may apply
XODOL TABLET 5-300 MG ORAL	3	PA, PA may apply
XODOL TABLET 7.5-300 MG ORAL	3	PA, PA may apply
XYLON TABLET 10-200 MG ORAL	1	PA, PA may apply
ZAMICET SOLUTION 10-325 MG/15ML ORAL	3	PA, PA may apply
Opioid Agonists		
ABSTRAL TABLET SUBLINGUAL 100 MCG SUBLINGUAL	3	PA, PA may apply
ABSTRAL TABLET SUBLINGUAL 200 MCG SUBLINGUAL	3	PA, PA may apply
ABSTRAL TABLET SUBLINGUAL 400 MCG SUBLINGUAL	3	PA, PA may apply
ABSTRAL TABLET SUBLINGUAL 600 MCG SUBLINGUAL	3	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
ABSTRAL TABLET SUBLINGUAL 800 MCG SUBLINGUAL	3	PA, PA may apply
ACTIQ LOZENGE ON A HANDLE 1200 MCG BUCCAL	3	PA, PA may apply
ACTIQ LOZENGE ON A HANDLE 1600 MCG BUCCAL	3	PA, PA may apply
ACTIQ LOZENGE ON A HANDLE 200 MCG BUCCAL	3	PA, PA may apply
ACTIQ LOZENGE ON A HANDLE 400 MCG BUCCAL	3	PA, PA may apply
ACTIQ LOZENGE ON A HANDLE 600 MCG BUCCAL	3	PA, PA may apply
ACTIQ LOZENGE ON A HANDLE 800 MCG BUCCAL	3	PA, PA may apply
ALFENTA INJECTABLE 500 MCG/ML INJECTION	3	
alfentanil injectable 500 mcg/ml injection	1	
ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG ORAL	3	PA, Medical Necessity PA, PA may apply
ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 30 MG ORAL	3	PA, Medical Necessity PA, PA may apply
ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG ORAL	3	PA, Medical Necessity PA, PA may apply
codeine sulfate tablet 15 mg oral	3	PA, PA may apply
codeine sulfate tablet 30 mg oral	3	PA, PA may apply
codeine sulfate tablet 60 mg oral	3	PA, PA may apply
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	PA, Medical Necessity PA, PA may apply
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	PA, Medical Necessity PA, PA may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PA, Medical Necessity PA, PA may apply
DEMEROL SOLUTION 100 MG/2ML INJECTION	3	PA, PA may apply
DEMEROL SOLUTION 100 MG/ML INJECTION	3	PA, PA may apply
DEMEROL SOLUTION 25 MG/0.5ML INJECTION	3	PA, PA may apply
DEMEROL SOLUTION 25 MG/ML INJECTION	3	PA, PA may apply
DEMEROL SOLUTION 75 MG/1.5ML INJECTION	3	PA, PA may apply
DEMEROL SOLUTION 75 MG/ML INJECTION	3	PA, PA may apply
DEMEROL TABLET 100 MG ORAL	3	PA, PA may apply
DEMEROL TABLET 50 MG ORAL	3	PA, PA may apply
DEPODUR SUSPENSION 10 MG/ML EPIDURAL	3	PA, PA may apply
DEPODUR SUSPENSION 15 MG/1.5ML EPIDURAL	3	PA, PA may apply
DILAUDID LIQUID 1 MG/ML ORAL	2	PA, PA may apply
DILAUDID SOLUTION 2 MG/ML INJECTION	3	PA, PA may apply
DILAUDID SOLUTION 4 MG/ML INJECTION	3	PA, PA may apply
DILAUDID TABLET 2 MG ORAL	3	PA, PA may apply
DILAUDID TABLET 4 MG ORAL	3	PA, PA may apply
DILAUDID TABLET 8 MG ORAL	3	PA, PA may apply
DOLOPHINE TABLET 10 MG ORAL	3	PA, PA may apply
DOLOPHINE TABLET 5 MG ORAL	3	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
DURAGESIC-100 PATCH 72 HOUR 100 MCG/HR TRANSDERMAL	3	PA, PA may apply
DURAGESIC-12 PATCH 72 HOUR 12 MCG/HR TRANSDERMAL	3	PA, PA may apply
DURAGESIC-25 PATCH 72 HOUR 25 MCG/HR TRANSDERMAL	3	PA, PA may apply
DURAGESIC-50 PATCH 72 HOUR 50 MCG/HR TRANSDERMAL	3	PA, PA may apply
DURAGESIC-75 PATCH 72 HOUR 75 MCG/HR TRANSDERMAL	3	PA, PA may apply
duramorph solution 0.5 mg/ml injection	1	PA, PA may apply
duramorph solution 1 mg/ml injection	1	PA, PA may apply
EMBEDA CAPSULE EXTENDED RELEASE 100-4 MG ORAL	3	PA, PA may apply
EMBEDA CAPSULE EXTENDED RELEASE 20-0.8 MG ORAL	3	PA, PA may apply
EMBEDA CAPSULE EXTENDED RELEASE 30-1.2 MG ORAL	3	PA, PA may apply
EMBEDA CAPSULE EXTENDED RELEASE 50-2 MG ORAL	3	PA, PA may apply
EMBEDA CAPSULE EXTENDED RELEASE 60-2.4 MG ORAL	3	PA, PA may apply
EMBEDA CAPSULE EXTENDED RELEASE 80-3.2 MG ORAL	3	PA, PA may apply
fentanyl citrate lozenge on a handle 1200 mcg buccal	1	PA, PA may apply
fentanyl citrate lozenge on a handle 1600 mcg buccal	1	PA, PA may apply
fentanyl citrate lozenge on a handle 200 mcg buccal	1	PA, PA may apply
fentanyl citrate lozenge on a handle 400 mcg buccal	1	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
fentanyl citrate lozenge on a handle 600 mcg buccal	1	PA, PA may apply
fentanyl citrate lozenge on a handle 800 mcg buccal	1	PA, PA may apply
fentanyl citrate tablet 100 mcg buccal	1	PA, PA may apply
fentanyl citrate tablet 200 mcg buccal	1	PA, PA may apply
fentanyl citrate tablet 400 mcg buccal	1	PA, PA may apply
fentanyl citrate tablet 600 mcg buccal	1	PA, PA may apply
fentanyl citrate tablet 800 mcg buccal	1	PA, PA may apply
fentanyl patch 72 hour 100 mcg/hr transdermal	1	PA, PA may apply
fentanyl patch 72 hour 12 mcg/hr transdermal	1	PA, PA may apply
fentanyl patch 72 hour 25 mcg/hr transdermal	1	PA, PA may apply
fentanyl patch 72 hour 37.5 mcg/hr transdermal	1	PA, PA may apply
fentanyl patch 72 hour 50 mcg/hr transdermal	1	PA, PA may apply
fentanyl patch 72 hour 62.5 mcg/hr transdermal	1	PA, PA may apply
fentanyl patch 72 hour 75 mcg/hr transdermal	1	PA, PA may apply
fentanyl patch 72 hour 87.5 mcg/hr transdermal	1	PA, PA may apply
FENTORA TABLET 100 MCG BUCCAL	3	PA, PA may apply
FENTORA TABLET 200 MCG BUCCAL	3	PA, PA may apply
FENTORA TABLET 400 MCG BUCCAL	3	PA, PA may apply
FENTORA TABLET 600 MCG BUCCAL	3	PA, PA may apply
FENTORA TABLET 800 MCG BUCCAL	3	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral	1	PA, ST, PA may apply
hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral	1	PA, ST, PA may apply
hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral	1	PA, ST, PA may apply
hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral	1	PA, ST, PA may apply
hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral	1	PA, ST, PA may apply
hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral	1	PA, ST, PA may apply
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral	1	ST, PA may apply
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 120 mg oral	1	ST, PA may apply
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral	1	ST, PA may apply
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral	1	ST, PA may apply
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral	1	ST, PA may apply
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral	1	ST, PA may apply
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral	1	ST, PA may apply
hydromorphone hcl er tablet er 24 hour abuse-deterrent 12 mg oral	3	PA, ST, PA may apply
hydromorphone hcl er tablet er 24 hour abuse-deterrent 16 mg oral	3	PA, ST, PA may apply
hydromorphone hcl er tablet er 24 hour abuse-deterrent 32 mg oral	3	PA, ST, PA may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
hydromorphone hcl er tablet er 24 hour abuse-deterrent 8 mg oral	3	PA, ST, PA may apply
hydromorphone hcl er tablet extended release 24 hour 12 mg oral	1	PA, ST, PA may apply
hydromorphone hcl er tablet extended release 24 hour 16 mg oral	1	PA, ST, PA may apply
hydromorphone hcl er tablet extended release 24 hour 32 mg oral	1	PA, ST, PA may apply
hydromorphone hcl er tablet extended release 24 hour 8 mg oral	1	PA, ST, PA may apply
hydromorphone hcl liquid 1 mg/ml oral	2	PA, PA may apply
hydromorphone hcl pf solution 10 mg/ml injection	1	PA, PA may apply
hydromorphone hcl pf solution 50 mg/5ml injection	1	PA, PA may apply
hydromorphone hcl pf solution 500 mg/50ml injection	1	PA, PA may apply
hydromorphone hcl tablet 2 mg oral	1	PA, PA may apply
hydromorphone hcl tablet 4 mg oral	1	PA, PA may apply
hydromorphone hcl tablet 8 mg oral	1	PA, PA may apply
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL	3	ST, PA may apply
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG ORAL	3	ST, PA may apply
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL	3	ST, PA may apply
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL	3	ST, PA may apply
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL	3	ST, PA may apply
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL	3	ST, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL	3	ST, PA may apply
INFUMORPH 200 SOLUTION 200 MG/20ML (10 MG/ML) INJECTION	3	PA, PA may apply
INFUMORPH 500 SOLUTION 500 MG/20ML (25 MG/ML) INJECTION	3	PA, PA may apply
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	PA, PA may apply
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	PA, PA may apply
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	PA, PA may apply
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	PA, PA may apply
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	PA, PA may apply
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	PA, PA may apply
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	PA, PA may apply
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	PA, PA may apply
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PA, PA may apply
LAZANDA SOLUTION 100 MCG/ACT NASAL	3	PA, PA may apply
LAZANDA SOLUTION 300 MCG/ACT NASAL	3	PA, PA may apply
LAZANDA SOLUTION 400 MCG/ACT NASAL	3	PA, PA may apply
levorphanol tartrate tablet 2 mg oral	1	PA, Medical Necessity PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
levorphanol tartrate tablet 3 mg oral	1	PA, Medical Necessity PA, PA may apply
meperidine hcl solution 50 mg/5ml oral	1	PA, PA may apply
meperidine hcl tablet 100 mg oral	1	PA, PA may apply
meperidine hcl tablet 50 mg oral	1	PA, PA may apply
methadone hcl concentrate 10 mg/ml oral	1	PA, Medical Necessity PA, PA may apply
METHADONE HCL INTENSOL CONCENTRATE 10 MG/ML ORAL	1	PA, Medical Necessity PA, PA may apply
methadone hcl solution 10 mg/5ml oral	1	PA, PA may apply
methadone hcl solution 10 mg/ml injection	3	PA, PA may apply
methadone hcl solution 5 mg/5ml oral	1	PA, PA may apply
methadone hcl tablet 10 mg oral	1	PA, PA may apply
methadone hcl tablet 5 mg oral	1	PA, PA may apply
methadone hcl tablet soluble 40 mg oral	1	PA, PA may apply
METHADOSE CONCENTRATE 10 MG/ML ORAL	3	PA, PA may apply
METHADOSE SUGAR-FREE CONCENTRATE 10 MG/ML ORAL	3	PA, PA may apply
METHADOSE TABLET SOLUBLE 40 MG ORAL	3	PA, PA may apply
MORPHABOND ER TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG ORAL	3	PA, Medical Necessity PA, PA may apply
MORPHABOND ER TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL	3	PA, Medical Necessity PA, PA may apply
MORPHABOND ER TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL	3	PA, Medical Necessity PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
MORPHABOND ER TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL	3	PA, Medical Necessity PA, PA may apply
morphine sulfate (concentrate) solution 100 mg/5ml oral	1	PA, PA may apply
morphine sulfate device 10 mg/0.7ml intramuscular	1	PA, PA may apply
morphine sulfate er beads capsule extended release 24 hour 120 mg oral	1	PA, PA may apply
morphine sulfate er beads capsule extended release 24 hour 30 mg oral	1	PA, PA may apply
morphine sulfate er beads capsule extended release 24 hour 45 mg oral	1	PA, PA may apply
morphine sulfate er beads capsule extended release 24 hour 60 mg oral	1	PA, PA may apply
morphine sulfate er beads capsule extended release 24 hour 75 mg oral	1	PA, PA may apply
morphine sulfate er beads capsule extended release 24 hour 90 mg oral	1	PA, PA may apply
morphine sulfate er capsule extended release 24 hour 10 mg oral	1	PA, PA may apply
morphine sulfate er capsule extended release 24 hour 100 mg oral	1	PA, PA may apply
morphine sulfate er capsule extended release 24 hour 20 mg oral	1	PA, PA may apply
morphine sulfate er capsule extended release 24 hour 30 mg oral	1	PA, PA may apply
morphine sulfate er capsule extended release 24 hour 40 mg oral	1	PA, PA may apply
morphine sulfate er capsule extended release 24 hour 50 mg oral	1	PA, PA may apply
morphine sulfate er capsule extended release 24 hour 60 mg oral	1	PA, PA may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
morphine sulfate er capsule extended release 24 hour 80 mg oral	1	PA, PA may apply
morphine sulfate er tablet extended release 100 mg oral	1	PA, PA may apply
morphine sulfate er tablet extended release 15 mg oral	1	PA, PA may apply
morphine sulfate er tablet extended release 200 mg oral	1	PA, PA may apply
morphine sulfate er tablet extended release 30 mg oral	1	PA, PA may apply
morphine sulfate er tablet extended release 60 mg oral	1	PA, PA may apply
morphine sulfate solution 10 mg/5ml oral	1	PA, PA may apply
morphine sulfate solution 20 mg/5ml oral	1	PA, PA may apply
morphine sulfate tablet 15 mg oral	1	PA, PA may apply
morphine sulfate tablet 30 mg oral	1	PA, PA may apply
MS CONTIN TABLET EXTENDED RELEASE 100 MG ORAL	3	PA, ST, PA may apply
MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL	3	PA, ST, PA may apply
MS CONTIN TABLET EXTENDED RELEASE 200 MG ORAL	3	PA, ST, PA may apply
MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL	3	PA, ST, PA may apply
MS CONTIN TABLET EXTENDED RELEASE 60 MG ORAL	3	PA, ST, PA may apply
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	PA, ST, PA may apply
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL	3	PA, ST, PA may apply
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	3	PA, ST, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL	3	PA, ST, PA may apply
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50 MG ORAL	3	PA, ST, PA may apply
NUCYNTA TABLET 100 MG ORAL	3	PA, ST, PA may apply
NUCYNTA TABLET 50 MG ORAL	3	PA, ST, PA may apply
NUCYNTA TABLET 75 MG ORAL	3	PA, ST, PA may apply
OPANA ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL	3	PA, ST, PA may apply
OPANA ER TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL	3	PA, ST, PA may apply
OPANA ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL	3	PA, ST, PA may apply
OPANA ER TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL	3	PA, ST, PA may apply
OPANA ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL	3	PA, ST, PA may apply
OPANA ER TABLET ER 12 HOUR ABUSE-DETERRENT 5 MG ORAL	3	PA, ST, PA may apply
OPANA ER TABLET ER 12 HOUR ABUSE-DETERRENT 7.5 MG ORAL	3	PA, ST, PA may apply
OPANA SOLUTION 1 MG/ML INJECTION	3	PA, PA may apply
OPANA TABLET 10 MG ORAL	3	PA, PA may apply
OPANA TABLET 5 MG ORAL	3	PA, PA may apply
OXAYDO TABLET 7.5 MG ORAL	3	PA, Medical Necessity PA
oxycodone hcl capsule 5 mg oral	1	PA, PA may apply
oxycodone hcl concentrate 100 mg/5ml oral	1	PA, PA may apply
oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral	1	PA, ST, PA may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral	1	PA, ST, PA may apply
oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral	1	PA, ST, PA may apply
oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral	1	PA, ST, PA may apply
oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral	1	PA, ST, PA may apply
oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral	1	PA, ST, PA may apply
oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral	1	PA, ST, PA may apply
oxycodone hcl solution 5 mg/5ml oral	1	PA, PA may apply
oxycodone hcl tablet 10 mg oral	1	PA, PA may apply
oxycodone hcl tablet 15 mg oral	1	PA, PA may apply
oxycodone hcl tablet 20 mg oral	1	PA, PA may apply
oxycodone hcl tablet 30 mg oral	1	PA, PA may apply
oxycodone hcl tablet 5 mg oral	1	PA, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL	3	PA, ST, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
oxymorphone hcl er tablet extended release 12 hour 10 mg oral	1	PA, PA may apply
oxymorphone hcl er tablet extended release 12 hour 15 mg oral	1	PA, PA may apply
oxymorphone hcl er tablet extended release 12 hour 20 mg oral	1	PA, PA may apply
oxymorphone hcl er tablet extended release 12 hour 30 mg oral	1	PA, PA may apply
oxymorphone hcl er tablet extended release 12 hour 40 mg oral	1	PA, PA may apply
oxymorphone hcl er tablet extended release 12 hour 5 mg oral	1	PA, PA may apply
oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral	1	PA, PA may apply
oxymorphone hcl tablet 10 mg oral	1	PA, PA may apply
oxymorphone hcl tablet 5 mg oral	1	PA, PA may apply
QDOLO SOLUTION 5 MG/ML ORAL	3	PA, QL 2400/30 days, Medical Necessity PA
ROXICODONE TABLET 15 MG ORAL	3	PA, PA may apply
ROXICODONE TABLET 30 MG ORAL	3	PA, PA may apply
ROXICODONE TABLET 5 MG ORAL	3	PA, PA may apply
SUBSYS LIQUID 100 MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 1200 (600 X 2) MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 1600 (800 X 2) MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 200 MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 400 MCG SUBLINGUAL	3	PA, PA may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
SUBSYS LIQUID 600 MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 800 MCG SUBLINGUAL	3	PA, PA may apply
SUFENTA SOLUTION 100 MCG/2ML INTRAVENOUS	3	PA, PA may apply
SUFENTA SOLUTION 250 MCG/5ML INTRAVENOUS	3	PA, PA may apply
SUFENTA SOLUTION 50 MCG/ML INTRAVENOUS	3	PA, PA may apply
sufentanil citrate solution 100 mcg/2ml intravenous	1	PA, PA may apply
sufentanil citrate solution 250 mcg/5ml intravenous	1	PA, PA may apply
sufentanil citrate solution 50 mcg/ml intravenous	1	PA, PA may apply
tramadol hcl (er biphasic) capsule extended release 24 hour 100 mg oral	1	PA, Medical Necessity PA, PA may apply
tramadol hcl (er biphasic) capsule extended release 24 hour 150 mg oral	1	PA, PA may apply
tramadol hcl (er biphasic) capsule extended release 24 hour 200 mg oral	1	PA, Medical Necessity PA, PA may apply
tramadol hcl (er biphasic) capsule extended release 24 hour 300 mg oral	1	PA, Medical Necessity PA, PA may apply
tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral	1	PA, PA may apply
tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral	1	PA, PA may apply
tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral	1	PA, PA may apply
tramadol hcl er tablet extended release 24 hour 100 mg oral	1	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
tramadol hcl er tablet extended release 24 hour 200 mg oral	1	PA, PA may apply
tramadol hcl er tablet extended release 24 hour 300 mg oral	1	PA, PA may apply
tramadol hcl solution 5 mg/ml oral	1	PA, QL 2400/30 days, Medical Necessity PA
tramadol hcl tablet 100 mg oral	1	PA, PA may apply
tramadol hcl tablet 50 mg oral	1	PA, PA may apply
ULTIVA SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	3	PA, PA may apply
ULTIVA SOLUTION RECONSTITUTED 2 MG INTRAVENOUS	3	PA, PA may apply
ULTIVA SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	3	PA, PA may apply
ULTRAM ER TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PA, PA may apply
ULTRAM TABLET 50 MG ORAL	3	PA, PA may apply
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG ORAL	3	PA, Medical Necessity PA, PA may apply
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG ORAL	3	PA, Medical Necessity PA, PA may apply
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG ORAL	3	PA, Medical Necessity PA, PA may apply
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ORAL	3	PA, Medical Necessity PA, PA may apply
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9 MG ORAL	3	PA, Medical Necessity PA, PA may apply
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 10 MG ORAL	3	PA, ST, PA may apply
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 15 MG ORAL	3	PA, ST, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 20 MG ORAL	3	PA, ST, PA may apply
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 30 MG ORAL	3	PA, ST, PA may apply
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 40 MG ORAL	3	PA, ST, PA may apply
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 50 MG ORAL	3	PA, ST, PA may apply
Opioid Combinations		
APADAZ TABLET 4.08-325 MG ORAL	3	PA, Medical Necessity PA, PA may apply
APADAZ TABLET 6.12-325 MG ORAL	3	PA, Medical Necessity PA, PA may apply
APADAZ TABLET 8.16-325 MG ORAL	3	PA, Medical Necessity PA, PA may apply
ENDOCET TABLET 10-325 MG ORAL	1	PA, PA may apply
ENDOCET TABLET 2.5-325 MG ORAL	1	PA, PA may apply
ENDOCET TABLET 5-325 MG ORAL	1	PA, PA may apply
ENDOCET TABLET 7.5-325 MG ORAL	1	PA, PA may apply
ENDODAN TABLET 4.8355-325 MG ORAL	3	PA, PA may apply
nalocet tablet 2.5-300 mg oral	3	PA, Medical Necessity PA, PA may apply
oxycodone-acetaminophen solution 5-325 mg/5ml oral	1	PA, PA may apply
oxycodone-acetaminophen tablet 10-300 mg oral	3	PA, Medical Necessity PA, PA may apply
oxycodone-acetaminophen tablet 10-325 mg oral	1	PA, PA may apply
oxycodone-acetaminophen tablet 2.5-300 mg oral	3	PA, Medical Necessity PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Combinations (continued)		
oxycodone-acetaminophen tablet 2.5-325 mg oral	1	PA, PA may apply
oxycodone-acetaminophen tablet 5-300 mg oral	3	PA, Medical Necessity PA, PA may apply
oxycodone-acetaminophen tablet 5-325 mg oral	1	PA, PA may apply
oxycodone-acetaminophen tablet 7.5-325 mg oral	1	PA, PA may apply
oxycodone-aspirin tablet 4.8355-325 mg oral	1	PA, PA may apply
oxycodone-ibuprofen tablet 5-400 mg oral	1	PA, PA may apply
PERCOCET TABLET 10-325 MG ORAL	3	PA, Medical Necessity PA, PA may apply
PERCOCET TABLET 2.5-325 MG ORAL	3	PA, Medical Necessity PA, PA may apply
PERCOCET TABLET 5-325 MG ORAL	3	PA, Medical Necessity PA, PA may apply
PERCOCET TABLET 7.5-325 MG ORAL	3	PA, Medical Necessity PA, PA may apply
PERCODAN TABLET 4.8355-325 MG ORAL	3	PA, PA may apply
PRIMLEV TABLET 10-300 MG ORAL	3	PA, Medical Necessity PA, PA may apply
PRIMLEV TABLET 5-300 MG ORAL	3	PA, Medical Necessity PA, PA may apply
PRIMLEV TABLET 7.5-300 MG ORAL	3	PA, Medical Necessity PA, PA may apply
PROLATE SOLUTION 10-300 MG/5ML ORAL	3	PA, Medical Necessity PA, PA may apply
PROLATE TABLET 10-300 MG ORAL	3	PA, Medical Necessity PA, PA may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Combinations (continued)		
PROLATE TABLET 5-300 MG ORAL	3	PA, Medical Necessity PA, PA may apply
PROLATE TABLET 7.5-300 MG ORAL	3	PA, Medical Necessity PA, PA may apply
XARTEMIS XR TABLET EXTENDED RELEASE 7.5-325 MG ORAL	3	PA, PA may apply
Opioid Partial Agonists		
BELBUCA FILM 150 MCG BUCCAL	3	PA, Medical Necessity PA
BELBUCA FILM 300 MCG BUCCAL	3	PA, Medical Necessity PA
BELBUCA FILM 450 MCG BUCCAL	3	PA, Medical Necessity PA
BELBUCA FILM 600 MCG BUCCAL	3	PA, Medical Necessity PA
BELBUCA FILM 75 MCG BUCCAL	3	PA, Medical Necessity PA
BELBUCA FILM 750 MCG BUCCAL	3	PA, Medical Necessity PA
BELBUCA FILM 900 MCG BUCCAL	3	PA, Medical Necessity PA
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS	3	LA, QL 0.32/7 days, SP
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS	3	LA, QL 0.48/7 days, SP
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS	3	LA, QL 0.64/7 days, SP
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS	3	LA, QL 0.16/7 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Partial Agonists (continued)		
BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS	3	LA, QL 0.36/28 days, SP
BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS	3	LA, QL 0.18/28 days, SP
BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS	3	LA, QL 0.27/28 days, SP
BUNAVAIL FILM 2.1-0.3 MG BUCCAL	3	PA, Medical Necessity PA
BUNAVAIL FILM 4.2-0.7 MG BUCCAL	3	PA, Medical Necessity PA
BUNAVAIL FILM 6.3-1 MG BUCCAL	3	PA, Medical Necessity PA
BUPRENEX SOLUTION 0.3 MG/ML INJECTION	3	
buprenorphine hcl solution 0.3 mg/ml injection	1	
buprenorphine hcl tablet sublingual 2 mg sublingual	1	QL 480/30 days
buprenorphine hcl tablet sublingual 8 mg sublingual	1	QL 3/1 days
buprenorphine hcl-naloxone hcl film 12-3 mg sublingual	1	QL 90/30 days
buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual	1	QL 480/30 days
buprenorphine hcl-naloxone hcl film 4-1 mg sublingual	1	QL 240/30 days
buprenorphine hcl-naloxone hcl film 8-2 mg sublingual	1	QL 120/30 days
buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual	1	QL 480/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Partial Agonists (continued)		
buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual	1	QL 120/30 days
buprenorphine patch weekly 10 mcg/hr transdermal	1	PA, QL 4/28 days, PA may apply
buprenorphine patch weekly 15 mcg/hr transdermal	1	PA, QL 4/28 days, PA may apply
buprenorphine patch weekly 20 mcg/hr transdermal	1	PA, QL 4/28 days, PA may apply
buprenorphine patch weekly 5 mcg/hr transdermal	1	PA, QL 4/28 days, PA may apply
buprenorphine patch weekly 7.5 mcg/hr transdermal	1	PA, QL 4/28 days, PA may apply
butorphanol tartrate solution 10 mg/ml nasal	1	QL 7.50/30 days
BUTRANS PATCH WEEKLY 10 MCG/HR TRANSDERMAL	3	PA, QL 4/28 days, Medical Necessity PA
BUTRANS PATCH WEEKLY 15 MCG/HR TRANSDERMAL	3	PA, QL 4/28 days, Medical Necessity PA
BUTRANS PATCH WEEKLY 20 MCG/HR TRANSDERMAL	3	PA, QL 4/28 days, Medical Necessity PA
BUTRANS PATCH WEEKLY 5 MCG/HR TRANSDERMAL	3	PA, QL 4/28 days, Medical Necessity PA
BUTRANS PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL	3	PA, QL 4/28 days, Medical Necessity PA
nalbuphine hcl solution 10 mg/ml injection	1	QL 120/30 days
nalbuphine hcl solution 20 mg/ml injection	1	QL 120/30 days
pentazocine-naloxone hcl tablet 50-0.5 mg oral	1	QL 360/30 days
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS	3	LA, QL 0.50/28 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Partial Agonists (continued)		
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS	3	LA, QL 1.50/28 days, SP
SUBOXONE FILM 12-3 MG SUBLINGUAL	3	PA, QL 60/30 days, Medical Necessity PA
SUBOXONE FILM 2-0.5 MG SUBLINGUAL	3	PA, QL 120/30 days, Medical Necessity PA
SUBOXONE FILM 4-1 MG SUBLINGUAL	3	PA, QL 120/30 days, Medical Necessity PA
SUBOXONE FILM 8-2 MG SUBLINGUAL	3	PA, QL 120/30 days, Medical Necessity PA
TALWIN SOLUTION 30 MG/ML INJECTION	3	QL 90/30 days
ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL	3	QL 750/30 days
ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL	3	QL 390/30 days
ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL	3	QL 60/30 days
ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL	3	QL 180/30 days
ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL	3	QL 90/30 days
ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL	3	QL 60/30 days
Tramadol Combinations		
SEGLENTIS TABLET 56-44 MG ORAL	3	PA, QL 120/30 days, Medical Necessity PA
tramadol-acetaminophen tablet 37.5-325 mg oral	1	PA, PA may apply
ULTRACET TABLET 37.5-325 MG ORAL	3	PA, PA may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANDROGENS-ANABOLIC		
Anabolic Steroids		
ANADROL-50 TABLET 50 MG ORAL	3	
oxandrolone tablet 10 mg oral	1	
oxandrolone tablet 2.5 mg oral	1	
Androgens		
ANDRODERM PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	2	PA, PA applies to age 17 years and younger
ANDRODERM PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	2	PA, PA applies to age 17 years and younger
ANDROGEL GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL	3	PA, QL 150/30 days, Medical Necessity PA
ANDROGEL GEL 25 MG/2.5GM (1%) TRANSDERMAL	3	PA, QL 300/30 days, Medical Necessity PA
ANDROGEL GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL	3	PA, QL 150/30 days, Medical Necessity PA
ANDROGEL GEL 50 MG/5GM (1%) TRANSDERMAL	3	PA, QL 300/30 days, Medical Necessity PA
ANDROGEL PUMP GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	3	PA, QL 150/30 days, Medical Necessity PA
ANDROID CAPSULE 10 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
AVEED SOLUTION 750 MG/3ML INTRAMUSCULAR	3	PA, Medical Necessity PA, Prudent
AXIRON SOLUTION 30 MG/ACT TRANSDERMAL	3	PA, PA applies to age 17 years and younger
danazol capsule 100 mg oral	1	
danazol capsule 200 mg oral	1	
danazol capsule 50 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Androgens (continued)		
DEPO-TESTOSTERONE OIL 100 MG/ML INTRAMUSCULAR	3	PA, PA applies to age 17 years and younger, PA may apply
DEPO-TESTOSTERONE OIL 200 MG/ML INTRAMUSCULAR	3	PA, PA applies to age 17 years and younger, PA may apply
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	1	PA, PA applies to age 17 years and younger, PA may apply
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	1	PA, PA applies to age 17 years and younger, PA may apply
FORTESTA GEL 10 MG/ACT (2%) TRANSDERMAL	3	PA, QL 120/30 days, Medical Necessity PA
JATENZO CAPSULE 158 MG ORAL	3	PA, QL 60/30 days
JATENZO CAPSULE 198 MG ORAL	3	PA, QL 60/30 days
JATENZO CAPSULE 237 MG ORAL	3	PA, QL 60/30 days
KYZATREX CAPSULE 100 MG ORAL	3	PA, QL 120/30 days
KYZATREX CAPSULE 150 MG ORAL	3	PA, QL 120/30 days
KYZATREX CAPSULE 200 MG ORAL	3	PA, QL 120/30 days
methitest tablet 10 mg oral	1	PA, PA applies to age 17 years and younger, PA may apply
methyltestosterone capsule 10 mg oral	1	PA, Medical Necessity PA
NATESTO GEL 5.5 MG/ACT NASAL	3	PA, Medical Necessity PA
STRIANT 30 MG BUCCAL	3	PA, Medical Necessity PA
TESTIM GEL 50 MG/5GM (1%) TRANSDERMAL	3	PA, QL 300/30 days, PA applies to age 17 years and younger
TESTOPEL PELLET 75 MG IMPLANT	3	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Androgens (continued)		
testosterone cypionate solution 100 mg/ml intramuscular	1	PA, PA applies to age 17 years and younger, PA may apply
testosterone cypionate solution 200 mg/ml injection	3	PA, PA applies to age 17 years and younger, PA may apply
testosterone cypionate solution 200 mg/ml intramuscular	1	PA, PA applies to age 17 years and younger, PA may apply
testosterone enanthate solution 200 mg/ml intramuscular	1	PA, PA applies to age 17 years and younger, PA may apply
testosterone gel 1.62 % transdermal	1	PA, QL 150/30 days, PA applies to age 17 years and younger
testosterone gel 10 mg/act (2%) transdermal	1	PA, QL 120/30 days, PA applies to age 17 years and younger
testosterone gel 12.5 mg/act (1%) transdermal	1	PA, QL 300/30 days, PA applies to age 17 years and younger
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	1	PA, QL 150/30 days, PA applies to age 17 years and younger
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL 150/30 days
testosterone gel 25 mg/2.5gm (1%) transdermal	1	PA, QL 300/30 days, PA applies to age 17 years and younger
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	1	PA, QL 150/30 days, PA applies to age 17 years and younger
testosterone gel 50 mg/5gm (1%) transdermal	1	PA, QL 300/30 days, PA applies to age 17 years and younger

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Androgens (continued)		
testosterone solution 30 mg/act transdermal	1	PA, PA applies to age 17 years and younger
TESTRED CAPSULE 10 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
TLANDO CAPSULE 112.5 MG ORAL	3	PA, QL 120/30 days
VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL	3	PA, QL 300/30 days, Medical Necessity PA
VOGELXO PUMP GEL 12.5 MG/ACT (1%) TRANSDERMAL	3	PA, QL 300/30 days, Medical Necessity PA
XYOSTED SOLUTION AUTO-INJECTOR 100 MG/0.5ML SUBCUTANEOUS	3	PA, Medical Necessity PA
XYOSTED SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	3	PA, Medical Necessity PA
XYOSTED SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	3	PA, Medical Necessity PA
ANORECTAL AND RELATED PRODUCTS		
Intrarectal Steroids		
budesonide foam 2 mg rectal	1	
COLOCORT ENEMA 100 MG/60ML RECTAL	3	
CORTENEMA ENEMA 100 MG/60ML RECTAL	3	
CORTIFOAM FOAM 10 % RECTAL	3	
hydrocortisone enema 100 mg/60ml rectal	1	
UCERIS FOAM 2 MG/ACT RECTAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nitrate Vasodilating Agents		
nitroglycerin ointment 0.4 % rectal	1	
RECTIV OINTMENT 0.4 % RECTAL	3	
Rectal Anesthetic/Steroids		
ANALPRAM-HC CREAM 1-1 % RECTAL	3	
ANALPRAM-HC LOTION 1-2.5 % RECTAL	2	
hydrocortisone ace-pramoxine cream 1-1 % rectal	1	
lidocaine-hydrocortisone ace gel 2.8-0.55 % rectal	1	
PROCTOFOAM HC FOAM 1-1 % RECTAL	2	
Rectal Steroids		
ANUSOL-HC CREAM 2.5 % RECTAL	3	
PROCTOCARE-HC CREAM 2.5 % RECTAL	1	
PROCTO-MED HC CREAM 2.5 % RECTAL	1	
PROCTOSOL HC CREAM 2.5 % RECTAL	1	
PROCTOZONE-HC CREAM 2.5 % RECTAL	1	
ANTHELMINTICS		
Anthelmintics		
albendazole tablet 200 mg oral	1	QL 4/60 days
ALBENZA TABLET 200 MG ORAL	3	QL 4/60 days
benznidazole tablet 100 mg oral	2	QL 120/365 days, For ages 12 years and younger

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anthelmintics (continued)		
benznidazole tablet 12.5 mg oral	2	QL 120/365 days, For ages 12 years and younger
BILTRICIDE TABLET 600 MG ORAL	3	
EMVERM TABLET CHEWABLE 100 MG ORAL	3	QL 6/28 days
ivermectin tablet 3 mg oral	1	
praziquantel tablet 600 mg oral	1	
STROMECTOL TABLET 3 MG ORAL	3	
ANTIANGINAL AGENTS		
Antianginals-Other		
ASPRUZYO SPRINKLE PACKET 1000 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
ASPRUZYO SPRINKLE PACKET 500 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
RANEXA TABLET EXTENDED RELEASE 12 HOUR 500 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
ranolazine er tablet extended release 12 hour 1000 mg oral	1	QL 60/30 days
ranolazine er tablet extended release 12 hour 500 mg oral	1	QL 60/30 days
Nitrates		
DILATRATE-SR CAPSULE EXTENDED RELEASE 40 MG ORAL	3	
GONITRO PACKET 400 MCG SUBLINGUAL	3	PA, Medical Necessity PA
IMDUR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nitrates (continued)		
isoditrate er tablet extended release 40 mg oral	1	LEDL
ISORDIL TITRADOSE TABLET 40 MG ORAL	3	PA, Medical Necessity PA
ISORDIL TITRADOSE TABLET 5 MG ORAL	3	PA, Medical Necessity PA
isosorbide dinitrate er tablet extended release 40 mg oral	1	LEDL
isosorbide dinitrate tablet 10 mg oral	1	LEDL
isosorbide dinitrate tablet 20 mg oral	1	LEDL
isosorbide dinitrate tablet 30 mg oral	1	LEDL
isosorbide dinitrate tablet 40 mg oral	1	PA, Medical Necessity PA, LEDL
isosorbide dinitrate tablet 5 mg oral	1	LEDL
isosorbide mononitrate er tablet extended release 24 hour 120 mg oral	1	LEDL
isosorbide mononitrate er tablet extended release 24 hour 30 mg oral	1	LEDL
isosorbide mononitrate er tablet extended release 24 hour 60 mg oral	1	LEDL
isosorbide mononitrate tablet 10 mg oral	1	LEDL
isosorbide mononitrate tablet 20 mg oral	1	LEDL
MINITRAN PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	1	LEDL
MINITRAN PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	1	LEDL
MINITRAN PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	1	LEDL
MINITRAN PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	1	LEDL
NITRO-BID OINTMENT 2 % TRANSDERMAL	3	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nitrates (continued)		
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	3	
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	3	
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	LEDL
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	3	
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	3	
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	LEDL
nitroglycerin aerosol solution 400 mcg/spray translingual	1	
nitroglycerin in d5w solution 100-5 mcg/ml-% intravenous	1	
nitroglycerin patch 24 hour 0.1 mg/hr transdermal	1	LEDL
nitroglycerin patch 24 hour 0.2 mg/hr transdermal	1	LEDL
nitroglycerin patch 24 hour 0.4 mg/hr transdermal	1	LEDL
nitroglycerin patch 24 hour 0.6 mg/hr transdermal	1	LEDL
nitroglycerin solution 0.4 mg/spray translingual	1	LEDL
nitroglycerin solution 5 mg/ml intravenous	3	
nitroglycerin tablet sublingual 0.3 mg sublingual	1	LEDL
nitroglycerin tablet sublingual 0.4 mg sublingual	1	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nitrates (continued)		
nitroglycerin tablet sublingual 0.6 mg sublingual	1	LEDL
NITROLINGUAL SOLUTION 0.4 MG/SPRAY TRANSLINGUAL	3	
NITROMIST AEROSOL SOLUTION 400 MCG/SPRAY TRANSLINGUAL	3	
NITROSTAT TABLET SUBLINGUAL 0.3 MG SUBLINGUAL	2	
NITROSTAT TABLET SUBLINGUAL 0.4 MG SUBLINGUAL	2	
NITROSTAT TABLET SUBLINGUAL 0.6 MG SUBLINGUAL	2	
ANTIANXIETY AGENTS		
Antianxiety Agents - Misc.		
buspirone hcl tablet 10 mg oral	1	
buspirone hcl tablet 15 mg oral	1	
buspirone hcl tablet 30 mg oral	1	
buspirone hcl tablet 5 mg oral	1	
buspirone hcl tablet 7.5 mg oral	1	
droperidol solution 2.5 mg/ml injection	1	
hydroxyzine hcl solution 10 mg/5ml oral	1	
hydroxyzine hcl syrup 10 mg/5ml oral	1	
hydroxyzine hcl tablet 10 mg oral	1	
hydroxyzine hcl tablet 25 mg oral	1	
hydroxyzine hcl tablet 50 mg oral	1	
hydroxyzine pamoate capsule 100 mg oral	1	
hydroxyzine pamoate capsule 25 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antianxiety Agents - Misc. (continued)		
hydroxyzine pamoate capsule 50 mg oral	1	
meprobamate tablet 200 mg oral	1	
meprobamate tablet 400 mg oral	1	
VISTARIL CAPSULE 25 MG ORAL	3	
VISTARIL CAPSULE 50 MG ORAL	3	
Benzodiazepines		
alprazolam er tablet extended release 24 hour 0.5 mg oral	1	QL 120/30 days
alprazolam er tablet extended release 24 hour 1 mg oral	1	QL 120/30 days
alprazolam er tablet extended release 24 hour 2 mg oral	1	QL 120/30 days
alprazolam er tablet extended release 24 hour 3 mg oral	1	QL 60/30 days
ALPRAZOLAM INTENSOL CONCENTRATE 1 MG/ML ORAL	3	PA, Medical Necessity PA
alprazolam tablet 0.25 mg oral	1	QL 120/30 days
alprazolam tablet 0.5 mg oral	1	QL 120/30 days
alprazolam tablet 1 mg oral	1	QL 120/30 days
alprazolam tablet 2 mg oral	1	QL 120/30 days
alprazolam tablet dispersible 0.25 mg oral	1	PA, Medical Necessity PA
alprazolam tablet dispersible 0.5 mg oral	1	PA, Medical Necessity PA
alprazolam tablet dispersible 1 mg oral	1	PA, Medical Necessity PA
alprazolam tablet dispersible 2 mg oral	1	PA, QL 60/30 days, Medical Necessity PA
alprazolam xr tablet extended release 24 hour 0.5 mg oral	1	QL 120/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepines (continued)		
alprazolam xr tablet extended release 24 hour 1 mg oral	1	QL 120/30 days
alprazolam xr tablet extended release 24 hour 2 mg oral	1	QL 120/30 days
alprazolam xr tablet extended release 24 hour 3 mg oral	1	QL 60/30 days
ATIVAN SOLUTION 2 MG/ML INJECTION	3	
ATIVAN SOLUTION 4 MG/ML INJECTION	3	
ATIVAN TABLET 0.5 MG ORAL	3	QL 120/30 days
ATIVAN TABLET 1 MG ORAL	3	QL 120/30 days
ATIVAN TABLET 2 MG ORAL	3	QL 120/30 days
chlordiazepoxide hcl capsule 10 mg oral	1	QL 120/30 days
chlordiazepoxide hcl capsule 25 mg oral	1	QL 120/30 days
chlordiazepoxide hcl capsule 5 mg oral	1	QL 120/30 days
clorazepate dipotassium tablet 15 mg oral	1	QL 120/30 days
clorazepate dipotassium tablet 3.75 mg oral	1	QL 120/30 days
clorazepate dipotassium tablet 7.5 mg oral	1	QL 120/30 days
diazepam device 10 mg/2ml intramuscular	1	
DIAZEPAM INTENSOL CONCENTRATE 5 MG/ML ORAL	1	QL 240/30 days
diazepam solution 1 mg/ml oral	1	QL 1200/30 days
diazepam solution 5 mg/ml injection	1	
diazepam tablet 10 mg oral	1	QL 120/30 days
diazepam tablet 2 mg oral	1	QL 120/30 days
diazepam tablet 5 mg oral	1	QL 120/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepines (continued)		
lorazepam concentrate 2 mg/ml oral	1	
LORAZEPAM INTENSOL CONCENTRATE 2 MG/ML ORAL	1	QL 150/30 days
lorazepam solution 2 mg/ml injection	1	
lorazepam solution 4 mg/ml injection	1	
lorazepam tablet 0.5 mg oral	1	QL 120/30 days
lorazepam tablet 1 mg oral	1	QL 120/30 days
lorazepam tablet 2 mg oral	1	QL 120/30 days
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 2 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
oxazepam capsule 10 mg oral	1	QL 120/30 days
oxazepam capsule 15 mg oral	1	QL 120/30 days
oxazepam capsule 30 mg oral	1	QL 120/30 days
TRANXENE-T TABLET 15 MG ORAL	3	QL 120/30 days
TRANXENE-T TABLET 3.75 MG ORAL	3	QL 120/30 days
TRANXENE-T TABLET 7.5 MG ORAL	3	QL 120/30 days
VALIUM TABLET 10 MG ORAL	3	QL 120/30 days
VALIUM TABLET 2 MG ORAL	3	QL 120/30 days
VALIUM TABLET 5 MG ORAL	3	QL 120/30 days
XANAX TABLET 0.25 MG ORAL	3	QL 120/30 days
XANAX TABLET 0.5 MG ORAL	3	QL 120/30 days
XANAX TABLET 1 MG ORAL	3	QL 120/30 days
XANAX TABLET 2 MG ORAL	3	QL 120/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepines (continued)		
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	3	QL 120/30 days
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	3	QL 120/30 days
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL	3	QL 120/30 days
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	3	QL 60/30 days
ANTIARRHYTHMICS		
Antiarrhythmics - Misc.		
ADENOCARD SOLUTION 12 MG/4ML INTRAVENOUS	3	
ADENOCARD SOLUTION 6 MG/2ML INTRAVENOUS	3	
adenosine solution 12 mg/4ml intravenous	1	
adenosine solution 6 mg/2ml intravenous	1	
Antiarrhythmics Type I-A		
disopyramide phosphate capsule 100 mg oral	1	LEDL
disopyramide phosphate capsule 150 mg oral	1	LEDL
NORPACE CAPSULE 100 MG ORAL	3	
NORPACE CAPSULE 150 MG ORAL	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	2	LEDL
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL	2	LEDL
quinidine gluconate er tablet extended release 324 mg oral	1	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiarrhythmics Type I-A (continued)		
quinidine sulfate er tablet extended release 300 mg oral	1	
quinidine sulfate tablet 200 mg oral	1	LEDL
quinidine sulfate tablet 300 mg oral	1	LEDL
Antiarrhythmics Type I-B		
lidocaine hcl (cardiac) solution 10 mg/ml intravenous	1	
lidocaine hcl (cardiac) solution 20 mg/ml intravenous	1	
lidocaine in d5w solution 4-5 mg/ml-% intravenous	1	
lidocaine in d5w solution 8-5 mg/ml-% intravenous	1	
mexiletine hcl capsule 150 mg oral	1	LEDL
mexiletine hcl capsule 200 mg oral	1	LEDL
mexiletine hcl capsule 250 mg oral	1	LEDL
XYLOCAINE (CARDIAC) SOLUTION 20 MG/ML INTRAVENOUS	3	
Antiarrhythmics Type I-C		
flecainide acetate tablet 100 mg oral	1	LEDL
flecainide acetate tablet 150 mg oral	1	LEDL
flecainide acetate tablet 50 mg oral	1	LEDL
propafenone hcl er capsule extended release 12 hour 225 mg oral	1	LEDL
propafenone hcl er capsule extended release 12 hour 325 mg oral	1	LEDL
propafenone hcl er capsule extended release 12 hour 425 mg oral	1	LEDL
propafenone hcl tablet 150 mg oral	1	LEDL
propafenone hcl tablet 225 mg oral	1	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiarrhythmics Type I-C (continued)		
propafenone hcl tablet 300 mg oral	1	LEDL
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 225 MG ORAL	3	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325 MG ORAL	3	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 425 MG ORAL	3	
RYTHMOL TABLET 150 MG ORAL	3	
RYTHMOL TABLET 225 MG ORAL	3	
Antiarrhythmics Type III		
amiodarone hcl tablet 100 mg oral	1	LEDL
amiodarone hcl tablet 200 mg oral	1	LEDL
amiodarone hcl tablet 400 mg oral	1	LEDL
CORDARONE TABLET 200 MG ORAL	3	
CORVERT SOLUTION 1 MG/10ML INTRAVENOUS	3	
dofetilide capsule 125 mcg oral	1	SP, LEDL
dofetilide capsule 250 mcg oral	1	SP, LEDL
dofetilide capsule 500 mcg oral	1	SP, LEDL
ibutilide fumarate solution 1 mg/10ml intravenous	1	
MULTAQ TABLET 400 MG ORAL	3	LEDL
PACERONE TABLET 100 MG ORAL	1	LEDL
PACERONE TABLET 200 MG ORAL	1	LEDL
PACERONE TABLET 400 MG ORAL	1	LEDL
TIKOSYN CAPSULE 125 MCG ORAL	3	SP
TIKOSYN CAPSULE 250 MCG ORAL	3	SP
TIKOSYN CAPSULE 500 MCG ORAL	3	SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-Lipoxygenase Inhibitors		
zileuton er tablet extended release 12 hour 600 mg oral	1	
ZYFLO CR TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	3	
ZYFLO TABLET 600 MG ORAL	3	
Adrenergic Combinations		
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	3	QL 60/30 days
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	3	QL 60/30 days
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	3	QL 60/30 days
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	3	QL 12/30 days
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	3	QL 12/30 days
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	3	QL 12/30 days
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Adrenergic Combinations (continued)		
AIRDUO RESPICLICK 113/14 AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
AIRDUO RESPICLICK 232/14 AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION	3	PA, QL 22/30 days, Medical Necessity PA
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	QL 60/30 days, LEDL
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH INHALATION	2	QL 60/30 days, LEDL
BEVESPI AEROSPHERE AEROSOL 9-4.8 MCG/ACT INHALATION	3	PA, QL 10.70/30 days, Medical Necessity PA, LEDL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	3	QL 60/30 days
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	3	QL 60/30 days
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH INHALATION	3	QL 60/30 days
BREYNA AEROSOL 160-4.5 MCG/ACT INHALATION	1	QL 10.30/30 days, LEDL
BREYNA AEROSOL 80-4.5 MCG/ACT INHALATION	1	QL 10.30/30 days, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Adrenergic Combinations (continued)		
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	3	PA, Medical Necessity PA
budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation	1	QL 10.20/30 days, LEDL
budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	1	QL 10.20/30 days, LEDL
COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION	2	QL 8/30 days, LEDL
DUAKLIR PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT INHALATION	3	PA, Medical Necessity PA
DULERA AEROSOL 100-5 MCG/ACT INHALATION	3	PA, QL 13/30 days, Medical Necessity PA, LEDL
DULERA AEROSOL 200-5 MCG/ACT INHALATION	3	PA, QL 13/30 days, Medical Necessity PA, LEDL
DULERA AEROSOL 50-5 MCG/ACT INHALATION	3	PA, QL 13/30 days, Medical Necessity PA
fluticasone furoate-vilanterol aerosol powder breath activated 100-25 mcg/act inhalation	1	QL 60/30 days, LEDL
fluticasone furoate-vilanterol aerosol powder breath activated 200-25 mcg/act inhalation	1	QL 60/30 days, LEDL
fluticasone-salmeterol aerosol 115-21 mcg/act inhalation	1	QL 12/30 days, LEDL
fluticasone-salmeterol aerosol 230-21 mcg/act inhalation	1	QL 12/30 days, LEDL
fluticasone-salmeterol aerosol 45-21 mcg/act inhalation	1	QL 12/30 days, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Adrenergic Combinations (continued)		
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation	1	QL 60/30 days, LEDL
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/dose inhalation	1	QL 60/30 days, LEDL
fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation	1	QL 1/30 days
fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation	1	QL 1/30 days
fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation	1	QL 60/30 days, LEDL
fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/dose inhalation	1	QL 60/30 days, LEDL
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	QL 60/30 days, LEDL
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/dose inhalation	1	QL 60/30 days, LEDL
fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation	1	QL 1/30 days
ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation	1	QL 720/30 days, LEDL
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	QL 4/30 days, LEDL
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	QL 10.20/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Adrenergic Combinations (continued)		
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	QL 10.20/30 days
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	QL 60/30 days, LEDL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION	2	QL 60/30 days, LEDL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	QL 60/30 days
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH INHALATION	2	QL 60/30 days
UTIBRON NEOHALER CAPSULE 27.5-15.6 MCG INHALATION	3	PA, QL 60/30 days, Medical Necessity PA
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	1	QL 60/30 days, LEDL
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE INHALATION	1	QL 60/30 days, LEDL
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	1	QL 60/30 days, LEDL
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE INHALATION	1	QL 60/30 days, LEDL
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	1	QL 60/30 days, LEDL
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE INHALATION	1	QL 60/30 days, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-IgE Monoclonal Antibodies		
XOLAIR SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
Anti-Inflammatory Agents		
cromolyn sodium nebulization solution 20 mg/2ml inhalation	1	QL 240/30 days, LEDL
Beta Adrenergics		
albuterol sulfate er tablet extended release 12 hour 4 mg oral	1	LEDL
albuterol sulfate er tablet extended release 12 hour 8 mg oral	1	LEDL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL 2 inhalers/30 days, LEDL
albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation	1	QL 720/30 days, Incentive, LEDL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	QL 180/30 days, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Adrenergics (continued)		
albuterol sulfate nebulization solution 0.63 mg/3ml inhalation	1	QL 720/30 days, Incentive, LEDL
albuterol sulfate nebulization solution 1.25 mg/3ml inhalation	1	QL 720/30 days, Incentive, LEDL
albuterol sulfate syrup 2 mg/5ml oral	1	LEDL
albuterol sulfate tablet 2 mg oral	1	LEDL
albuterol sulfate tablet 4 mg oral	1	LEDL
ARCAPTA NEOHALER CAPSULE 75 MCG INHALATION	3	QL 30/30 days
arformoterol tartrate nebulization solution 15 mcg/2ml inhalation	1	QL 120/30 days
BROVANA NEBULIZATION SOLUTION 15 MCG/2ML INHALATION	3	QL 120/30 days
formoterol fumarate nebulization solution 20 mcg/2ml inhalation	1	QL 120/30 days, LEDL
ISUPREL SOLUTION 0.2 MG/ML INJECTION	3	
levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation	1	QL 90/30 days, LEDL
levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation	1	QL 225/30 days, LEDL
levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation	1	QL 30/30 days, LEDL
levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation	1	QL 225/30 days, LEDL
levalbuterol tartrate aerosol 45 mcg/act inhalation	1	QL 30/30 days
metaproterenol sulfate syrup 10 mg/5ml oral	1	LEDL
metaproterenol sulfate tablet 10 mg oral	1	
metaproterenol sulfate tablet 20 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Adrenergics (continued)		
PERFOROMIST NEBULIZATION SOLUTION 20 MCG/2ML INHALATION	3	QL 120/30 days
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION	3	PA, QL 2/30 days, Medical Necessity PA
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT INHALATION	3	PA, QL 2/30 days, Medical Necessity PA
PROAIR HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL 17/30 days
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION	3	QL 2/30 days, LEDL
PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL 13.40/30 days
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	3	QL 60/30 days, LEDL
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL 4/30 days, LEDL
terbutaline sulfate solution 1 mg/ml injection	1	LEDL
terbutaline sulfate tablet 2.5 mg oral	1	LEDL
terbutaline sulfate tablet 5 mg oral	1	LEDL
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL 36/30 days
VOSPIRE ER TABLET EXTENDED RELEASE 12 HOUR 4 MG ORAL	3	
VOSPIRE ER TABLET EXTENDED RELEASE 12 HOUR 8 MG ORAL	3	
XOPENEX CONCENTRATE NEBULIZATION SOLUTION 1.25 MG/0.5ML INHALATION	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Adrenergics (continued)		
XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION	3	QL 30/30 days
XOPENEX NEBULIZATION SOLUTION 0.31 MG/3ML INHALATION	3	QL 90/30 days
XOPENEX NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION	3	QL 225/30 days
XOPENEX NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION	3	QL 225/30 days
Bronchodilators - Anticholinergics		
ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION	2	QL 26/30 days, LEDL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	3	QL 60/30 days, LEDL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH INHALATION	3	QL 60/30 days, LEDL
ipratropium bromide solution 0.02 % inhalation	1	LEDL
LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION	3	PA, Medical Necessity PA
LONHALA MAGNAIR STARTER KIT SOLUTION 25 MCG/ML INHALATION	3	PA, Medical Necessity PA
SEEBRI NEOHALER CAPSULE 15.6 MCG INHALATION	3	PA, Medical Necessity PA
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	3	QL 30/30 days
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	2	QL 4/30 days, LEDL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL 4/30 days, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bronchodilators - Anticholinergics (continued)		
tiotropium bromide monohydrate capsule 18 mcg inhalation	1	QL 30/30 days, LEDL
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	PA, Medical Necessity PA
Interleukin-5 Antagonists (IgG1 kappa)		
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	3	PA, QL 1/56 days, SP, Prudent
FASENRA SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	3	PA, QL 0.50/56 days, SP, Prudent
FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS	3	PA, QL 1/56 days, SP, Prudent
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Prudent
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Prudent
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.40/28 days, SP, Prudent
NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Prudent
Leukotriene Receptor Antagonists		
ACCOLATE TABLET 10 MG ORAL	3	
ACCOLATE TABLET 20 MG ORAL	3	
montelukast sodium packet 4 mg oral	1	LEDL
montelukast sodium tablet 10 mg oral	1	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Leukotriene Receptor Antagonists (continued)		
montelukast sodium tablet chewable 4 mg oral	1	LEDL
montelukast sodium tablet chewable 5 mg oral	1	LEDL
SINGULAIR PACKET 4 MG ORAL	2	
SINGULAIR TABLET 10 MG ORAL	2	
SINGULAIR TABLET CHEWABLE 4 MG ORAL	2	
SINGULAIR TABLET CHEWABLE 5 MG ORAL	2	
zafirlukast tablet 10 mg oral	1	LEDL
zafirlukast tablet 20 mg oral	1	LEDL
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE SUSPENSION 3 MG/2.5ML INHALATION	3	PA, QL 150/30 days, SP, Medical Necessity PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABLET 250 MCG ORAL	3	QL 30/30 days
DALIRESP TABLET 500 MCG ORAL	3	QL 30/30 days
roflumilast tablet 250 mcg oral	1	QL 30/30 days, LEDL
roflumilast tablet 500 mcg oral	1	QL 30/30 days, LEDL
Steroid Inhalants		
ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION	3	PA, QL 6.10/30 days, Medical Necessity PA
ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION	3	PA, QL 6.10/30 days, Medical Necessity PA
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Steroid Inhalants (continued)		
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ARMONAIR RESPICLICK 113 AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT INHALATION	3	PA, Medical Necessity PA
ARMONAIR RESPICLICK 232 AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT INHALATION	3	PA, Medical Necessity PA
ARMONAIR RESPICLICK 55 AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT INHALATION	3	PA, Medical Necessity PA
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List, LEDL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List, LEDL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List, LEDL
ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	3	PA, QL 1/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Steroid Inhalants (continued)		
ASMANEX (14 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ASMANEX (14 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ASMANEX (7 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION	3	PA, QL 1/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Steroid Inhalants (continued)		
ASMANEX (7 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION	3	PA, QL 1/30 days, Medical Necessity PA
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION	3	PA, QL 13/30 days, Medical Necessity PA
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION	3	PA, QL 13/30 days, Medical Necessity PA
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION	3	PA, QL 13/30 days, Medical Necessity PA
budesonide suspension 0.25 mg/2ml inhalation	1	QL 180/30 days, LEDL
budesonide suspension 0.5 mg/2ml inhalation	1	QL 120/30 days, LEDL
budesonide suspension 1 mg/2ml inhalation	1	QL 120/30 days, LEDL
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	3	QL 60/30 days, VBP Drug List
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT INHALATION	3	QL 240/30 days, VBP Drug List
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	3	QL 60/30 days, VBP Drug List
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION	3	QL 24/30 days
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION	3	QL 24/30 days
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION	3	QL 22/30 days
fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation	1	QL 60/30 days, VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Steroid Inhalants (continued)		
fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation	1	QL 240/30 days, VBP Drug List, LEDL
fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation	1	QL 60/30 days, VBP Drug List, LEDL
fluticasone propionate hfa aerosol 110 mcg/act inhalation	1	QL 24/30 days, VBP Drug List, LEDL
fluticasone propionate hfa aerosol 220 mcg/act inhalation	1	QL 24/30 days, VBP Drug List, LEDL
fluticasone propionate hfa aerosol 44 mcg/act inhalation	1	QL 22/30 days, VBP Drug List, LEDL
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION	2	QL 2/30 days, VBP Drug List, LEDL
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION	2	QL 2/30 days, VBP Drug List, LEDL
PULMICORT SUSPENSION 0.25 MG/2ML INHALATION	3	QL 180/30 days
PULMICORT SUSPENSION 0.5 MG/2ML INHALATION	3	QL 120/30 days
PULMICORT SUSPENSION 1 MG/2ML INHALATION	3	QL 120/30 days
QVAR AEROSOL SOLUTION 40 MCG/ACT INHALATION	2	QL 8.70/30 days
QVAR AEROSOL SOLUTION 80 MCG/ACT INHALATION	2	QL 8.70/30 days
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION	2	QL 21.20/30 days, VBP Drug List, LEDL
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION	2	QL 21.20/30 days, VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thymic Stromal Lymphopoietin (TSLP) Antagonists		
TEZSPIRE SOLUTION AUTO-INJECTOR 210 MG/1.91ML SUBCUTANEOUS	3	PA, QL 1.91/28 days, SP, Prudent
TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS	3	PA, QL 1.91/28 days, SP, Prudent
Xanthines		
aminophylline solution 25 mg/ml intravenous	1	
ELIXOPHYLLIN ELIXIR 80 MG/15ML ORAL	3	
LUFYLLIN TABLET 400 MG ORAL	3	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	LEDL
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	LEDL
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	LEDL
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL	3	LEDL
THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	1	LEDL
THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	1	LEDL
THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 300 MG ORAL	1	LEDL
theophylline elixir 80 mg/15ml oral	1	LEDL
theophylline er tablet extended release 12 hour 100 mg oral	1	LEDL
theophylline er tablet extended release 12 hour 200 mg oral	1	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Xanthines (continued)		
theophylline er tablet extended release 12 hour 300 mg oral	1	LEDL
theophylline er tablet extended release 12 hour 450 mg oral	1	LEDL
theophylline er tablet extended release 24 hour 400 mg oral	1	LEDL
theophylline er tablet extended release 24 hour 600 mg oral	1	LEDL
theophylline in d5w solution 0.8-5 mg/ml-% intravenous	1	
theophylline solution 80 mg/15ml oral	1	LEDL
ANTICOAGULANTS		
Coumarin Anticoagulants		
COUMADIN TABLET 1 MG ORAL	3	
COUMADIN TABLET 10 MG ORAL	3	
COUMADIN TABLET 2 MG ORAL	3	
COUMADIN TABLET 2.5 MG ORAL	3	
COUMADIN TABLET 3 MG ORAL	3	
COUMADIN TABLET 4 MG ORAL	3	
COUMADIN TABLET 5 MG ORAL	3	
COUMADIN TABLET 6 MG ORAL	3	
COUMADIN TABLET 7.5 MG ORAL	3	
JANTOVEN TABLET 1 MG ORAL	1	
JANTOVEN TABLET 10 MG ORAL	1	
JANTOVEN TABLET 2 MG ORAL	1	
JANTOVEN TABLET 2.5 MG ORAL	1	
JANTOVEN TABLET 3 MG ORAL	1	
JANTOVEN TABLET 4 MG ORAL	1	
JANTOVEN TABLET 5 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Coumarin Anticoagulants (continued)		
JANTOVEN TABLET 6 MG ORAL	1	
JANTOVEN TABLET 7.5 MG ORAL	1	
warfarin sodium tablet 1 mg oral	1	
warfarin sodium tablet 10 mg oral	1	
warfarin sodium tablet 2 mg oral	1	
warfarin sodium tablet 2.5 mg oral	1	
warfarin sodium tablet 3 mg oral	1	
warfarin sodium tablet 4 mg oral	1	
warfarin sodium tablet 5 mg oral	1	
warfarin sodium tablet 6 mg oral	1	
warfarin sodium tablet 7.5 mg oral	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TABLET THERAPY PACK 5 MG ORAL	2	
ELIQUIS TABLET 2.5 MG ORAL	2	QL 60/30 days
ELIQUIS TABLET 5 MG ORAL	2	QL 74/30 days
SAVAYSA TABLET 15 MG ORAL	3	PA, Medical Necessity PA
SAVAYSA TABLET 30 MG ORAL	3	PA, Medical Necessity PA
SAVAYSA TABLET 60 MG ORAL	3	PA, Medical Necessity PA
XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL	2	
XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL	2	QL 310/30 days
XARELTO TABLET 10 MG ORAL	2	QL 30/30 days
XARELTO TABLET 15 MG ORAL	2	QL 60/30 days
XARELTO TABLET 2.5 MG ORAL	2	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Direct Factor Xa Inhibitors (continued)		
XARELTO TABLET 20 MG ORAL	2	QL 30/30 days
Heparins And Heparinoid-Like Agents		
hep flush-10 solution 10 unit/ml intravenous	1	
MONOJECT FLUSH SYR/HEP LOCK SOLUTION 10 UNIT/ML INTRAVENOUS	3	
MONOJECT FLUSH SYR/HEP LOCK SOLUTION 100 UNIT/ML INTRAVENOUS	3	
sash kit kit 100-0.9 unit/ml-% intravenous	1	
In Vitro/Lock Anticoagulants		
ANTICOAGULANT COMPOUND SOLUTION IN VITRO	3	
anticoagulant sodium citrate solution 4 gm/100ml in vitro	2	
Low Molecular Weight Heparins		
enoxaparin sodium solution 100 mg/ml subcutaneous	1	
enoxaparin sodium solution 120 mg/0.8ml subcutaneous	1	
enoxaparin sodium solution 150 mg/ml subcutaneous	1	
enoxaparin sodium solution 30 mg/0.3ml subcutaneous	1	
enoxaparin sodium solution 300 mg/3ml injection	1	QL 180/180 days
enoxaparin sodium solution 40 mg/0.4ml subcutaneous	1	
enoxaparin sodium solution 60 mg/0.6ml subcutaneous	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Low Molecular Weight Heparins (continued)		
enoxaparin sodium solution 80 mg/0.8ml subcutaneous	1	
enoxaparin sodium solution prefilled syringe 100 mg/ml injection	1	
enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection	1	
enoxaparin sodium solution prefilled syringe 150 mg/ml injection	1	
enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection	1	
enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection	1	
enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection	1	
enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection	1	
FRAGMIN SOLUTION 10000 UNIT/ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 12500 UNIT/0.5ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 15000 UNIT/0.6ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 18000 UNT/0.72ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 2500 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 5000 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 7500 UNIT/0.3ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Low Molecular Weight Heparins (continued)		
FRAGMIN SOLUTION PREFILLED SYRINGE 10000 UNIT/ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML SUBCUTANEOUS	3	
LOVENOX SOLUTION 100 MG/ML SUBCUTANEOUS	3	
LOVENOX SOLUTION 120 MG/0.8ML SUBCUTANEOUS	3	
LOVENOX SOLUTION 150 MG/ML SUBCUTANEOUS	3	
LOVENOX SOLUTION 30 MG/0.3ML SUBCUTANEOUS	3	
LOVENOX SOLUTION 300 MG/3ML INJECTION	3	QL 180/180 days
LOVENOX SOLUTION 40 MG/0.4ML SUBCUTANEOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Low Molecular Weight Heparins (continued)		
LOVENOX SOLUTION 60 MG/0.6ML SUBCUTANEOUS	3	
LOVENOX SOLUTION 80 MG/0.8ML SUBCUTANEOUS	3	
LOVENOX SOLUTION PREFILLED SYRINGE 100 MG/ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 120 MG/0.8ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 150 MG/ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 30 MG/0.3ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 40 MG/0.4ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 60 MG/0.6ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 80 MG/0.8ML INJECTION	3	
Synthetic Heparinoid-Like Agents		
ARIXTRA SOLUTION 10 MG/0.8ML SUBCUTANEOUS	3	
ARIXTRA SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	3	
ARIXTRA SOLUTION 5 MG/0.4ML SUBCUTANEOUS	3	
ARIXTRA SOLUTION 7.5 MG/0.6ML SUBCUTANEOUS	3	
fondaparinux sodium solution 10 mg/0.8ml subcutaneous	1	
fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Synthetic Heparinoid-Like Agents (continued)		
fondaparinux sodium solution 5 mg/0.4ml subcutaneous	1	
fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous	1	
Thrombin Inhibitors - Hirudin Type		
ANGIOMAX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	3	
IPRIVASK SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS	3	
Thrombin Inhibitors - Selective Direct & Reversible		
dabigatran etexilate mesylate capsule 110 mg oral	1	
dabigatran etexilate mesylate capsule 150 mg oral	1	QL 60/30 days
dabigatran etexilate mesylate capsule 75 mg oral	1	QL 60/30 days
PRADAXA CAPSULE 110 MG ORAL	3	PA, Medical Necessity PA
PRADAXA CAPSULE 150 MG ORAL	3	PA, Medical Necessity PA
PRADAXA CAPSULE 75 MG ORAL	3	PA, Medical Necessity PA
PRADAXA PACKET 110 MG ORAL	3	PA, Medical Necessity PA
PRADAXA PACKET 150 MG ORAL	3	PA, Medical Necessity PA
PRADAXA PACKET 20 MG ORAL	3	PA, Medical Necessity PA
PRADAXA PACKET 30 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thrombin Inhibitors - Selective Direct & Reversible (continued)		
PRADAXA PACKET 40 MG ORAL	3	PA, Medical Necessity PA
PRADAXA PACKET 50 MG ORAL	3	PA, Medical Necessity PA
ANTICONVULSANTS		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSPENSION 0.5 MG/ML ORAL	3	QL 680/30 days
FYCOMPA TABLET 10 MG ORAL	3	
FYCOMPA TABLET 12 MG ORAL	3	
FYCOMPA TABLET 2 MG ORAL	3	
FYCOMPA TABLET 4 MG ORAL	3	
FYCOMPA TABLET 6 MG ORAL	3	
FYCOMPA TABLET 8 MG ORAL	3	
Anticonvulsants - Benzodiazepines		
clobazam suspension 2.5 mg/ml oral	1	QL 480/30 days
clobazam tablet 10 mg oral	1	QL 120/30 days
clobazam tablet 20 mg oral	1	QL 60/30 days
clonazepam tablet 0.5 mg oral	1	QL 120/30 days
clonazepam tablet 1 mg oral	1	QL 120/30 days
clonazepam tablet 2 mg oral	1	QL 300/30 days
clonazepam tablet dispersible 0.125 mg oral	1	QL 120/30 days
clonazepam tablet dispersible 0.25 mg oral	1	QL 120/30 days
clonazepam tablet dispersible 0.5 mg oral	1	QL 120/30 days
clonazepam tablet dispersible 1 mg oral	1	QL 120/30 days
clonazepam tablet dispersible 2 mg oral	1	QL 300/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Benzodiazepines (continued)		
DIASTAT ACUDIAL GEL 10 MG RECTAL	3	QL 5/30 days
DIASTAT ACUDIAL GEL 20 MG RECTAL	3	QL 5/30 days
DIASTAT PEDIATRIC GEL 2.5 MG RECTAL	3	QL 5/30 days
diazepam gel 10 mg rectal	1	QL 5/30 days
diazepam gel 2.5 mg rectal	1	QL 5/30 days
diazepam gel 20 mg rectal	1	QL 5/30 days
KLONOPIN TABLET 0.5 MG ORAL	3	QL 120/30 days
KLONOPIN TABLET 1 MG ORAL	3	QL 120/30 days
KLONOPIN TABLET 2 MG ORAL	3	QL 300/30 days
LIBERVANT FILM 10 MG BUCCAL	3	PA, QL 10/30 days, Medical Necessity PA
LIBERVANT FILM 12.5 MG BUCCAL	3	PA, QL 10/30 days, Medical Necessity PA
LIBERVANT FILM 15 MG BUCCAL	3	PA, QL 10/30 days, Medical Necessity PA
LIBERVANT FILM 5 MG BUCCAL	3	PA, QL 10/30 days, Medical Necessity PA
LIBERVANT FILM 7.5 MG BUCCAL	3	PA, QL 10/30 days, Medical Necessity PA
NAYZILAM SOLUTION 5 MG/0.1ML NASAL	3	QL 2/30 days
ONFI SUSPENSION 2.5 MG/ML ORAL	3	PA, QL 480/30 days, Medical Necessity PA
ONFI TABLET 10 MG ORAL	3	PA, QL 120/30 days, Medical Necessity PA
ONFI TABLET 20 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
SYMPAZAN FILM 10 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Benzodiazepines (continued)		
SYMPAZAN FILM 20 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
SYMPAZAN FILM 5 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL	3	QL 2/30 days
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL	3	QL 2/30 days
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL	3	QL 2/30 days
VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL	3	QL 2/30 days
Anticonvulsants - Misc.		
APTIOM TABLET 200 MG ORAL	3	QL 1/1 days
APTIOM TABLET 400 MG ORAL	3	
APTIOM TABLET 600 MG ORAL	3	QL 2/1 days
APTIOM TABLET 800 MG ORAL	3	QL 2/1 days
BANZEL SUSPENSION 40 MG/ML ORAL	3	PA
BANZEL TABLET 200 MG ORAL	3	PA
BANZEL TABLET 400 MG ORAL	3	PA
BRIVIACT SOLUTION 10 MG/ML ORAL	3	PA, Medical Necessity PA
BRIVIACT TABLET 10 MG ORAL	3	PA, Medical Necessity PA
BRIVIACT TABLET 100 MG ORAL	3	PA, Medical Necessity PA
BRIVIACT TABLET 25 MG ORAL	3	PA, Medical Necessity PA
BRIVIACT TABLET 50 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
BRIVIACT TABLET 75 MG ORAL	3	PA, Medical Necessity PA
carbamazepine er capsule extended release 12 hour 100 mg oral	1	
carbamazepine er capsule extended release 12 hour 200 mg oral	1	
carbamazepine er capsule extended release 12 hour 300 mg oral	1	
carbamazepine er tablet extended release 12 hour 100 mg oral	1	
carbamazepine er tablet extended release 12 hour 200 mg oral	1	
carbamazepine er tablet extended release 12 hour 400 mg oral	1	
carbamazepine suspension 100 mg/5ml oral	1	
carbamazepine tablet 200 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
carbamazepine tablet chewable 100 mg oral	1	
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	3	
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	3	
DIACOMIT CAPSULE 250 MG ORAL	3	LA, PA, QL 120/30 days, SP, Prudent
DIACOMIT CAPSULE 500 MG ORAL	3	LA, PA, QL 180/30 days, SP, Prudent
DIACOMIT PACKET 250 MG ORAL	3	LA, PA, QL 120/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
DIACOMIT PACKET 500 MG ORAL	3	LA, PA, QL 180/30 days, SP, Prudent
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
EPIDIOLEX SOLUTION 100 MG/ML ORAL	3	PA, SP, Prudent
EPITOL TABLET 200 MG ORAL	1	
EPRONTIA SOLUTION 25 MG/ML ORAL	3	PA, QL 480/30 days, Medical Necessity PA
FINTEPLA SOLUTION 2.2 MG/ML ORAL	3	LA, PA, QL 360/30 days, SP, Prudent
gabapentin capsule 100 mg oral	1	
gabapentin capsule 300 mg oral	1	
gabapentin capsule 400 mg oral	1	
gabapentin solution 250 mg/5ml oral	1	
gabapentin solution 300 mg/6ml oral	1	
gabapentin tablet 25 mg oral	3	
gabapentin tablet 50 mg oral	3	
gabapentin tablet 600 mg oral	1	
gabapentin tablet 800 mg oral	1	
KEPPRA SOLUTION 100 MG/ML ORAL	3	
KEPPRA SOLUTION 500 MG/5ML INTRAVENOUS	3	
KEPPRA TABLET 1000 MG ORAL	3	
KEPPRA TABLET 250 MG ORAL	3	
KEPPRA TABLET 500 MG ORAL	3	
KEPPRA TABLET 750 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	3	
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	3	
lacosamide solution 10 mg/ml oral	1	
lacosamide solution 200 mg/20ml intravenous	1	
lacosamide tablet 100 mg oral	1	
lacosamide tablet 150 mg oral	1	
lacosamide tablet 200 mg oral	1	
lacosamide tablet 50 mg oral	1	
LAMICTAL ODT KIT 21 X 25 MG & 7 X 50 MG ORAL	3	
LAMICTAL ODT KIT 25 & 50 & 100 MG ORAL	3	
LAMICTAL ODT KIT 42 X 50 MG & 14X100 MG ORAL	3	
LAMICTAL ODT TABLET DISPERSIBLE 100 MG ORAL	3	
LAMICTAL ODT TABLET DISPERSIBLE 200 MG ORAL	3	
LAMICTAL ODT TABLET DISPERSIBLE 25 MG ORAL	3	
LAMICTAL ODT TABLET DISPERSIBLE 50 MG ORAL	3	
LAMICTAL STARTER KIT 35 X 25 MG ORAL	3	
LAMICTAL STARTER KIT 42 X 25 MG & 7 X 100 MG ORAL	3	
LAMICTAL STARTER KIT 84 X 25 MG & 14X100 MG ORAL	3	
LAMICTAL TABLET 100 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
LAMICTAL TABLET 150 MG ORAL	3	
LAMICTAL TABLET 200 MG ORAL	3	
LAMICTAL TABLET 25 MG ORAL	3	
LAMICTAL TABLET CHEWABLE 25 MG ORAL	3	
LAMICTAL TABLET CHEWABLE 5 MG ORAL	3	
LAMICTAL XR KIT 21 X 25 MG & 7 X 50 MG ORAL	3	
LAMICTAL XR KIT 25 & 50 & 100 MG ORAL	3	
LAMICTAL XR KIT 50 & 100 & 200 MG ORAL	3	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL	3	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	
lamotrigine er tablet extended release 24 hour 100 mg oral	1	
lamotrigine er tablet extended release 24 hour 200 mg oral	1	
lamotrigine er tablet extended release 24 hour 25 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
lamotrigine er tablet extended release 24 hour 250 mg oral	1	
lamotrigine er tablet extended release 24 hour 300 mg oral	1	
lamotrigine er tablet extended release 24 hour 50 mg oral	1	
lamotrigine kit 25 & 50 & 100 mg oral	1	
lamotrigine starter kit-blue kit 35 x 25 mg oral	1	
lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg oral	1	
lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg oral	3	
lamotrigine tablet 100 mg oral	1	
lamotrigine tablet 150 mg oral	1	
lamotrigine tablet 200 mg oral	1	
lamotrigine tablet 25 mg oral	1	
lamotrigine tablet chewable 25 mg oral	1	
lamotrigine tablet chewable 5 mg oral	1	
lamotrigine tablet dispersible 100 mg oral	1	
lamotrigine tablet dispersible 200 mg oral	1	
lamotrigine tablet dispersible 25 mg oral	1	
lamotrigine tablet dispersible 50 mg oral	1	
levetiracetam er tablet extended release 24 hour 500 mg oral	1	
levetiracetam er tablet extended release 24 hour 750 mg oral	1	
levetiracetam solution 100 mg/ml oral	1	
levetiracetam solution 500 mg/5ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
levetiracetam tablet 1000 mg oral	1	
levetiracetam tablet 250 mg oral	1	
levetiracetam tablet 500 mg oral	1	
levetiracetam tablet 750 mg oral	1	
LYRICA CAPSULE 100 MG ORAL	3	PA, QL 150/30 days, Medical Necessity PA
LYRICA CAPSULE 150 MG ORAL	3	PA, QL 150/30 days, Medical Necessity PA
LYRICA CAPSULE 200 MG ORAL	3	PA, QL 90/30 days, Medical Necessity PA
LYRICA CAPSULE 225 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
LYRICA CAPSULE 25 MG ORAL	3	PA, QL 150/30 days, Medical Necessity PA
LYRICA CAPSULE 300 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
LYRICA CAPSULE 50 MG ORAL	3	PA, QL 150/30 days, Medical Necessity PA
LYRICA CAPSULE 75 MG ORAL	3	PA, QL 150/30 days, Medical Necessity PA
LYRICA SOLUTION 20 MG/ML ORAL	3	PA, QL 946/30 days, Medical Necessity PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
MYSOLINE TABLET 250 MG ORAL	3	
MYSOLINE TABLET 50 MG ORAL	3	
NEURONTIN CAPSULE 100 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
NEURONTIN CAPSULE 300 MG ORAL	3	
NEURONTIN CAPSULE 400 MG ORAL	3	
NEURONTIN SOLUTION 250 MG/5ML ORAL	3	
NEURONTIN TABLET 600 MG ORAL	3	
NEURONTIN TABLET 800 MG ORAL	3	
oxcarbazepine suspension 300 mg/5ml oral	1	
oxcarbazepine tablet 150 mg oral	1	
oxcarbazepine tablet 300 mg oral	1	
oxcarbazepine tablet 600 mg oral	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600 MG ORAL	3	
pregabalin capsule 100 mg oral	1	QL 150/30 days
pregabalin capsule 150 mg oral	1	QL 150/30 days
pregabalin capsule 200 mg oral	1	QL 90/30 days
pregabalin capsule 225 mg oral	1	QL 60/30 days
pregabalin capsule 25 mg oral	1	QL 150/30 days
pregabalin capsule 300 mg oral	1	QL 60/30 days
pregabalin capsule 50 mg oral	1	QL 150/30 days
pregabalin capsule 75 mg oral	1	QL 150/30 days
pregabalin solution 20 mg/ml oral	1	QL 946/30 days
primidone tablet 250 mg oral	1	
primidone tablet 50 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL	3	PA, Medical Necessity PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150 MG ORAL	3	PA, Medical Necessity PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL	3	PA, Medical Necessity PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL	3	PA, Medical Necessity PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL	3	PA, Medical Necessity PA
ROWEEPRA TABLET 1000 MG ORAL	1	
ROWEEPRA TABLET 500 MG ORAL	1	
ROWEEPRA TABLET 750 MG ORAL	1	
ROWEEPRA XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	1	
ROWEEPRA XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	1	
rufinamide suspension 40 mg/ml oral	1	PA
rufinamide tablet 200 mg oral	1	PA
rufinamide tablet 400 mg oral	1	PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL	3	PA, Medical Necessity PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL	3	PA, Medical Necessity PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL	3	PA, Medical Necessity PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL	3	PA, Medical Necessity PA
SUBVENITE STARTER KIT-BLUE KIT 35 X 25 MG ORAL	1	
SUBVENITE STARTER KIT-GREEN KIT 84 X 25 MG & 14X100 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
SUBVENITE STARTER KIT-ORANGE KIT 42 X 25 MG & 7 X 100 MG ORAL	1	
SUBVENITE TABLET 100 MG ORAL	3	
SUBVENITE TABLET 150 MG ORAL	3	
SUBVENITE TABLET 200 MG ORAL	3	
SUBVENITE TABLET 25 MG ORAL	3	
TEGRETOL SUSPENSION 100 MG/5ML ORAL	3	
TEGRETOL TABLET 200 MG ORAL	3	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	3	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 400 MG ORAL	3	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 15 MG ORAL	3	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25 MG ORAL	3	
TOPAMAX TABLET 100 MG ORAL	3	
TOPAMAX TABLET 200 MG ORAL	3	
TOPAMAX TABLET 25 MG ORAL	3	
TOPAMAX TABLET 50 MG ORAL	3	
topiramate capsule sprinkle 15 mg oral	1	
topiramate capsule sprinkle 25 mg oral	1	
topiramate er capsule er 24 hour sprinkle 100 mg oral	1	
topiramate er capsule er 24 hour sprinkle 150 mg oral	1	
topiramate er capsule er 24 hour sprinkle 200 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
topiramate er capsule er 24 hour sprinkle 25 mg oral	1	
topiramate er capsule er 24 hour sprinkle 50 mg oral	1	
topiramate er capsule extended release 24 hour 100 mg oral	1	PA, Medical Necessity PA
topiramate er capsule extended release 24 hour 25 mg oral	1	PA, Medical Necessity PA
topiramate er capsule extended release 24 hour 50 mg oral	1	PA, Medical Necessity PA
topiramate tablet 100 mg oral	1	
topiramate tablet 200 mg oral	1	
topiramate tablet 25 mg oral	1	
topiramate tablet 50 mg oral	1	
TRILEPTAL SUSPENSION 300 MG/5ML ORAL	3	
TRILEPTAL TABLET 150 MG ORAL	3	
TRILEPTAL TABLET 300 MG ORAL	3	
TRILEPTAL TABLET 600 MG ORAL	3	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	PA, Medical Necessity PA
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	PA, Medical Necessity PA
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	PA, Medical Necessity PA
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	PA, Medical Necessity PA
VIMPAT SOLUTION 10 MG/ML ORAL	3	
VIMPAT SOLUTION 200 MG/20ML INTRAVENOUS	3	
VIMPAT TABLET 100 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
VIMPAT TABLET 150 MG ORAL	3	
VIMPAT TABLET 200 MG ORAL	3	
VIMPAT TABLET 50 MG ORAL	3	
ZONEGRAN CAPSULE 100 MG ORAL	3	
ZONEGRAN CAPSULE 25 MG ORAL	3	
ZONISADE SUSPENSION 100 MG/5ML ORAL	3	PA, QL 150/30 days, Medical Necessity PA
zonisamide capsule 100 mg oral	1	
zonisamide capsule 25 mg oral	1	
zonisamide capsule 50 mg oral	1	
ZTALMY SUSPENSION 50 MG/ML ORAL	3	PA, QL 1100/30 days, SP
Carbamates		
felbamate suspension 600 mg/5ml oral	1	
felbamate tablet 400 mg oral	1	
felbamate tablet 600 mg oral	1	
FELBATOL SUSPENSION 600 MG/5ML ORAL	3	
FELBATOL TABLET 400 MG ORAL	3	
FELBATOL TABLET 600 MG ORAL	3	
XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL	3	PA, QL 56/28 days, Medical Necessity PA
XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 50 & 200 MG ORAL	3	PA, QL 56/28 days, Medical Necessity PA
XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL	3	PA, QL 56/28 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Carbamates (continued)		
XCOPRI TABLET 100 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
XCOPRI TABLET 150 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
XCOPRI TABLET 200 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
XCOPRI TABLET 50 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL	3	PA, QL 28/28 days, Medical Necessity PA
XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL	3	PA, QL 28/28 days, Medical Necessity PA
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL	3	PA, QL 28/28 days, Medical Necessity PA
GABA Modulators		
GABITRIL TABLET 12 MG ORAL	3	
GABITRIL TABLET 16 MG ORAL	3	
GABITRIL TABLET 2 MG ORAL	3	QL 60/30 days
GABITRIL TABLET 4 MG ORAL	3	QL 90/30 days
SABRIL PACKET 500 MG ORAL	3	LA, PA, SP, Medical Necessity PA, Prudent
SABRIL TABLET 500 MG ORAL	3	LA, PA, SP, Medical Necessity PA
tiagabine hcl tablet 12 mg oral	1	
tiagabine hcl tablet 16 mg oral	1	
tiagabine hcl tablet 2 mg oral	1	QL 60/30 days
tiagabine hcl tablet 4 mg oral	1	QL 90/30 days
vigabatrin packet 500 mg oral	1	LA, PA, SP, Prudent
vigabatrin tablet 500 mg oral	1	LA, PA, SP
VIGADRONE PACKET 500 MG ORAL	1	LA, PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
GABA Modulators (continued)		
VIGAFYDE SOLUTION 100 MG/ML ORAL	3	LA, PA, QL 750/30 days, Medical Necessity PA
Hydantoins		
CEREBYX SOLUTION 100 MG PE/2ML INJECTION	3	
CEREBYX SOLUTION 500 MG PE/10ML INJECTION	3	
DILANTIN CAPSULE 100 MG ORAL	3	
DILANTIN CAPSULE 30 MG ORAL	2	
DILANTIN INFATABS TABLET CHEWABLE 50 MG ORAL	2	
DILANTIN SUSPENSION 125 MG/5ML ORAL	3	
fosphenytoin sodium solution 100 mg pe/2ml injection	1	
fosphenytoin sodium solution 500 mg pe/10ml injection	1	
PEGANONE TABLET 250 MG ORAL	3	
PHENYTEK CAPSULE 200 MG ORAL	3	
PHENYTEK CAPSULE 300 MG ORAL	3	
PHENYTOIN INFATABS TABLET CHEWABLE 50 MG ORAL	1	
phenytoin sodium extended capsule 100 mg oral	1	
phenytoin sodium extended capsule 200 mg oral	1	
phenytoin sodium extended capsule 300 mg oral	1	
phenytoin sodium solution 50 mg/ml injection	1	
phenytoin suspension 125 mg/5ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hydantoins (continued)		
phenytoin tablet chewable 50 mg oral	1	
Succinimides		
CELONTIN CAPSULE 300 MG ORAL	3	
ethosuximide capsule 250 mg oral	1	
ethosuximide solution 250 mg/5ml oral	1	
methsuximide capsule 300 mg oral	1	
ZARONTIN CAPSULE 250 MG ORAL	3	
ZARONTIN SOLUTION 250 MG/5ML ORAL	3	
Valproic Acid		
DEPAKENE CAPSULE 250 MG ORAL	3	
DEPAKENE SYRUP 250 MG/5ML ORAL	3	
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL	3	
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	3	
DEPAKOTE SPRINKLES CAPSULE DELAYED RELEASE SPRINKLE 125 MG ORAL	3	
DEPAKOTE SPRINKLES CAPSULE SPRINKLE 125 MG ORAL	3	
DEPAKOTE TABLET DELAYED RELEASE 125 MG ORAL	3	
DEPAKOTE TABLET DELAYED RELEASE 250 MG ORAL	3	
DEPAKOTE TABLET DELAYED RELEASE 500 MG ORAL	3	
divalproex sodium capsule delayed release sprinkle 125 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Valproic Acid (continued)		
divalproex sodium capsule sprinkle 125 mg oral	1	
divalproex sodium er tablet extended release 24 hour 250 mg oral	1	
divalproex sodium er tablet extended release 24 hour 500 mg oral	1	
divalproex sodium tablet delayed release 125 mg oral	1	
divalproex sodium tablet delayed release 250 mg oral	1	
divalproex sodium tablet delayed release 500 mg oral	1	
valproate sodium solution 100 mg/ml intravenous	1	
valproate sodium solution 500 mg/5ml intravenous	1	
valproic acid capsule 250 mg oral	1	
valproic acid solution 250 mg/5ml oral	1	
valproic acid syrup 250 mg/5ml oral	1	
ANTIDEPRESSANTS		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tablet 15 mg oral	1	
mirtazapine tablet 30 mg oral	1	
mirtazapine tablet 45 mg oral	1	
mirtazapine tablet 7.5 mg oral	1	
mirtazapine tablet dispersible 15 mg oral	1	
mirtazapine tablet dispersible 30 mg oral	1	
mirtazapine tablet dispersible 45 mg oral	1	
REMERON SOLTAB TABLET DISPERSIBLE 15 MG ORAL	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Alpha-2 Receptor Antagonists (Tetracyclics) (continued)		
REMERON SOLTAB TABLET DISPERSIBLE 30 MG ORAL	3	
REMERON SOLTAB TABLET DISPERSIBLE 45 MG ORAL	3	
REMERON TABLET 15 MG ORAL	3	
REMERON TABLET 30 MG ORAL	3	
REMERON TABLET 45 MG ORAL	3	
Antidepressant - Miscellaneous Combinations		
AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL	3	PA, Medical Necessity PA
Antidepressants - Misc.		
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	3	PA, QL 1/1 days, Medical Necessity PA
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	3	PA, Medical Necessity PA
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	3	PA, Medical Necessity PA
bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral	1	Incentive
bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral	1	Incentive
bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral	1	Incentive
bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral	1	Incentive
bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral	1	Incentive
bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral	1	PA, Medical Necessity PA
bupropion hcl tablet 100 mg oral	1	PS Expanded NCDL,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antidepressants - Misc. (continued)		
bupropion hcl tablet 75 mg oral	1	PS Expanded NCDL,VBP Drug List
FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL	3	PA, Medical Necessity PA
maprotiline hcl tablet 25 mg oral	1	
maprotiline hcl tablet 50 mg oral	1	
maprotiline hcl tablet 75 mg oral	1	
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL	3	
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	3	
WELLBUTRIN TABLET 100 MG ORAL	3	
WELLBUTRIN TABLET 75 MG ORAL	3	
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	QL 30/30 days
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE CAPSULE 20 MG ORAL	3	PA, QL 28/365 days, SP
ZURZUVAE CAPSULE 25 MG ORAL	3	PA, QL 28/365 days, SP
ZURZUVAE CAPSULE 30 MG ORAL	3	PA, QL 14/365 days, SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL	3	PA
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	3	PA
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL	3	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Monoamine Oxidase Inhibitors (MAOIs) (continued)		
MARPLAN TABLET 10 MG ORAL	3	
NARDIL TABLET 15 MG ORAL	3	
PARNATE TABLET 10 MG ORAL	3	
phenelzine sulfate tablet 15 mg oral	1	
tranylcypromine sulfate tablet 10 mg oral	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	3	LA, PA, QL 8/28 days, SP
SPRAVATO (84 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	3	LA, PA, QL 12/28 days, SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABLET 10 MG ORAL	3	QL 1/1 days
CELEXA TABLET 20 MG ORAL	3	QL 1.50/1 days
CELEXA TABLET 40 MG ORAL	3	
citalopram hydrobromide capsule 30 mg oral	3	QL 30/30 days
citalopram hydrobromide solution 10 mg/5ml oral	1	
citalopram hydrobromide tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
citalopram hydrobromide tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
citalopram hydrobromide tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
escitalopram oxalate solution 5 mg/5ml oral	1	
escitalopram oxalate tablet 10 mg oral	1	VBP Drug List
escitalopram oxalate tablet 20 mg oral	1	VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)		
escitalopram oxalate tablet 5 mg oral	1	VBP Drug List
fluoxetine hcl capsule 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
fluoxetine hcl capsule 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
fluoxetine hcl capsule 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
fluoxetine hcl capsule delayed release 90 mg oral	1	ST
fluoxetine hcl solution 20 mg/5ml oral	1	PS Expanded NCDL,VBP Drug List
fluoxetine hcl tablet 10 mg oral	1	PS Expanded NCDL,VBP Drug List
fluoxetine hcl tablet 20 mg oral	1	VBP Drug List
fluoxetine hcl tablet 60 mg oral	1	
fluvoxamine maleate er capsule extended release 24 hour 100 mg oral	1	
fluvoxamine maleate er capsule extended release 24 hour 150 mg oral	1	
fluvoxamine maleate tablet 100 mg oral	1	
fluvoxamine maleate tablet 25 mg oral	1	
fluvoxamine maleate tablet 50 mg oral	1	
LEXAPRO SOLUTION 5 MG/5ML ORAL	3	
LEXAPRO TABLET 10 MG ORAL	3	QL 1/1 days
LEXAPRO TABLET 20 MG ORAL	3	
LEXAPRO TABLET 5 MG ORAL	3	QL 1/1 days
paroxetine hcl er tablet extended release 24 hour 12.5 mg oral	1	
paroxetine hcl er tablet extended release 24 hour 25 mg oral	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1.
For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)		
paroxetine hcl er tablet extended release 24 hour 37.5 mg oral	1	
paroxetine hcl suspension 10 mg/5ml oral	1	PS Expanded NCDL,VBP Drug List
paroxetine hcl tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
paroxetine hcl tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
paroxetine hcl tablet 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
paroxetine hcl tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL	3	QL 1/1 days
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	3	
PAXIL SUSPENSION 10 MG/5ML ORAL	3	
PAXIL TABLET 10 MG ORAL	3	
PAXIL TABLET 20 MG ORAL	3	
PAXIL TABLET 30 MG ORAL	3	
PAXIL TABLET 40 MG ORAL	3	
PEXEVA TABLET 10 MG ORAL	3	QL 1/1 days, ST
PEXEVA TABLET 20 MG ORAL	3	QL 1/1 days, ST
PEXEVA TABLET 30 MG ORAL	3	ST
PEXEVA TABLET 40 MG ORAL	3	ST
PROZAC CAPSULE 10 MG ORAL	3	QL 1/1 days
PROZAC CAPSULE 20 MG ORAL	3	
PROZAC CAPSULE 40 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)		
PROZAC WEEKLY CAPSULE DELAYED RELEASE 90 MG ORAL	3	ST
sertraline hcl capsule 150 mg oral	3	
sertraline hcl capsule 200 mg oral	3	
sertraline hcl concentrate 20 mg/ml oral	1	PS Expanded NCDL,VBP Drug List
sertraline hcl tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
sertraline hcl tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
sertraline hcl tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
ZOLOFT CONCENTRATE 20 MG/ML ORAL	3	
ZOLOFT TABLET 100 MG ORAL	3	
ZOLOFT TABLET 25 MG ORAL	3	QL 1/1 days
ZOLOFT TABLET 50 MG ORAL	3	QL 90/30 days
Serotonin Modulators		
nefazodone hcl tablet 100 mg oral	1	
nefazodone hcl tablet 150 mg oral	1	
nefazodone hcl tablet 200 mg oral	1	
nefazodone hcl tablet 250 mg oral	1	
nefazodone hcl tablet 50 mg oral	1	
trazodone hcl tablet 100 mg oral	1	Incentive
trazodone hcl tablet 150 mg oral	1	Incentive
trazodone hcl tablet 300 mg oral	1	Incentive
trazodone hcl tablet 50 mg oral	1	Incentive
TRINTELLIX TABLET 10 MG ORAL	3	QL 30/30 days, ST
TRINTELLIX TABLET 20 MG ORAL	3	QL 30/30 days, ST

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Serotonin Modulators (continued)		
TRINTELLIX TABLET 5 MG ORAL	3	QL 30/30 days, ST
VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL	3	PA, Medical Necessity PA
VIIBRYD TABLET 10 MG ORAL	3	PA, QL 1/1 days, Medical Necessity PA
VIIBRYD TABLET 20 MG ORAL	3	PA, QL 1/1 days, Medical Necessity PA
VIIBRYD TABLET 40 MG ORAL	3	PA, QL 1/1 days, Medical Necessity PA
vilazodone hcl tablet 10 mg oral	1	QL 30/30 days
vilazodone hcl tablet 20 mg oral	1	QL 30/30 days
vilazodone hcl tablet 40 mg oral	1	QL 30/30 days
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL	3	
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL	3	
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL	3	
desvenlafaxine er tablet extended release 24 hour 100 mg oral	1	
desvenlafaxine er tablet extended release 24 hour 50 mg oral	1	QL 1/1 days
desvenlafaxine fumarate er tablet extended release 24 hour 100 mg oral	3	
desvenlafaxine fumarate er tablet extended release 24 hour 50 mg oral	3	
desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral	1	
desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) (continued)		
desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral	1	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL	3	QL 30/30 days, ST
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL	3	QL 30/30 days, ST
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL	3	QL 30/30 days, ST
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL	3	QL 30/30 days, ST
duloxetine hcl capsule delayed release particles 20 mg oral	1	
duloxetine hcl capsule delayed release particles 30 mg oral	1	
duloxetine hcl capsule delayed release particles 40 mg oral	1	
duloxetine hcl capsule delayed release particles 60 mg oral	1	
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	3	
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	3	QL 90/30 days
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	QL 1/1 days, ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	QL 1/1 days, ST

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) (continued)		
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	ST
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL	3	ST
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	QL 1/1 days
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	PA, Medical Necessity PA
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	PA, QL 45/30 days, Medical Necessity PA
venlafaxine besylate er tablet extended release 24 hour 112.5 mg oral	3	PA, QL 30/30 days, Medical Necessity PA
venlafaxine hcl er capsule extended release 24 hour 150 mg oral	1	PS Expanded NCDL,VBP Drug List
venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral	1	PS Expanded NCDL,VBP Drug List
venlafaxine hcl er capsule extended release 24 hour 75 mg oral	1	PS Expanded NCDL,VBP Drug List
venlafaxine hcl er tablet extended release 24 hour 150 mg oral	1	
venlafaxine hcl er tablet extended release 24 hour 225 mg oral	1	
venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral	1	
venlafaxine hcl er tablet extended release 24 hour 75 mg oral	1	
venlafaxine hcl tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) (continued)		
venlafaxine hcl tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
venlafaxine hcl tablet 37.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
venlafaxine hcl tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
venlafaxine hcl tablet 75 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
Tricyclic Agents		
amitriptyline hcl tablet 10 mg oral	1	
amitriptyline hcl tablet 100 mg oral	1	
amitriptyline hcl tablet 150 mg oral	1	
amitriptyline hcl tablet 25 mg oral	1	
amitriptyline hcl tablet 50 mg oral	1	
amitriptyline hcl tablet 75 mg oral	1	
amoxapine tablet 100 mg oral	1	
amoxapine tablet 150 mg oral	1	
amoxapine tablet 25 mg oral	1	
amoxapine tablet 50 mg oral	1	
ANAFRANIL CAPSULE 25 MG ORAL	3	
ANAFRANIL CAPSULE 50 MG ORAL	3	
ANAFRANIL CAPSULE 75 MG ORAL	3	
clomipramine hcl capsule 25 mg oral	1	
clomipramine hcl capsule 50 mg oral	1	
clomipramine hcl capsule 75 mg oral	1	
desipramine hcl tablet 10 mg oral	1	
desipramine hcl tablet 100 mg oral	1	
desipramine hcl tablet 150 mg oral	1	
desipramine hcl tablet 25 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tricyclic Agents (continued)		
desipramine hcl tablet 50 mg oral	1	
desipramine hcl tablet 75 mg oral	1	
doxepin hcl capsule 10 mg oral	1	
doxepin hcl capsule 100 mg oral	1	
doxepin hcl capsule 150 mg oral	1	
doxepin hcl capsule 25 mg oral	1	
doxepin hcl capsule 50 mg oral	1	
doxepin hcl capsule 75 mg oral	1	
doxepin hcl concentrate 10 mg/ml oral	1	
imipramine hcl tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
imipramine hcl tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
imipramine hcl tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
imipramine pamoate capsule 100 mg oral	1	
imipramine pamoate capsule 125 mg oral	1	
imipramine pamoate capsule 150 mg oral	1	
imipramine pamoate capsule 75 mg oral	1	
NORPRAMIN TABLET 10 MG ORAL	3	
NORPRAMIN TABLET 100 MG ORAL	3	
NORPRAMIN TABLET 150 MG ORAL	3	
NORPRAMIN TABLET 25 MG ORAL	3	
NORPRAMIN TABLET 50 MG ORAL	3	
NORPRAMIN TABLET 75 MG ORAL	3	
nortriptyline hcl capsule 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tricyclic Agents (continued)		
nortriptyline hcl capsule 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nortriptyline hcl capsule 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nortriptyline hcl capsule 75 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nortriptyline hcl solution 10 mg/5ml oral	1	
PAMELOR CAPSULE 10 MG ORAL	3	PA, Medical Necessity PA
PAMELOR CAPSULE 25 MG ORAL	3	PA, Medical Necessity PA
PAMELOR CAPSULE 50 MG ORAL	3	PA, Medical Necessity PA
PAMELOR CAPSULE 75 MG ORAL	3	PA, Medical Necessity PA
protriptyline hcl tablet 10 mg oral	1	
protriptyline hcl tablet 5 mg oral	1	
SURMONTIL CAPSULE 100 MG ORAL	3	
SURMONTIL CAPSULE 25 MG ORAL	3	
SURMONTIL CAPSULE 50 MG ORAL	3	
TOFRANIL TABLET 10 MG ORAL	3	
TOFRANIL TABLET 25 MG ORAL	3	
TOFRANIL TABLET 50 MG ORAL	3	
ANTIDIABETICS		
Alpha-Glucosidase Inhibitors		
acarbose tablet 100 mg oral	1	VBP Drug List, LEDL
acarbose tablet 25 mg oral	1	VBP Drug List, LEDL
acarbose tablet 50 mg oral	1	VBP Drug List, LEDL
GLYSET TABLET 100 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Alpha-Glucosidase Inhibitors (continued)		
GLYSET TABLET 25 MG ORAL	3	
GLYSET TABLET 50 MG ORAL	3	
miglitol tablet 100 mg oral	1	VBP Drug List, LEDL
miglitol tablet 25 mg oral	1	VBP Drug List, LEDL
miglitol tablet 50 mg oral	1	VBP Drug List, LEDL
PRECOSE TABLET 100 MG ORAL	3	
PRECOSE TABLET 25 MG ORAL	3	
PRECOSE TABLET 50 MG ORAL	3	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS	3	PA, LEDL
SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS	3	PA, LEDL
Biguanides		
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
GLUCOPHAGE TABLET 1000 MG ORAL	3	
GLUCOPHAGE TABLET 500 MG ORAL	3	
GLUCOPHAGE TABLET 850 MG ORAL	3	
GLUCOPHAGE XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	3	
GLUCOPHAGE XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Biguanides (continued)		
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL	3	PA, Medical Necessity PA
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	3	PA, Medical Necessity PA
metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral	1	QL 60/30 days, VBP Drug List, LEDL
metformin hcl er (mod) tablet extended release 24 hour 500 mg oral	1	QL 120/30 days, VBP Drug List, LEDL
metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral	1	PA, QL 120/30 days, Medical Necessity PA, LEDL
metformin hcl er (osm) tablet extended release 24 hour 500 mg oral	1	PA, QL 60/30 days, Medical Necessity PA, LEDL
metformin hcl er tablet extended release 24 hour 500 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metformin hcl er tablet extended release 24 hour 750 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metformin hcl solution 500 mg/5ml oral	1	PA, Medical Necessity PA, LEDL
metformin hcl tablet 1000 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metformin hcl tablet 500 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metformin hcl tablet 850 mg oral	1	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Biguanides (continued)		
RIOMET ER SUSPENSION RECONSTITUTED ER 500 MG/5ML ORAL	3	PA, Medical Necessity PA
RIOMET SOLUTION 500 MG/5ML ORAL	3	PA, Medical Necessity PA
Diabetic Other		
BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL	2	QL 2/30 days, VBP Drug List, LEDL
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	2	QL 2/30 days, LEDL
diazoxide suspension 50 mg/ml oral	1	
GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION	2	QL 2/30 days, VBP Drug List
glucagon emergency kit 1 mg injection	2	QL 2/30 days, VBP Drug List, LEDL
glucagon emergency solution reconstituted 1 mg/ml injection	2	QL 2/30 days
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	2	QL 0.20/30 days, VBP Drug List, LEDL
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days, VBP Drug List, LEDL
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	2	QL 0.20/30 days, VBP Drug List, LEDL
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days, VBP Drug List, LEDL
GVOKE KIT SOLUTION 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diabetic Other (continued)		
GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS	2	QL 0.20/30 days, VBP Drug List, LEDL
GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days, VBP Drug List, LEDL
PROGLYCEM SUSPENSION 50 MG/ML ORAL	3	
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	3	QL 2/30 days
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	3	QL 2/30 days
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate tablet 12.5 mg oral	1	QL 45/30 days
alogliptin benzoate tablet 25 mg oral	1	
alogliptin benzoate tablet 6.25 mg oral	1	QL 45/30 days
JANUVIA TABLET 100 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
JANUVIA TABLET 25 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
JANUVIA TABLET 50 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
NESINA TABLET 12.5 MG ORAL	3	PA, QL 45/30 days, Medical Necessity PA
NESINA TABLET 25 MG ORAL	3	PA, Medical Necessity PA
NESINA TABLET 6.25 MG ORAL	3	PA, QL 45/30 days, Medical Necessity PA
ONGLYZA TABLET 2.5 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors (continued)		
ONGLYZA TABLET 5 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
saxagliptin hcl tablet 2.5 mg oral	1	QL 30/30 days, VBP Drug List, LEDL
saxagliptin hcl tablet 5 mg oral	1	QL 30/30 days, VBP Drug List, LEDL
TRADJENTA TABLET 5 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA, LEDL
ZITUVIO TABLET 100 MG ORAL	3	PA, Medical Necessity PA
ZITUVIO TABLET 25 MG ORAL	3	PA, Medical Necessity PA
ZITUVIO TABLET 50 MG ORAL	3	PA, Medical Necessity PA
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations		
alogliptin-metformin hcl tablet 12.5-1000 mg oral	1	VBP Drug List, LEDL
alogliptin-metformin hcl tablet 12.5-500 mg oral	1	VBP Drug List, LEDL
JANUMET TABLET 50-1000 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
JANUMET TABLET 50-500 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations (continued)		
JENTADUETO TABLET 2.5-1000 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA, LEDL
JENTADUETO TABLET 2.5-500 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA, LEDL
JENTADUETO TABLET 2.5-850 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA, LEDL
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	3	PA, Medical Necessity PA, LEDL
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	3	PA, Medical Necessity PA, LEDL
KAZANO TABLET 12.5-1000 MG ORAL	3	PA, Medical Necessity PA
KAZANO TABLET 12.5-500 MG ORAL	3	PA, Medical Necessity PA
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	3	PA, Medical Necessity PA
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	3	PA, Medical Necessity PA
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	3	PA, Medical Necessity PA
saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral	1	PA, Medical Necessity PA
saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral	1	PA, Medical Necessity PA
saxagliptin-metformin er tablet extended release 24 hour 5-500 mg oral	1	PA, Medical Necessity PA
Dopamine Receptor Agonists - Ergot Derivatives		
CYCLOSET TABLET 0.8 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
DPP-4 Inhibitor-Thiazolidinedione Combinations		
alogliptin-pioglitazone tablet 12.5-15 mg oral	1	QL 45/30 days
alogliptin-pioglitazone tablet 12.5-30 mg oral	1	
alogliptin-pioglitazone tablet 12.5-45 mg oral	1	
alogliptin-pioglitazone tablet 25-15 mg oral	1	
alogliptin-pioglitazone tablet 25-30 mg oral	1	
alogliptin-pioglitazone tablet 25-45 mg oral	1	
OSENI TABLET 12.5-15 MG ORAL	3	PA, QL 45/30 days, Medical Necessity PA
OSENI TABLET 12.5-30 MG ORAL	3	PA, Medical Necessity PA
OSENI TABLET 12.5-45 MG ORAL	3	PA, Medical Necessity PA
OSENI TABLET 25-15 MG ORAL	3	PA, Medical Necessity PA
OSENI TABLET 25-30 MG ORAL	3	PA, Medical Necessity PA
OSENI TABLET 25-45 MG ORAL	3	PA, Medical Necessity PA
Human Insulin		
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
ADMELOG SOLUTION 100 UNIT/ML INJECTION	3	PA, Medical Necessity PA, LEDL
AFREZZA POWDER 12 UNIT INHALATION	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
AFREZZA POWDER 30 X 4 UNIT & 60X8 UNIT INHALATION	3	PA, Medical Necessity PA
AFREZZA POWDER 4 & 8 & 12 UNIT INHALATION	3	PA, Medical Necessity PA
AFREZZA POWDER 4 UNIT INHALATION	3	PA, Medical Necessity PA
AFREZZA POWDER 60 X 4 UNIT & 30X8 UNIT INHALATION	3	PA, Medical Necessity PA
AFREZZA POWDER 60 X 8 UNIT & 30X12 UNIT INHALATION	3	PA, Medical Necessity PA
AFREZZA POWDER 60X4 &60X8 & 60X12 UNIT INHALATION	3	PA, Medical Necessity PA
AFREZZA POWDER 8 UNIT INHALATION	3	PA, Medical Necessity PA
AFREZZA POWDER 90 X 4 UNIT & 90X8 UNIT INHALATION	3	PA, Medical Necessity PA
AFREZZA POWDER 90 X 8 UNIT & 90X12 UNIT INHALATION	3	PA, Medical Necessity PA
APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA,VBP Drug List
APIDRA SOLUTION 100 UNIT/ML INJECTION	3	PA, Medical Necessity PA,VBP Drug List
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
BASAGLAR TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	LEDL
FIASP PUMPCART SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
FIASP SOLUTION 100 UNIT/ML INJECTION	2	VBP Drug List, LEDL
FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
HUMALOG SOLUTION 100 UNIT/ML INJECTION	3	PA, Medical Necessity PA, LEDL
HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
HUMALOG TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS	2	LEDL
insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous	2	PA, Medical Necessity PA, LEDL
insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL
insulin aspart penfill solution cartridge 100 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL
insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL
insulin aspart solution 100 unit/ml injection	3	PA, Medical Necessity PA, LEDL
insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL
insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL
insulin glargine solostar solution pen-injector 100 unit/ml subcutaneous	3	PA, Medical Necessity PA
insulin glargine solution 100 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL
insulin glargine-yfgn solution 100 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL
insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL
insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous	3	PA, Medical Necessity PA, LEDL
insulin lispro solution 100 unit/ml injection	3	PA, Medical Necessity PA, LEDL
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
LYUMJEV SOLUTION 100 UNIT/ML INJECTION	3	PA, Medical Necessity PA, LEDL
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	LEDL
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	3	PA, Medical Necessity PA, LEDL
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	VBP Drug List, LEDL
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	3	PA, Medical Necessity PA, LEDL
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION	2	VBP Drug List, LEDL
NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION	3	PA, Medical Necessity PA, LEDL
NOVOLOG SOLUTION 100 UNIT/ML INJECTION	2	VBP Drug List, LEDL
REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
SEMGLEE (YFGN) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List, LEDL
Incretin Mimetic Agents (GIP & GLP-1 Receptor Agonists)		
MOUNJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
MOUNJARO SOLUTION PEN-INJECTOR 10 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
MOUNJARO SOLUTION PEN-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
MOUNJARO SOLUTION PEN-INJECTOR 15 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Incretin Mimetic Agents (GIP & GLP-1 Receptor Agonists) (continued)		
MOUNJARO SOLUTION PEN-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
MOUNJARO SOLUTION PEN-INJECTOR 5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
MOUNJARO SOLUTION PEN-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, LEDL
Incretin Mimetic Agents (GLP-1 Receptor Agonists)		
ADLYXIN SOLUTION PEN-INJECTOR 20 MCG/0.2ML SUBCUTANEOUS	3	PA, Medical Necessity PA
ADLYXIN STARTER PACK PEN-INJECTOR KIT 10 & 20 MCG/0.2ML SUBCUTANEOUS	3	PA, Medical Necessity PA
BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS	3	PA, QL 4/28 days, Medical Necessity PA, LEDL
BYDUREON PEN-INJECTOR 2 MG SUBCUTANEOUS	3	PA, QL 4/28 days, Medical Necessity PA, LEDL
BYDUREON SUSPENSION RECONSTITUTED ER 2 MG SUBCUTANEOUS	3	PA, QL 4/28 days, Medical Necessity PA
BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS	3	PA, QL 2.40/30 days, Medical Necessity PA, LEDL
BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS	3	PA, QL 1.20/30 days, Medical Necessity PA, LEDL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	1	PA, QL 9/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Incretin Mimetic Agents (GLP-1 Receptor Agonists) (continued)		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS	2	PA, QL 1.50/28 days, VBP Drug List, LEDL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List, LEDL
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List, LEDL
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List, LEDL
OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List, LEDL
RYBELSUS TABLET 14 MG ORAL	2	PA, QL 30/30 days, VBP Drug List, LEDL
RYBELSUS TABLET 3 MG ORAL	2	PA, QL 30/30 days, VBP Drug List, LEDL
RYBELSUS TABLET 7 MG ORAL	2	PA, QL 30/30 days, VBP Drug List, LEDL
TANZEUM PEN-INJECTOR 30 MG SUBCUTANEOUS	3	PA, Medical Necessity PA
TANZEUM PEN-INJECTOR 50 MG SUBCUTANEOUS	3	PA, Medical Necessity PA
TRULICITY SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List, LEDL
TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List, LEDL
TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Incretin Mimetic Agents (GLP-1 Receptor Agonists) (continued)		
TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List, LEDL
TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List, LEDL
TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List, LEDL
TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List, LEDL
TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List, LEDL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL 9/30 days, VBP Drug List, LEDL
Insulin-Incretin Mimetic Combinations		
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS	3	PA, Medical Necessity PA, LEDL
Meglitinide Analogues		
nateglinide tablet 120 mg oral	1	VBP Drug List, LEDL
nateglinide tablet 60 mg oral	1	VBP Drug List, LEDL
PRANDIN TABLET 1 MG ORAL	3	
PRANDIN TABLET 2 MG ORAL	3	
repaglinide tablet 0.5 mg oral	1	VBP Drug List, LEDL
repaglinide tablet 1 mg oral	1	VBP Drug List, LEDL
repaglinide tablet 2 mg oral	1	VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Meglitinide Analogues (continued)		
STARLIX TABLET 120 MG ORAL	3	
STARLIX TABLET 60 MG ORAL	3	
Progesterone Receptor Antagonists		
KORLYM TABLET 300 MG ORAL	3	LA, PA, SP, Medical Necessity PA, Prudent
mifepristone tablet 300 mg oral	1	PA, SP, Medical Necessity PA, Prudent
SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb		
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL	2	QL 30/30 days, VBP Drug List
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL	2	QL 30/30 days, VBP Drug List
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations		
GLYXAMBI TABLET 10-5 MG ORAL	2	VBP Drug List, LEDL
GLYXAMBI TABLET 25-5 MG ORAL	2	VBP Drug List, LEDL
QTERN TABLET 10-5 MG ORAL	3	PA, Medical Necessity PA
QTERN TABLET 5-5 MG ORAL	3	PA, Medical Necessity PA
STEGLUJAN TABLET 15-100 MG ORAL	3	PA, Medical Necessity PA
STEGLUJAN TABLET 5-100 MG ORAL	3	PA, Medical Necessity PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
bexagliflozin tablet 20 mg oral	3	PA, Medical Necessity PA
BRENZAVVY TABLET 20 MG ORAL	3	PA, Medical Necessity PA
dapagliflozin propanediol tablet 10 mg oral	1	QL 30/30 days, Medical Necessity PA
dapagliflozin propanediol tablet 5 mg oral	1	QL 30/30 days, Medical Necessity PA
FARXIGA TABLET 10 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
FARXIGA TABLET 5 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
INVOKANA TABLET 100 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
INVOKANA TABLET 300 MG ORAL	3	PA, Medical Necessity PA
JARDIANCE TABLET 10 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
JARDIANCE TABLET 25 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
STEGLATRO TABLET 15 MG ORAL	3	PA, Medical Necessity PA
STEGLATRO TABLET 5 MG ORAL	3	PA, Medical Necessity PA
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb		
dapagliflozin pro-metformin er tablet extended release 24 hour 10-1000 mg oral	1	QL 30/30 days, Medical Necessity PA
dapagliflozin pro-metformin er tablet extended release 24 hour 5-1000 mg oral	1	QL 60/30 days, Medical Necessity PA
INVOKAMET TABLET 150-1000 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb (continued)		
INVOKAMET TABLET 150-500 MG ORAL	3	PA, Medical Necessity PA
INVOKAMET TABLET 50-1000 MG ORAL	3	PA, Medical Necessity PA
INVOKAMET TABLET 50-500 MG ORAL	3	PA, Medical Necessity PA
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL	3	PA, Medical Necessity PA
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL	3	PA, Medical Necessity PA
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	3	PA, Medical Necessity PA
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	3	PA, Medical Necessity PA
SEGLUROMET TABLET 2.5-1000 MG ORAL	3	PA, Medical Necessity PA
SEGLUROMET TABLET 2.5-500 MG ORAL	3	PA, Medical Necessity PA
SEGLUROMET TABLET 7.5-1000 MG ORAL	3	PA, Medical Necessity PA
SEGLUROMET TABLET 7.5-500 MG ORAL	3	PA, Medical Necessity PA
SYNJARDY TABLET 12.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
SYNJARDY TABLET 12.5-500 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
SYNJARDY TABLET 5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
SYNJARDY TABLET 5-500 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb (continued)		
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List, LEDL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	2	QL 30/30 days, VBP Drug List, LEDL
Sulfonylurea-Biguanide Combinations		
glipizide-metformin hcl tablet 2.5-250 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glipizide-metformin hcl tablet 2.5-500 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glipizide-metformin hcl tablet 5-500 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
GLUCOVANCE TABLET 2.5-500 MG ORAL	3	
GLUCOVANCE TABLET 5-500 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sulfonylurea-Biguanide Combinations (continued)		
glyburide-metformin tablet 1.25-250 mg oral	1	VBP Drug List, LEDL
glyburide-metformin tablet 2.5-500 mg oral	1	VBP Drug List, LEDL
glyburide-metformin tablet 5-500 mg oral	1	VBP Drug List, LEDL
Sulfonylureas		
AMARYL TABLET 1 MG ORAL	3	QL 30/30 days
AMARYL TABLET 2 MG ORAL	3	
AMARYL TABLET 4 MG ORAL	3	
glimepiride tablet 1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glimepiride tablet 2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glimepiride tablet 4 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glipizide er tablet extended release 24 hour 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glipizide er tablet extended release 24 hour 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glipizide er tablet extended release 24 hour 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glipizide tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glipizide tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sulfonylureas (continued)		
glipizide xl tablet extended release 24 hour 10 mg oral	1	LEDL
glipizide xl tablet extended release 24 hour 2.5 mg oral	1	LEDL
glipizide xl tablet extended release 24 hour 5 mg oral	1	LEDL
GLUCOTROL TABLET 10 MG ORAL	3	
GLUCOTROL TABLET 5 MG ORAL	3	
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG ORAL	3	
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL	3	
glyburide micronized tablet 1.5 mg oral	1	Incentive,VBP Drug List, LEDL
glyburide micronized tablet 3 mg oral	1	Incentive,VBP Drug List, LEDL
glyburide micronized tablet 6 mg oral	1	Incentive,VBP Drug List, LEDL
glyburide tablet 1.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glyburide tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
glyburide tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
GLYNASE TABLET 1.5 MG ORAL	3	
GLYNASE TABLET 3 MG ORAL	3	
GLYNASE TABLET 6 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sulfonylurea-Thiazolidinedione Combinations		
DUETACT TABLET 30-2 MG ORAL	3	PA, Medical Necessity PA
DUETACT TABLET 30-4 MG ORAL	3	PA, Medical Necessity PA
pioglitazone hcl-glimepiride tablet 30-2 mg oral	1	PA, Medical Necessity PA, LEDL
pioglitazone hcl-glimepiride tablet 30-4 mg oral	1	PA, Medical Necessity PA, LEDL
Thiazolidinedione-Biguanide Combinations		
ACTOPLUS MET TABLET 15-500 MG ORAL	3	
ACTOPLUS MET TABLET 15-850 MG ORAL	3	
ACTOPLUS MET XR TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG ORAL	3	
ACTOPLUS MET XR TABLET EXTENDED RELEASE 24 HOUR 30-1000 MG ORAL	3	
pioglitazone hcl-metformin hcl tablet 15-500 mg oral	1	VBP Drug List, LEDL
pioglitazone hcl-metformin hcl tablet 15-850 mg oral	1	VBP Drug List, LEDL
Thiazolidinediones		
ACTOS TABLET 15 MG ORAL	3	QL 60/30 days
ACTOS TABLET 30 MG ORAL	3	
ACTOS TABLET 45 MG ORAL	3	
AVANDIA TABLET 2 MG ORAL	3	
AVANDIA TABLET 4 MG ORAL	3	
pioglitazone hcl tablet 15 mg oral	1	VBP Drug List, LEDL
pioglitazone hcl tablet 30 mg oral	1	VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thiazolidinediones (continued)		
pioglitazone hcl tablet 45 mg oral	1	VBP Drug List, LEDL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TABLET DELAYED RELEASE 125 MG ORAL	3	PA, Medical Necessity PA
Antiperistaltic Agents		
diphenoxylate-atropine liquid 2.5-0.025 mg/5ml oral	1	
diphenoxylate-atropine tablet 2.5-0.025 mg oral	1	
LOMOTIL TABLET 2.5-0.025 MG ORAL	3	
loperamide hcl capsule 2 mg oral	1	
MOTOFEN TABLET 1-0.025 MG ORAL	3	PA, Medical Necessity PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidote Combinations		
NITHIODOTE KIT 300MG/10ML-12.5 GM/50ML INTRAVENOUS	3	
Antidotes - Chelating Agents		
CHEMET CAPSULE 100 MG ORAL	3	
deferasirox granules packet 180 mg oral	1	PA, SP, Medical Necessity PA, Prudent
deferasirox granules packet 360 mg oral	1	PA, SP, Medical Necessity PA, Prudent
deferasirox granules packet 90 mg oral	1	PA, SP, Medical Necessity PA, Prudent
deferasirox packet 180 mg oral	1	PA, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antidotes - Chelating Agents (continued)		
deferasirox packet 360 mg oral	1	PA, Medical Necessity PA, Prudent
deferasirox packet 90 mg oral	1	PA, Medical Necessity PA, Prudent
deferasirox tablet 180 mg oral	1	PA, SP, Partial fill, Prudent
deferasirox tablet 360 mg oral	1	PA, SP, Partial fill, Prudent
deferasirox tablet 90 mg oral	1	PA, SP, Partial fill, Prudent
deferasirox tablet soluble 125 mg oral	1	PA, SP, Partial fill, Prudent
deferasirox tablet soluble 250 mg oral	1	PA, SP, Partial fill, Prudent
deferasirox tablet soluble 500 mg oral	1	PA, SP, Partial fill, Prudent
deferiprone tablet 1000 mg oral	1	PA, SP, Prudent
deferiprone tablet 500 mg oral	1	LA, PA, SP, Prudent
EXJADE TABLET SOLUBLE 125 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
EXJADE TABLET SOLUBLE 250 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
EXJADE TABLET SOLUBLE 500 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
FERRIPROX SOLUTION 100 MG/ML ORAL	3	LA, PA, SP
FERRIPROX TABLET 1000 MG ORAL	3	LA, PA, SP
FERRIPROX TABLET 500 MG ORAL	3	LA, PA, SP
FERRIPROX TWICE-A-DAY TABLET 1000 MG ORAL	3	LA, PA, SP
JADENU SPRINKLE PACKET 180 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antidotes - Chelating Agents (continued)		
JADENU SPRINKLE PACKET 360 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
JADENU SPRINKLE PACKET 90 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
JADENU TABLET 180 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
JADENU TABLET 360 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
JADENU TABLET 90 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
pentetate calcium trisodium solution 200 mg/ml combination	1	
pentetate zinc trisodium solution 200 mg/ml combination	1	
Antidotes and Specific Antagonists		
ACETADOTE SOLUTION 200 MG/ML INTRAVENOUS	3	
acetylcysteine solution 200 mg/ml intravenous	1	
ANTIZOL SOLUTION 1 GM/ML INTRAVENOUS	3	
bal in oil solution 100 mg/ml intramuscular	1	
calcium disodium versenate solution 1 gm/5ml injection	1	
CETYLEV TABLET EFFERVESCENT 2.5 GM ORAL	2	
CETYLEV TABLET EFFERVESCENT 500 MG ORAL	2	
CYANOKIT SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antidotes and Specific Antagonists (continued)		
deferoxamine mesylate solution reconstituted 2 gm injection	1	Prudent
deferoxamine mesylate solution reconstituted 500 mg injection	1	Prudent
DESFERAL SOLUTION RECONSTITUTED 2 GM INJECTION	3	Prudent
DESFERAL SOLUTION RECONSTITUTED 500 MG INJECTION	3	Prudent
DIGIFAB SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	3	
fomepizole solution 1 gm/ml intravenous	1	
fomepizole solution 1.5 gm/1.5ml intravenous	1	
PROTOPAM CHLORIDE SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	3	
RADIOGARDASE CAPSULE 0.5 GM ORAL	3	
sodium nitrite solution 30 mg/ml intravenous	1	
VISTOGARD PACKET 10 GM ORAL	3	PA, QL 20/5 days
Benzodiazepine Antagonists		
flumazenil solution 0.5 mg/5ml intravenous	1	
flumazenil solution 1 mg/10ml intravenous	1	
Opioid Antagonists		
EVZIO SOLUTION AUTO-INJECTOR 2 MG/0.4ML INJECTION	3	PA, Medical Necessity PA
KLOXXADO LIQUID 8 MG/0.1ML NASAL	2	QL 4/90 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Antagonists (continued)		
lifems naloxone prefilled syringe kit 2 mg/2ml injection	3	PA, Medical Necessity PA
naloxone hcl liquid 4 mg/0.1ml nasal	1	QL 4/90 days
naloxone hcl solution 0.4 mg/ml injection	1	
naloxone hcl solution 1 mg/ml injection	1	
naloxone hcl solution auto-injector 2 mg/0.4ml injection	1	
naloxone hcl solution cartridge 0.4 mg/ml injection	1	
naloxone hcl solution prefilled syringe 2 mg/2ml injection	1	
naltrexone hcl tablet 50 mg oral	1	
NARCAN LIQUID 4 MG/0.1ML NASAL	2	QL 4/90 days
OPVEE SOLUTION 2.7 MG/0.1ML NASAL	2	QL 4/180 days
REVIA TABLET 50 MG ORAL	3	
REXTOVY LIQUID 4 MG/0.25ML NASAL	2	QL 4/90 days
VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR	3	QL 1/28 days
ZIMHI SOLUTION PREFILLED SYRINGE 5 MG/0.5ML INJECTION	2	QL 2/180 days
ANTIEMETICS		
5-HT3 Receptor Antagonists		
ALOXI SOLUTION 0.25 MG/5ML INTRAVENOUS	3	QL 1/25 days
ANZEMET TABLET 100 MG ORAL	3	QL 4/28 days
ANZEMET TABLET 50 MG ORAL	3	QL 4/28 days
granisetron hcl solution 0.1 mg/ml intravenous	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
5-HT3 Receptor Antagonists (continued)		
granisetron hcl solution 1 mg/ml intravenous	1	QL 2/30 days
granisetron hcl solution 4 mg/4ml intravenous	1	QL 2/30 days
granisetron hcl tablet 1 mg oral	1	
ondansetron hcl solution 4 mg/2ml injection	1	
ondansetron hcl solution 4 mg/5ml oral	1	QL 100/30 days
ondansetron hcl solution 40 mg/20ml injection	1	QL 5/30 days
ondansetron hcl solution prefilled syringe 4 mg/2ml injection	1	
ondansetron hcl tablet 24 mg oral	1	PA, QL 2/25 days, Medical Necessity PA
ondansetron hcl tablet 4 mg oral	1	
ondansetron hcl tablet 8 mg oral	1	
ondansetron tablet dispersible 4 mg oral	1	
ondansetron tablet dispersible 8 mg oral	1	
palonosetron hcl solution 0.25 mg/2ml intravenous	1	QL 1/25 days
palonosetron hcl solution 0.25 mg/5ml intravenous	1	QL 1/25 days
palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous	1	
SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL	3	QL 4/28 days
ZOFRAN ODT TABLET DISPERSIBLE 4 MG ORAL	3	QL 24/30 days
ZOFRAN ODT TABLET DISPERSIBLE 8 MG ORAL	3	QL 24/30 days
ZOFRAN SOLUTION 4 MG/5ML ORAL	3	QL 100/30 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
5-HT3 Receptor Antagonists (continued)		
ZOFRAN SOLUTION 40 MG/20ML INJECTION	3	QL 5/30 days
ZOFRAN TABLET 4 MG ORAL	3	QL 24/30 days
ZOFRAN TABLET 8 MG ORAL	3	QL 24/30 days
ZUPLENZ FILM 4 MG ORAL	3	QL 24/30 days
ZUPLENZ FILM 8 MG ORAL	3	QL 24/30 days
Antiemetic Combinations		
AKYNZEO (TO-BE-DILUTED) SOLUTION 235-0.25 MG/20ML INTRAVENOUS	3	PA
AKYNZEO CAPSULE 300-0.5 MG ORAL	3	PA, QL 4/28 days
AKYNZEO SOLUTION RECONSTITUTED 235-0.25 MG INTRAVENOUS	3	PA
BONJESTA TABLET EXTENDED RELEASE 20-20 MG ORAL	3	QL 60/30 days
DICLEGIS TABLET DELAYED RELEASE 10-10 MG ORAL	3	
doxylamine-pyridoxine tablet delayed release 10-10 mg oral	1	
Antiemetics - Anticholinergic		
ANTIVERT TABLET 50 MG ORAL	3	
dimenhydrinate solution 50 mg/ml injection	1	
meclizine hcl tablet 25 mg oral	1	
scopolamine patch 72 hour 1 mg/3days transdermal	1	
TIGAN CAPSULE 300 MG ORAL	3	
TIGAN SOLUTION 100 MG/ML INTRAMUSCULAR	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiemetics - Anticholinergic (continued)		
TRANSDERM-SCOP (1.5 MG) PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL	3	
TRANSDERM-SCOP PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL	3	
TRANSDERM-SCOP PATCH 72 HR 1.5 MG TRANSDERMAL	3	
trimethobenzamide hcl capsule 300 mg oral	1	
Antiemetics - Miscellaneous		
CESAMET CAPSULE 1 MG ORAL	3	QL 20/30 days
dronabinol capsule 10 mg oral	1	QL 120/30 days
dronabinol capsule 2.5 mg oral	1	QL 120/30 days
dronabinol capsule 5 mg oral	1	QL 120/30 days
MARINOL CAPSULE 10 MG ORAL	3	QL 120/30 days
MARINOL CAPSULE 2.5 MG ORAL	3	QL 120/30 days
MARINOL CAPSULE 5 MG ORAL	3	QL 120/30 days
SYNDROS SOLUTION 5 MG/ML ORAL	3	PA, Medical Necessity PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant capsule 125 mg oral	1	QL 2/28 days
aprepitant capsule 40 mg oral	1	QL 3/180 days
aprepitant capsule 80 & 125 mg oral	1	QL 4/28 days
aprepitant capsule 80 mg oral	1	QL 4/28 days
EMEND CAPSULE 125 MG ORAL	3	PA, QL 2/28 days, Medical Necessity PA
EMEND CAPSULE 40 MG ORAL	3	PA, QL 3/180 days, Medical Necessity PA
EMEND CAPSULE 80 & 125 MG ORAL	2	QL 4/28 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Substance P/Neurokinin 1 (NK1) Receptor Antagonists (continued)		
EMEND CAPSULE 80 MG ORAL	3	PA, QL 4/28 days, Medical Necessity PA
EMEND SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	3	
EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	3	QL 12/28 days
VARUBI (180 MG DOSE) TABLET THERAPY PACK 2 X 90 MG ORAL	3	PA, QL 4/30 days
VARUBI TABLET 90 MG ORAL	3	PA, QL 4/30 days
ANTIFUNGALS		
Antifungal - Glucan Synthesis Inhibitors (Echinocandins)		
micafungin sodium solution reconstituted 100 mg intravenous	1	
micafungin sodium solution reconstituted 50 mg intravenous	1	
MYCAMINE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	3	
MYCAMINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	3	
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)		
BREXAFEMME TABLET 150 MG ORAL	3	PA, QL 4/30 days
Antifungals		
ANCOBON CAPSULE 250 MG ORAL	3	PA, Medical Necessity PA
ANCOBON CAPSULE 500 MG ORAL	3	PA, Medical Necessity PA
bio-statin capsule 500000 unit oral	2	
flucytosine capsule 250 mg oral	1	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antifungals (continued)		
flucytosine capsule 500 mg oral	1	PA
griseofulvin microsize suspension 125 mg/5ml oral	1	
griseofulvin microsize tablet 500 mg oral	1	
griseofulvin ultramicrosize tablet 125 mg oral	1	
griseofulvin ultramicrosize tablet 250 mg oral	1	
GRIS-PEG TABLET 125 MG ORAL	3	
GRIS-PEG TABLET 250 MG ORAL	3	
LAMISIL TABLET 250 MG ORAL	3	
nystatin powder oral	1	
nystatin tablet 500000 unit oral	1	
terbinafine hcl tablet 250 mg oral	1	
Imidazoles		
ketoconazole tablet 200 mg oral	1	
Tetrazoles		
VIVJOA CAPSULE THERAPY PACK 150 MG ORAL	3	LA, PA, QL 18/365 days
Triazoles		
CRESEMBA CAPSULE 186 MG ORAL	3	PA, SP
CRESEMBA CAPSULE 74.5 MG ORAL	3	PA, QL 170/30 days, SP
DIFLUCAN SUSPENSION RECONSTITUTED 10 MG/ML ORAL	3	
DIFLUCAN SUSPENSION RECONSTITUTED 40 MG/ML ORAL	3	
DIFLUCAN TABLET 100 MG ORAL	3	
DIFLUCAN TABLET 150 MG ORAL	3	
DIFLUCAN TABLET 200 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Triazoles (continued)		
DIFLUCAN TABLET 50 MG ORAL	3	
fluconazole suspension reconstituted 10 mg/ml oral	1	
fluconazole suspension reconstituted 40 mg/ml oral	1	
fluconazole tablet 100 mg oral	1	
fluconazole tablet 150 mg oral	1	
fluconazole tablet 200 mg oral	1	
fluconazole tablet 50 mg oral	1	
itraconazole capsule 100 mg oral	1	
itraconazole solution 10 mg/ml oral	1	
NOXAFIL PACKET 300 MG ORAL	3	PA, Medical Necessity PA
NOXAFIL SUSPENSION 40 MG/ML ORAL	3	PA, Medical Necessity PA
NOXAFIL TABLET DELAYED RELEASE 100 MG ORAL	3	PA, Medical Necessity PA
ONMEL TABLET 200 MG ORAL	3	PA, Medical Necessity PA
posaconazole suspension 40 mg/ml oral	1	PA
posaconazole tablet delayed release 100 mg oral	1	PA
SPORANOX CAPSULE 100 MG ORAL	3	PA, Medical Necessity PA
SPORANOX PULSEPAK CAPSULE 100 MG ORAL	3	PA, Medical Necessity PA
SPORANOX SOLUTION 10 MG/ML ORAL	3	PA, Medical Necessity PA
tolsura capsule 65 mg oral	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Triazoles (continued)		
VFEND SUSPENSION RECONSTITUTED 40 MG/ML ORAL	3	PA, QL 150/30 days, Medical Necessity PA
VFEND TABLET 200 MG ORAL	3	QL 60/30 days
VFEND TABLET 50 MG ORAL	3	QL 120/30 days
voriconazole suspension reconstituted 40 mg/ml oral	1	PA, QL 150/30 days, Medical Necessity PA
voriconazole tablet 200 mg oral	1	QL 60/30 days
voriconazole tablet 50 mg oral	1	QL 120/30 days
ANTIHISTAMINES		
Antihistamines - Alkylamines		
brompheniramine tannate tablet chewable 12 mg oral	1	
dexchlorpheniramine maleate solution 2 mg/5ml oral	1	
RYCLORA SOLUTION 2 MG/5ML ORAL	1	
Antihistamines - Ethanolamines		
carbinoxamine maleate solution 4 mg/5ml oral	1	
carbinoxamine maleate tablet 4 mg oral	1	
carbinoxamine maleate tablet 6 mg oral	3	PA, Medical Necessity PA
clemastine fumarate syrup 0.67 mg/5ml oral	1	PA, Medical Necessity PA
clemastine fumarate tablet 2.68 mg oral	1	QL 90/30 days
diphenhydramine hcl capsule 25 mg oral	1	
diphenhydramine hcl capsule 50 mg oral	1	
diphenhydramine hcl solution 50 mg/ml injection	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihistamines - Ethanolamines (continued)		
KARBINAL ER SUSPENSION EXTENDED RELEASE 4 MG/5ML ORAL	3	PA, Medical Necessity PA
RYVENT TABLET 6 MG ORAL	3	PA, Medical Necessity PA
Antihistamines - Non-Sedating		
cetirizine hcl solution 1 mg/ml oral	1	
CLARINEX REDITABS TABLET DISPERSIBLE 2.5 MG ORAL	3	
CLARINEX REDITABS TABLET DISPERSIBLE 5 MG ORAL	3	
CLARINEX SYRUP 0.5 MG/ML ORAL	3	
CLARINEX TABLET 5 MG ORAL	3	
desloratadine tablet 5 mg oral	1	
desloratadine tablet dispersible 2.5 mg oral	1	
desloratadine tablet dispersible 5 mg oral	1	
levocetirizine dihydrochloride solution 2.5 mg/5ml oral	1	
levocetirizine dihydrochloride tablet 5 mg oral	1	
XYZAL SOLUTION 2.5 MG/5ML ORAL	3	
XYZAL TABLET 5 MG ORAL	3	
Antihistamines - Phenothiazines		
PHENADOZ SUPPOSITORY 12.5 MG RECTAL	1	
PHENADOZ SUPPOSITORY 25 MG RECTAL	1	
PHENERGAN SOLUTION 25 MG/ML INJECTION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihistamines - Phenothiazines (continued)		
PHENERGAN SOLUTION 50 MG/ML INJECTION	3	
promethazine hcl solution 25 mg/ml injection	1	
promethazine hcl solution 50 mg/ml injection	1	
promethazine hcl solution 6.25 mg/5ml oral	1	
promethazine hcl suppository 12.5 mg rectal	1	
promethazine hcl suppository 25 mg rectal	1	
promethazine hcl suppository 50 mg rectal	1	
promethazine hcl syrup 6.25 mg/5ml oral	1	
promethazine hcl tablet 12.5 mg oral	1	
promethazine hcl tablet 25 mg oral	1	
promethazine hcl tablet 50 mg oral	1	
PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL	1	
PROMETHEGAN SUPPOSITORY 25 MG RECTAL	1	
PROMETHEGAN SUPPOSITORY 50 MG RECTAL	1	
Antihistamines - Piperidines		
cyproheptadine hcl syrup 2 mg/5ml oral	1	
cyproheptadine hcl tablet 4 mg oral	1	
Antihistamines w/ Corticosteroids		
CLOBETEX THERAPY PACK 5 & 0.05 MG & % COMBINATION	3	PA, Medical Necessity PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTIHYPERLIPIDEMICS		
ACL Inhib-Intestinal Cholesterol Absorption Inhib Comb		
NEXLIZET TABLET 180-10 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA, LEDL
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL TABLET 180 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA, LEDL
Antihyperlipidemics - Misc.		
icosapent ethyl capsule 0.5 gm oral	1	QL 120/30 days, LEDL
icosapent ethyl capsule 1 gm oral	1	QL 120/30 days, LEDL
KYNAMRO SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	3	PA, SP
LOVAZA CAPSULE 1 GM ORAL	3	
omega-3-acid ethyl esters capsule 1 gm oral	1	LEDL
VASCEPA CAPSULE 0.5 GM ORAL	3	QL 120/30 days
VASCEPA CAPSULE 1 GM ORAL	3	QL 120/30 days
Bile Acid Sequestrants		
cholestyramine light packet 4 gm oral	1	LEDL
cholestyramine light powder 4 gm/dose oral	1	LEDL
cholestyramine packet 4 gm oral	1	LEDL
cholestyramine powder 4 gm/dose oral	1	LEDL
colesevelam hcl packet 3.75 gm oral	1	LEDL
colesevelam hcl tablet 625 mg oral	1	LEDL
COLESTID FLAVORED GRANULES 5 GM ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bile Acid Sequestrants (continued)		
COLESTID FLAVORED PACKET 5 GM ORAL	3	
COLESTID GRANULES 5 GM ORAL	3	
COLESTID PACKET 5 GM ORAL	3	
COLESTID TABLET 1 GM ORAL	3	
colestipol hcl granules 5 gm oral	1	LEDL
colestipol hcl packet 5 gm oral	1	LEDL
colestipol hcl tablet 1 gm oral	1	LEDL
micronized colestipol hcl tablet 1 gm oral	1	LEDL
PREVALITE PACKET 4 GM ORAL	3	
PREVALITE POWDER 4 GM/DOSE ORAL	3	
QUESTRAN LIGHT POWDER 4 GM/DOSE ORAL	3	
QUESTRAN PACKET 4 GM ORAL	3	
QUESTRAN POWDER 4 GM/DOSE ORAL	3	
WELCHOL PACKET 3.75 GM ORAL	3	
WELCHOL TABLET 625 MG ORAL	3	
Fibric Acid Derivatives		
ANTARA CAPSULE 30 MG ORAL	3	
ANTARA CAPSULE 90 MG ORAL	3	
fenofibrate capsule 134 mg oral	1	LEDL
fenofibrate capsule 150 mg oral	1	LEDL
fenofibrate capsule 200 mg oral	1	LEDL
fenofibrate capsule 50 mg oral	1	LEDL
fenofibrate capsule 67 mg oral	1	LEDL
fenofibrate micronized capsule 130 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fibric Acid Derivatives (continued)		
fenofibrate micronized capsule 134 mg oral	1	Incentive, LEDL
fenofibrate micronized capsule 200 mg oral	1	LEDL
fenofibrate micronized capsule 30 mg oral	1	LEDL
fenofibrate micronized capsule 43 mg oral	1	Incentive
fenofibrate micronized capsule 67 mg oral	1	Incentive, LEDL
fenofibrate micronized capsule 90 mg oral	1	LEDL
fenofibrate tablet 120 mg oral	1	PA, Medical Necessity PA, LEDL
fenofibrate tablet 145 mg oral	1	LEDL
fenofibrate tablet 160 mg oral	1	Incentive, LEDL
fenofibrate tablet 40 mg oral	1	LEDL
fenofibrate tablet 48 mg oral	1	Incentive, LEDL
fenofibrate tablet 54 mg oral	1	Incentive, LEDL
fenofibric acid capsule delayed release 135 mg oral	1	LEDL
fenofibric acid capsule delayed release 45 mg oral	1	LEDL
fenofibric acid tablet 105 mg oral	1	LEDL
fenofibric acid tablet 35 mg oral	1	LEDL
FENOGLIDE TABLET 120 MG ORAL	3	PA, Medical Necessity PA
FENOGLIDE TABLET 40 MG ORAL	3	
FIBRICOR TABLET 105 MG ORAL	3	
FIBRICOR TABLET 35 MG ORAL	3	
gemfibrozil tablet 600 mg oral	1	Incentive, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fibric Acid Derivatives (continued)		
LIPOFEN CAPSULE 150 MG ORAL	3	
LIPOFEN CAPSULE 50 MG ORAL	3	
LOFIBRA CAPSULE 134 MG ORAL	3	
LOFIBRA CAPSULE 200 MG ORAL	3	
LOFIBRA CAPSULE 67 MG ORAL	3	
LOFIBRA TABLET 160 MG ORAL	3	
LOFIBRA TABLET 54 MG ORAL	3	
LOPID TABLET 600 MG ORAL	3	
TRICOR TABLET 145 MG ORAL	2	
TRICOR TABLET 48 MG ORAL	3	
TRIGLIDE TABLET 160 MG ORAL	3	
TRILIPIX CAPSULE DELAYED RELEASE 135 MG ORAL	3	
TRILIPIX CAPSULE DELAYED RELEASE 45 MG ORAL	3	
HMG CoA Reductase Inhibitors		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	PA, QL 1.50/1 days, Medical Necessity PA
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	PA, Medical Necessity PA
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	PA, Medical Necessity PA
ATORVALIQ SUSPENSION 20 MG/5ML ORAL	3	PA, Medical Necessity PA
atorvastatin calcium tablet 10 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
HMG CoA Reductase Inhibitors (continued)		
atorvastatin calcium tablet 20 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
atorvastatin calcium tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
atorvastatin calcium tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
CRESTOR TABLET 10 MG ORAL	3	
CRESTOR TABLET 20 MG ORAL	3	
CRESTOR TABLET 40 MG ORAL	3	
CRESTOR TABLET 5 MG ORAL	3	
EZALLOR SPRINKLE CAPSULE SPRINKLE 10 MG ORAL	3	QL 30/30 days
EZALLOR SPRINKLE CAPSULE SPRINKLE 20 MG ORAL	3	QL 30/30 days
EZALLOR SPRINKLE CAPSULE SPRINKLE 40 MG ORAL	3	QL 30/30 days
EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	3	QL 30/30 days
flolipid suspension 20 mg/5ml oral	3	PA, Medical Necessity PA
flolipid suspension 40 mg/5ml oral	3	PA, Medical Necessity PA
fluvastatin sodium capsule 20 mg oral	0	ACA NCDL, limitations may apply, LEDL
fluvastatin sodium capsule 40 mg oral	0	ACA NCDL, limitations may apply, LEDL
fluvastatin sodium er tablet extended release 24 hour 80 mg oral	0	ACA NCDL, limitations may apply, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
HMG CoA Reductase Inhibitors (continued)		
LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PA, Medical Necessity PA
LIPITOR TABLET 10 MG ORAL	3	
LIPITOR TABLET 20 MG ORAL	3	
LIPITOR TABLET 40 MG ORAL	3	
LIPITOR TABLET 80 MG ORAL	3	
LIVALO TABLET 1 MG ORAL	3	QL 30/30 days
LIVALO TABLET 2 MG ORAL	3	QL 30/30 days
LIVALO TABLET 4 MG ORAL	3	QL 30/30 days
lovastatin tablet 10 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
lovastatin tablet 20 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
lovastatin tablet 40 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
pitavastatin calcium tablet 1 mg oral	0	QL 30/30 days, ACA NCDL, limitations may apply, LEDL
pitavastatin calcium tablet 2 mg oral	0	QL 30/30 days, ACA NCDL, limitations may apply, LEDL
pitavastatin calcium tablet 4 mg oral	0	QL 30/30 days, ACA NCDL, limitations may apply, LEDL
PRAVACHOL TABLET 20 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
HMG CoA Reductase Inhibitors (continued)		
PRAVACHOL TABLET 40 MG ORAL	3	
PRAVACHOL TABLET 80 MG ORAL	3	
pravastatin sodium tablet 10 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
pravastatin sodium tablet 20 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
pravastatin sodium tablet 40 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
pravastatin sodium tablet 80 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
rosuvastatin calcium tablet 10 mg oral	0	ACA NCDL, limitations may apply, LEDL
rosuvastatin calcium tablet 20 mg oral	1	LEDL
rosuvastatin calcium tablet 40 mg oral	1	LEDL
rosuvastatin calcium tablet 5 mg oral	0	ACA NCDL, limitations may apply, LEDL
simvastatin suspension 20 mg/5ml oral	3	PA, Medical Necessity PA
simvastatin tablet 10 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
HMG CoA Reductase Inhibitors (continued)		
simvastatin tablet 20 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
simvastatin tablet 40 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
simvastatin tablet 5 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List, LEDL
simvastatin tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
ZOCOR TABLET 10 MG ORAL	3	
ZOCOR TABLET 20 MG ORAL	3	
ZOCOR TABLET 40 MG ORAL	3	
ZOCOR TABLET 5 MG ORAL	3	
ZOCOR TABLET 80 MG ORAL	3	
ZYPITAMAG TABLET 1 MG ORAL	3	PA, Medical Necessity PA
ZYPITAMAG TABLET 2 MG ORAL	3	PA, Medical Necessity PA
ZYPITAMAG TABLET 4 MG ORAL	3	PA, Medical Necessity PA
Intest Cholest Absorp Inhib-HMG CoA Reductase Inhib Comb		
ezetimibe-rosuvastatin tablet 10-10 mg oral	3	QL 30/30 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Intest Cholest Absorp Inhib-HMG CoA Reductase Inhib Comb (continued)		
ezetimibe-rosuvastatin tablet 10-20 mg oral	3	QL 30/30 days
ezetimibe-rosuvastatin tablet 10-40 mg oral	3	QL 30/30 days
ezetimibe-rosuvastatin tablet 10-5 mg oral	3	QL 30/30 days
ezetimibe-simvastatin tablet 10-10 mg oral	1	QL 30/30 days, LEDL
ezetimibe-simvastatin tablet 10-20 mg oral	1	QL 30/30 days, LEDL
ezetimibe-simvastatin tablet 10-40 mg oral	1	QL 30/30 days, LEDL
ezetimibe-simvastatin tablet 10-80 mg oral	1	QL 30/30 days, LEDL
ROSZET TABLET 10-10 MG ORAL	3	QL 30/30 days
ROSZET TABLET 10-20 MG ORAL	3	QL 30/30 days
ROSZET TABLET 10-40 MG ORAL	3	QL 30/30 days
ROSZET TABLET 10-5 MG ORAL	3	QL 30/30 days
VYTORIN TABLET 10-10 MG ORAL	3	QL 30/30 days
VYTORIN TABLET 10-20 MG ORAL	3	QL 30/30 days
VYTORIN TABLET 10-40 MG ORAL	3	QL 30/30 days
VYTORIN TABLET 10-80 MG ORAL	3	QL 30/30 days
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tablet 10 mg oral	1	LEDL
ZETIA TABLET 10 MG ORAL	3	
Microsomal Triglyceride Transfer Protein Inhibitors		
JUXTAPID CAPSULE 10 MG ORAL	3	LA, PA, SP
JUXTAPID CAPSULE 20 MG ORAL	3	LA, PA, SP
JUXTAPID CAPSULE 5 MG ORAL	3	LA, PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tablet 500 mg oral	1	
niacin er (antihyperlipidemic) tablet extended release 1000 mg oral	1	LEDL
niacin er (antihyperlipidemic) tablet extended release 500 mg oral	1	QL 1.50/1 days, LEDL
niacin er (antihyperlipidemic) tablet extended release 750 mg oral	1	LEDL
NIACOR TABLET 500 MG ORAL	3	
NIASPAN TABLET EXTENDED RELEASE 1000 MG ORAL	3	
NIASPAN TABLET EXTENDED RELEASE 500 MG ORAL	3	QL 1.50/1 days
NIASPAN TABLET EXTENDED RELEASE 750 MG ORAL	3	
PCSK9 Inhibitors		
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA, QL 2/28 days, Medical Necessity PA, LEDL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA, QL 2/28 days, Medical Necessity PA, LEDL
REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS	3	PA-NSO, QL 3.50/28 days, LEDL
REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS	3	PA-NSO, QL 2/28 days, LEDL
REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	3	PA-NSO, QL 2/28 days, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Small Interfering RNA (siRNA) PCSK9 Inhibitors		
LEQVIO SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS	3	LA, PA, SP
ANTIHYPERTENSIVES		
ACE Inhibitor & Calcium Channel Blocker Combinations		
amlodipine besy-benazepril hcl capsule 10-20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
amlodipine besy-benazepril hcl capsule 10-40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
amlodipine besy-benazepril hcl capsule 2.5-10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
amlodipine besy-benazepril hcl capsule 5-10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
amlodipine besy-benazepril hcl capsule 5-20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
amlodipine besy-benazepril hcl capsule 5-40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
LOTREL CAPSULE 10-20 MG ORAL	3	
LOTREL CAPSULE 10-40 MG ORAL	3	
LOTREL CAPSULE 2.5-10 MG ORAL	3	
LOTREL CAPSULE 5-10 MG ORAL	3	
LOTREL CAPSULE 5-20 MG ORAL	3	
LOTREL CAPSULE 5-40 MG ORAL	3	
PRESTALIA TABLET 14-10 MG ORAL	3	ST
PRESTALIA TABLET 3.5-2.5 MG ORAL	3	ST
PRESTALIA TABLET 7-5 MG ORAL	3	ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitor & Calcium Channel Blocker Combinations (continued)		
TARKA TABLET EXTENDED RELEASE 1-240 MG ORAL	3	
TARKA TABLET EXTENDED RELEASE 2-180 MG ORAL	3	
TARKA TABLET EXTENDED RELEASE 2-240 MG ORAL	3	
TARKA TABLET EXTENDED RELEASE 4-240 MG ORAL	3	
trandolapril-verapamil hcl er tablet extended release 1-240 mg oral	1	LEDL
trandolapril-verapamil hcl er tablet extended release 2-180 mg oral	1	LEDL
trandolapril-verapamil hcl er tablet extended release 2-240 mg oral	1	LEDL
trandolapril-verapamil hcl er tablet extended release 4-240 mg oral	1	LEDL
ACE Inhibitors		
ACCUPRIL TABLET 10 MG ORAL	3	
ACCUPRIL TABLET 20 MG ORAL	3	
ACCUPRIL TABLET 40 MG ORAL	3	
ACCUPRIL TABLET 5 MG ORAL	3	
ALTACE CAPSULE 1.25 MG ORAL	3	
ALTACE CAPSULE 10 MG ORAL	3	
ALTACE CAPSULE 2.5 MG ORAL	3	
ALTACE CAPSULE 5 MG ORAL	3	
benazepril hcl tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
benazepril hcl tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors (continued)		
benazepril hcl tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
benazepril hcl tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
captopril tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
captopril tablet 12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
captopril tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
captopril tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
enalapril maleate solution 1 mg/ml oral	1	PA, Medical Necessity PA
enalapril maleate tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
enalapril maleate tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
enalapril maleate tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
enalapril maleate tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
EPANED SOLUTION 1 MG/ML ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors (continued)		
EPANED SOLUTION RECONSTITUTED 1 MG/ML ORAL	3	
fosinopril sodium tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
fosinopril sodium tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
fosinopril sodium tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
lisinopril tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
lisinopril tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
lisinopril tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
lisinopril tablet 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
lisinopril tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
lisinopril tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
LOTENSIN TABLET 10 MG ORAL	3	
LOTENSIN TABLET 20 MG ORAL	3	
LOTENSIN TABLET 40 MG ORAL	3	
MAVIK TABLET 4 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors (continued)		
moexipril hcl tablet 15 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
moexipril hcl tablet 7.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
perindopril erbumine tablet 2 mg oral	1	LEDL
perindopril erbumine tablet 4 mg oral	1	LEDL
perindopril erbumine tablet 8 mg oral	1	LEDL
PRINIVIL TABLET 10 MG ORAL	3	
PRINIVIL TABLET 20 MG ORAL	3	
PRINIVIL TABLET 5 MG ORAL	3	
QBRELIS SOLUTION 1 MG/ML ORAL	3	PA, Medical Necessity PA
quinapril hcl tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
quinapril hcl tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
quinapril hcl tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
quinapril hcl tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
ramipril capsule 1.25 mg oral	1	LEDL
ramipril capsule 10 mg oral	1	LEDL
ramipril capsule 2.5 mg oral	1	LEDL
ramipril capsule 5 mg oral	1	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors (continued)		
trandolapril tablet 1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
trandolapril tablet 2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
trandolapril tablet 4 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
VASOTEC TABLET 10 MG ORAL	3	PA, Medical Necessity PA
VASOTEC TABLET 2.5 MG ORAL	3	PA, Medical Necessity PA
VASOTEC TABLET 20 MG ORAL	3	PA, Medical Necessity PA
VASOTEC TABLET 5 MG ORAL	3	PA, Medical Necessity PA
ZESTRIL TABLET 10 MG ORAL	3	
ZESTRIL TABLET 2.5 MG ORAL	3	
ZESTRIL TABLET 20 MG ORAL	3	
ZESTRIL TABLET 30 MG ORAL	3	
ZESTRIL TABLET 40 MG ORAL	3	
ZESTRIL TABLET 5 MG ORAL	3	
ACE Inhibitors & Thiazide/Thiazide-Like		
ACCURETIC TABLET 10-12.5 MG ORAL	3	
ACCURETIC TABLET 20-12.5 MG ORAL	3	
ACCURETIC TABLET 20-25 MG ORAL	3	
benazepril-hydrochlorothiazide tablet 10-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors & Thiazide/Thiazide-Like (continued)		
benazepril-hydrochlorothiazide tablet 20-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
benazepril-hydrochlorothiazide tablet 20-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
benazepril-hydrochlorothiazide tablet 5-6.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
captopril-hydrochlorothiazide tablet 25-15 mg oral	1	LEDL
captopril-hydrochlorothiazide tablet 25-25 mg oral	1	LEDL
captopril-hydrochlorothiazide tablet 50-15 mg oral	1	LEDL
captopril-hydrochlorothiazide tablet 50-25 mg oral	1	LEDL
enalapril-hydrochlorothiazide tablet 10-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
enalapril-hydrochlorothiazide tablet 5-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
fosinopril sodium-hctz tablet 10-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
fosinopril sodium-hctz tablet 20-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors & Thiazide/Thiazide-Like (continued)		
lisinopril-hydrochlorothiazide tablet 20-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
LOTENSIN HCT TABLET 10-12.5 MG ORAL	3	
LOTENSIN HCT TABLET 20-12.5 MG ORAL	3	
LOTENSIN HCT TABLET 20-25 MG ORAL	3	
moexipril-hydrochlorothiazide tablet 15-12.5 mg oral	1	
moexipril-hydrochlorothiazide tablet 15-25 mg oral	1	
moexipril-hydrochlorothiazide tablet 7.5-12.5 mg oral	1	
quinapril-hydrochlorothiazide tablet 10-12.5 mg oral	1	LEDL
quinapril-hydrochlorothiazide tablet 20-12.5 mg oral	1	LEDL
quinapril-hydrochlorothiazide tablet 20-25 mg oral	1	LEDL
VASERETIC TABLET 10-25 MG ORAL	3	
ZESTORETIC TABLET 10-12.5 MG ORAL	3	
ZESTORETIC TABLET 20-12.5 MG ORAL	3	
ZESTORETIC TABLET 20-25 MG ORAL	3	
Adrenolytics-Central & Thiazide/Thiazide-Like Comb		
CLORPRES TABLET 0.1-15 MG ORAL	3	
CLORPRES TABLET 0.2-15 MG ORAL	3	
CLORPRES TABLET 0.3-15 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Adrenolytics-Central & Thiazide/Thiazide-Like Comb (continued)		
methyldopa-hydrochlorothiazide tablet 250-15 mg oral	1	LEDL
methyldopa-hydrochlorothiazide tablet 250-25 mg oral	1	LEDL
Agents for Pheochromocytoma		
DEMSER CAPSULE 250 MG ORAL	3	PA, Medical Necessity PA, Prudent
DIBENZYLINE CAPSULE 10 MG ORAL	3	PA
metyrosine capsule 250 mg oral	1	PA, Medical Necessity PA, Prudent
phenoxybenzamine hcl capsule 10 mg oral	1	PA
Angiotensin II Receptor Antag & Ca Channel Blocker Comb		
amlodipine besylate-valsartan tablet 10-160 mg oral	1	LEDL
amlodipine besylate-valsartan tablet 10-320 mg oral	1	LEDL
amlodipine besylate-valsartan tablet 5-160 mg oral	1	LEDL
amlodipine besylate-valsartan tablet 5-320 mg oral	1	LEDL
amlodipine-olmesartan tablet 10-20 mg oral	1	LEDL
amlodipine-olmesartan tablet 10-40 mg oral	1	LEDL
amlodipine-olmesartan tablet 5-20 mg oral	1	LEDL
amlodipine-olmesartan tablet 5-40 mg oral	1	LEDL
AZOR TABLET 10-20 MG ORAL	3	QL 30/30 days
AZOR TABLET 10-40 MG ORAL	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antag & Ca Channel Blocker Comb (continued)		
AZOR TABLET 5-20 MG ORAL	3	QL 30/30 days
AZOR TABLET 5-40 MG ORAL	3	QL 30/30 days
EXFORGE TABLET 10-160 MG ORAL	3	QL 30/30 days
EXFORGE TABLET 10-320 MG ORAL	3	QL 30/30 days
EXFORGE TABLET 5-160 MG ORAL	3	QL 30/30 days
EXFORGE TABLET 5-320 MG ORAL	3	QL 30/30 days
telmisartan-amlodipine tablet 40-10 mg oral	1	LEDL
telmisartan-amlodipine tablet 40-5 mg oral	1	LEDL
telmisartan-amlodipine tablet 80-10 mg oral	1	LEDL
telmisartan-amlodipine tablet 80-5 mg oral	1	LEDL
TWYNSTA TABLET 40-10 MG ORAL	3	
TWYNSTA TABLET 40-5 MG ORAL	3	
TWYNSTA TABLET 80-10 MG ORAL	3	
TWYNSTA TABLET 80-5 MG ORAL	3	
Angiotensin II Receptor Antag & Thiazide/Thiazide-Like		
ATACAND HCT TABLET 16-12.5 MG ORAL	3	
ATACAND HCT TABLET 32-12.5 MG ORAL	3	
ATACAND HCT TABLET 32-25 MG ORAL	3	
AVALIDE TABLET 150-12.5 MG ORAL	3	
AVALIDE TABLET 300-12.5 MG ORAL	3	
BENICAR HCT TABLET 20-12.5 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antag & Thiazide/Thiazide-Like (continued)		
BENICAR HCT TABLET 40-12.5 MG ORAL	3	
BENICAR HCT TABLET 40-25 MG ORAL	3	
candesartan cilexetil-hctz tablet 16-12.5 mg oral	1	LEDL
candesartan cilexetil-hctz tablet 32-12.5 mg oral	1	LEDL
candesartan cilexetil-hctz tablet 32-25 mg oral	1	LEDL
DIOVAN HCT TABLET 160-12.5 MG ORAL	3	
DIOVAN HCT TABLET 160-25 MG ORAL	3	
DIOVAN HCT TABLET 320-12.5 MG ORAL	3	
DIOVAN HCT TABLET 320-25 MG ORAL	3	
DIOVAN HCT TABLET 80-12.5 MG ORAL	3	
EDARBYCLOR TABLET 40-12.5 MG ORAL	3	PA, Medical Necessity PA, LEDL
EDARBYCLOR TABLET 40-25 MG ORAL	3	PA, Medical Necessity PA, LEDL
HYZAAR TABLET 100-12.5 MG ORAL	3	
HYZAAR TABLET 100-25 MG ORAL	3	
HYZAAR TABLET 50-12.5 MG ORAL	3	
irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral	1	PS Expanded NCDL,VBP Drug List, LEDL
irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral	1	PS Expanded NCDL,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antag & Thiazide/Thiazide-Like (continued)		
losartan potassium-hctz tablet 100-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
losartan potassium-hctz tablet 100-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
losartan potassium-hctz tablet 50-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
MICARDIS HCT TABLET 40-12.5 MG ORAL	3	
MICARDIS HCT TABLET 80-12.5 MG ORAL	3	
MICARDIS HCT TABLET 80-25 MG ORAL	3	
olmesartan medoxomil-hctz tablet 20-12.5 mg oral	1	LEDL
olmesartan medoxomil-hctz tablet 40-12.5 mg oral	1	LEDL
olmesartan medoxomil-hctz tablet 40-25 mg oral	1	LEDL
telmisartan-hctz tablet 40-12.5 mg oral	1	LEDL
telmisartan-hctz tablet 80-12.5 mg oral	1	LEDL
telmisartan-hctz tablet 80-25 mg oral	1	LEDL
valsartan-hydrochlorothiazide tablet 160-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
valsartan-hydrochlorothiazide tablet 160-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
valsartan-hydrochlorothiazide tablet 320-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antag & Thiazide/Thiazide-Like (continued)		
valsartan-hydrochlorothiazide tablet 320-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
valsartan-hydrochlorothiazide tablet 80-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
Angiotensin II Receptor Antagonists		
ATACAND TABLET 16 MG ORAL	3	
ATACAND TABLET 32 MG ORAL	3	
ATACAND TABLET 4 MG ORAL	3	
ATACAND TABLET 8 MG ORAL	3	
AVAPRO TABLET 150 MG ORAL	3	QL 1.50/1 days
AVAPRO TABLET 300 MG ORAL	3	
AVAPRO TABLET 75 MG ORAL	3	QL 1/1 days
BENICAR TABLET 20 MG ORAL	3	
BENICAR TABLET 40 MG ORAL	3	
BENICAR TABLET 5 MG ORAL	3	
candesartan cilexetil tablet 16 mg oral	1	LEDL
candesartan cilexetil tablet 32 mg oral	1	LEDL
candesartan cilexetil tablet 4 mg oral	1	LEDL
candesartan cilexetil tablet 8 mg oral	1	LEDL
COZAAR TABLET 100 MG ORAL	3	
COZAAR TABLET 25 MG ORAL	3	
COZAAR TABLET 50 MG ORAL	3	
DIOVAN TABLET 160 MG ORAL	3	
DIOVAN TABLET 320 MG ORAL	3	
DIOVAN TABLET 40 MG ORAL	3	
DIOVAN TABLET 80 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antagonists (continued)		
EDARBI TABLET 40 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA, LEDL
EDARBI TABLET 80 MG ORAL	3	PA, Medical Necessity PA, LEDL
eprosartan mesylate tablet 600 mg oral	1	LEDL
irbesartan tablet 150 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
irbesartan tablet 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
irbesartan tablet 75 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
losartan potassium tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
losartan potassium tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
losartan potassium tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
MICARDIS TABLET 20 MG ORAL	3	
MICARDIS TABLET 40 MG ORAL	3	
MICARDIS TABLET 80 MG ORAL	3	
olmesartan medoxomil tablet 20 mg oral	1	LEDL
olmesartan medoxomil tablet 40 mg oral	1	LEDL
olmesartan medoxomil tablet 5 mg oral	1	LEDL
telmisartan tablet 20 mg oral	1	LEDL
telmisartan tablet 40 mg oral	1	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antagonists (continued)		
telmisartan tablet 80 mg oral	1	LEDL
valsartan solution 4 mg/ml oral	3	PA, QL 2400/30 days, Medical Necessity PA
valsartan tablet 160 mg oral	1	LEDL
valsartan tablet 320 mg oral	1	LEDL
valsartan tablet 40 mg oral	1	LEDL
valsartan tablet 80 mg oral	1	LEDL
Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides		
amlodipine-valsartan-hctz tablet 10-160-12.5 mg oral	1	QL 30/30 days, LEDL
amlodipine-valsartan-hctz tablet 10-160-25 mg oral	1	QL 30/30 days, LEDL
amlodipine-valsartan-hctz tablet 10-320-25 mg oral	1	QL 30/30 days, LEDL
amlodipine-valsartan-hctz tablet 5-160-12.5 mg oral	1	QL 30/30 days, LEDL
amlodipine-valsartan-hctz tablet 5-160-25 mg oral	1	QL 30/30 days, LEDL
EXFORGE HCT TABLET 10-160-12.5 MG ORAL	3	QL 30/30 days
EXFORGE HCT TABLET 10-160-25 MG ORAL	3	QL 30/30 days
EXFORGE HCT TABLET 10-320-25 MG ORAL	3	QL 30/30 days
EXFORGE HCT TABLET 5-160-12.5 MG ORAL	3	QL 30/30 days
EXFORGE HCT TABLET 5-160-25 MG ORAL	3	QL 30/30 days
olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral	1	QL 30/30 days, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides (continued)		
olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral	1	QL 30/30 days, LEDL
olmesartan-amlodipine-hctz tablet 40-10-25 mg oral	1	QL 30/30 days, LEDL
olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral	1	QL 30/30 days, LEDL
olmesartan-amlodipine-hctz tablet 40-5-25 mg oral	1	QL 30/30 days, LEDL
TRIBENZOR TABLET 20-5-12.5 MG ORAL	3	QL 30/30 days
TRIBENZOR TABLET 40-10-12.5 MG ORAL	3	QL 30/30 days
TRIBENZOR TABLET 40-10-25 MG ORAL	3	QL 30/30 days
TRIBENZOR TABLET 40-5-12.5 MG ORAL	3	QL 30/30 days
TRIBENZOR TABLET 40-5-25 MG ORAL	3	QL 30/30 days
Antiadrenergics - Centrally Acting		
CATAPRES TABLET 0.1 MG ORAL	3	
CATAPRES TABLET 0.2 MG ORAL	3	
CATAPRES TABLET 0.3 MG ORAL	3	
CATAPRES-TTS-1 PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL	3	QL 4/28 days
CATAPRES-TTS-2 PATCH WEEKLY 0.2 MG/24HR TRANSDERMAL	3	QL 4/28 days
CATAPRES-TTS-3 PATCH WEEKLY 0.3 MG/24HR TRANSDERMAL	3	QL 4/28 days
clonidine er tablet extended release 24 hour 0.17 mg oral	1	PA, QL 30/30 days, Medical Necessity PA
clonidine hcl er tablet extended release 24 hour 0.17 mg oral	1	PA, QL 30/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiadrenergics - Centrally Acting (continued)		
clonidine hcl tablet 0.1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
clonidine hcl tablet 0.2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
clonidine hcl tablet 0.3 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
clonidine patch weekly 0.1 mg/24hr transdermal	1	QL 4/28 days, LEDL
clonidine patch weekly 0.2 mg/24hr transdermal	1	QL 4/28 days, LEDL
clonidine patch weekly 0.3 mg/24hr transdermal	1	QL 4/28 days, LEDL
guanfacine hcl tablet 1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
guanfacine hcl tablet 2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
methyldopa tablet 250 mg oral	2	Incentive, LEDL
methyldopa tablet 500 mg oral	2	Incentive, LEDL
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Antiadrenergics - Peripherally Acting		
CARDURA TABLET 1 MG ORAL	3	
CARDURA TABLET 2 MG ORAL	3	
CARDURA TABLET 4 MG ORAL	3	
CARDURA TABLET 8 MG ORAL	3	
doxazosin mesylate tablet 1 mg oral	1	LEDL
doxazosin mesylate tablet 2 mg oral	1	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiadrenergics - Peripherally Acting (continued)		
doxazosin mesylate tablet 4 mg oral	1	LEDL
doxazosin mesylate tablet 8 mg oral	1	LEDL
MINIPRESS CAPSULE 1 MG ORAL	3	
MINIPRESS CAPSULE 2 MG ORAL	3	
MINIPRESS CAPSULE 5 MG ORAL	3	
prazosin hcl capsule 1 mg oral	1	LEDL
prazosin hcl capsule 2 mg oral	1	LEDL
prazosin hcl capsule 5 mg oral	1	LEDL
terazosin hcl capsule 1 mg oral	1	LEDL
terazosin hcl capsule 10 mg oral	1	LEDL
terazosin hcl capsule 2 mg oral	1	LEDL
terazosin hcl capsule 5 mg oral	1	LEDL
Antihypertensives - Misc.		
VECAMYL TABLET 2.5 MG ORAL	3	PA, Medical Necessity PA
Beta Blocker & Diuretic Combinations		
atenolol-chlorthalidone tablet 100-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
atenolol-chlorthalidone tablet 50-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blocker & Diuretic Combinations (continued)		
CORZIDE TABLET 40-5 MG ORAL	3	
CORZIDE TABLET 80-5 MG ORAL	3	
DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG ORAL	3	PA, Medical Necessity PA
DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 25-12.5 MG ORAL	3	PA, Medical Necessity PA
DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 50-12.5 MG ORAL	3	PA, Medical Necessity PA
LOPRESSOR HCT TABLET 100-25 MG ORAL	3	
LOPRESSOR HCT TABLET 50-25 MG ORAL	3	
metoprolol-hydrochlorothiazide tablet 100-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metoprolol-hydrochlorothiazide tablet 100-50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metoprolol-hydrochlorothiazide tablet 50-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
propranolol-hctz tablet 40-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
propranolol-hctz tablet 80-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
TENORETIC 100 TABLET 100-25 MG ORAL	3	
TENORETIC 50 TABLET 50-25 MG ORAL	3	
ZIAC TABLET 10-6.25 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blocker & Diuretic Combinations (continued)		
ZIAC TABLET 2.5-6.25 MG ORAL	3	
ZIAC TABLET 5-6.25 MG ORAL	3	
Direct Renin Inhibitors		
aliskiren fumarate tablet 150 mg oral	1	QL 30/30 days, LEDL
aliskiren fumarate tablet 300 mg oral	1	QL 30/30 days, LEDL
TEKTURNA TABLET 150 MG ORAL	3	QL 30/30 days
TEKTURNA TABLET 300 MG ORAL	3	QL 30/30 days
Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb		
TEKTURNA HCT TABLET 150-12.5 MG ORAL	3	QL 30/30 days
TEKTURNA HCT TABLET 150-25 MG ORAL	3	QL 30/30 days
TEKTURNA HCT TABLET 300-12.5 MG ORAL	3	QL 30/30 days
TEKTURNA HCT TABLET 300-25 MG ORAL	3	QL 30/30 days
Dopamine D1 Receptor Agonists		
CORLOPAM SOLUTION 10 MG/ML INTRAVENOUS	3	
CORLOPAM SOLUTION 20 MG/2ML INTRAVENOUS	3	
fenoldopam mesylate solution 10 mg/ml intravenous	1	
fenoldopam mesylate solution 20 mg/2ml intravenous	1	
Reserpine		
reserpine tablet 0.1 mg oral	1	
reserpine tablet 0.25 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone tablet 25 mg oral	1	LEDL
eplerenone tablet 50 mg oral	1	LEDL
INSPRA TABLET 25 MG ORAL	3	
INSPRA TABLET 50 MG ORAL	3	
Vasodilators		
hydralazine hcl tablet 10 mg oral	1	LEDL
hydralazine hcl tablet 100 mg oral	1	LEDL
hydralazine hcl tablet 25 mg oral	1	LEDL
hydralazine hcl tablet 50 mg oral	1	LEDL
minoxidil tablet 10 mg oral	1	LEDL
minoxidil tablet 2.5 mg oral	1	LEDL
NITROPRESS SOLUTION 25 MG/ML INTRAVENOUS	3	
ANTI-INFECTIVE AGENTS - MISC.		
Anti-infective Agents - Misc.		
AEMCOLO TABLET DELAYED RELEASE 194 MG ORAL	3	
FLAGYL CAPSULE 375 MG ORAL	3	
FLAGYL ER TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	3	
FLAGYL TABLET 250 MG ORAL	3	
FLAGYL TABLET 500 MG ORAL	3	
IMPAVIDO CAPSULE 50 MG ORAL	3	PA, QL 84/28 days
LIKMEZ SUSPENSION 500 MG/5ML ORAL	3	PA, Medical Necessity PA
METRO SOLUTION 500-0.74 MG/100ML-% INTRAVENOUS	3	
metronidazole capsule 375 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-infective Agents - Misc. (continued)		
metronidazole tablet 250 mg oral	1	
metronidazole tablet 500 mg oral	1	
NEBUPENT SOLUTION RECONSTITUTED 300 MG INHALATION	3	
pentamidine isethionate solution reconstituted 300 mg inhalation	1	
PRIMSOL SOLUTION 50 MG/5ML ORAL	3	PA, Medical Necessity PA
TINDAMAX TABLET 250 MG ORAL	3	
TINDAMAX TABLET 500 MG ORAL	3	
tinidazole tablet 250 mg oral	1	
tinidazole tablet 500 mg oral	1	
trimethoprim tablet 100 mg oral	2	
vancomycin hcl solution reconstituted 5000 mg intravenous	1	
XIFAXAN TABLET 200 MG ORAL	3	PA
XIFAXAN TABLET 550 MG ORAL	3	PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABLET 800-160 MG ORAL	3	
BACTRIM TABLET 400-80 MG ORAL	3	
sulfamethoxazole-trimethoprim solution 400-80 mg/5ml intravenous	1	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
sulfamethoxazole-trimethoprim tablet 400-80 mg oral	1	
sulfamethoxazole-trimethoprim tablet 800-160 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-infective Misc. - Combinations (continued)		
SULFATRIM PEDIATRIC SUSPENSION 200-40 MG/5ML ORAL	3	
Antiprotozoal Agents		
ALINIA SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	3	QL 180/30 days
ALINIA TABLET 500 MG ORAL	3	QL 6/30 days
atovaquone suspension 750 mg/5ml oral	1	
LAMPIT TABLET 120 MG ORAL	3	PA, QL 450/365 days, Medical Necessity PA
LAMPIT TABLET 30 MG ORAL	3	PA, QL 540/365 days, Medical Necessity PA
MEPRON SUSPENSION 750 MG/5ML ORAL	3	
nitazoxanide tablet 500 mg oral	1	QL 6/30 days
Carbapenem Combinations		
imipenem-cilastatin solution reconstituted 250 mg intravenous	1	
imipenem-cilastatin solution reconstituted 500 mg intravenous	1	
RECARBRIO SOLUTION RECONSTITUTED 1.25 GM INTRAVENOUS	3	PA, Medical Necessity PA
Carbapenems		
ertapenem sodium solution reconstituted 1 gm injection	1	
INVANZ SOLUTION RECONSTITUTED 1 GM INJECTION	3	
INVANZ SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	3	
meropenem solution reconstituted 1 gm intravenous	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Carbapenems (continued)		
meropenem solution reconstituted 500 mg intravenous	1	
Glycopeptides		
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	2	
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	2	
VANCOCIN CAPSULE 125 MG ORAL	3	
VANCOCIN CAPSULE 250 MG ORAL	3	
VANCOCIN HCL CAPSULE 125 MG ORAL	3	
VANCOCIN HCL CAPSULE 250 MG ORAL	3	
vancomycin hcl capsule 125 mg oral	1	
vancomycin hcl capsule 250 mg oral	1	
vancomycin hcl solution reconstituted 1 gm intravenous	1	
vancomycin hcl solution reconstituted 10 gm intravenous	1	
vancomycin hcl solution reconstituted 1000 mg intravenous	1	
vancomycin hcl solution reconstituted 25 mg/ml oral	1	
vancomycin hcl solution reconstituted 250 mg intravenous	1	
vancomycin hcl solution reconstituted 250 mg/5ml oral	1	
vancomycin hcl solution reconstituted 50 mg/ml oral	1	
vancomycin hcl solution reconstituted 500 mg intravenous	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glycopeptides (continued)		
vancomycin hcl solution reconstituted 750 mg intravenous	1	
VIBATIV SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	3	
VIBATIV SOLUTION RECONSTITUTED 750 MG INTRAVENOUS	3	
Ketolides		
KETEK TABLET 300 MG ORAL	3	PA, Medical Necessity PA
KETEK TABLET 400 MG ORAL	3	PA, Medical Necessity PA
Leprostatics		
dapsone tablet 100 mg oral	1	
dapsone tablet 25 mg oral	1	
Lincosamides		
CLEOCIN CAPSULE 150 MG ORAL	3	
CLEOCIN CAPSULE 300 MG ORAL	3	
CLEOCIN CAPSULE 75 MG ORAL	3	
CLEOCIN SOLUTION RECONSTITUTED 75 MG/5ML ORAL	3	
clindamycin hcl capsule 150 mg oral	1	
clindamycin hcl capsule 300 mg oral	1	
clindamycin hcl capsule 75 mg oral	1	
clindamycin palmitate hcl solution reconstituted 75 mg/5ml oral	1	
Monobactams		
aztreonam solution reconstituted 1 gm injection	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Monobactams (continued)		
aztreonam solution reconstituted 2 gm injection	1	
CAYSTON SOLUTION RECONSTITUTED 75 MG INHALATION	3	LA, PA, SP, Prudent
Oxazolidinones		
linezolid tablet 600 mg oral	1	
SIVEXTRO TABLET 200 MG ORAL	3	PA, QL 6/30 days
ZYVOX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	3	
ZYVOX TABLET 600 MG ORAL	3	
Pleuromutilins		
XENLETA TABLET 600 MG ORAL	3	PA, Medical Necessity PA
Polymyxins		
COLY-MYCIN M SOLUTION RECONSTITUTED 150 MG INJECTION	3	
Urinary Anti-infectives		
fosfomycin tromethamine packet 3 gm oral	1	QL 3/30 days
FURADANTIN SUSPENSION 25 MG/5ML ORAL	3	
HIPREX TABLET 1 GM ORAL	3	
MACROBID CAPSULE 100 MG ORAL	3	
MACRODANTIN CAPSULE 100 MG ORAL	3	
MACRODANTIN CAPSULE 25 MG ORAL	3	
MACRODANTIN CAPSULE 50 MG ORAL	3	
methenamine hippurate tablet 1 gm oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Urinary Anti-infectives (continued)		
methenamine mandelate tablet 0.5 gm oral	1	
methenamine mandelate tablet 1 gm oral	1	
MONUROL PACKET 3 GM ORAL	3	QL 3/30 days
nitrofurantoin macrocrystal capsule 100 mg oral	1	
nitrofurantoin macrocrystal capsule 25 mg oral	1	
nitrofurantoin macrocrystal capsule 50 mg oral	1	
nitrofurantoin monohyd macro capsule 100 mg oral	1	
nitrofurantoin suspension 25 mg/5ml oral	1	
Urinary Antiseptic-Antispasmodic &/or Analgesics		
UROGESIC-BLUE TABLET 81.6 MG ORAL	3	
ANTIMALARIALS		
Antimalarial Combinations		
COARTEM TABLET 20-120 MG ORAL	3	QL 24/90 days
Antimalarials		
ARAKODA TABLET 100 MG ORAL	3	
ARALEN TABLET 500 MG ORAL	3	
chloroquine phosphate tablet 250 mg oral	1	
chloroquine phosphate tablet 500 mg oral	1	
DARAPRIM TABLET 25 MG ORAL	3	PA
hydroxychloroquine sulfate tablet 200 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimalarials (continued)		
KRINTAFEL TABLET 150 MG ORAL	3	
PLAQUENIL TABLET 200 MG ORAL	3	
pyrimethamine tablet 25 mg oral	1	PA
QUALAQUIN CAPSULE 324 MG ORAL	3	QL 42/90 days
quinine sulfate capsule 324 mg oral	1	QL 42/90 days
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLUTION 10 MG/10ML INTRAVENOUS	3	
BLOXIVERZ SOLUTION 5 MG/10ML INTRAVENOUS	3	
FIRDAPSE TABLET 10 MG ORAL	3	LA, PA, QL 240/30 days, SP, Prudent
guanidine hcl tablet 125 mg oral	3	
MESTINON SOLUTION 60 MG/5ML ORAL	3	
MESTINON SYRUP 60 MG/5ML ORAL	3	
MESTINON TABLET 60 MG ORAL	3	
MESTINON TABLET EXTENDED RELEASE 180 MG ORAL	3	
pyridostigmine bromide er tablet extended release 180 mg oral	1	
pyridostigmine bromide solution 60 mg/5ml oral	1	
pyridostigmine bromide tablet 30 mg oral	1	
pyridostigmine bromide tablet 60 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTIMYCOBACTERIAL AGENTS		
Anti TB Combinations		
RIFAMATE CAPSULE 150-300 MG ORAL	3	
RIFATER TABLET 50-120-300 MG ORAL	3	
Antimycobacterial Agents		
cycloserine capsule 250 mg oral	1	
ethambutol hcl tablet 100 mg oral	1	
ethambutol hcl tablet 400 mg oral	1	
isoniazid solution 100 mg/ml injection	1	
isoniazid syrup 50 mg/5ml oral	1	
isoniazid tablet 100 mg oral	1	
isoniazid tablet 300 mg oral	1	
MYAMBUTOL TABLET 100 MG ORAL	3	
MYAMBUTOL TABLET 400 MG ORAL	3	
MYCOBUTIN CAPSULE 150 MG ORAL	3	
PASER PACKET 4 GM ORAL	3	
pretomanid tablet 200 mg oral	3	PA, QL 30/30 days
PRIFTIN TABLET 150 MG ORAL	2	
pyrazinamide tablet 500 mg oral	1	
rifabutin capsule 150 mg oral	1	
RIFADIN CAPSULE 150 MG ORAL	3	
RIFADIN CAPSULE 300 MG ORAL	3	
RIFADIN SOLUTION RECONSTITUTED 600 MG INTRAVENOUS	3	
rifampin capsule 150 mg oral	1	
rifampin capsule 300 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimycobacterial Agents (continued)		
rifampin solution reconstituted 600 mg intravenous	1	
SEROMYCIN CAPSULE 250 MG ORAL	3	
SIRTURO TABLET 100 MG ORAL	3	PA
SIRTURO TABLET 20 MG ORAL	3	PA
TRECATOR TABLET 250 MG ORAL	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
Alkylating Agents		
ELOXATIN SOLUTION 100 MG/20ML INTRAVENOUS	3	
ELOXATIN SOLUTION 50 MG/10ML INTRAVENOUS	3	
HEXALEN CAPSULE 50 MG ORAL	3	
MYLERAN TABLET 2 MG ORAL	2	
Androgen Biosynthesis Inhibitors		
abiraterone acetate tablet 250 mg oral	1	SP, Partial fill, Prudent
abiraterone acetate tablet 500 mg oral	1	SP, Partial fill, Prudent
YONSA TABLET 125 MG ORAL	3	LA, PA, SP, Partial fill, Prudent
ZYTIGA TABLET 250 MG ORAL	3	PA, SP, Medical Necessity PA, Partial fill, Prudent
ZYTIGA TABLET 500 MG ORAL	3	PA, SP, Medical Necessity PA, Partial fill, Prudent
Antiadrenals		
LYSODREN TABLET 500 MG ORAL	2	
Antiandrogens		
bicalutamide tablet 50 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiandrogens (continued)		
CASODEX TABLET 50 MG ORAL	3	
ERLEADA TABLET 240 MG ORAL	3	PA, SP, Prudent
ERLEADA TABLET 60 MG ORAL	3	PA, SP, Prudent
flutamide capsule 125 mg oral	1	
NILANDRON TABLET 150 MG ORAL	3	PA, QL 30/30 days
nilutamide tablet 150 mg oral	1	PA, QL 30/30 days
NUBEQA TABLET 300 MG ORAL	3	PA, QL 120/30 days, SP, Prudent
XTANDI CAPSULE 40 MG ORAL	3	PA, SP, Partial fill, Prudent
XTANDI TABLET 40 MG ORAL	3	PA, SP, Partial fill, Prudent
XTANDI TABLET 80 MG ORAL	3	PA, SP, Partial fill, Prudent
Antiestrogens		
FARESTON TABLET 60 MG ORAL	3	
SOLTAMOX SOLUTION 10 MG/5ML ORAL	3	
tamoxifen citrate tablet 10 mg oral	0	ACA NCDL, limitations may apply
tamoxifen citrate tablet 20 mg oral	0	ACA NCDL, limitations may apply
toremifene citrate tablet 60 mg oral	1	
Antimetabolites		
capecitabine tablet 150 mg oral	1	SP, Prudent
capecitabine tablet 500 mg oral	1	SP, Prudent
DEPOCYT SUSPENSION 50 MG/5ML INTRATHECAL	3	
floxuridine solution reconstituted 0.5 gm injection	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimetabolites (continued)		
gemcitabine hcl solution 1 gm/26.3ml intravenous	1	
gemcitabine hcl solution 2 gm/52.6ml intravenous	1	
gemcitabine hcl solution 200 mg/5.26ml intravenous	1	
gemcitabine hcl solution reconstituted 1 gm intravenous	1	
gemcitabine hcl solution reconstituted 2 gm intravenous	1	
gemcitabine hcl solution reconstituted 200 mg intravenous	1	
INFUGEM SOLUTION 1200-0.9 MG/120ML-% INTRAVENOUS	3	PA, SP, Medical Necessity PA
INFUGEM SOLUTION 1300-0.9 MG/130ML-% INTRAVENOUS	3	PA, SP, Medical Necessity PA
INFUGEM SOLUTION 1400-0.9 MG/140ML-% INTRAVENOUS	3	PA, SP, Medical Necessity PA
INFUGEM SOLUTION 1500-0.9 MG/150ML-% INTRAVENOUS	3	PA, SP, Medical Necessity PA
INFUGEM SOLUTION 1600-0.9 MG/160ML-% INTRAVENOUS	3	PA, SP, Medical Necessity PA
INFUGEM SOLUTION 1700-0.9 MG/170ML-% INTRAVENOUS	3	PA, SP, Medical Necessity PA
INFUGEM SOLUTION 1800-0.9 MG/180ML-% INTRAVENOUS	3	PA, SP, Medical Necessity PA
INFUGEM SOLUTION 1900-0.9 MG/190ML-% INTRAVENOUS	3	PA, SP, Medical Necessity PA
INFUGEM SOLUTION 2000-0.9 MG/200ML-% INTRAVENOUS	3	PA, SP, Medical Necessity PA
INFUGEM SOLUTION 2200-0.9 MG/220ML-% INTRAVENOUS	3	PA, SP, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimetabolites (continued)		
JYLAMVO SOLUTION 2 MG/ML ORAL	3	PA, Medical Necessity PA
mercaptopurine tablet 50 mg oral	1	
methotrexate sodium (pf) solution 1 gm/40ml injection	1	
methotrexate sodium (pf) solution 100 mg/4ml injection	1	
methotrexate sodium (pf) solution 25 mg/ml injection	1	
methotrexate sodium (pf) solution 250 mg/10ml injection	1	
methotrexate sodium (pf) solution 50 mg/2ml injection	1	
methotrexate sodium solution 25 mg/ml injection	1	
methotrexate sodium solution 250 mg/10ml injection	1	
methotrexate sodium solution 50 mg/2ml injection	1	
methotrexate sodium solution reconstituted 1 gm injection	1	
methotrexate sodium tablet 2.5 mg oral	1	
methotrexate tablet 2.5 mg oral	1	
ONUREG TABLET 200 MG ORAL	3	PA, QL 14/28 days, SP, Prudent
ONUREG TABLET 300 MG ORAL	3	PA, QL 14/28 days, SP, Prudent
PURIXAN SUSPENSION 2000 MG/100ML ORAL	3	PA, SP, Medical Necessity PA, Prudent
TABLOID TABLET 40 MG ORAL	3	
TREXALL TABLET 10 MG ORAL	3	
TREXALL TABLET 15 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimetabolites (continued)		
TREXALL TABLET 5 MG ORAL	3	
TREXALL TABLET 7.5 MG ORAL	3	
XATMEP SOLUTION 2.5 MG/ML ORAL	3	PA, Medical Necessity PA
XELODA TABLET 150 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
XELODA TABLET 500 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
Antineoplastic - AKT Inhibitors		
TRUQAP TABLET 160 MG ORAL	3	LA, PA, QL 64/28 days, SP
TRUQAP TABLET 200 MG ORAL	3	LA, PA, QL 64/28 days, SP
Antineoplastic - ALK Inhibitors		
ALECENSA CAPSULE 150 MG ORAL	3	PA, QL 240/30 days, SP, Prudent
ALUNBRIG TABLET 180 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
ALUNBRIG TABLET 30 MG ORAL	3	LA, PA, QL 90/30 days, SP, Prudent
ALUNBRIG TABLET 90 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
LORBRENA TABLET 100 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
LORBRENA TABLET 25 MG ORAL	3	LA, PA, QL 90/30 days, SP, Prudent
XALKORI CAPSULE 200 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent
XALKORI CAPSULE 250 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - ALK Inhibitors (continued)		
XALKORI CAPSULE SPRINKLE 150 MG ORAL	3	PA, QL 180/30 days, SP, Partial fill, Prudent
XALKORI CAPSULE SPRINKLE 20 MG ORAL	3	PA, QL 240/30 days, SP, Partial fill, Prudent
XALKORI CAPSULE SPRINKLE 50 MG ORAL	3	PA, QL 180/30 days, SP, Partial fill, Prudent
ZYKADIA CAPSULE 150 MG ORAL	3	PA, QL 3/1 days, SP, Partial fill, Prudent
ZYKADIA TABLET 150 MG ORAL	3	PA, QL 3/1 days, SP, Partial fill, Prudent
Antineoplastic - Anti-CD30 Antibody-Drug Complex		
ADCETRIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	3	Prudent
Antineoplastic - Anti-HER2 Agents		
TUKYSA TABLET 150 MG ORAL	3	LA, PA, QL 120/30 days, SP, Prudent
TUKYSA TABLET 50 MG ORAL	3	LA, PA, QL 120/30 days, SP, Prudent
Antineoplastic - Anti-PD-1 Antibodies		
LIBTAYO SOLUTION 350 MG/7ML INTRAVENOUS	3	PA, SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL	3	LA, PA, QL 42/365 days, SP, Prudent
VENCLEXTA TABLET 10 MG ORAL	3	LA, PA, QL 30/365 days, SP, Prudent
VENCLEXTA TABLET 100 MG ORAL	3	LA, PA, QL 180/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - BCL-2 Inhibitors (continued)		
VENCLEXTA TABLET 50 MG ORAL	3	LA, PA, QL 30/365 days, SP, Prudent
Antineoplastic - BCR-ABL Kinase Inhibitors		
BOSULIF CAPSULE 100 MG ORAL	3	PA, SP, Partial fill, Prudent
BOSULIF CAPSULE 50 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
BOSULIF TABLET 100 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent
BOSULIF TABLET 400 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
BOSULIF TABLET 500 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
GLEEVEC TABLET 100 MG ORAL	3	PA, QL 3/1 days, SP, Medical Necessity PA, Partial fill, Prudent
GLEEVEC TABLET 400 MG ORAL	3	PA, QL 2/1 days, SP, Medical Necessity PA, Partial fill, Prudent
ICLUSIG TABLET 10 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
ICLUSIG TABLET 15 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
ICLUSIG TABLET 30 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
ICLUSIG TABLET 45 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
imatinib mesylate tablet 100 mg oral	1	QL 3/1 days, SP, Partial fill, Prudent
imatinib mesylate tablet 400 mg oral	1	QL 2/1 days, SP, Partial fill, Prudent
SCEMBLIX TABLET 100 MG ORAL	3	PA, QL 120/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - BCR-ABL Kinase Inhibitors (continued)		
SCEMBLIX TABLET 20 MG ORAL	3	PA, QL 60/30 days, SP
SCEMBLIX TABLET 40 MG ORAL	3	PA, QL 60/30 days, SP
SPRYCEL TABLET 100 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
SPRYCEL TABLET 140 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
SPRYCEL TABLET 20 MG ORAL	3	PA, QL 2/1 days, SP, Partial fill, Prudent
SPRYCEL TABLET 50 MG ORAL	3	PA, QL 2/1 days, SP, Partial fill, Prudent
SPRYCEL TABLET 70 MG ORAL	3	PA, QL 2/1 days, SP, Partial fill, Prudent
SPRYCEL TABLET 80 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
TASIGNA CAPSULE 150 MG ORAL	3	PA, QL 4/1 days, SP, Partial fill, Prudent
TASIGNA CAPSULE 200 MG ORAL	3	PA, QL 4/1 days, SP, Partial fill, Prudent
TASIGNA CAPSULE 50 MG ORAL	3	PA, QL 4/1 days, SP, Partial fill, Prudent
Antineoplastic - BRAF Kinase Inhibitors		
BRAFTOVI CAPSULE 50 MG ORAL	3	PA, QL 120/30 days, SP
BRAFTOVI CAPSULE 75 MG ORAL	3	PA, QL 180/30 days, SP, Prudent
OJEMDA SUSPENSION RECONSTITUTED 25 MG/ML ORAL	3	LA, PA, QL 96/28 days, SP
OJEMDA TABLET 100 MG ORAL	3	LA, PA, QL 24/28 days, SP
TAFINLAR CAPSULE 50 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent
TAFINLAR CAPSULE 75 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - BRAF Kinase Inhibitors (continued)		
TAFINLAR TABLET SOLUBLE 10 MG ORAL	3	PA, QL 300/30 days, SP, Partial fill, Prudent
ZELBORAF TABLET 240 MG ORAL	3	PA, QL 240/30 days, SP, Prudent
Antineoplastic - BTK Inhibitors		
BRUKINSA CAPSULE 80 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent
CALQUENCE CAPSULE 100 MG ORAL	3	LA, PA, QL 60/30 days, SP, Partial Fill
CALQUENCE TABLET 100 MG ORAL	3	LA, PA, QL 60/30 days, SP, Partial fill, Prudent
IMBRUVICA CAPSULE 140 MG ORAL	3	LA, PA, QL 90/30 days, SP, Partial fill, Prudent
IMBRUVICA CAPSULE 70 MG ORAL	3	LA, PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
IMBRUVICA SUSPENSION 70 MG/ML ORAL	3	LA, PA, SP
IMBRUVICA TABLET 140 MG ORAL	3	LA, PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
IMBRUVICA TABLET 280 MG ORAL	3	LA, PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
IMBRUVICA TABLET 420 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
JAYPIRCA TABLET 100 MG ORAL	3	PA, QL 60/30 days, SP, Partial fill, Prudent
JAYPIRCA TABLET 50 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1.
For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - EGFR Inhibitors		
erlotinib hcl tablet 100 mg oral	1	PA, QL 1/1 days, SP, Partial fill, Prudent
erlotinib hcl tablet 150 mg oral	1	PA, QL 1/1 days, SP, Partial fill, Prudent
erlotinib hcl tablet 25 mg oral	1	PA, QL 1/1 days, SP, Partial fill, Prudent
gefitinib tablet 250 mg oral	1	PA, QL 30/30 days, SP, Partial fill, Prudent
GILOTRIF TABLET 20 MG ORAL	3	LA, PA, QL 1/1 days, SP, Prudent
GILOTRIF TABLET 30 MG ORAL	3	LA, PA, QL 1/1 days, SP, Prudent
GILOTRIF TABLET 40 MG ORAL	3	LA, PA, QL 1/1 days, SP, Prudent
IRESSA TABLET 250 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
TAGRISSO TABLET 40 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
TAGRISSO TABLET 80 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
TARCEVA TABLET 100 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
TARCEVA TABLET 150 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
TARCEVA TABLET 25 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
VIZIMPRO TABLET 15 MG ORAL	3	LA, PA, QL 30/30 days, Prudent
VIZIMPRO TABLET 30 MG ORAL	3	LA, PA, QL 30/30 days, Prudent
VIZIMPRO TABLET 45 MG ORAL	3	LA, PA, QL 30/30 days, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - FGFR Kinase Inhibitors		
BALVERSA TABLET 3 MG ORAL	3	PA, SP, Partial fill, Prudent
BALVERSA TABLET 4 MG ORAL	3	PA, SP, Partial fill, Prudent
BALVERSA TABLET 5 MG ORAL	3	PA, SP, Partial fill, Prudent
LYTGOBI (12 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	3	LA, PA, QL 84/28 days, SP
LYTGOBI (16 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	3	LA, PA, QL 112/28 days, SP
LYTGOBI (20 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	3	LA, PA, QL 140/28 days, SP
PEMAZYRE TABLET 13.5 MG ORAL	3	LA, PA, QL 28/28 days, SP, Prudent
PEMAZYRE TABLET 4.5 MG ORAL	3	LA, PA, QL 28/28 days, SP, Prudent
PEMAZYRE TABLET 9 MG ORAL	3	LA, PA, QL 28/28 days, SP, Prudent
Antineoplastic - Gamma Secretase Inhibitors		
OGSIVEO TABLET 50 MG ORAL	3	LA, PA, QL 180/30 days, SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABLET 100 MG ORAL	3	PA, SP, Prudent
DAURISMO TABLET 25 MG ORAL	3	PA, SP, Prudent
ERIVEDGE CAPSULE 150 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
ODOMZO CAPSULE 200 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
Antineoplastic - HIF-2-alpha Inhibitors		
WELIREG TABLET 40 MG ORAL	3	PA, SP, Partial Fill

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Histone Deacetylase Inhibitors		
ZOLINZA CAPSULE 100 MG ORAL	2	PA, QL 120/30 days, SP, Partial fill, Prudent
Antineoplastic - Hormonal and Related Agent Combinations		
AKEEGA TABLET 100-500 MG ORAL	3	LA, PA, QL 60/30 days, SP, Partial fill, Prudent
AKEEGA TABLET 50-500 MG ORAL	3	LA, PA, QL 60/30 days, SP, Partial fill, Prudent
Antineoplastic - Immunomodulators		
POMALYST CAPSULE 1 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
POMALYST CAPSULE 2 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
POMALYST CAPSULE 3 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
POMALYST CAPSULE 4 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
Antineoplastic - KRAS Inhibitors		
KRAZATI TABLET 200 MG ORAL	3	PA, QL 180/30 days, SP, Partial Fill
LUMAKRAS TABLET 120 MG ORAL	3	PA, SP, Partial fill, Prudent
LUMAKRAS TABLET 320 MG ORAL	3	PA, SP, Partial fill, Prudent
Antineoplastic - MEK Inhibitors		
COTELLIC TABLET 20 MG ORAL	3	PA, QL 63/28 days, SP, Prudent
KOSELUGO CAPSULE 10 MG ORAL	3	PA, QL 120/30 days, SP, Prudent
KOSELUGO CAPSULE 25 MG ORAL	3	PA, QL 120/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - MEK Inhibitors (continued)		
MEKINIST SOLUTION RECONSTITUTED 0.05 MG/ML ORAL	3	PA, QL 540/30 days, SP, Prudent
MEKINIST TABLET 0.5 MG ORAL	3	PA, QL 90/30 days, SP, Prudent
MEKINIST TABLET 2 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
MEKTOVI TABLET 15 MG ORAL	3	PA, QL 180/30 days, SP, Prudent
Antineoplastic - MET Inhibitors		
TABRECTA TABLET 150 MG ORAL	3	PA, QL 120/30 days, SP, Prudent
TABRECTA TABLET 200 MG ORAL	3	PA, QL 120/30 days, SP, Prudent
TEPMETKO TABLET 225 MG ORAL	3	LA, PA, QL 60/30 days, SP
Antineoplastic - Methyltransferase Inhibitors		
TAZVERIK TABLET 200 MG ORAL	3	LA, PA, QL 240/30 days
Antineoplastic - mTOR Kinase Inhibitors		
AFINITOR DISPERZ TABLET SOLUBLE 2 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
AFINITOR DISPERZ TABLET SOLUBLE 3 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
AFINITOR DISPERZ TABLET SOLUBLE 5 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
AFINITOR TABLET 10 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
AFINITOR TABLET 2.5 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
AFINITOR TABLET 5 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - mTOR Kinase Inhibitors (continued)		
AFINITOR TABLET 7.5 MG ORAL	3	PA, QL 1/1 days, SP, Partial fill, Prudent
everolimus tablet 10 mg oral	1	PA, QL 30/30 days, SP, Partial fill, Prudent
everolimus tablet 2.5 mg oral	1	PA, QL 30/30 days, SP, Partial fill, Prudent
everolimus tablet 5 mg oral	1	PA, QL 30/30 days, SP, Partial fill, Prudent
everolimus tablet 7.5 mg oral	1	PA, QL 30/30 days, SP, Partial fill, Prudent
everolimus tablet soluble 2 mg oral	1	PA, QL 30/30 days, SP, Partial fill, Prudent
everolimus tablet soluble 3 mg oral	1	PA, QL 30/30 days, SP, Partial fill, Prudent
everolimus tablet soluble 5 mg oral	1	PA, QL 30/30 days, SP, Partial fill, Prudent
Antineoplastic - Multikinase Inhibitors		
CABOMETYX TABLET 20 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
CABOMETYX TABLET 40 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
CABOMETYX TABLET 60 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
CAPRELSA TABLET 100 MG ORAL	3	LA, QL 2/1 days, SP
CAPRELSA TABLET 300 MG ORAL	3	LA, QL 1/1 days, SP
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ORAL	3	PA, QL 56/28 days, SP, Partial fill, Prudent
COMETRIQ (140 MG DAILY DOSE) KIT 3 X 20 MG & 80 MG ORAL	3	PA, QL 84/28 days, SP, Partial fill, Prudent
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL	3	PA, QL 84/28 days, SP, Partial fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Multikinase Inhibitors (continued)		
FOTIVDA CAPSULE 0.89 MG ORAL	3	LA, PA, QL 21/28 days, SP, Partial fill, Prudent
FOTIVDA CAPSULE 1.34 MG ORAL	3	LA, PA, QL 21/28 days, SP, Partial fill, Prudent
lapatinib ditosylate tablet 250 mg oral	1	PA, QL 180/30 days, SP, Prudent
NERLYNX TABLET 40 MG ORAL	3	PA, QL 180/30 days, SP, Partial fill, Prudent
NEXAVAR TABLET 200 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent
pazopanib hcl tablet 200 mg oral	1	PA, QL 120/30 days, SP, Partial fill, Prudent
QINLOCK TABLET 50 MG ORAL	3	PA, QL 90/30 days, SP, Prudent
RYDAPT CAPSULE 25 MG ORAL	3	PA, SP, Prudent
sorafenib tosylate tablet 200 mg oral	1	PA, QL 120/30 days, SP, Partial fill, Prudent
STIVARGA TABLET 40 MG ORAL	3	PA, QL 84/28 days, SP, Prudent
sunitinib malate capsule 12.5 mg oral	1	PA, QL 28/28 days, SP, Partial fill, Prudent
sunitinib malate capsule 25 mg oral	1	PA, QL 28/28 days, SP, Partial fill, Prudent
sunitinib malate capsule 37.5 mg oral	1	PA, QL 28/28 days, SP, Partial fill, Prudent
sunitinib malate capsule 50 mg oral	1	PA, QL 28/28 days, SP, Partial fill, Prudent
SUTENT CAPSULE 12.5 MG ORAL	3	PA, QL 28/28 days, SP, Partial fill, Prudent
SUTENT CAPSULE 25 MG ORAL	3	PA, QL 28/28 days, SP, Partial fill, Prudent
SUTENT CAPSULE 37.5 MG ORAL	3	PA, QL 28/28 days, SP, Partial fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Multikinase Inhibitors (continued)		
SUTENT CAPSULE 50 MG ORAL	3	PA, QL 28/28 days, SP, Partial fill, Prudent
TURALIO CAPSULE 200 MG ORAL	3	PA, QL 120/30 days
TYKERB TABLET 250 MG ORAL	3	PA, QL 180/30 days, SP, Prudent
VANFLYTA TABLET 17.7 MG ORAL	3	LA, PA, SP
VANFLYTA TABLET 26.5 MG ORAL	3	LA, PA, SP
VOTRIENT TABLET 200 MG ORAL	3	PA, QL 4/1 days, SP, Partial fill, Prudent
XOSPATA TABLET 40 MG ORAL	3	LA, PA, Prudent
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABLET 100 MG ORAL	3	LA, PA, QL 30/30 days, SP, Partial fill, Prudent
AYVAKIT TABLET 200 MG ORAL	3	LA, PA, QL 30/30 days, SP, Partial fill, Prudent
AYVAKIT TABLET 25 MG ORAL	3	LA, PA, QL 30/30 days, SP, Partial fill, Prudent
AYVAKIT TABLET 300 MG ORAL	3	LA, PA, QL 30/30 days, SP, Partial fill, Prudent
AYVAKIT TABLET 50 MG ORAL	3	LA, PA, QL 30/30 days, SP, Partial fill, Prudent
Antineoplastic - Proteasome Inhibitors		
NINLARO CAPSULE 2.3 MG ORAL	3	PA, QL 3/28 days, SP, Prudent
NINLARO CAPSULE 3 MG ORAL	3	PA, QL 3/28 days, SP, Prudent
NINLARO CAPSULE 4 MG ORAL	3	PA, QL 3/28 days, SP, Prudent
Antineoplastic - RET Inhibitors		
GAVRETO CAPSULE 100 MG ORAL	3	LA, PA, QL 120/30 days, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - RET Inhibitors (continued)		
RETEVMO CAPSULE 40 MG ORAL	3	PA, QL 90/30 days, SP, Partial fill, Prudent
RETEVMO CAPSULE 80 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent
RETEVMO TABLET 120 MG ORAL	3	PA, QL 60/30 days, SP, Partial fill, Prudent
RETEVMO TABLET 160 MG ORAL	3	PA, QL 60/30 days, SP, Partial fill, Prudent
RETEVMO TABLET 40 MG ORAL	3	PA, QL 90/30 days, SP, Partial fill, Prudent
RETEVMO TABLET 80 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors		
AUGTYRO CAPSULE 40 MG ORAL	3	PA, QL 240/30 days, SP, Prudent
ROZLYTREK CAPSULE 100 MG ORAL	3	PA, QL 30/30 days, SP, Partial Fill, Prudent
ROZLYTREK CAPSULE 200 MG ORAL	3	PA, QL 90/30 days, SP, Partial Fill, Prudent
ROZLYTREK PACKET 50 MG ORAL	3	PA, QL 60/30 days, SP, Partial Fill, Prudent
VITRAKVI CAPSULE 100 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
VITRAKVI CAPSULE 25 MG ORAL	3	PA, QL 90/30 days, SP, Prudent
VITRAKVI SOLUTION 20 MG/ML ORAL	3	PA, SP, Prudent
Antineoplastic - Tyrosine Kinase Inhibitors		
COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80 & 1 X 20 MG ORAL	3	LA, QL 56/28 days, SP, Partial Fill
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 MG ORAL	3	LA, QL 112/28 days, SP, Partial Fill

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For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	3	LA, PA, QL 20/28 days, SP, Prudent
XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 50 MG ORAL	3	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	3	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	3	LA, PA, QL 4/28 days, SP, Prudent
XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	3	LA, PA, QL 16/28 days, SP, Prudent
XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	3	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	3	LA, PA, QL 12/28 days, SP, Prudent
XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 60 MG ORAL	3	LA, PA, QL 4/28 days, SP, Prudent
XPOVIO (60 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	3	LA, PA, QL 24/28 days, SP, Prudent
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	3	LA, PA, QL 16/28 days, SP, Prudent
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	3	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (80 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	3	LA, PA, QL 32/28 days, Prudent
Antineoplastic Antibiotics		
DAUNOXOME INJECTABLE 2 MG/ML INTRAVENOUS	3	
valrubicin solution 40 mg/ml intravesical	1	Prudent
VALSTAR SOLUTION 40 MG/ML INTRAVESICAL	3	Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic -Antibody for Radiopharmaceutical Therapy		
ZEVALIN Y-90 KIT 3.2 MG/2ML INTRAVENOUS	3	LA, SP
Antineoplastic Combinations		
INQOVI TABLET 35-100 MG ORAL	3	PA, QL 5/28 days, SP, Prudent
LONSURF TABLET 15-6.14 MG ORAL	3	PA, SP, Prudent
LONSURF TABLET 20-8.19 MG ORAL	3	PA, SP, Prudent
Antineoplastic Radiopharmaceuticals		
METASTRON SOLUTION 1 MCI/ML INTRAVENOUS	3	
QUADRAMET SOLUTION 1850 MBQ/ML INTRAVENOUS	3	
XOFIGO SOLUTION 27 MCCI/ML INTRAVENOUS	3	LA, SP
Antineoplastics - Photoactivated Agents		
PHOTOFRIN SOLUTION RECONSTITUTED 75 MG INTRAVENOUS	3	LA, SP
Antineoplastics Misc.		
ACTIMMUNE SOLUTION 100 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Prudent
ALFERON N SOLUTION 5000000 UNIT/ML INJECTION	3	
BESREMI SOLUTION PREFILLED SYRINGE 500 MCG/ML SUBCUTANEOUS	3	LA, PA, QL 2/28 days, SP, Prudent
HYDREA CAPSULE 500 MG ORAL	3	
hydroxyurea capsule 500 mg oral	1	
INTRON A SOLUTION 10000000 UNIT/ML INJECTION	3	PA, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastics Misc. (continued)		
INTRON A SOLUTION 6000000 UNIT/ML INJECTION	3	PA, SP
MATULANE CAPSULE 50 MG ORAL	3	LA, PA, SP
SYNRIBO SOLUTION RECONSTITUTED 3.5 MG SUBCUTANEOUS	3	LA, PA, SP
Aromatase Inhibitors		
anastrozole tablet 1 mg oral	0	ACA NCDL, limitations may apply
ARIMIDEX TABLET 1 MG ORAL	3	
AROMASIN TABLET 25 MG ORAL	3	
exemestane tablet 25 mg oral	0	ACA NCDL, limitations may apply
FEMARA TABLET 2.5 MG ORAL	3	
letrozole tablet 2.5 mg oral	1	
Cardiac Protective Agents		
TOTECT SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	3	
Cyclin-Dependent Kinases (CDK) Inhibitors		
IBRANCE CAPSULE 100 MG ORAL	3	PA, QL 21/28 days, SP, Prudent
IBRANCE CAPSULE 125 MG ORAL	3	PA, QL 21/28 days, SP, Prudent
IBRANCE CAPSULE 75 MG ORAL	3	PA, QL 21/28 days, SP, Prudent
IBRANCE TABLET 100 MG ORAL	3	PA, QL 21/28 days, SP, Prudent
IBRANCE TABLET 125 MG ORAL	3	PA, QL 21/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cyclin-Dependent Kinases (CDK) Inhibitors (continued)		
IBRANCE TABLET 75 MG ORAL	3	PA, QL 21/28 days, SP, Prudent
KISQALI (200 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	3	PA, QL 21/28 days, SP, Medical Necessity PA, Prudent
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	3	PA, QL 42/28 days, SP, Medical Necessity PA, Prudent
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	3	PA, QL 63/28 days, SP, Medical Necessity PA, Prudent
KISQALI 200 DOSE TABLET 200 MG ORAL	3	PA, QL 21/28 days, SP, Medical Necessity PA
KISQALI 400 DOSE TABLET 200 MG ORAL	3	PA, QL 42/28 days, SP, Medical Necessity PA
KISQALI 600 DOSE TABLET 200 MG ORAL	3	PA, QL 63/28 days, SP, Medical Necessity PA
VERZENIO TABLET 100 MG ORAL	3	PA, QL 56/28 days, SP, Prudent
VERZENIO TABLET 150 MG ORAL	3	PA, QL 56/28 days, SP, Prudent
VERZENIO TABLET 200 MG ORAL	3	PA, QL 56/28 days, SP, Prudent
VERZENIO TABLET 50 MG ORAL	3	PA, QL 56/28 days, SP, Prudent
Estrogen Receptor Antagonist		
FASLODEX SOLUTION 250 MG/5ML INTRAMUSCULAR	3	
FASLODEX SOLUTION PREFILLED SYRINGE 250 MG/5ML INTRAMUSCULAR	3	PA, Medical Necessity PA
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens-Antineoplastic		
EMCYT CAPSULE 140 MG ORAL	2	
Folic Acid Antagonists Rescue Agents		
leucovorin calcium solution reconstituted 100 mg injection	1	
leucovorin calcium solution reconstituted 200 mg injection	1	
leucovorin calcium solution reconstituted 350 mg injection	1	
leucovorin calcium solution reconstituted 50 mg injection	1	
leucovorin calcium solution reconstituted 500 mg injection	1	
leucovorin calcium tablet 10 mg oral	1	
leucovorin calcium tablet 15 mg oral	1	
leucovorin calcium tablet 25 mg oral	1	
leucovorin calcium tablet 5 mg oral	1	
Gonadotropin Releasing Hormone (GnRH) Antagonists		
ORGOVYX TABLET 120 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
Imidazotetrazines		
TEMODAR CAPSULE 100 MG ORAL	3	PA, SP, Prudent
TEMODAR CAPSULE 140 MG ORAL	3	PA, SP, Prudent
TEMODAR CAPSULE 180 MG ORAL	3	PA, SP, Prudent
TEMODAR CAPSULE 20 MG ORAL	3	PA, SP, Prudent
TEMODAR CAPSULE 250 MG ORAL	3	PA, SP, Prudent
TEMODAR CAPSULE 5 MG ORAL	3	PA, SP, Prudent
TEMODAR SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	3	SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Imidazotetrazines (continued)		
temozolomide capsule 100 mg oral	1	PA, SP, Prudent
temozolomide capsule 140 mg oral	1	PA, SP, Prudent
temozolomide capsule 180 mg oral	1	PA, SP, Prudent
temozolomide capsule 20 mg oral	1	PA, SP, Prudent
temozolomide capsule 250 mg oral	1	PA, SP, Prudent
temozolomide capsule 5 mg oral	1	PA, SP, Prudent
Isocitrate Dehydrogenase 1 & 2 (IDH1 & IDH2) Inhibitors		
VORANIGO TABLET 10 MG ORAL	3	LA, PA, QL 60/30 days, SP
VORANIGO TABLET 40 MG ORAL	3	LA, PA, QL 30/30 days, SP
Isocitrate Dehydrogenase-1 (IDH1) Inhibitors		
REZLIDHIA CAPSULE 150 MG ORAL	3	PA, QL 60/30 days, SP, Partial Fill
TIBSOVO TABLET 250 MG ORAL	3	LA, PA, QL 60/30 days, SP, Partial fill, Prudent
Isocitrate Dehydrogenase-2 (IDH2) Inhibitors		
IDHIFA TABLET 100 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
IDHIFA TABLET 50 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
Janus Associated Kinase (JAK) Inhibitors		
INREBIC CAPSULE 100 MG ORAL	3	PA, QL 120/30 days, SP, Partial Fill, Prudent
JAKAFI TABLET 10 MG ORAL	3	PA, QL 2/1 days, SP, Partial fill, Prudent
JAKAFI TABLET 15 MG ORAL	3	PA, QL 2/1 days, SP, Partial fill, Prudent
JAKAFI TABLET 20 MG ORAL	3	PA, QL 2/1 days, SP, Partial fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Janus Associated Kinase (JAK) Inhibitors (continued)		
JAKAFI TABLET 25 MG ORAL	3	PA, QL 2/1 days, SP, Partial fill, Prudent
JAKAFI TABLET 5 MG ORAL	3	PA, QL 2/1 days, SP, Partial fill, Prudent
OJJAARA TABLET 100 MG ORAL	3	LA, PA, QL 30/30 days, SP
OJJAARA TABLET 150 MG ORAL	3	LA, PA, QL 30/30 days, SP
OJJAARA TABLET 200 MG ORAL	3	LA, PA, QL 30/30 days, SP
VONJO CAPSULE 100 MG ORAL	3	LA, PA, QL 120/30 days, SP, Prudent
LHRH Analogs		
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	3	PA, SP
ELIGARD KIT 22.5 MG SUBCUTANEOUS	3	PA, SP, Prudent
ELIGARD KIT 30 MG SUBCUTANEOUS	3	PA, SP, Prudent
ELIGARD KIT 45 MG SUBCUTANEOUS	3	PA, SP, Prudent
ELIGARD KIT 7.5 MG SUBCUTANEOUS	3	PA, SP, Prudent
leuprolide acetate kit 1 mg/0.2ml injection	1	PA, SP
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	3	PA, SP, Prudent
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	3	PA, SP, Prudent
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LHRH Analogs (continued)		
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	3	PA, SP, Prudent
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	3	PA, SP, Prudent
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	3	PA, SP, Prudent
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 11.25 MG INTRAMUSCULAR	3	PA, SP, Prudent
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 22.5 MG INTRAMUSCULAR	3	PA, SP, Prudent
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 3.75 MG INTRAMUSCULAR	3	PA, SP, Prudent
ZOLADEX IMPLANT 10.8 MG SUBCUTANEOUS	3	PA, QL 1/84 days, SP, Prudent
ZOLADEX IMPLANT 3.6 MG SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Prudent
Mitotic Inhibitors		
ETOPOPHOS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	3	
etoposide capsule 50 mg oral	1	
etoposide solution 1 gm/50ml intravenous	1	
etoposide solution 100 mg/5ml intravenous	1	
etoposide solution 500 mg/25ml intravenous	1	
MARQIBO SUSPENSION 5 MG/31ML INTRAVENOUS	3	LA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Mitotic Inhibitors (continued)		
NAVELBINE SOLUTION 10 MG/ML INTRAVENOUS	3	
NAVELBINE SOLUTION 50 MG/5ML INTRAVENOUS	3	
teniposide solution 10 mg/ml intravenous	1	
TOPOSAR SOLUTION 1 GM/50ML INTRAVENOUS	3	
TOPOSAR SOLUTION 100 MG/5ML INTRAVENOUS	3	
TOPOSAR SOLUTION 500 MG/25ML INTRAVENOUS	3	
Nitrogen Mustards and Related Analogues		
ALKERAN TABLET 2 MG ORAL	2	
cyclophosphamide capsule 25 mg oral	1	
cyclophosphamide capsule 50 mg oral	1	
cyclophosphamide solution reconstituted 1 gm injection	1	
cyclophosphamide solution reconstituted 2 gm injection	1	
cyclophosphamide solution reconstituted 500 mg injection	1	
cyclophosphamide tablet 25 mg oral	2	
cyclophosphamide tablet 50 mg oral	2	
LEUKERAN TABLET 2 MG ORAL	2	
Nitrosoureas		
GLEOSTINE CAPSULE 10 MG ORAL	3	SP, Prudent
GLEOSTINE CAPSULE 100 MG ORAL	3	SP, Prudent
GLEOSTINE CAPSULE 40 MG ORAL	3	SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nitrosoureas (continued)		
GLIADEL WAFER WAFER 7.7 MG IMPLANT	3	
Ornithine Decarboxylase (ODC) Inhibitors		
IWILFIN TABLET 192 MG ORAL	3	LA, PA, QL 240/30 days, SP
Phosphatidylinositol 3-Kinase (PI3K) Inhibitors		
COPIKTRA CAPSULE 15 MG ORAL	3	PA, SP, Prudent
COPIKTRA CAPSULE 25 MG ORAL	3	PA, SP, Prudent
PIQRAY (200 MG DAILY DOSE) TABLET THERAPY PACK 200 MG ORAL	3	PA, SP, Prudent
PIQRAY (250 MG DAILY DOSE) TABLET THERAPY PACK 200 & 50 MG ORAL	3	PA, SP, Prudent
PIQRAY (300 MG DAILY DOSE) TABLET THERAPY PACK 2 X 150 MG ORAL	3	PA, SP, Prudent
ZYDELIG TABLET 100 MG ORAL	3	LA, PA, QL 60/30 days, SP, Prudent
ZYDELIG TABLET 150 MG ORAL	3	LA, PA, QL 60/30 days, SP, Prudent
Poly (ADP-ribose) Polymerase (PARP) Inhibitors		
LYNPARZA TABLET 100 MG ORAL	3	PA, QL 5/1 days, SP, Partial fill, Prudent
LYNPARZA TABLET 150 MG ORAL	3	PA, QL 4/1 days, SP, Partial fill, Prudent
RUBRACA TABLET 200 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent
RUBRACA TABLET 250 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent
RUBRACA TABLET 300 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Poly (ADP-ribose) Polymerase (PARP) Inhibitors (continued)		
TALZENNA CAPSULE 0.1 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
TALZENNA CAPSULE 0.25 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
TALZENNA CAPSULE 0.35 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
TALZENNA CAPSULE 0.5 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
TALZENNA CAPSULE 0.75 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
TALZENNA CAPSULE 1 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
ZEJULA CAPSULE 100 MG ORAL	3	PA, QL 30/30 days, SP
ZEJULA TABLET 100 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
ZEJULA TABLET 200 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
ZEJULA TABLET 300 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
Progestins-Antineoplastic		
DEPO-PROVERA SUSPENSION 400 MG/ML INTRAMUSCULAR	3	
megestrol acetate suspension 40 mg/ml oral	1	
megestrol acetate suspension 400 mg/10ml oral	1	
megestrol acetate tablet 20 mg oral	1	
megestrol acetate tablet 40 mg oral	1	
Retinoids		
tretinoin capsule 10 mg oral	1	QL 810/365 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Estrogen Receptor Degraders		
ORSERDU TABLET 345 MG ORAL	3	LA, PA, QL 30/30 days, SP, Partial Fill
ORSERDU TABLET 86 MG ORAL	3	LA, PA, QL 90/30 days, SP, Partial Fill
Selective Retinoid X Receptor Agonists		
bexarotene capsule 75 mg oral	1	PA, QL 60/30 days, SP, Partial fill, Prudent
TARGRETIN CAPSULE 75 MG ORAL	3	PA, QL 60/30 days, SP, Partial fill, Prudent
Topoisomerase I Inhibitors		
HYCAMTIN CAPSULE 0.25 MG ORAL	3	SP, Prudent
HYCAMTIN CAPSULE 1 MG ORAL	3	SP, Prudent
HYCAMTIN SOLUTION RECONSTITUTED 4 MG INTRAVENOUS	3	
topotecan hcl solution 4 mg/4ml intravenous	1	
topotecan hcl solution reconstituted 4 mg intravenous	1	
Urinary Tract Protective Agents		
ETHYOL SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	3	
MESNEX TABLET 400 MG ORAL	3	
Vascular Endothelial Growth Factor (VEGF) Inhibitors		
FRUZAQLA CAPSULE 1 MG ORAL	3	LA, PA, QL 84/28 days, SP
FRUZAQLA CAPSULE 5 MG ORAL	3	LA, PA, QL 21/28 days, SP
INLYTA TABLET 1 MG ORAL	3	PA, QL 120/30 days, SP, Partial fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vascular Endothelial Growth Factor (VEGF) Inhibitors (continued)		
INLYTA TABLET 5 MG ORAL	3	PA, QL 60/30 days, SP, Partial fill, Prudent
LENVIMA (10 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
LENVIMA (12 MG DAILY DOSE) CAPSULE THERAPY PACK 3 X 4 MG ORAL	3	PA, QL 90/30 days, SP, Prudent
LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 & 4 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
LENVIMA (18 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ORAL	3	PA, QL 90/30 days, SP, Prudent
LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL	3	PA, QL 90/30 days, SP, Prudent
LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
LENVIMA (8 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 4 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
ANTIPARKINSON AND RELATED THERAPY AGENTS		
Adenosine Receptor Antagonist		
NOURIANZ TABLET 20 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
NOURIANZ TABLET 40 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiparkinson Anticholinergics		
benztropine mesylate solution 1 mg/ml injection	1	
benztropine mesylate tablet 0.5 mg oral	1	
benztropine mesylate tablet 1 mg oral	1	
benztropine mesylate tablet 2 mg oral	1	
COGENTIN SOLUTION 1 MG/ML INJECTION	3	
trihexyphenidyl hcl elixir 0.4 mg/ml oral	1	
trihexyphenidyl hcl tablet 2 mg oral	1	
trihexyphenidyl hcl tablet 5 mg oral	1	
Antiparkinson Dopaminergics		
amantadine hcl capsule 100 mg oral	1	
amantadine hcl solution 50 mg/5ml oral	1	
amantadine hcl syrup 50 mg/5ml oral	1	
amantadine hcl tablet 100 mg oral	1	
bromocriptine mesylate capsule 5 mg oral	1	
bromocriptine mesylate tablet 2.5 mg oral	1	
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
INBRIJA CAPSULE 42 MG INHALATION	3	PA, Medical Necessity PA, Prudent
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG ORAL	3	QL 60/30 days, ST
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129 MG ORAL	3	QL 30/30 days, ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiparkinson Dopaminergics (continued)		
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193 MG ORAL	3	QL 30/30 days, ST
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258 MG ORAL	3	QL 30/30 days, ST
PARLODEL CAPSULE 5 MG ORAL	3	
PARLODEL TABLET 2.5 MG ORAL	3	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABLET 0.5 MG ORAL	3	QL 30/30 days
AZILECT TABLET 1 MG ORAL	3	QL 30/30 days
ELDEPRYL CAPSULE 5 MG ORAL	3	
rasagiline mesylate tablet 0.5 mg oral	1	QL 30/30 days
rasagiline mesylate tablet 1 mg oral	1	QL 30/30 days
selegiline hcl capsule 5 mg oral	1	
selegiline hcl tablet 5 mg oral	1	
XADAGO TABLET 100 MG ORAL	3	PA, Medical Necessity PA
XADAGO TABLET 50 MG ORAL	3	PA, Medical Necessity PA
ZELAPAR TABLET DISPERSIBLE 1.25 MG ORAL	3	
Central/Peripheral COMT Inhibitors		
TASMAR TABLET 100 MG ORAL	3	
Decarboxylase Inhibitors		
carbidopa tablet 25 mg oral	1	
LODOSYN TABLET 25 MG ORAL	3	
Levodopa Combinations		
carbidopa-levodopa er tablet extended release 50-200 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Levodopa Combinations (continued)		
carbidopa-levodopa tablet 10-100 mg oral	1	
carbidopa-levodopa tablet 25-100 mg oral	1	
carbidopa-levodopa tablet 25-250 mg oral	1	
carbidopa-levodopa tablet dispersible 10-100 mg oral	1	
carbidopa-levodopa tablet dispersible 25-100 mg oral	1	
carbidopa-levodopa tablet dispersible 25-250 mg oral	1	
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 25-100-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 50-200-200 mg oral	1	
CREXONT CAPSULE EXTENDED RELEASE 35-140 MG ORAL	3	PA, Medical Necessity PA
CREXONT CAPSULE EXTENDED RELEASE 52.5-210 MG ORAL	3	PA, Medical Necessity PA
CREXONT CAPSULE EXTENDED RELEASE 70-280 MG ORAL	3	PA, Medical Necessity PA
CREXONT CAPSULE EXTENDED RELEASE 87.5-350 MG ORAL	3	PA, Medical Necessity PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Levodopa Combinations (continued)		
DHIVY TABLET 100-25 MG ORAL	3	PA, QL 240/30 days, Medical Necessity PA
DHIVY TABLET 25-100 MG ORAL	3	PA, QL 240/30 days, Medical Necessity PA
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	
SINEMET CR TABLET EXTENDED RELEASE 25-100 MG ORAL	3	
SINEMET CR TABLET EXTENDED RELEASE 50-200 MG ORAL	3	
SINEMET TABLET 10-100 MG ORAL	3	
SINEMET TABLET 25-100 MG ORAL	3	PA, QL 240/30 days, Medical Necessity PA
SINEMET TABLET 25-250 MG ORAL	3	
STALEVO 100 TABLET 25-100-200 MG ORAL	3	
STALEVO 125 TABLET 31.25-125-200 MG ORAL	3	
STALEVO 150 TABLET 37.5-150-200 MG ORAL	3	
STALEVO 200 TABLET 50-200-200 MG ORAL	3	
STALEVO 50 TABLET 12.5-50-200 MG ORAL	3	
STALEVO 75 TABLET 18.75-75-200 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonergoline Dopamine Receptor Agonists		
APOKYN SOLUTION 10 MG/ML SUBCUTANEOUS	3	PA
APOKYN SOLUTION CARTRIDGE 30 MG/3ML SUBCUTANEOUS	3	PA, SP, Prudent
apomorphine hcl solution cartridge 30 mg/3ml subcutaneous	1	PA, SP, Prudent
KYNMOBI FILM 10 MG SUBLINGUAL	3	PA, QL 150/30 days, SP
KYNMOBI FILM 15 MG SUBLINGUAL	3	PA, QL 150/30 days, SP
KYNMOBI FILM 20 MG SUBLINGUAL	3	PA, QL 150/30 days, SP
KYNMOBI FILM 25 MG SUBLINGUAL	3	PA, QL 150/30 days, SP
KYNMOBI FILM 30 MG SUBLINGUAL	3	PA, QL 150/30 days, SP
KYNMOBI TITRATION KIT KIT 10&15&20&25&30 MG SUBLINGUAL	3	PA, QL 10/30 days, SP
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.375 MG ORAL	3	
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL	3	
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL	3	
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 2.25 MG ORAL	3	
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	3	
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3.75 MG ORAL	3	
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 4.5 MG ORAL	3	
MIRAPEX TABLET 0.125 MG ORAL	3	
MIRAPEX TABLET 0.25 MG ORAL	3	
MIRAPEX TABLET 0.5 MG ORAL	3	
MIRAPEX TABLET 0.75 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonergoline Dopamine Receptor Agonists (continued)		
MIRAPEX TABLET 1 MG ORAL	3	
MIRAPEX TABLET 1.5 MG ORAL	3	
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL	3	
pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 3.75 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral	1	
pramipexole dihydrochloride tablet 0.125 mg oral	1	
pramipexole dihydrochloride tablet 0.25 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonergoline Dopamine Receptor Agonists (continued)		
pramipexole dihydrochloride tablet 0.5 mg oral	1	
pramipexole dihydrochloride tablet 0.75 mg oral	1	
pramipexole dihydrochloride tablet 1 mg oral	1	
pramipexole dihydrochloride tablet 1.5 mg oral	1	
REQUIP TABLET 0.25 MG ORAL	3	
REQUIP TABLET 0.5 MG ORAL	3	
REQUIP TABLET 1 MG ORAL	3	
REQUIP TABLET 2 MG ORAL	3	
REQUIP TABLET 3 MG ORAL	3	
REQUIP TABLET 4 MG ORAL	3	
REQUIP TABLET 5 MG ORAL	3	
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	3	
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL	3	QL 60/30 days
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	3	QL 60/30 days
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	3	QL 90/30 days
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL	3	
ropinirole hcl er tablet extended release 24 hour 12 mg oral	1	
ropinirole hcl er tablet extended release 24 hour 2 mg oral	1	
ropinirole hcl er tablet extended release 24 hour 4 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonergoline Dopamine Receptor Agonists (continued)		
ropinirole hcl er tablet extended release 24 hour 6 mg oral	1	
ropinirole hcl er tablet extended release 24 hour 8 mg oral	1	
ropinirole hcl tablet 0.25 mg oral	1	
ropinirole hcl tablet 0.5 mg oral	1	
ropinirole hcl tablet 1 mg oral	1	
ropinirole hcl tablet 2 mg oral	1	
ropinirole hcl tablet 3 mg oral	1	
ropinirole hcl tablet 4 mg oral	1	
ropinirole hcl tablet 5 mg oral	1	
Peripheral COMT Inhibitors		
COMTAN TABLET 200 MG ORAL	3	
entacapone tablet 200 mg oral	1	
ONGENTYS CAPSULE 25 MG ORAL	3	QL 30/30 days
ONGENTYS CAPSULE 50 MG ORAL	3	QL 30/30 days
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
Antimanic Agents		
lithium carbonate capsule 150 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
lithium carbonate capsule 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
lithium carbonate capsule 600 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
lithium carbonate er tablet extended release 300 mg oral	1	PS Expanded NCDL,VBP Drug List
lithium carbonate er tablet extended release 450 mg oral	1	PS Expanded NCDL,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimanic Agents (continued)		
lithium carbonate tablet 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
lithium citrate solution 8 meq/5ml oral	3	
lithium solution 8 meq/5ml oral	3	
LITHOBID TABLET EXTENDED RELEASE 300 MG ORAL	3	
Antipsychotics - Misc.		
CAPLYTA CAPSULE 10.5 MG ORAL	3	QL 30/30 days, ST
CAPLYTA CAPSULE 21 MG ORAL	3	QL 30/30 days, ST
CAPLYTA CAPSULE 42 MG ORAL	3	QL 30/30 days, ST
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	PA, Medical Necessity PA
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	3	PA, Medical Necessity PA
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	3	PA, Medical Necessity PA
GEODON CAPSULE 20 MG ORAL	3	
GEODON CAPSULE 40 MG ORAL	3	
GEODON CAPSULE 60 MG ORAL	3	
GEODON CAPSULE 80 MG ORAL	3	
GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR	3	
LATUDA TABLET 120 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
LATUDA TABLET 20 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
LATUDA TABLET 40 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
LATUDA TABLET 60 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antipsychotics - Misc. (continued)		
LATUDA TABLET 80 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
lurasidone hcl tablet 120 mg oral	1	QL 30/30 days
lurasidone hcl tablet 20 mg oral	1	QL 30/30 days
lurasidone hcl tablet 40 mg oral	1	QL 30/30 days
lurasidone hcl tablet 60 mg oral	1	QL 30/30 days
lurasidone hcl tablet 80 mg oral	1	QL 30/30 days
NUPLAZID CAPSULE 34 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
NUPLAZID TABLET 10 MG ORAL	3	PA, QL 30/30 days, SP, Partial fill, Prudent
VRAYLAR CAPSULE 1.5 MG ORAL	3	QL 30/30 days, ST
VRAYLAR CAPSULE 3 MG ORAL	3	QL 30/30 days, ST
VRAYLAR CAPSULE 4.5 MG ORAL	3	QL 30/30 days, ST
VRAYLAR CAPSULE 6 MG ORAL	3	QL 30/30 days, ST
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL	3	ST
ziprasidone hcl capsule 20 mg oral	1	
ziprasidone hcl capsule 40 mg oral	1	
ziprasidone hcl capsule 60 mg oral	1	
ziprasidone hcl capsule 80 mg oral	1	
ziprasidone mesylate solution reconstituted 20 mg intramuscular	1	
Benzisoxazoles		
FANAPT TABLET 1 MG ORAL	3	ST
FANAPT TABLET 10 MG ORAL	3	ST
FANAPT TABLET 12 MG ORAL	3	ST
FANAPT TABLET 2 MG ORAL	3	ST
FANAPT TABLET 4 MG ORAL	3	ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzisoxazoles (continued)		
FANAPT TABLET 6 MG ORAL	3	ST
FANAPT TABLET 8 MG ORAL	3	ST
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL	3	ST
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR	3	QL 3.50/168 days
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR	3	QL 5/168 days
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	3	QL 0.75/28 days
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	3	QL 1/28 days
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	3	QL 1.50/28 days
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR	3	QL 0.25/28 days
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	3	QL 0.50/28 days
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	3	PA, Medical Necessity PA
INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzisoxazoles (continued)		
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR	3	QL 0.88/84 days
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR	3	QL 1.32/84 days
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR	3	QL 1.75/84 days
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR	3	QL 2.63/84 days
paliperidone er tablet extended release 24 hour 1.5 mg oral	1	QL 30/30 days
paliperidone er tablet extended release 24 hour 3 mg oral	1	QL 30/30 days
paliperidone er tablet extended release 24 hour 6 mg oral	1	
paliperidone er tablet extended release 24 hour 9 mg oral	1	
PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS	3	QL 1/28 days
PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS	3	QL 1/28 days
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	3	QL 2/28 days
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	3	QL 2/28 days
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	3	QL 2/28 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzisoxazoles (continued)		
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	3	QL 2/28 days
RISPERDAL M-TAB TABLET DISPERSIBLE 0.5 MG ORAL	3	
RISPERDAL M-TAB TABLET DISPERSIBLE 1 MG ORAL	3	
RISPERDAL M-TAB TABLET DISPERSIBLE 2 MG ORAL	3	
RISPERDAL M-TAB TABLET DISPERSIBLE 3 MG ORAL	3	
RISPERDAL M-TAB TABLET DISPERSIBLE 4 MG ORAL	3	
RISPERDAL SOLUTION 1 MG/ML ORAL	3	
RISPERDAL TABLET 0.25 MG ORAL	3	
RISPERDAL TABLET 0.5 MG ORAL	3	
RISPERDAL TABLET 1 MG ORAL	3	
RISPERDAL TABLET 2 MG ORAL	3	
RISPERDAL TABLET 3 MG ORAL	3	
RISPERDAL TABLET 4 MG ORAL	3	
risperidone microspheres er suspension reconstituted er 12.5 mg intramuscular	1	QL 2/28 days
risperidone microspheres er suspension reconstituted er 25 mg intramuscular	1	QL 2/28 days
risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular	1	QL 2/28 days
risperidone microspheres er suspension reconstituted er 50 mg intramuscular	1	QL 2/28 days
RISPERIDONE M-TAB TABLET DISPERSIBLE 0.5 MG ORAL	1	PS Expanded NCDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzisoxazoles (continued)		
RISPERIDONE M-TAB TABLET DISPERSIBLE 1 MG ORAL	1	
RISPERIDONE M-TAB TABLET DISPERSIBLE 2 MG ORAL	1	
RISPERIDONE M-TAB TABLET DISPERSIBLE 3 MG ORAL	1	
RISPERIDONE M-TAB TABLET DISPERSIBLE 4 MG ORAL	1	
risperidone solution 1 mg/ml oral	1	PS Expanded NCDL,VBP Drug List
risperidone tablet 0.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
risperidone tablet 0.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
risperidone tablet 1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
risperidone tablet 2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
risperidone tablet 3 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
risperidone tablet 4 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
risperidone tablet dispersible 0.25 mg oral	1	
risperidone tablet dispersible 0.5 mg oral	1	PS Expanded NCDL,VBP Drug List
risperidone tablet dispersible 1 mg oral	1	
risperidone tablet dispersible 2 mg oral	1	
risperidone tablet dispersible 3 mg oral	1	
risperidone tablet dispersible 4 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzisoxazoles (continued)		
RYKINDO SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	3	QL 2/28 days
RYKINDO SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	3	QL 2/28 days
RYKINDO SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	3	QL 2/28 days
UZEDY SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML SUBCUTANEOUS	3	PA, Medical Necessity PA
UZEDY SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML SUBCUTANEOUS	3	PA, Medical Necessity PA
UZEDY SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML SUBCUTANEOUS	3	PA, Medical Necessity PA
UZEDY SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML SUBCUTANEOUS	3	PA, Medical Necessity PA
UZEDY SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML SUBCUTANEOUS	3	PA, Medical Necessity PA
UZEDY SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML SUBCUTANEOUS	3	PA, Medical Necessity PA
UZEDY SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML SUBCUTANEOUS	3	PA, Medical Necessity PA
Butyrophenones		
HALDOL DECANOATE SOLUTION 100 MG/ML INTRAMUSCULAR	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Butyrophenones (continued)		
HALDOL DECANOATE SOLUTION 50 MG/ML INTRAMUSCULAR	3	
HALDOL SOLUTION 5 MG/ML INJECTION	3	
haloperidol decanoate solution 100 mg/ml intramuscular	1	
haloperidol decanoate solution 50 mg/ml intramuscular	1	
haloperidol lactate concentrate 2 mg/ml oral	1	
haloperidol lactate solution 5 mg/ml injection	1	
haloperidol tablet 0.5 mg oral	1	
haloperidol tablet 1 mg oral	1	
haloperidol tablet 10 mg oral	1	
haloperidol tablet 2 mg oral	1	
haloperidol tablet 20 mg oral	1	
haloperidol tablet 5 mg oral	1	
Dibenzodiazepines		
clozapine tablet 100 mg oral	1	
clozapine tablet 200 mg oral	1	
clozapine tablet 25 mg oral	1	
clozapine tablet 50 mg oral	1	
clozapine tablet dispersible 100 mg oral	1	
clozapine tablet dispersible 12.5 mg oral	1	
clozapine tablet dispersible 150 mg oral	1	
clozapine tablet dispersible 200 mg oral	1	
clozapine tablet dispersible 25 mg oral	1	
CLOZARIL TABLET 100 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dibenzodiazepines (continued)		
CLOZARIL TABLET 200 MG ORAL	3	
CLOZARIL TABLET 25 MG ORAL	3	
CLOZARIL TABLET 50 MG ORAL	3	
FAZACLO TABLET DISPERSIBLE 100 MG ORAL	3	
FAZACLO TABLET DISPERSIBLE 12.5 MG ORAL	3	
FAZACLO TABLET DISPERSIBLE 150 MG ORAL	3	
FAZACLO TABLET DISPERSIBLE 200 MG ORAL	3	
FAZACLO TABLET DISPERSIBLE 25 MG ORAL	3	
VERSACLOZ SUSPENSION 50 MG/ML ORAL	3	PA, Medical Necessity PA
Dibenzo-oxepino Pyrroles		
asenapine maleate tablet sublingual 10 mg sublingual	1	QL 60/30 days
asenapine maleate tablet sublingual 2.5 mg sublingual	1	QL 60/30 days
asenapine maleate tablet sublingual 5 mg sublingual	1	QL 60/30 days
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL	3	PA, QL 60/30 days, Medical Necessity PA
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL	3	PA, QL 60/30 days, Medical Necessity PA
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL	3	PA, QL 60/30 days, Medical Necessity PA
SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL	3	QL 30/30 days, ST
SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL	3	QL 30/30 days, ST

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dibenzo-oxepino Pyrroles (continued)		
SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL	3	QL 30/30 days, ST
Dibenzothiazepines		
quetiapine fumarate er tablet extended release 24 hour 150 mg oral	1	
quetiapine fumarate er tablet extended release 24 hour 200 mg oral	1	
quetiapine fumarate er tablet extended release 24 hour 300 mg oral	1	
quetiapine fumarate er tablet extended release 24 hour 400 mg oral	1	
quetiapine fumarate er tablet extended release 24 hour 50 mg oral	1	
quetiapine fumarate tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
quetiapine fumarate tablet 150 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
quetiapine fumarate tablet 200 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
quetiapine fumarate tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
quetiapine fumarate tablet 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
quetiapine fumarate tablet 400 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
quetiapine fumarate tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
SEROQUEL TABLET 100 MG ORAL	3	
SEROQUEL TABLET 200 MG ORAL	3	
SEROQUEL TABLET 25 MG ORAL	3	
SEROQUEL TABLET 300 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dibenzothiazepines (continued)		
SEROQUEL TABLET 400 MG ORAL	3	
SEROQUEL TABLET 50 MG ORAL	3	
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL	3	
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	
Dibenzoxazepines		
ADASUVE AEROSOL POWDER BREATH ACTIVATED 10 MG INHALATION	3	
loxapine succinate capsule 10 mg oral	1	
loxapine succinate capsule 25 mg oral	1	
loxapine succinate capsule 5 mg oral	1	
loxapine succinate capsule 50 mg oral	1	
Dihydroindolones		
molindone hcl tablet 10 mg oral	1	
molindone hcl tablet 25 mg oral	1	
molindone hcl tablet 5 mg oral	1	
Phenothiazines		
chlorpromazine hcl concentrate 100 mg/ml oral	3	
chlorpromazine hcl concentrate 30 mg/ml oral	3	
chlorpromazine hcl tablet 10 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phenothiazines (continued)		
chlorpromazine hcl tablet 100 mg oral	1	
chlorpromazine hcl tablet 200 mg oral	1	
chlorpromazine hcl tablet 25 mg oral	1	
chlorpromazine hcl tablet 50 mg oral	1	
COMPAZINE SUPPOSITORY 25 MG RECTAL	3	
COMPAZINE TABLET 10 MG ORAL	3	
COMPAZINE TABLET 5 MG ORAL	3	
COMPRO SUPPOSITORY 25 MG RECTAL	1	
fluphenazine decanoate solution 25 mg/ml injection	1	
fluphenazine hcl concentrate 5 mg/ml oral	1	
fluphenazine hcl elixir 2.5 mg/5ml oral	1	
fluphenazine hcl solution 2.5 mg/ml injection	1	
fluphenazine hcl tablet 1 mg oral	1	
fluphenazine hcl tablet 10 mg oral	1	
fluphenazine hcl tablet 2.5 mg oral	1	
fluphenazine hcl tablet 5 mg oral	1	
perphenazine tablet 16 mg oral	1	
perphenazine tablet 2 mg oral	1	
perphenazine tablet 4 mg oral	1	
perphenazine tablet 8 mg oral	1	
prochlorperazine maleate tablet 10 mg oral	1	
prochlorperazine maleate tablet 5 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phenothiazines (continued)		
prochlorperazine suppository 25 mg rectal	1	
thioridazine hcl tablet 10 mg oral	1	
thioridazine hcl tablet 100 mg oral	1	
thioridazine hcl tablet 25 mg oral	1	
thioridazine hcl tablet 50 mg oral	1	
trifluoperazine hcl tablet 1 mg oral	1	
trifluoperazine hcl tablet 10 mg oral	1	
trifluoperazine hcl tablet 2 mg oral	1	
trifluoperazine hcl tablet 5 mg oral	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PREFILLED SYRINGE 720 MG/2.4ML INTRAMUSCULAR	3	QL 2.40/56 days
ABILIFY ASIMTUFII PREFILLED SYRINGE 960 MG/3.2ML INTRAMUSCULAR	3	QL 3.20/56 days
ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR	3	QL 1/28 days
ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR	3	QL 1/28 days
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR	3	QL 1/28 days
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR	3	QL 1/28 days
ABILIFY MYCITE TABLET 10 MG ORAL	3	PA, Medical Necessity PA
ABILIFY MYCITE TABLET 15 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Quinolinone Derivatives (continued)		
ABILIFY MYCITE TABLET 2 MG ORAL	3	PA, Medical Necessity PA
ABILIFY MYCITE TABLET 20 MG ORAL	3	PA, Medical Necessity PA
ABILIFY MYCITE TABLET 30 MG ORAL	3	PA, Medical Necessity PA
ABILIFY MYCITE TABLET 5 MG ORAL	3	PA, Medical Necessity PA
ABILIFY TABLET 10 MG ORAL	3	QL 30/30 days
ABILIFY TABLET 15 MG ORAL	3	QL 30/30 days
ABILIFY TABLET 2 MG ORAL	3	QL 60/30 days
ABILIFY TABLET 20 MG ORAL	3	QL 30/30 days
ABILIFY TABLET 30 MG ORAL	3	QL 30/30 days
ABILIFY TABLET 5 MG ORAL	3	QL 45/30 days
aripiprazole solution 1 mg/ml oral	1	
aripiprazole tablet 10 mg oral	1	
aripiprazole tablet 15 mg oral	1	
aripiprazole tablet 2 mg oral	1	
aripiprazole tablet 20 mg oral	1	
aripiprazole tablet 30 mg oral	1	
aripiprazole tablet 5 mg oral	1	
aripiprazole tablet dispersible 10 mg oral	1	PA, Medical Necessity PA
aripiprazole tablet dispersible 15 mg oral	1	PA, Medical Necessity PA
ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR	3	QL 2.40/365 days, Medical Necessity PA
ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR	3	QL 3.90/56 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Quinolinone Derivatives (continued)		
ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR	3	QL 1.60/28 days
ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR	3	QL 2.40/28 days
ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR	3	QL 3.20/28 days
REXULTI TABLET 0.25 MG ORAL	3	QL 30/30 days, ST
REXULTI TABLET 0.5 MG ORAL	3	QL 30/30 days, ST
REXULTI TABLET 1 MG ORAL	3	QL 30/30 days, ST
REXULTI TABLET 2 MG ORAL	3	QL 30/30 days, ST
REXULTI TABLET 3 MG ORAL	3	QL 30/30 days, ST
REXULTI TABLET 4 MG ORAL	3	QL 30/30 days, ST
Thienbenzodiazepines		
olanzapine tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
olanzapine tablet 15 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
olanzapine tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
olanzapine tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
olanzapine tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
olanzapine tablet 7.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
olanzapine tablet dispersible 10 mg oral	1	QL 30/30 days, PS Expanded NCDL,VBP Drug List
olanzapine tablet dispersible 15 mg oral	1	PS Expanded NCDL,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thienbenzodiazepines (continued)		
olanzapine tablet dispersible 20 mg oral	1	PS Expanded NCDL,VBP Drug List
olanzapine tablet dispersible 5 mg oral	1	QL 30/30 days, PS Expanded NCDL,VBP Drug List
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR	3	QL 2/28 days
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR	3	QL 2/28 days
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR	3	QL 1/28 days
ZYPREXA SOLUTION RECONSTITUTED 10 MG INTRAMUSCULAR	3	
ZYPREXA TABLET 10 MG ORAL	3	
ZYPREXA TABLET 15 MG ORAL	3	
ZYPREXA TABLET 2.5 MG ORAL	3	
ZYPREXA TABLET 20 MG ORAL	3	
ZYPREXA TABLET 5 MG ORAL	3	
ZYPREXA TABLET 7.5 MG ORAL	3	
ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL	3	QL 30/30 days
ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL	3	
ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL	3	
ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG ORAL	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thioxanthenes		
thiothixene capsule 1 mg oral	1	
thiothixene capsule 10 mg oral	1	
thiothixene capsule 2 mg oral	1	
thiothixene capsule 5 mg oral	1	
ANTISEPTICS & DISINFECTANTS		
Chlorine Antiseptics		
benzalkonium chloride solution 50 % external	3	
benzalkonium chloride solution external	1	
chlorhexidine gluconate solution 20 %	3	
Iodine Antiseptics		
IODOFLEX PAD 0.9 % EXTERNAL	3	
ANTIVIRALS		
Antiretroviral Combinations		
abacavir-lamivudine-zidovudine tablet 300-150-300 mg oral	1	
ATRIPLA TABLET 600-200-300 MG ORAL	3	
BIKTARVY TABLET 30-120-15 MG ORAL	2	QL 30/30 days
BIKTARVY TABLET 50-200-25 MG ORAL	2	QL 30/30 days
CABENUVA SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML INTRAMUSCULAR	3	SP
CABENUVA SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML INTRAMUSCULAR	3	SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretroviral Combinations (continued)		
CIMDUO TABLET 300-300 MG ORAL	2	
COMBIVIR TABLET 150-300 MG ORAL	3	
COMPLERA TABLET 200-25-300 MG ORAL	3	
DELSTRIGO TABLET 100-300-300 MG ORAL	2	QL 30/30 days
DESCOVY TABLET 120-15 MG ORAL	3	QL 30/30 days
DESCOVY TABLET 200-25 MG ORAL	0	QL 30/30 days, ACA NCDL, limitations may apply
DOVATO TABLET 50-300 MG ORAL	2	QL 30/30 days
efavirenz-emtricitab-tenofo df tablet 600-200-300 mg oral	1	
efavirenz-emtricitab-tenofovir tablet 600-200-300 mg oral	1	
efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral	1	
efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral	1	
emtricitabine-tenofovir df tablet 100-150 mg oral	1	
emtricitabine-tenofovir df tablet 133-200 mg oral	1	
emtricitabine-tenofovir df tablet 167-250 mg oral	1	
emtricitabine-tenofovir df tablet 200-300 mg oral	1	QL 30/30 days, ACA NCDL, limitations may apply
EPZICOM TABLET 600-300 MG ORAL	2	
EVOTAZ TABLET 300-150 MG ORAL	2	
GENVOYA TABLET 150-150-200-10 MG ORAL	2	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretroviral Combinations (continued)		
JULUCA TABLET 50-25 MG ORAL	3	QL 30/30 days
KALETRA SOLUTION 400-100 MG/5ML ORAL	3	
KALETRA TABLET 100-25 MG ORAL	3	QL 120/30 days
KALETRA TABLET 200-50 MG ORAL	3	QL 120/30 days
lamivudine-zidovudine tablet 150-300 mg oral	1	
lopinavir-ritonavir solution 400-100 mg/5ml oral	1	
lopinavir-ritonavir tablet 100-25 mg oral	1	QL 120/30 days
lopinavir-ritonavir tablet 200-50 mg oral	1	QL 120/30 days
ODEFSEY TABLET 200-25-25 MG ORAL	3	QL 1/1 days
PREZCOBIX TABLET 800-150 MG ORAL	2	
STRIBILD TABLET 150-150-200-300 MG ORAL	3	
SYMFI LO TABLET 400-300-300 MG ORAL	3	QL 30/30 days
SYMFI TABLET 600-300-300 MG ORAL	3	QL 30/30 days
SYMTUZA TABLET 800-150-200-10 MG ORAL	3	QL 30/30 days
TEMIXYS TABLET 300-300 MG ORAL	2	QL 30/30 days
triumeq pd tablet soluble 60-5-30 mg oral	2	QL 180/30 days
TRIUMEQ TABLET 600-50-300 MG ORAL	2	QL 30/30 days
TRIZIVIR TABLET 300-150-300 MG ORAL	3	
TRUVADA TABLET 100-150 MG ORAL	3	
TRUVADA TABLET 133-200 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretroviral Combinations (continued)		
TRUVADA TABLET 167-250 MG ORAL	3	
TRUVADA TABLET 200-300 MG ORAL	3	QL 30/30 days
Antiretrovirals - Capsid Inhibitors		
SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS	3	PA, SP
SUNLENCA TABLET THERAPY PACK 4 X 300 MG ORAL	3	PA, QL 4/365 days, SP
SUNLENCA TABLET THERAPY PACK 5 X 300 MG ORAL	3	PA, QL 5/365 days, SP
Antiretrovirals - CCR5 Antagonists (Entry Inhibitor)		
maraviroc tablet 150 mg oral	1	
maraviroc tablet 300 mg oral	1	
SELZENTRY SOLUTION 20 MG/ML ORAL	2	
SELZENTRY TABLET 150 MG ORAL	3	
SELZENTRY TABLET 25 MG ORAL	2	
SELZENTRY TABLET 300 MG ORAL	3	
SELZENTRY TABLET 75 MG ORAL	2	
Antiretrovirals - CD4-Directed Post-Attachment Inhibitor		
TROGARZO SOLUTION 200 MG/1.33ML INTRAVENOUS	3	PA
Antiretrovirals - Fusion Inhibitors		
FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS	2	PA, SP
Antiretrovirals - gp120-Directed Attachment Inhibitor		
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	3	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - Integrase Inhibitors		
APRETUDE SUSPENSION EXTENDED RELEASE 600 MG/3ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
ISENTRESS HD TABLET 600 MG ORAL	2	QL 60/30 days
ISENTRESS TABLET 400 MG ORAL	2	
ISENTRESS TABLET CHEWABLE 100 MG ORAL	2	
ISENTRESS TABLET CHEWABLE 25 MG ORAL	2	
TIVICAY PD TABLET SOLUBLE 5 MG ORAL	3	QL 150/30 days
TIVICAY TABLET 10 MG ORAL	3	QL 30/30 days
TIVICAY TABLET 25 MG ORAL	3	QL 30/30 days
TIVICAY TABLET 50 MG ORAL	3	
Antiretrovirals - Protease Inhibitors		
APTIVUS CAPSULE 250 MG ORAL	2	
APTIVUS SOLUTION 100 MG/ML ORAL	2	
atazanavir sulfate capsule 150 mg oral	1	
atazanavir sulfate capsule 200 mg oral	1	
atazanavir sulfate capsule 300 mg oral	1	
CRIXIVAN CAPSULE 200 MG ORAL	2	
CRIXIVAN CAPSULE 400 MG ORAL	2	
darunavir tablet 600 mg oral	1	
darunavir tablet 800 mg oral	1	
fosamprenavir calcium tablet 700 mg oral	1	
INVIRASE CAPSULE 200 MG ORAL	2	
INVIRASE TABLET 500 MG ORAL	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - Protease Inhibitors (continued)		
LEXIVA SUSPENSION 50 MG/ML ORAL	2	
LEXIVA TABLET 700 MG ORAL	3	
NORVIR CAPSULE 100 MG ORAL	2	
NORVIR PACKET 100 MG ORAL	3	
NORVIR SOLUTION 80 MG/ML ORAL	2	
NORVIR TABLET 100 MG ORAL	3	
PREZISTA SUSPENSION 100 MG/ML ORAL	2	
PREZISTA TABLET 150 MG ORAL	2	
PREZISTA TABLET 600 MG ORAL	3	
PREZISTA TABLET 75 MG ORAL	2	
PREZISTA TABLET 800 MG ORAL	3	
REYATAZ CAPSULE 150 MG ORAL	3	
REYATAZ CAPSULE 200 MG ORAL	3	
REYATAZ CAPSULE 300 MG ORAL	3	
ritonavir tablet 100 mg oral	1	
VIRACEPT TABLET 250 MG ORAL	2	
VIRACEPT TABLET 625 MG ORAL	2	
Antiretrovirals - RTI-Non-Nucleoside Analogues		
EDURANT TABLET 25 MG ORAL	3	
efavirenz capsule 200 mg oral	1	
efavirenz capsule 50 mg oral	1	
efavirenz tablet 600 mg oral	1	
etravirine tablet 100 mg oral	1	QL 60/30 days
etravirine tablet 200 mg oral	1	QL 60/30 days
INTELENCE TABLET 100 MG ORAL	3	QL 60/30 days
INTELENCE TABLET 200 MG ORAL	3	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - RTI-Non-Nucleoside Analogues (continued)		
INTELENCE TABLET 25 MG ORAL	2	
nevirapine er tablet extended release 24 hour 100 mg oral	1	
nevirapine er tablet extended release 24 hour 400 mg oral	1	Prudent
nevirapine suspension 50 mg/5ml oral	1	Prudent
nevirapine tablet 200 mg oral	1	
PIFELTRO TABLET 100 MG ORAL	3	QL 30/30 days
RESCRIPTOR TABLET 100 MG ORAL	2	
RESCRIPTOR TABLET 200 MG ORAL	2	
SUSTIVA CAPSULE 200 MG ORAL	3	
SUSTIVA CAPSULE 50 MG ORAL	3	
SUSTIVA TABLET 600 MG ORAL	3	
VIRAMUNE TABLET 200 MG ORAL	3	
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL	3	
Antiretrovirals - RTI-Nucleoside Analogues-Purines		
abacavir sulfate tablet 300 mg oral	1	
didanosine capsule delayed release 200 mg oral	1	
didanosine capsule delayed release 250 mg oral	1	
didanosine capsule delayed release 400 mg oral	1	
VIDEX EC CAPSULE DELAYED RELEASE 125 MG ORAL	3	
VIDEX EC CAPSULE DELAYED RELEASE 200 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - RTI-Nucleoside Analogues-Purines (continued)		
VIDEX EC CAPSULE DELAYED RELEASE 250 MG ORAL	3	
VIDEX EC CAPSULE DELAYED RELEASE 400 MG ORAL	3	
VIDEX SOLUTION RECONSTITUTED 2 GM ORAL	3	
VIDEX SOLUTION RECONSTITUTED 4 GM ORAL	3	
ZIAGEN SOLUTION 20 MG/ML ORAL	3	
ZIAGEN TABLET 300 MG ORAL	3	
Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines		
emtricitabine capsule 200 mg oral	1	
EMTRIVA CAPSULE 200 MG ORAL	3	
EMTRIVA SOLUTION 10 MG/ML ORAL	2	
EPIVIR SOLUTION 10 MG/ML ORAL	3	
EPIVIR TABLET 150 MG ORAL	3	
EPIVIR TABLET 300 MG ORAL	3	
lamivudine solution 10 mg/ml oral	1	
lamivudine tablet 150 mg oral	1	
lamivudine tablet 300 mg oral	1	
Antiretrovirals - RTI-Nucleoside Analogues-Thymidines		
RETROVIR CAPSULE 100 MG ORAL	3	
RETROVIR SYRUP 50 MG/5ML ORAL	3	
stavudine capsule 15 mg oral	1	
stavudine capsule 20 mg oral	1	
stavudine capsule 30 mg oral	1	
stavudine capsule 40 mg oral	1	
stavudine solution reconstituted 1 mg/ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - RTI-Nucleoside Analogues-Thymidines (continued)		
ZERIT CAPSULE 15 MG ORAL	3	
ZERIT CAPSULE 20 MG ORAL	3	
ZERIT CAPSULE 30 MG ORAL	3	
ZERIT CAPSULE 40 MG ORAL	3	
ZERIT SOLUTION RECONSTITUTED 1 MG/ML ORAL	3	
zidovudine capsule 100 mg oral	1	
zidovudine syrup 50 mg/5ml oral	1	
zidovudine tablet 300 mg oral	1	
Antiretrovirals - RTI-Nucleotide Analogues		
tenofovir disoproxil fumarate tablet 300 mg oral	1	
VIREAD POWDER 40 MG/GM ORAL	3	
VIREAD TABLET 150 MG ORAL	3	
VIREAD TABLET 200 MG ORAL	3	
VIREAD TABLET 250 MG ORAL	3	
VIREAD TABLET 300 MG ORAL	3	PA, Medical Necessity PA
Antiretrovirals Adjuvants		
TYBOST TABLET 150 MG ORAL	2	QL 30/30 days
Antiviral Combinations		
acyclovix therapy pack 200-10 mg-% combination	3	PA, Medical Necessity PA
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	3	QL 20/30 days
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	3	QL 30/30 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CMV Agents		
FOSCAVIR SOLUTION 24 MG/ML INTRAVENOUS	3	
LIVTENCITY TABLET 200 MG ORAL	3	LA, PA, QL 120/30 days, SP
PREVYMIS TABLET 240 MG ORAL	3	PA, QL 100/365 days
PREVYMIS TABLET 480 MG ORAL	3	PA, QL 100/365 days
VALCYTE SOLUTION RECONSTITUTED 50 MG/ML ORAL	3	QL 6952/365 days
VALCYTE TABLET 450 MG ORAL	3	QL 772/365 days
valganciclovir hcl solution reconstituted 50 mg/ml oral	1	QL 6952/365 days
valganciclovir hcl tablet 450 mg oral	1	QL 772/365 days
Hepatitis B Agents		
adefovir dipivoxil tablet 10 mg oral	1	SP
BARACLUDE SOLUTION 0.05 MG/ML ORAL	3	Partial Fill
BARACLUDE TABLET 0.5 MG ORAL	3	Partial Fill
BARACLUDE TABLET 1 MG ORAL	3	Partial Fill
entecavir tablet 0.5 mg oral	1	
entecavir tablet 1 mg oral	1	
EPIVIR HBV SOLUTION 5 MG/ML ORAL	3	Partial Fill
EPIVIR HBV TABLET 100 MG ORAL	3	Partial Fill
HEPSERA TABLET 10 MG ORAL	3	
lamivudine tablet 100 mg oral	1	
TYZEKA TABLET 600 MG ORAL	3	PA, Medical Necessity PA
VEMLIDY TABLET 25 MG ORAL	3	PA, QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hepatitis C Agent - Combinations		
EPCLUSA PACKET 150-37.5 MG ORAL	3	PA, QL 28/28 days, Medical Necessity PA, Prudent
EPCLUSA PACKET 200-50 MG ORAL	3	PA, QL 28/28 days, Medical Necessity PA, Prudent
EPCLUSA TABLET 200-50 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
EPCLUSA TABLET 400-100 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
HARVONI PACKET 33.75-150 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
HARVONI PACKET 45-200 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
HARVONI TABLET 45-200 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
HARVONI TABLET 90-400 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
ledipasvir-sofosbuvir tablet 90-400 mg oral	3	PA, QL 28/28 days, Medical Necessity PA
MAVYRET PACKET 50-20 MG ORAL	2	PA, QL 140/28 days, SP, Prudent
MAVYRET TABLET 100-40 MG ORAL	2	PA, QL 84/28 days, SP, Prudent
sofosbuvir-velpatasvir tablet 400-100 mg oral	3	PA, QL 28/28 days, SP, Prudent
VOSEVI TABLET 400-100-100 MG ORAL	2	PA, QL 28/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hepatitis C Agent - Combinations (continued)		
ZEPATIER TABLET 50-100 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
Hepatitis C Agents		
OLYSIO CAPSULE 150 MG ORAL	3	PA, SP, Medical Necessity PA
PEGASYS PROCLICK SOLUTION 135 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEGASYS PROCLICK SOLUTION 180 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEGASYS PROCLICK SOLUTION AUTO-INJECTOR 135 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEGASYS PROCLICK SOLUTION AUTO-INJECTOR 180 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEGASYS SOLUTION 180 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS	3	PA, SP, Prudent
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS	3	PA, SP, Prudent
PEG-INTRON KIT 120 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON KIT 150 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON KIT 50 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON KIT 80 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON REDIPEN KIT 120 MCG/0.5ML SUBCUTANEOUS	3	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hepatitis C Agents (continued)		
PEG-INTRON REDIPEN KIT 150 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON REDIPEN KIT 50 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON REDIPEN KIT 80 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON REDIPEN PAK 4 KIT 120 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON REDIPEN PAK 4 KIT 150 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON REDIPEN PAK 4 KIT 50 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON REDIPEN PAK 4 KIT 80 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
RIBASPHERE RIBAPAK TABLET 200 & 400 MG ORAL	3	PA, SP
RIBASPHERE RIBAPAK TABLET 400 & 600 MG ORAL	3	PA, SP
ribavirin capsule 200 mg oral	1	SP, Prudent
ribavirin tablet 200 mg oral	1	SP, Prudent
SOVALDI PACKET 150 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
SOVALDI PACKET 200 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
SOVALDI TABLET 200 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
SOVALDI TABLET 400 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Herpes Agents - Purine Analogues		
acyclovir capsule 200 mg oral	1	Incentive
acyclovir sodium solution reconstituted 500 mg intravenous	1	
acyclovir suspension 200 mg/5ml oral	1	
acyclovir tablet 400 mg oral	1	Incentive
acyclovir tablet 800 mg oral	1	Incentive
SITAVIG TABLET 50 MG BUCCAL	3	ST
valacyclovir hcl tablet 1 gm oral	1	
valacyclovir hcl tablet 500 mg oral	1	
VALTREX TABLET 1 GM ORAL	3	
VALTREX TABLET 500 MG ORAL	3	
ZOVIRAX CAPSULE 200 MG ORAL	3	
ZOVIRAX SUSPENSION 200 MG/5ML ORAL	3	
ZOVIRAX TABLET 400 MG ORAL	3	
ZOVIRAX TABLET 800 MG ORAL	3	
Herpes Agents - Thymidine Analogues		
famciclovir tablet 125 mg oral	1	
famciclovir tablet 250 mg oral	1	
famciclovir tablet 500 mg oral	1	
Influenza Agents		
rimantadine hcl tablet 100 mg oral	1	
Misc. Antivirals		
LAGEVRIO CAPSULE 200 MG ORAL	3	QL 40/30 days
Neuraminidase Inhibitors		
oseltamivir phosphate capsule 30 mg oral	1	QL 20/60 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Neuraminidase Inhibitors (continued)		
oseltamivir phosphate capsule 45 mg oral	1	QL 10/60 days
oseltamivir phosphate capsule 75 mg oral	1	QL 10/60 days
oseltamivir phosphate suspension reconstituted 6 mg/ml oral	1	QL 250/30 days
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION	2	QL 20/60 days
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER INHALATION	2	QL 20/60 days
TAMIFLU CAPSULE 30 MG ORAL	3	QL 20/60 days
TAMIFLU CAPSULE 45 MG ORAL	3	QL 10/60 days
TAMIFLU CAPSULE 75 MG ORAL	3	QL 10/60 days
TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL	3	QL 250/60 days
PA Endonuclease Inhibitors		
XOFLUZA (40 MG DOSE) TABLET THERAPY PACK 1 X 40 MG ORAL	3	QL 1/30 days
XOFLUZA (40 MG DOSE) TABLET THERAPY PACK 2 X 20 MG ORAL	3	QL 2/30 days
XOFLUZA (80 MG DOSE) TABLET THERAPY PACK 1 X 80 MG ORAL	3	QL 1/30 days
XOFLUZA (80 MG DOSE) TABLET THERAPY PACK 2 X 40 MG ORAL	3	QL 2/30 days
RSV Agents - Nucleoside Analogues		
VIRAZOLE SOLUTION RECONSTITUTED 6 GM INHALATION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
BETA BLOCKERS		
Alpha-Beta Blockers		
carvedilol phosphate er capsule extended release 24 hour 10 mg oral	1	QL 30/30 days, LEDL
carvedilol phosphate er capsule extended release 24 hour 20 mg oral	1	QL 30/30 days, LEDL
carvedilol phosphate er capsule extended release 24 hour 40 mg oral	1	QL 30/30 days, LEDL
carvedilol phosphate er capsule extended release 24 hour 80 mg oral	1	QL 30/30 days, LEDL
carvedilol tablet 12.5 mg oral	1	LEDL
carvedilol tablet 25 mg oral	1	LEDL
carvedilol tablet 3.125 mg oral	1	LEDL
carvedilol tablet 6.25 mg oral	1	LEDL
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
COREG TABLET 12.5 MG ORAL	3	
COREG TABLET 25 MG ORAL	3	
COREG TABLET 3.125 MG ORAL	3	
COREG TABLET 6.25 MG ORAL	3	
labetalol hcl tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
labetalol hcl tablet 200 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Alpha-Beta Blockers (continued)		
labetalol hcl tablet 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
TRANDATE TABLET 100 MG ORAL	3	
TRANDATE TABLET 200 MG ORAL	3	
TRANDATE TABLET 300 MG ORAL	3	
Beta Blockers Cardio-Selective		
acebutolol hcl capsule 200 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
acebutolol hcl capsule 400 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
atenolol tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
atenolol tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
atenolol tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
betaxolol hcl tablet 10 mg oral	1	LEDL
betaxolol hcl tablet 20 mg oral	1	LEDL
bisoprolol fumarate tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
bisoprolol fumarate tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
BREVIBLOC IN NACL SOLUTION 2000 MG/100ML INTRAVENOUS	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Cardio-Selective (continued)		
BREVIBLOC IN NACL SOLUTION 2500 MG/250ML INTRAVENOUS	3	
BREVIBLOC SOLUTION 100 MG/10ML INTRAVENOUS	3	
BYSTOLIC TABLET 10 MG ORAL	3	
BYSTOLIC TABLET 2.5 MG ORAL	3	
BYSTOLIC TABLET 20 MG ORAL	3	
BYSTOLIC TABLET 5 MG ORAL	3	
esmolol hcl solution 10 mg/ml intravenous	1	
esmolol hcl solution 100 mg/10ml intravenous	1	
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL	3	
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL	3	
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL	3	
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL	3	
LOPRESSOR TABLET 100 MG ORAL	3	
LOPRESSOR TABLET 50 MG ORAL	3	
metoprolol succinate er tablet extended release 24 hour 100 mg oral	1	Incentive, LEDL
metoprolol succinate er tablet extended release 24 hour 200 mg oral	1	Incentive, LEDL
metoprolol succinate er tablet extended release 24 hour 25 mg oral	1	Incentive, LEDL
metoprolol succinate er tablet extended release 24 hour 50 mg oral	1	Incentive, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Cardio-Selective (continued)		
metoprolol tartrate tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metoprolol tartrate tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metoprolol tartrate tablet 37.5 mg oral	1	
metoprolol tartrate tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metoprolol tartrate tablet 75 mg oral	1	
nebivolol hcl tablet 10 mg oral	1	LEDL
nebivolol hcl tablet 2.5 mg oral	1	LEDL
nebivolol hcl tablet 20 mg oral	1	LEDL
nebivolol hcl tablet 5 mg oral	1	LEDL
TENORMIN TABLET 100 MG ORAL	3	
TENORMIN TABLET 25 MG ORAL	3	
TENORMIN TABLET 50 MG ORAL	3	
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	
Beta Blockers Non-Selective		
BETAPACE AF TABLET 120 MG ORAL	3	
BETAPACE AF TABLET 160 MG ORAL	3	
BETAPACE AF TABLET 80 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Non-Selective (continued)		
BETAPACE TABLET 120 MG ORAL	3	
BETAPACE TABLET 160 MG ORAL	3	
BETAPACE TABLET 80 MG ORAL	3	
CORGARD TABLET 20 MG ORAL	3	
CORGARD TABLET 40 MG ORAL	3	
CORGARD TABLET 80 MG ORAL	3	
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	3	PA, Medical Necessity PA applies to ages greater than 12 months
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 160 MG ORAL	3	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	
nadolol tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
nadolol tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Non-Selective (continued)		
nadolol tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
pindolol tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
pindolol tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
propranolol hcl er capsule extended release 24 hour 120 mg oral	1	LEDL
propranolol hcl er capsule extended release 24 hour 160 mg oral	1	LEDL
propranolol hcl er capsule extended release 24 hour 60 mg oral	1	LEDL
propranolol hcl er capsule extended release 24 hour 80 mg oral	1	LEDL
propranolol hcl solution 20 mg/5ml oral	1	LEDL
propranolol hcl solution 40 mg/5ml oral	1	LEDL
propranolol hcl tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
propranolol hcl tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
propranolol hcl tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
propranolol hcl tablet 60 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
propranolol hcl tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Non-Selective (continued)		
SORINE TABLET 120 MG ORAL	1	LEDL
SORINE TABLET 160 MG ORAL	1	LEDL
SORINE TABLET 240 MG ORAL	1	LEDL
SORINE TABLET 80 MG ORAL	1	LEDL
sotalol hcl (af) tablet 120 mg oral	1	LEDL
sotalol hcl (af) tablet 160 mg oral	1	LEDL
sotalol hcl (af) tablet 80 mg oral	1	LEDL
sotalol hcl tablet 120 mg oral	1	LEDL
sotalol hcl tablet 160 mg oral	1	LEDL
sotalol hcl tablet 240 mg oral	1	LEDL
sotalol hcl tablet 80 mg oral	1	LEDL
SOTYLIZE SOLUTION 5 MG/ML ORAL	3	
timolol maleate tablet 10 mg oral	1	LEDL
timolol maleate tablet 20 mg oral	1	LEDL
timolol maleate tablet 5 mg oral	1	LEDL
CALCIUM CHANNEL BLOCKERS		
Calcium Channel Blocker-NSAID Combinations		
CONSENSI TABLET 10-200 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
CONSENSI TABLET 2.5-200 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
CONSENSI TABLET 5-200 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Calcium Channel Blockers		
ADALAT CC TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	
ADALAT CC TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
ADALAT CC TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL	3	
AFEDITAB CR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	1	LEDL
AFEDITAB CR TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	1	LEDL
amlodipine besylate tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
amlodipine besylate tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
amlodipine besylate tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
CALAN SR TABLET EXTENDED RELEASE 120 MG ORAL	3	
CALAN SR TABLET EXTENDED RELEASE 180 MG ORAL	3	
CALAN SR TABLET EXTENDED RELEASE 240 MG ORAL	3	
CALAN TABLET 120 MG ORAL	3	
CALAN TABLET 80 MG ORAL	3	
CARDENE IV SOLUTION 20-0.86 MG/200ML-% INTRAVENOUS	3	
CARDENE IV SOLUTION 20-4.8 MG/200ML-% INTRAVENOUS	3	
CARDENE IV SOLUTION 40-0.83 MG/200ML-% INTRAVENOUS	3	
CARDENE IV SOLUTION 40-5 MG/200ML-% INTRAVENOUS	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	3	
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL	3	
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL	3	
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL	3	
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL	3	
CARDIZEM TABLET 120 MG ORAL	3	
CARDIZEM TABLET 30 MG ORAL	3	
CARDIZEM TABLET 60 MG ORAL	3	
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	LEDL
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	LEDL
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	LEDL
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
CLEVIPREX EMULSION 0.5 MG/ML INTRAVENOUS	3	
CONJUPRI TABLET 2.5 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
CONJUPRI TABLET 5 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
diltiazem hcl er beads capsule extended release 24 hour 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er beads capsule extended release 24 hour 180 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er beads capsule extended release 24 hour 240 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er beads capsule extended release 24 hour 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er beads capsule extended release 24 hour 360 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er beads capsule extended release 24 hour 420 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er capsule extended release 12 hour 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er capsule extended release 12 hour 60 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er capsule extended release 12 hour 90 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
diltiazem hcl er capsule extended release 24 hour 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er capsule extended release 24 hour 180 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er capsule extended release 24 hour 240 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl er coated beads tablet extended release 24 hour 180 mg oral	1	PS Expanded NCDL, Incentive, LEDL
diltiazem hcl er coated beads tablet extended release 24 hour 240 mg oral	1	PS Expanded NCDL, Incentive, LEDL
diltiazem hcl er coated beads tablet extended release 24 hour 300 mg oral	1	PS Expanded NCDL, Incentive, LEDL
diltiazem hcl er coated beads tablet extended release 24 hour 360 mg oral	1	PS Expanded NCDL, Incentive, LEDL
diltiazem hcl er coated beads tablet extended release 24 hour 420 mg oral	1	PS Expanded NCDL, Incentive, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
diltiazem hcl er tablet extended release 24 hour 180 mg oral	1	PS Expanded NCDL, Incentive, LEDL
diltiazem hcl er tablet extended release 24 hour 240 mg oral	1	PS Expanded NCDL, Incentive, LEDL
diltiazem hcl er tablet extended release 24 hour 300 mg oral	1	PS Expanded NCDL, Incentive, LEDL
diltiazem hcl er tablet extended release 24 hour 360 mg oral	1	PS Expanded NCDL, Incentive, LEDL
diltiazem hcl er tablet extended release 24 hour 420 mg oral	1	PS Expanded NCDL, Incentive, LEDL
diltiazem hcl tablet 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl tablet 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl tablet 60 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
diltiazem hcl tablet 90 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
dilt-xr capsule extended release 24 hour 120 mg oral	1	PS Expanded NCDL, Incentive, LEDL
dilt-xr capsule extended release 24 hour 180 mg oral	1	PS Expanded NCDL, Incentive, LEDL
dilt-xr capsule extended release 24 hour 240 mg oral	1	PS Expanded NCDL, Incentive, LEDL
felodipine er tablet extended release 24 hour 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
felodipine er tablet extended release 24 hour 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
felodipine er tablet extended release 24 hour 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
ISOPTIN SR TABLET EXTENDED RELEASE 240 MG ORAL	3	
isradipine capsule 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
isradipine capsule 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
KATERZIA SUSPENSION 1 MG/ML ORAL	3	PA, Medical Necessity PA
levamlodipine maleate tablet 2.5 mg oral	1	PA, QL 30/30 days, Medical Necessity PA
levamlodipine maleate tablet 5 mg oral	1	PA, QL 30/30 days, Medical Necessity PA
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
nicardipine hcl capsule 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
nicardipine hcl capsule 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
NIFEDICAL XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	1	LEDL
nifedipine capsule 10 mg oral	1	LEDL
nifedipine capsule 20 mg oral	1	LEDL
nifedipine er osmotic release tablet extended release 24 hour 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
nifedipine er osmotic release tablet extended release 24 hour 60 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
nifedipine er osmotic release tablet extended release 24 hour 90 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
nifedipine er tablet extended release 24 hour 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
nifedipine er tablet extended release 24 hour 60 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
nifedipine er tablet extended release 24 hour 90 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
nimodipine capsule 30 mg oral	1	QL 252/180 days, LEDL
nisoldipine er tablet extended release 24 hour 17 mg oral	1	QL 30/30 days, LEDL
nisoldipine er tablet extended release 24 hour 20 mg oral	1	QL 30/30 days, LEDL
nisoldipine er tablet extended release 24 hour 25.5 mg oral	1	LEDL
nisoldipine er tablet extended release 24 hour 30 mg oral	1	LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
nisoldipine er tablet extended release 24 hour 34 mg oral	1	LEDL
nisoldipine er tablet extended release 24 hour 40 mg oral	1	LEDL
nisoldipine er tablet extended release 24 hour 8.5 mg oral	1	QL 30/30 days, LEDL
NORLIQVA SOLUTION 1 MG/ML ORAL	3	PA, QL 300/30 days, Medical Necessity PA
NORVASC TABLET 10 MG ORAL	3	
NORVASC TABLET 2.5 MG ORAL	3	
NORVASC TABLET 5 MG ORAL	3	
NYMALIZE SOLUTION 6 MG/ML ORAL	3	
NYMALIZE SOLUTION 60 MG/20ML ORAL	3	
PROCARDIA CAPSULE 10 MG ORAL	3	
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	QL 30/30 days
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL	3	
SULAR TABLET EXTENDED RELEASE 24 HOUR 17 MG ORAL	3	QL 1.50/1 days
SULAR TABLET EXTENDED RELEASE 24 HOUR 34 MG ORAL	3	
SULAR TABLET EXTENDED RELEASE 24 HOUR 8.5 MG ORAL	3	QL 1.50/1 days
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	LEDL
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	LEDL
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	LEDL
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	1	LEDL
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	LEDL
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	LEDL
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	LEDL
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	LEDL
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	1	LEDL
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	1	LEDL
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	3	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	3	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	3	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	3	
verapamil hcl er capsule extended release 24 hour 100 mg oral	1	VBP Drug List, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
verapamil hcl er capsule extended release 24 hour 120 mg oral	1	VBP Drug List, LEDL
verapamil hcl er capsule extended release 24 hour 180 mg oral	1	VBP Drug List, LEDL
verapamil hcl er capsule extended release 24 hour 200 mg oral	1	VBP Drug List, LEDL
verapamil hcl er capsule extended release 24 hour 240 mg oral	1	VBP Drug List, LEDL
verapamil hcl er capsule extended release 24 hour 300 mg oral	1	VBP Drug List, LEDL
verapamil hcl er capsule extended release 24 hour 360 mg oral	1	VBP Drug List, LEDL
verapamil hcl er tablet extended release 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
verapamil hcl er tablet extended release 180 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
verapamil hcl er tablet extended release 240 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
verapamil hcl tablet 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
verapamil hcl tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
verapamil hcl tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	QL 30/30 days
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	3	
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	3	
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	QL 30/30 days
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
CARDIOTONICS		
Cardiac Glycosides		
DIGOX TABLET 125 MCG ORAL	3	
DIGOX TABLET 250 MCG ORAL	3	
digoxin solution 0.05 mg/ml oral	1	LEDL
digoxin solution 0.25 mg/ml injection	1	LEDL
digoxin tablet 125 mcg oral	1	LEDL
digoxin tablet 250 mcg oral	1	LEDL
LANOXIN PEDIATRIC SOLUTION 0.1 MG/ML INJECTION	3	
LANOXIN SOLUTION 0.25 MG/ML INJECTION	3	
LANOXIN TABLET 125 MCG ORAL	3	
LANOXIN TABLET 187.5 MCG ORAL	3	
LANOXIN TABLET 250 MCG ORAL	3	
LANOXIN TABLET 62.5 MCG ORAL	3	
Inotropes		
dobutamine hcl solution 250 mg/20ml intravenous	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Inotropes (continued)		
dobutamine hcl solution 500 mg/40ml intravenous	1	
dobutamine in d5w solution 1-5 mg/ml-% intravenous	1	
dobutamine in d5w solution 4-5 mg/ml-% intravenous	1	
dobutamine-dextrose solution 1-5 mg/ml-% intravenous	1	
dobutamine-dextrose solution 2-5 mg/ml-% intravenous	1	
dobutamine-dextrose solution 4-5 mg/ml-% intravenous	1	
dopamine hcl solution 160 mg/ml intravenous	1	
dopamine hcl solution 40 mg/ml intravenous	1	
dopamine hcl solution 80 mg/ml intravenous	1	
dopamine-dextrose solution 0.8-5 mg/ml-% intravenous	1	
dopamine-dextrose solution 1.6-5 mg/ml-% intravenous	1	
dopamine-dextrose solution 3.2-5 mg/ml-% intravenous	1	
CARDIOVASCULAR AGENTS - MISC.		
Calcium Channel Blocker & HMG CoA Reductase Inhibit Comb		
amlodipine-atorvastatin tablet 10-10 mg oral	1	
amlodipine-atorvastatin tablet 10-20 mg oral	1	
amlodipine-atorvastatin tablet 10-40 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blocker & HMG CoA Reductase Inhibit Comb (continued)		
amlodipine-atorvastatin tablet 10-80 mg oral	1	
amlodipine-atorvastatin tablet 2.5-10 mg oral	1	
amlodipine-atorvastatin tablet 2.5-20 mg oral	1	
amlodipine-atorvastatin tablet 2.5-40 mg oral	1	
amlodipine-atorvastatin tablet 5-10 mg oral	1	
amlodipine-atorvastatin tablet 5-20 mg oral	1	
amlodipine-atorvastatin tablet 5-40 mg oral	1	
amlodipine-atorvastatin tablet 5-80 mg oral	1	
CADUET TABLET 10-10 MG ORAL	3	
CADUET TABLET 10-20 MG ORAL	3	
CADUET TABLET 10-40 MG ORAL	3	
CADUET TABLET 10-80 MG ORAL	3	
CADUET TABLET 2.5-10 MG ORAL	3	
CADUET TABLET 2.5-20 MG ORAL	3	
CADUET TABLET 2.5-40 MG ORAL	3	
CADUET TABLET 5-10 MG ORAL	3	
CADUET TABLET 5-20 MG ORAL	3	
CADUET TABLET 5-40 MG ORAL	3	
CADUET TABLET 5-80 MG ORAL	3	
Cardiac Myosin Inhibitors		
CAMZYOS CAPSULE 10 MG ORAL	3	PA, QL 30/30 days, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cardiac Myosin Inhibitors (continued)		
CAMZYOS CAPSULE 15 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
CAMZYOS CAPSULE 2.5 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
CAMZYOS CAPSULE 5 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
Cardioplegic Solutions		
cardioplegic soln w/ lidocaine solution perfusion	1	
cardioplegic solution perfusion	1	
PLEGISOL SOLUTION PERFUSION	3	
Cardiovascular SGLT2 Inhibitors		
INPEFA TABLET 200 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
Neprilysin Inhib (ARNI)-Angiotensin II Recept Antag Comb		
ENTRESTO CAPSULE SPRINKLE 15-16 MG ORAL	3	QL 240/30 days
ENTRESTO CAPSULE SPRINKLE 6-6 MG ORAL	3	QL 240/30 days
ENTRESTO TABLET 24-26 MG ORAL	3	QL 60/30 days
ENTRESTO TABLET 49-51 MG ORAL	3	QL 60/30 days
ENTRESTO TABLET 97-103 MG ORAL	3	QL 60/30 days
Nitrate & Vasodilator Combinations		
BIDIL TABLET 20-37.5 MG ORAL	3	PA, Medical Necessity PA
isosorb dinitrate-hydralazine tablet 20-37.5 mg oral	1	PA, Medical Necessity PA, LEDL
PDE Inhibitor-Endothelin Recptor Antagonist Combinations		
OPSYNVI TABLET 10-20 MG ORAL	3	PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PDE Inhibitor-Endothelin Recptor Antagonist Combinations (continued)		
OPSYNVI TABLET 10-40 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
Prostaglandin - Impotence Agents		
CAVERJECT IMPULSE KIT 10 MCG INTRACAVERNOSAL	3	PA
CAVERJECT IMPULSE KIT 20 MCG INTRACAVERNOSAL	3	PA
CAVERJECT SOLUTION RECONSTITUTED 20 MCG INTRACAVERNOSAL	3	PA
CAVERJECT SOLUTION RECONSTITUTED 40 MCG INTRACAVERNOSAL	3	PA
EDEX KIT 10 MCG INTRACAVERNOSAL	3	PA
EDEX KIT 20 MCG INTRACAVERNOSAL	3	PA
EDEX KIT 40 MCG INTRACAVERNOSAL	3	PA
MUSE PELLET 1000 MCG URETHRAL	3	PA
MUSE PELLET 125 MCG URETHRAL	3	PA
MUSE PELLET 250 MCG URETHRAL	3	PA
MUSE PELLET 500 MCG URETHRAL	3	PA
Prostaglandin Vasodilators		
epoprostenol sodium solution reconstituted 0.5 mg intravenous	1	LA, PA, SP, Prudent
epoprostenol sodium solution reconstituted 1.5 mg intravenous	1	LA, PA, SP, Prudent
ORENITRAM MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL	3	PA, QL 168/28 days, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prostaglandin Vasodilators (continued)		
ORENITRAM MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL	3	PA, QL 336/28 days, SP
ORENITRAM MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG ORAL	3	PA, QL 252/28 days, SP
ORENITRAM TABLET EXTENDED RELEASE 0.125 MG ORAL	3	PA, QL 500/30 days, SP, Prudent
ORENITRAM TABLET EXTENDED RELEASE 0.25 MG ORAL	3	PA, QL 500/30 days, SP, Prudent
ORENITRAM TABLET EXTENDED RELEASE 1 MG ORAL	3	PA, QL 500/30 days, SP, Prudent
ORENITRAM TABLET EXTENDED RELEASE 2.5 MG ORAL	3	PA, QL 500/30 days, SP, Prudent
ORENITRAM TABLET EXTENDED RELEASE 5 MG ORAL	3	PA, QL 500/30 days, SP, Prudent
REMODULIN SOLUTION 100 MG/20ML INJECTION	3	PA, SP, Prudent
REMODULIN SOLUTION 20 MG/20ML INJECTION	3	PA, SP, Prudent
REMODULIN SOLUTION 200 MG/20ML INJECTION	3	PA, SP, Prudent
REMODULIN SOLUTION 50 MG/20ML INJECTION	3	PA, SP, Prudent
treprostinil solution 100 mg/20ml injection	1	PA, SP, Prudent
treprostinil solution 20 mg/20ml injection	1	PA, SP, Prudent
treprostinil solution 200 mg/20ml injection	1	PA, SP, Prudent
treprostinil solution 50 mg/20ml injection	1	PA, SP, Prudent
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	3	PA, QL 112/28 days, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prostaglandin Vasodilators (continued)		
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	3	PA, QL 112/28 days, Prudent
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	3	PA, QL 112/28 days, Prudent
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	3	PA, QL 112/28 days, Prudent
TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION	3	PA, QL 252/28 days, Prudent
TYVASO REFILL KIT SOLUTION 0.6 MG/ML INHALATION	3	PA, QL 87/30 days, SP, Prudent
TYVASO SOLUTION 0.6 MG/ML INHALATION	3	PA, QL 87/30 days, SP, Prudent
TYVASO STARTER KIT SOLUTION 0.6 MG/ML INHALATION	3	PA, QL 87/30 days, SP, Prudent
VENTAVIS SOLUTION 10 MCG/ML INHALATION	3	PA, SP, Prudent
VENTAVIS SOLUTION 20 MCG/ML INHALATION	3	PA, SP, Prudent
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (sGC)		
ADEMPAS TABLET 0.5 MG ORAL	3	PA, SP, Prudent
ADEMPAS TABLET 1 MG ORAL	3	PA, SP, Prudent
ADEMPAS TABLET 1.5 MG ORAL	3	PA, SP, Prudent
ADEMPAS TABLET 2 MG ORAL	3	PA, SP, Prudent
ADEMPAS TABLET 2.5 MG ORAL	3	PA, SP, Prudent
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR KIT 2 X 45 MG SUBCUTANEOUS	3	PA, SP, Prudent
WINREVAIR KIT 2 X 60 MG SUBCUTANEOUS	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Pulmonary Hypertension - Activin Signaling Inhibitor (continued)		
WINREVAIR KIT 45 MG SUBCUTANEOUS	3	PA, SP, Prudent
WINREVAIR KIT 60 MG SUBCUTANEOUS	3	PA, SP, Prudent
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan tablet 10 mg oral	1	PA, QL 30/30 days, SP, Prudent
ambrisentan tablet 5 mg oral	1	PA, QL 30/30 days, SP, Prudent
bosentan tablet 125 mg oral	1	PA, QL 60/30 days, SP, Prudent
bosentan tablet 62.5 mg oral	1	PA, QL 60/30 days, SP, Prudent
LETAIRIS TABLET 10 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
LETAIRIS TABLET 5 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
OPSUMIT TABLET 10 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
TRACLEER TABLET 125 MG ORAL	3	PA, QL 60/30 days, SP, Medical Necessity PA, Prudent
TRACLEER TABLET 62.5 MG ORAL	3	PA, QL 60/30 days, SP, Medical Necessity PA, Prudent
TRACLEER TABLET SOLUBLE 32 MG ORAL	3	PA, QL 120/30 days, SP, Medical Necessity PA - for ages 12 years and younger, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABLET 20 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
ALYQ TABLET 20 MG ORAL	1	PA, SP, Prudent
LIQREV SUSPENSION 10 MG/ML ORAL	3	PA, SP
REVATIO SUSPENSION RECONSTITUTED 10 MG/ML ORAL	3	PA, SP, Medical Necessity PA, Prudent
REVATIO TABLET 20 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
sildenafil citrate suspension reconstituted 10 mg/ml oral	1	PA, SP, Prudent
sildenafil citrate tablet 20 mg oral	1	PA, SP, LEDL, Prudent
tadalafil (pah) tablet 20 mg oral	1	PA, SP, Prudent
TADLIQ SUSPENSION 20 MG/5ML ORAL	3	PA, QL 300/30 days, SP, Prudent
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABLET 1000 MCG ORAL	3	PA, SP, Medical Necessity PA, Prudent
UPTRAVI TABLET 1200 MCG ORAL	3	PA, SP, Medical Necessity PA, Prudent
UPTRAVI TABLET 1400 MCG ORAL	3	PA, SP, Medical Necessity PA, Prudent
UPTRAVI TABLET 1600 MCG ORAL	3	PA, SP, Medical Necessity PA, Prudent
UPTRAVI TABLET 200 MCG ORAL	3	PA, SP, Medical Necessity PA, Prudent
UPTRAVI TABLET 400 MCG ORAL	3	PA, SP, Medical Necessity PA, Prudent
UPTRAVI TABLET 600 MCG ORAL	3	PA, SP, Medical Necessity PA, Prudent
UPTRAVI TABLET 800 MCG ORAL	3	PA, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Pulmonary Hypertension - Prostacyclin Receptor Agonist (continued)		
UPTRAVI TITRATION TABLET THERAPY PACK 200 & 800 MCG ORAL	3	PA, SP, Medical Necessity PA, Prudent
Selective cGMP Phosphodiesterase Type 5 Inhibitors		
CIALIS TABLET 10 MG ORAL	3	PA
CIALIS TABLET 2.5 MG ORAL	3	PA, QL 1/1 days
CIALIS TABLET 20 MG ORAL	3	PA
CIALIS TABLET 5 MG ORAL	3	PA, QL 1/1 days
LEVITRA TABLET 10 MG ORAL	3	PA
LEVITRA TABLET 2.5 MG ORAL	3	PA
LEVITRA TABLET 20 MG ORAL	3	PA
LEVITRA TABLET 5 MG ORAL	3	PA
sildenafil citrate tablet 100 mg oral	1	PA
sildenafil citrate tablet 25 mg oral	1	PA
sildenafil citrate tablet 50 mg oral	1	PA
STAXYN TABLET DISPERSIBLE 10 MG ORAL	3	PA
STENDRA TABLET 100 MG ORAL	3	PA
STENDRA TABLET 200 MG ORAL	3	PA
STENDRA TABLET 50 MG ORAL	3	PA
tadalafil tablet 10 mg oral	1	PA
tadalafil tablet 2.5 mg oral	1	PA, QL 1/1 days
tadalafil tablet 20 mg oral	1	PA
tadalafil tablet 5 mg oral	1	PA, QL 1/1 days
vardenafil hcl tablet 10 mg oral	1	PA
vardenafil hcl tablet 2.5 mg oral	1	PA
vardenafil hcl tablet 20 mg oral	1	PA
vardenafil hcl tablet 5 mg oral	1	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective cGMP Phosphodiesterase Type 5 Inhibitors (continued)		
VIAGRA TABLET 100 MG ORAL	3	PA
VIAGRA TABLET 25 MG ORAL	3	PA
VIAGRA TABLET 50 MG ORAL	3	PA
Sinus Node Inhibitors		
CORLANOR SOLUTION 5 MG/5ML ORAL	3	PA, QL 480/28 days
CORLANOR TABLET 5 MG ORAL	3	PA, QL 60/30 days
CORLANOR TABLET 7.5 MG ORAL	3	PA, QL 60/30 days
ivabradine hcl tablet 5 mg oral	1	PA, QL 60/30 days
ivabradine hcl tablet 7.5 mg oral	1	PA, QL 60/30 days
Transthyretin Stabilizers		
VYNDAMAX CAPSULE 61 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
VYNDAQEL CAPSULE 20 MG ORAL	3	LA, PA, QL 4/1 days, SP, Prudent
Vasoactive Natriuretic Peptides		
NATRECOR SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	3	
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO TABLET 10 MG ORAL	3	QL 30/30 days
VERQUVO TABLET 2.5 MG ORAL	3	QL 30/30 days
VERQUVO TABLET 5 MG ORAL	3	QL 30/30 days
CEPHALOSPORINS		
Cephalosporins - 1st Generation		
cefadroxil capsule 500 mg oral	1	
cefadroxil suspension reconstituted 250 mg/5ml oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cephalosporins - 1st Generation (continued)		
cefadroxil suspension reconstituted 500 mg/5ml oral	1	
cefadroxil tablet 1 gm oral	1	
cephalexin capsule 250 mg oral	1	
cephalexin capsule 500 mg oral	1	
cephalexin capsule 750 mg oral	1	PA, Medical Necessity PA
cephalexin suspension reconstituted 125 mg/5ml oral	1	
cephalexin suspension reconstituted 250 mg/5ml oral	1	
cephalexin tablet 250 mg oral	1	PA, Medical Necessity PA
cephalexin tablet 500 mg oral	1	PA, Medical Necessity PA
KEFLEX CAPSULE 250 MG ORAL	3	
KEFLEX CAPSULE 500 MG ORAL	3	
KEFLEX CAPSULE 750 MG ORAL	3	PA, Medical Necessity PA
Cephalosporins - 2nd Generation		
cefaclor capsule 250 mg oral	1	
cefaclor capsule 500 mg oral	1	
cefaclor er tablet extended release 12 hour 500 mg oral	3	
cefaclor suspension reconstituted 125 mg/5ml oral	1	
cefaclor suspension reconstituted 250 mg/5ml oral	1	
cefaclor suspension reconstituted 375 mg/5ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cephalosporins - 2nd Generation (continued)		
cefprozil suspension reconstituted 125 mg/5ml oral	1	
cefprozil suspension reconstituted 250 mg/5ml oral	1	
cefprozil tablet 250 mg oral	1	
cefprozil tablet 500 mg oral	1	
cefuroxime axetil tablet 250 mg oral	1	
cefuroxime axetil tablet 500 mg oral	1	
Cephalosporins - 3rd Generation		
CEDAX CAPSULE 400 MG ORAL	3	
CEDAX SUSPENSION RECONSTITUTED 180 MG/5ML ORAL	3	
cefdinir capsule 300 mg oral	1	
cefdinir suspension reconstituted 125 mg/5ml oral	1	
cefdinir suspension reconstituted 250 mg/5ml oral	1	
cefditoren pivoxil tablet 200 mg oral	1	
cefditoren pivoxil tablet 400 mg oral	1	
cefixime capsule 400 mg oral	1	
cefixime suspension reconstituted 100 mg/5ml oral	1	
cefixime suspension reconstituted 200 mg/5ml oral	1	
cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral	1	
cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral	1	
cefpodoxime proxetil tablet 100 mg oral	1	
cefpodoxime proxetil tablet 200 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cephalosporins - 3rd Generation (continued)		
ceftibuten capsule 400 mg oral	1	
ceftibuten suspension reconstituted 180 mg/5ml oral	1	
ceftriaxone sodium solution reconstituted 1 gm injection	1	
ceftriaxone sodium solution reconstituted 2 gm injection	1	
ceftriaxone sodium solution reconstituted 250 mg injection	1	
ceftriaxone sodium solution reconstituted 500 mg injection	1	
SPECTRACEF TABLET 400 MG ORAL	3	
SUPRAX CAPSULE 400 MG ORAL	3	
SUPRAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	3	
SUPRAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	3	
SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL	3	
SUPRAX TABLET CHEWABLE 100 MG ORAL	3	
SUPRAX TABLET CHEWABLE 200 MG ORAL	3	
CHEMICALS		
Acids		
hydrochloric acid liquid	1	
lactic acid solution 88 %	2	
nitric acid liquid	2	
phosphoric acid solution 85 %	1	
sulfuric acid solution	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Additional Solids		
capsicum oleoresin liquid	1	
menadione sodium bisulfite crystals	1	
Bases		
potassium hydroxide solution 45 %	2	
Bulk Chemicals		
natapres liquid	2	
Bulk Chemicals - Ac's		
acetaminophen crystals	1	
acetyl hexapeptide-8 solution	1	
Bulk Chemicals - Ag's		
blue agave organic liquid	1	
Bulk Chemicals - Al's		
alkyl benzoate c12-15 liquid	1	
aloe vera oil	1	
Bulk Chemicals - Am's		
ammonium lauryl sulfate liquid 28 %	1	
MAGNASWEET 110 LIQUID	3	
Bulk Chemicals - An's		
antimony trichloride crystals	1	
Bulk Chemicals - Av's		
avocado oil oil	1	
Bulk Chemicals - Be's		
belladonna tincture	1	
benzoquinone (para) crystals	1	
beta carotene beads 10 %	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bulk Chemicals - Bi's		
bisabolol, alpha-l liquid	1	
Bulk Chemicals - Bu's		
butyl alcohol liquid	1	
butylene glycol liquid	1	
Bulk Chemicals - Ca's		
calcitriol in almond oil oil 1000 nanogm/ml	1	
caprylic acid liquid	1	
caprylic capric triglyceride liquid	1	
carnauba wax flakes	1	
ethoxy diglycol liquid	1	
ethoxy diglycol reagent liquid	1	
ylang-ylang oil fragrance oil	1	
Bulk Chemicals - Ce's		
ceresin wax flakes	1	
cetyl myristoleate oil 40 %	1	
cetyl myristoleate wax 40 %	1	
cetylpyridinium chloride crystals	1	
freedom esterderm liquid	1	
Bulk Chemicals - Ch's		
cholesterol flakes	1	
chromium k sulfate dodecahyd crystals	1	
vitamin d3 liquid	1	
vitamin d3 liquid 1000000 unit/gm	1	
vitamin d3 liquid 2400 unit/ml	1	
Bulk Chemicals - Cr's		
cresol liquid	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bulk Chemicals - Cy's		
cyclomethicone liquid	1	
Bulk Chemicals - De's		
dexpanthenol liquid	1	
dimethylaminoethanol liquid	1	
dmae bitartrate powder	1	
Bulk Chemicals - Di's		
diethanolamine liquid	1	
diethyl toluamide liquid	1	
dimethylacetamide liquid	1	
GERMALL PLUS LIQUID	3	
Bulk Chemicals - Em		
emu oil oil	1	
Bulk Chemicals - Et's		
ethylenediamine liquid 99 %	1	
Bulk Chemicals - Fe's		
ferric chloride hexahydrate	1	
ferrous gluconate dihydrate granules	1	
Bulk Chemicals - Fi's		
finasteride crystals	1	
Bulk Chemicals - Fo		
4-methylpyrazole liquid	1	
Bulk Chemicals - Ga's		
gardenia fragrance oil	1	
Bulk Chemicals - Gl's		
glutaraldehyde in water liquid 50 %	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bulk Chemicals - Gl's (continued)		
glutaraldehyde solution 25 %	1	
glycofurol liquid	1	
glycosaminoglycans liquid	1	
Bulk Chemicals - Gr's		
green tea oil fragrance oil	1	
Bulk Chemicals - Hi's		
histamine phosphate crystals	1	
Bulk Chemicals - Ho's		
honey almond fragrance liquid	1	
Bulk Chemicals - Hy's		
hydrazine sulfate crystals	1	
hydrocodone bitartrate crystals	1	
hydrofluoric acid liquid 48 %	1	
hydroxyethyl cellulose granules	1	
Bulk Chemicals - Io's		
iodine resublimed granules	1	
Bulk Chemicals - Ja		
jasmine fragrance liquid	1	
Bulk Chemicals - Jo		
jojoba oil oil	1	
Bulk Chemicals - Ki		
kiwi fragrance liquid	1	
Bulk Chemicals - La's		
laureth-9 polidocanol liquid	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bulk Chemicals - Li		
lidocaine crystals	1	
limonene liquid	1	
Bulk Chemicals - Lu's		
lutein beads 5 %	1	
Bulk Chemicals - Me's		
medium chain triglycerides liquid	1	
metacresol acetate liquid	1	
methanesulfonic acid liquid	1	
methoxyethanol liquid	1	
Bulk Chemicals - Mo's		
monoethanolamine liquid	1	
Bulk Chemicals - Oc's		
octinoxate liquid	1	
TRITON X-100 LIQUID	3	
Bulk Chemicals - Or		
origanum oil oil	1	
Bulk Chemicals - Pa's		
palmarosa oil	1	
palmitoyl pentapeptide-3 gel	1	
Bulk Chemicals - Pe's		
peg-40 castor oil oil	1	
pennyroyal oil oil	1	
pentylene glycol liquid	1	
pentylenetetrazole crystals	1	
permethrin liquid	1	
peucedanum ostruthium extract solution	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bulk Chemicals - Ph's		
phenolsulfonic acid liquid	1	
phenoxyethanol liquid	1	
phenylethyl alcohol liquid	1	
phytic acid in water liquid 50 %	1	
Bulk Chemicals - Pi's		
pine needle oil oil	1	
pineapple extract liquid	1	
Bulk Chemicals - Po's		
BRIJ 35 WAX	3	
BRIJ 700 WAX	3	
polyhexamethylene biguanide solution 20 %	1	
potassium acetate crystals	1	
potassium azelaoyl diglycinate liquid	1	
potassium iodide granules	1	
potassium phosphate dibasic granules	1	
potassium phosphate monobasic crystals	1	
Bulk Chemicals - Pr's		
praziquantel crystals	1	
promethazine hcl crystals	1	
propylene glycol monostearate beads	1	
Bulk Chemicals - Py's		
zinc pyrithione liquid 48 %	1	
Bulk Chemicals - Qu's		
quinine hcl dihydrate crystals	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bulk Chemicals - Ra		
rapeseed oil oil	1	
Bulk Chemicals - Sa's		
calcium saccharin crystals	1	
Bulk Chemicals - Sh		
shower fresh fragrance liquid	1	
Bulk Chemicals - Si's		
dpi anhydrous silicone gel gel	1	
Bulk Chemicals - So's		
lecithin soya granules	1	
sodium chlorite flakes	1	
sodium iodide granules	1	
sodium lactate solution 60 %	1	
sodium oleate powder	1	
sodium phosphate dibasic crystals	1	
sodium phosphate dibasic hepta powder	1	
sodium phosphate dibasic powder	1	
sodium pidolate liquid	1	
sodium selenite powder	1	
sodium stearyl fumarate powder	1	
sodium succinate powder	1	
sodium tartrate dihydrate powder	1	
sodium tetradecyl sulfate powder	1	
sodium tetradecyl sulfate solution 27 %	1	
sodium thiosalicylate powder	1	
sorbitan monolaurate liquid	1	
sorbitan monooleate liquid	1	
sorbitan monopalmitate powder	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bulk Chemicals - So's (continued)		
soyabean casein digest medium powder	1	
soybean lecithin granules	1	
Bulk Chemicals - Sp's		
cetyl esters wax wax	1	
Bulk Chemicals - Sq's		
dibutyl squarate liquid	1	
squalane oil	1	
Bulk Chemicals - St's		
stevioside fluid extract 15 %	1	
strontium chloride crystals	1	
Bulk Chemicals - Su's		
succinic acid crystals	1	
Bulk Chemicals - Te's		
testosterone micronized crystals	1	PA
Bulk Chemicals - Ti's		
titanium dioxide liquid 30 %	1	
Bulk Chemicals - Tr's		
triacetin liquid	1	
triethanolamine lauryl sulfate liquid	1	
triprolidine hcl crystals	1	
Bulk Chemicals - Va's		
valproic acid liquid	1	
vanadyl sulfate hydrate crystals	1	
Bulk Chemicals - Vi's		
alpha-tocopherol liquid	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bulk Chemicals - Vi's (continued)		
vitamin a acetate beads	1	
vitamin e acetate liquid 1 unit/mg	1	
vitamin e acetate liquid 125 unit/ml	1	
Bulk Chemicals - Ye's		
yeast extract liquid	1	
Essential Oils		
cedar leaf oil oil	1	
niaouli oil	2	
pine oil oil	1	
sassafras oil oil	2	
Fixed Oils		
glycine soya protein solution	1	
linseed oil oil	1	
Liquids		
ammonium lactate solution 70 %	1	
chlorhexidine gluconate solution	1	
glycerin solution	2	
pine tar liquid	2	
polysorbate 40 solution	1	
Semi-Solids		
coal tar extract solution 20 %	1	
coal tar solution	1	
coal tar tar	1	
peruvian balsam	1	
Solids		
aluminum sulfate granules	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Solids (continued)		
ammonium bromide granules	1	
butylated hydroxytoluene granules	1	
dinitrochlorobenzene crystals	1	
potash sulfurated lump	2	
potassium bromide granules	1	
potassium perchlorate crystals	1	
pyrogallol crystals	1	
quinidine sulfate dihydrate crystals	1	
rosin	2	
silicon dioxide powder	1	
sodium cacodylate powder	1	
sodium perborate powder	2	
sodium sulfate powder	1	
strontium nitrate crystals	1	
Solvents		
ether solution	1	
isopropanol solution 70 %	1	
isopropyl alcohol solution	1	
methanol solution	1	
CONTRACEPTIVES		
Biphasic Contraceptives - Oral		
AZURETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL	0	
desogestrel-ethinyl estradiol tablet 0.15-0.02/0.01 mg (21/5) oral	0	
KARIVA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Biphasic Contraceptives - Oral (continued)		
LO LOESTRIN FE TABLET 1 MG-10 MCG / 10 MCG ORAL	0	ACA NCDL, limitations may apply
NECON 10/11 (28) TABLET 35 MCG ORAL	3	
PIMTREA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	0	
viorele tablet 0.15-0.02/0.01 mg (21/5) oral	0	
Combination Contraceptives - Oral		
ALTAVERA TABLET 0.15-30 MG-MCG ORAL	0	
alyacen 1/35 tablet 1-35 mg-mcg oral	0	
APRI TABLET 0.15-30 MG-MCG ORAL	0	
AUBRA EQ TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
AVIANE TABLET 0.1-20 MG-MCG ORAL	0	
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	
BALZIVA TABLET 0.4-35 MG-MCG ORAL	0	
BEYAZ TABLET 3-0.02-0.451 MG ORAL	3	
BLISOVI FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	
briellyn tablet 0.4-35 mg-mcg oral	0	
CHATEAL EQ TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
CRYSELLE-28 TABLET 0.3-30 MG-MCG ORAL	0	
CYRED EQ TABLET 0.15-30 MG-MCG ORAL	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
CYRED TABLET 0.15-30 MG-MCG ORAL	0	
DASETTA 1/35 TABLET 1-35 MG-MCG ORAL	0	
DELYLA TABLET 0.1-20 MG-MCG ORAL	0	
DESOGEN TABLET 0.15-30 MG-MCG ORAL	3	
desogestrel-ethinyl estradiol tablet 0.15-30 mg-mcg oral	0	
drospiren-eth estrad-levomefol tablet 3-0.02-0.451 mg oral	0	ACA NCDL, limitations may apply
drospiren-eth estrad-levomefol tablet 3-0.03-0.451 mg oral	0	
drospirenone-ethinyl estradiol tablet 3-0.02 mg oral	0	ACA NCDL, limitations may apply
drospirenone-ethinyl estradiol tablet 3-0.03 mg oral	0	
ELINEST TABLET 0.3-30 MG-MCG ORAL	0	
EMOQUETTE TABLET 0.15-30 MG-MCG ORAL	0	
ENSKYCE TABLET 0.15-30 MG-MCG ORAL	0	
ESTARYLLA TABLET 0.25-35 MG-MCG ORAL	0	
FALMINA TABLET 0.1-20 MG-MCG ORAL	0	
FEMCON FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL	3	
GEMMILY CAPSULE 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
GILDESS 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	
GILDESS 1/20 TABLET 1-20 MG-MCG ORAL	0	
GILDESS FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	
GILDESS FE 1/20 TABLET 1-20 MG-MCG ORAL	0	
HAILEY 24 FE TABLET 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
ISIBLOOM TABLET 0.15-30 MG-MCG ORAL	0	
JASMIEL TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
JOYEAUX TABLET 0.1-20 MG-MCG(21) ORAL	0	ACA NCDL, limitations may apply
JULEBER TABLET 0.15-30 MG-MCG ORAL	0	
JUNEL 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	
JUNEL 1/20 TABLET 1-20 MG-MCG ORAL	0	
JUNEL FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	
JUNEL FE 1/20 TABLET 1-20 MG-MCG ORAL	0	
KALLIGA TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
KELNOR 1/35 TABLET 1-35 MG-MCG ORAL	0	
KURVELO TABLET 0.15-30 MG-MCG ORAL	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
LARIN 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	
LARIN 1/20 TABLET 1-20 MG-MCG ORAL	0	
LARIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	
LARIN FE 1/20 TABLET 1-20 MG-MCG ORAL	0	
LARISSIA TABLET 0.1-20 MG-MCG ORAL	0	
LAYOLIS FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL	0	
LESSINA TABLET 0.1-20 MG-MCG ORAL	0	
levonorgest-eth estradiol-iron tablet 0.1-20 mg-mcg(21) oral	0	ACA NCDL, limitations may apply
levonorgestrel-ethinyl estrad tablet 0.1-20 mg-mcg oral	0	
levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral	0	
LEVORA 0.15/30 (28) TABLET 0.15-30 MG-MCG ORAL	0	
LOESTRIN 1.5/30 (21) TABLET 1.5-30 MG-MCG ORAL	3	
LOESTRIN 1/20 (21) TABLET 1-20 MG-MCG ORAL	3	
LOESTRIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	3	
LOESTRIN FE 1/20 TABLET 1-20 MG-MCG ORAL	3	
LOMEDIA 24 FE TABLET 1-20 MG-MCG(24) ORAL	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
LORYNA TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
LOW-OGESTREL TABLET 0.3-30 MG-MCG ORAL	0	
LO-ZUMANDIMINE TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
LUTERA TABLET 0.1-20 MG-MCG ORAL	0	
marlissa tablet 0.15-30 mg-mcg oral	0	
MELODETTA 24 FE TABLET CHEWABLE 1-20 MG-MCG(24) ORAL	3	
MERZEE CAPSULE 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
MIBELAS 24 FE TABLET CHEWABLE 1-20 MG-MCG(24) ORAL	0	
MICROGESTIN 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	
MICROGESTIN 1/20 TABLET 1-20 MG-MCG ORAL	0	
MICROGESTIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	
MICROGESTIN FE 1/20 TABLET 1-20 MG-MCG ORAL	0	
MILI TABLET 0.25-35 MG-MCG ORAL	0	
MODICON (28) TABLET 0.5-35 MG-MCG ORAL	3	
MONO-LINYAH TABLET 0.25-35 MG-MCG ORAL	0	
MONONESSA TABLET 0.25-35 MG-MCG ORAL	0	
NECON 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
NECON 1/35 (28) TABLET 1-35 MG-MCG ORAL	0	
NECON 1/50 (28) TABLET 1-50 MG-MCG ORAL	3	
NEXTSTELLIS TABLET 3-14.2 MG ORAL	0	ACA NCDL, limitations may apply
NIKKI TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
norethin ace-eth estrad-fe capsule 1-20 mg-mcg(24) oral	0	ACA NCDL, limitations may apply
norethin ace-eth estrad-fe tablet 1-20 mg-mcg oral	0	
norethin ace-eth estrad-fe tablet chewable 1-20 mg-mcg(24) oral	0	
norethindrone acet-ethinyl est tablet 1-20 mg-mcg oral	0	
norethindrone acet-ethinyl est tablet chewable 1-20 mg-mcg(24) oral	0	
norethin-eth estradiol-fe tablet chewable 0.8-25 mg-mcg oral	0	
norgestimate-eth estradiol tablet 0.25-35 mg-mcg oral	0	
NORINYL 1+35 (28) TABLET 1-35 MG-MCG ORAL	3	
NORINYL 1+50 (28) TABLET 1-50 MG-MCG ORAL	3	
NORTREL 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	0	
NORTREL 1/35 (21) TABLET 1-35 MG-MCG ORAL	0	
NORTREL 1/35 (28) TABLET 1-35 MG-MCG ORAL	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
NYMYO TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
OCELLA TABLET 3-0.03 MG ORAL	0	
OGESTREL TABLET 0.5-50 MG-MCG ORAL	3	
ORSYTHIA TABLET 0.1-20 MG-MCG ORAL	0	
ORTHO-CYCLEN (28) TABLET 0.25-35 MG-MCG ORAL	3	
ORTHO-NOVUM 1/35 (28) TABLET 1-35 MG-MCG ORAL	3	
OVCON-35 (28) TABLET 0.4-35 MG-MCG ORAL	3	
PHILITH TABLET 0.4-35 MG-MCG ORAL	0	
PIRMELLA 1/35 TABLET 1-35 MG-MCG ORAL	0	
PORTIA-28 TABLET 0.15-30 MG-MCG ORAL	0	
PREVIFEM TABLET 0.25-35 MG-MCG ORAL	0	
RECLIPSEN TABLET 0.15-30 MG-MCG ORAL	0	
SAFYRAL TABLET 3-0.03-0.451 MG ORAL	3	
SOLIA TABLET 0.15-30 MG-MCG ORAL	0	
SPRINTEC 28 TABLET 0.25-35 MG-MCG ORAL	0	
SRONYX TABLET 0.1-20 MG-MCG ORAL	0	
SYEDA TABLET 3-0.03 MG ORAL	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
TARINA 24 FE TABLET 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
TARINA FE 1/20 EQ TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TAYSOFY CAPSULE 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL	3	
TURQOZ TABLET 0.3-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TYBLUME TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TYBLUME TABLET CHEWABLE 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TYDEMY TABLET 3-0.03-0.451 MG ORAL	3	
VESTURA TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
VIENVA TABLET 0.1-20 MG-MCG ORAL	0	
VYFEMLA TABLET 0.4-35 MG-MCG ORAL	0	
VYLIBRA TABLET 0.25-35 MG-MCG ORAL	0	
WERA TABLET 0.5-35 MG-MCG ORAL	0	
WYMZYA FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL	0	
YASMIN 28 TABLET 3-0.03 MG ORAL	3	
YAZ TABLET 3-0.02 MG ORAL	3	
ZENCHENT FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
ZENCHENT TABLET 0.4-35 MG-MCG ORAL	0	
ZOVIA 1/35E (28) TABLET 1-35 MG-MCG ORAL	0	
ZOVIA 1/50E (28) TABLET 1-50 MG-MCG ORAL	0	
ZUMANDIMINE TABLET 3-0.03 MG ORAL	0	ACA NCDL, limitations may apply
Combination Contraceptives - Transdermal		
TWIRLA PATCH WEEKLY 120-30 MCG/24HR TRANSDERMAL	0	ACA NCDL, limitations may apply
XULANE PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	0	ACA NCDL, limitations may apply
ZAFEMY PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	0	ACA NCDL, limitations may apply
Combination Contraceptives - Vaginal		
ANNOVERA RING 0.013-0.15 MG/24HR VAGINAL	0	QL 1/364 days, ACA NCDL, limitations may apply
ELURYNG RING 0.12-0.015 MG/24HR VAGINAL	0	QL 13/300 days, ACA NCDL, limitations may apply
ENILLORING RING 0.12-0.015 MG/24HR VAGINAL	0	QL 13/300 days, ACA NCDL, limitations may apply
etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr vaginal	0	QL 13/300 days, ACA NCDL, limitations may apply
HALOETTE RING 0.12-0.015 MG/24HR VAGINAL	0	QL 13/300 days, ACA NCDL, limitations may apply
NUVARING RING 0.12-0.015 MG/24HR VAGINAL	3	QL 13/300 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Continuous Contraceptives - Oral		
AMETHYST TABLET 90-20 MCG ORAL	0	ACA NCDL, limitations may apply
DOLISHALE TABLET 90-20 MCG ORAL	0	ACA NCDL, limitations may apply
levonorgestrel-ethinyl estrad tablet 90-20 mcg oral	0	ACA NCDL, limitations may apply
Emergency Contraceptives		
ELLA TABLET 30 MG ORAL	0	ACA NCDL, limitations may apply
Extended-Cycle Contraceptives - Oral		
ASHLYNA TABLET 0.15-0.03 &0.01 MG ORAL	0	ACA NCDL, limitations may apply
CAMRESE LO TABLET 0.1-0.02 & 0.01 MG ORAL	0	
CAMRESE TABLET 0.15-0.03 &0.01 MG ORAL	0	
DAYSEE TABLET 0.15-0.03 &0.01 MG ORAL	0	
ICLEVIA TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply
INTROVALE TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply
JAIMIESS TABLET 0.15-0.03 &0.01 MG ORAL	0	ACA NCDL, limitations may apply
JOLESSA TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply
levonorgest-eth estrad 91-day tablet 0.1-0.02 & 0.01 mg oral	0	
levonorgest-eth estrad 91-day tablet 0.15-0.03 &0.01 mg oral	0	ACA NCDL, limitations may apply
levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Extended-Cycle Contraceptives - Oral (continued)		
LOJAIMIESS TABLET 0.1-0.02 & 0.01 MG ORAL	0	ACA NCDL, limitations may apply
QUARTETTE TABLET 42-21-21-7 DAYS ORAL	3	
RIVELSA TABLET 42-21-21-7 DAYS ORAL	0	
SETLAKIN TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply
SIMPESSE TABLET 0.15-0.03 &0.01 MG ORAL	0	ACA NCDL, limitations may apply
Four Phase Contraceptives - Oral		
NATAZIA TABLET 3/2-2/2-3/1 MG ORAL	3	
Progestin Contraceptives - Implants		
NEXPLANON IMPLANT 68 MG SUBCUTANEOUS	0	QL 1/300 days, ACA NCDL, limitations may apply
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSPENSION PREFILLED SYRINGE 150 MG/ML INTRAMUSCULAR	3	
DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS	3	
medroxyprogesterone acetate suspension 150 mg/ml intramuscular	0	QL 4/300 days, ACA NCDL, limitations may apply
medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular	0	QL 4/300 days, ACA NCDL, limitations may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Progestin Contraceptives - IUD		
LILETTA (52 MG) INTRAUTERINE DEVICE 19.5 MCG/DAY INTRAUTERINE	0	QL 1/300 days, ACA NCDL, limitations may apply
LILETTA (52 MG) INTRAUTERINE DEVICE 20.1 MCG/DAY INTRAUTERINE	0	QL 1/300 days, ACA NCDL, limitations may apply
MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/24HR INTRAUTERINE	0	QL 1/300 days, SP, ACA NCDL, limitations may apply
MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/DAY INTRAUTERINE	0	QL 1/300 days, SP, ACA NCDL, limitations may apply
SKYLA INTRAUTERINE DEVICE 13.5 MG INTRAUTERINE	0	QL 1/300 days
Progestin Contraceptives - Oral		
CAMILA TABLET 0.35 MG ORAL	0	
DEBLITANE TABLET 0.35 MG ORAL	0	
EMZAHH TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
ERRIN TABLET 0.35 MG ORAL	0	
HEATHER TABLET 0.35 MG ORAL	0	
INCASSIA TABLET 0.35 MG ORAL	0	
JENCYCLA TABLET 0.35 MG ORAL	0	
JOLIVETTE TABLET 0.35 MG ORAL	0	
LYLEQ TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
LYZA TABLET 0.35 MG ORAL	0	
NORA-BE TABLET 0.35 MG ORAL	0	
norethindrone tablet 0.35 mg oral	0	
NORLYROC TABLET 0.35 MG ORAL	0	
NOR-QD TABLET 0.35 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Progestin Contraceptives - Oral (continued)		
ORTHO MICRONOR TABLET 0.35 MG ORAL	3	
SHAROBEL TABLET 0.35 MG ORAL	0	
SLYND TABLET 4 MG ORAL	0	ACA NCDL, limitations may apply
Triphasic Contraceptives - Oral		
alyacen 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral	0	
ARANELLE TABLET 0.5/1/0.5-35 MG-MCG ORAL	0	
CAZIANT TABLET 0.1/0.125/0.15 - 0.025 MG ORAL	0	
CESIA TABLET 0.1/0.125/0.15 -0.025 MG ORAL	0	
DASETTA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	
ENPRESSE-28 TABLET 50-30/75-40/ 125-30 MCG ORAL	0	
LEENA TABLET 0.5/1/0.5-35 MG-MCG ORAL	0	
LEVONEST TABLET 50-30/75-40/ 125-30 MCG ORAL	0	
MYZILRA TABLET 50-30/75-40/ 125-30 MCG ORAL	0	
NECON 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	
norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-25 mcg oral	0	
norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-35 mcg oral	0	
NORTREL 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Triphasic Contraceptives - Oral (continued)		
NYLIA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ORTHO TRI-CYCLEN (28) TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	3	
ORTHO TRI-CYCLEN LO TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	3	
ORTHO-NOVUM 7/7/7 (28) TABLET 0.5/0.75/1-35 MG-MCG ORAL	3	
PIRMELLA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	
TILIA FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	0	
TRI-ESTARYLLA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	
TRI-LEGEST FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	0	
TRI-LINYAH TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	
TRI-LO-ESTARYLLA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	
TRI-LO-MARZIA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	
TRI-LO-MILI TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-LO-SPRINTEC TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	
TRI-MILI TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	
TRINESSA (28) TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	
TRI-NORINYL (28) TABLET 0.5/1/0.5-35 MG-MCG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Triphasic Contraceptives - Oral (continued)		
TRI-NYMYO TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-SPRINTEC TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	
TRIVORA (28) TABLET 50-30/75-40/125-30 MCG ORAL	0	
TRI-VYLIBRA LO TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-VYLIBRA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	
VELIVET TABLET 0.1/0.125/0.15 -0.025 MG ORAL	0	
CORTICOSTEROIDS		
Glucocorticosteroids		
AGAMREE SUSPENSION 40 MG/ML ORAL	3	LA, PA, QL 200/26 days, SP
A-HYDROCORT SOLUTION RECONSTITUTED 100 MG INJECTION	3	
ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5 MG ORAL	3	LA, PA, QL 90/30 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 1 MG ORAL	3	LA, PA, QL 90/30 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 2 MG ORAL	3	LA, PA, QL 180/30 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	3	LA, PA, QL 90/30 days, SP
A-METHAPRED SOLUTION RECONSTITUTED 125 MG INJECTION	3	
A-METHAPRED SOLUTION RECONSTITUTED 40 MG INJECTION	3	
budesonide capsule delayed release particles 3 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
budesonide er tablet extended release 24 hour 9 mg oral	1	QL 30/30 days
CORTEF TABLET 10 MG ORAL	3	
CORTEF TABLET 20 MG ORAL	3	
CORTEF TABLET 5 MG ORAL	3	
cortisone acetate tablet 25 mg oral	1	
deflazacort suspension 22.75 mg/ml oral	3	LA, PA, QL 39/30 days
deflazacort tablet 18 mg oral	3	LA, PA, QL 30/30 days, Prudent
deflazacort tablet 30 mg oral	3	LA, PA, QL 60/30 days, Prudent
deflazacort tablet 36 mg oral	3	LA, PA, QL 60/30 days, Prudent
deflazacort tablet 6 mg oral	3	LA, PA, QL 60/30 days, Prudent
DEPO-MEDROL SUSPENSION 20 MG/ML INJECTION	3	
DEPO-MEDROL SUSPENSION 40 MG/ML INJECTION	3	
DEPO-MEDROL SUSPENSION 80 MG/ML INJECTION	3	
dexabliss tablet therapy pack 1.5 mg (39) oral	3	PA, Medical Necessity PA
dexamethasone elixir 0.5 mg/5ml oral	1	
DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL	3	
dexamethasone sod phosphate pf solution 10 mg/ml injection	1	
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
dexamethasone sodium phosphate solution 100 mg/10ml injection	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
dexamethasone sodium phosphate solution 120 mg/30ml injection	1	
dexamethasone sodium phosphate solution 20 mg/5ml injection	1	
dexamethasone sodium phosphate solution 4 mg/ml injection	1	
dexamethasone sodium phosphate solution prefilled syringe 4 mg/ml injection	1	
dexamethasone solution 0.5 mg/5ml oral	1	
dexamethasone tablet 0.5 mg oral	1	
dexamethasone tablet 0.75 mg oral	1	
dexamethasone tablet 1 mg oral	1	
dexamethasone tablet 1.5 mg oral	1	
dexamethasone tablet 2 mg oral	1	
dexamethasone tablet 4 mg oral	1	
dexamethasone tablet 6 mg oral	1	
dexamethasone tablet therapy pack 1.5 mg (21) oral	1	
dexamethasone tablet therapy pack 1.5 mg (35) oral	1	
dexamethasone tablet therapy pack 1.5 mg (51) oral	1	
DEXPAK 10 DAY TABLET THERAPY PACK 1.5 MG (35) ORAL	1	
DEXPAK 13 DAY TABLET THERAPY PACK 1.5 MG (51) ORAL	1	
DEXPAK 6 DAY TABLET THERAPY PACK 1.5 MG (21) ORAL	1	
DXEVO 11-DAY TABLET THERAPY PACK 1.5 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
EMFLAZA SUSPENSION 22.75 MG/ML ORAL	3	LA, PA, QL 39/30 days, Medical Necessity PA
EMFLAZA TABLET 18 MG ORAL	3	LA, PA, QL 30/30 days
EMFLAZA TABLET 30 MG ORAL	3	LA, PA, QL 60/30 days
EMFLAZA TABLET 36 MG ORAL	3	LA, PA, QL 60/30 days
EMFLAZA TABLET 6 MG ORAL	3	LA, PA, QL 60/30 days
ENTOCORT EC CAPSULE EXTENDED RELEASE 24 HOUR 3 MG ORAL	3	
EOHILIA SUSPENSION 2 MG/10ML ORAL	3	PA, QL 600/30 days, Medical Necessity PA
HEMADY TABLET 20 MG ORAL	3	PA, Medical Necessity PA
HIDEX 6-DAY TABLET THERAPY PACK 1.5 MG (21) ORAL	1	
hydrocortisone tablet 10 mg oral	1	
hydrocortisone tablet 20 mg oral	1	
hydrocortisone tablet 5 mg oral	1	
KENALOG SUSPENSION 10 MG/ML INJECTION	3	PA, Medical Necessity PA
KENALOG SUSPENSION 40 MG/ML INJECTION	3	PA, Medical Necessity PA
KENALOG-10 SUSPENSION 10 MG/ML INJECTION	3	PA, Medical Necessity PA
KENALOG-40 SUSPENSION 40 MG/ML INJECTION	3	PA, Medical Necessity PA
MEDROL (PAK) TABLET 4 MG ORAL	3	
MEDROL TABLET 16 MG ORAL	3	
MEDROL TABLET 2 MG ORAL	3	
MEDROL TABLET 32 MG ORAL	3	
MEDROL TABLET 4 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
MEDROL TABLET 8 MG ORAL	3	
MEDROL TABLET THERAPY PACK 4 MG ORAL	3	
methylprednisolone (pak) tablet 4 mg oral	1	
methylprednisolone acetate suspension 40 mg/ml injection	1	
methylprednisolone acetate suspension 80 mg/ml injection	1	
methylprednisolone sodium succ solution reconstituted 1000 mg injection	1	
methylprednisolone sodium succ solution reconstituted 125 mg injection	1	
methylprednisolone sodium succ solution reconstituted 40 mg injection	1	
methylprednisolone tablet 16 mg oral	1	
methylprednisolone tablet 32 mg oral	1	
methylprednisolone tablet 4 mg oral	1	
methylprednisolone tablet 8 mg oral	1	
methylprednisolone tablet therapy pack 4 mg oral	1	
MILLIPRED DP 12-DAY TABLET 5 MG ORAL	3	
MILLIPRED DP TABLET 5 MG ORAL	3	
MILLIPRED SOLUTION 10 MG/5ML ORAL	3	
MILLIPRED TABLET 5 MG ORAL	3	
ORAPRED ODT TABLET DISPERSIBLE 10 MG ORAL	3	
ORAPRED ODT TABLET DISPERSIBLE 15 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
ORAPRED ODT TABLET DISPERSIBLE 30 MG ORAL	3	
ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 6 MG ORAL	3	PA, Medical Necessity PA
ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 9 MG ORAL	3	PA, Medical Necessity PA
PEDIAPRED SOLUTION 6.7 (5 BASE) MG/5ML ORAL	3	
prednisolone sodium phosphate solution 10 mg/5ml oral	1	
prednisolone sodium phosphate solution 15 mg/5ml oral	1	
prednisolone sodium phosphate solution 20 mg/5ml oral	1	
prednisolone sodium phosphate solution 25 mg/5ml oral	1	
prednisolone sodium phosphate solution 6.7 (5 base) mg/5ml oral	1	
prednisolone sodium phosphate tablet dispersible 10 mg oral	1	
prednisolone sodium phosphate tablet dispersible 15 mg oral	1	
prednisolone sodium phosphate tablet dispersible 30 mg oral	1	
prednisolone solution 15 mg/5ml oral	1	
prednisolone syrup 15 mg/5ml oral	1	
prednisone (pak) tablet 10 mg oral	1	
prednisone (pak) tablet 5 mg oral	1	
PREDNISONE INTENSOL CONCENTRATE 5 MG/ML ORAL	2	
prednisone solution 5 mg/5ml oral	1	
prednisone tablet 1 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
prednisone tablet 10 mg oral	1	
prednisone tablet 2.5 mg oral	1	
prednisone tablet 20 mg oral	1	
prednisone tablet 5 mg oral	1	
prednisone tablet 50 mg oral	1	
prednisone tablet therapy pack 10 mg (21) oral	1	
prednisone tablet therapy pack 5 mg (21) oral	1	
RAYOS TABLET DELAYED RELEASE 1 MG ORAL	3	PA, Medical Necessity PA
RAYOS TABLET DELAYED RELEASE 2 MG ORAL	3	PA, Medical Necessity PA
RAYOS TABLET DELAYED RELEASE 5 MG ORAL	3	PA, Medical Necessity PA
SOLU-CORTEF SOLUTION RECONSTITUTED 100 MG INJECTION	2	
SOLU-CORTEF SOLUTION RECONSTITUTED 1000 MG INJECTION	2	
SOLU-CORTEF SOLUTION RECONSTITUTED 250 MG INJECTION	2	
SOLU-CORTEF SOLUTION RECONSTITUTED 500 MG INJECTION	2	
SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 1000 MG INJECTION	3	
SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 125 MG INJECTION	3	
SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 40 MG INJECTION	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1.
For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 500 MG INJECTION	3	
SOLU-MEDROL SOLUTION RECONSTITUTED 1000 MG INJECTION	3	
SOLU-MEDROL SOLUTION RECONSTITUTED 125 MG INJECTION	3	
SOLU-MEDROL SOLUTION RECONSTITUTED 2 GM INJECTION	3	
SOLU-MEDROL SOLUTION RECONSTITUTED 40 MG INJECTION	3	
SOLU-MEDROL SOLUTION RECONSTITUTED 500 MG INJECTION	3	
TAPERDEX 12-DAY TABLET THERAPY PACK 1.5 MG (49) ORAL	1	
TAPERDEX 6-DAY TABLET THERAPY PACK 1.5 MG (21) ORAL	1	
TAPERDEX 7-DAY TABLET THERAPY PACK 1.5 MG (27) ORAL	1	
TARPEYO CAPSULE DELAYED RELEASE 4 MG ORAL	3	LA, PA, QL 120/30 days, SP
triamcinolone acetonide suspension 40 mg/ml injection	1	
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	3	QL 30/30 days
VERIPRED 20 SOLUTION 20 MG/5ML ORAL	3	
zcort 7-day tablet therapy pack 1.5 mg (25) oral	3	PA, Medical Necessity PA
Mineralocorticoids		
fludrocortisone acetate tablet 0.1 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Steroid Combinations		
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	1	
CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION	3	
physicians ez use m-pred kit 40-0.5 mg/ml-% injection	3	
COUGH/COLD/ALLERGY		
Antitussive - Nonnarcotic		
benzonatate capsule 100 mg oral	1	
benzonatate capsule 200 mg oral	1	
TESSALON PERLES CAPSULE 100 MG ORAL	3	
ZONATUSS CAPSULE 150 MG ORAL	3	
Antitussive - Opioid		
hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral	1	
hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral	1	
hydrocodone-homatropine syrup 5-1.5 mg/5ml oral	1	
hydrocodone-homatropine tablet 5-1.5 mg oral	1	
hydromet solution 5-1.5 mg/5ml oral	1	
hydromet syrup 5-1.5 mg/5ml oral	1	
TUSSIGON TABLET 5-1.5 MG ORAL	3	
Antitussive-Expectorant		
OBREDON SOLUTION 2.5-200 MG/5ML ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antitussive-Expectorants-Decongestant		
tgq 30pse/150gfn/15dm syrup 30-150-15 mg/5ml oral	1	
TUSSAFED EX LIQUID 10-30-200 MG/5ML ORAL	3	
Decongestant & Antihistamine		
CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ORAL	3	
promethazine vc plain syrup 6.25-5 mg/5ml oral	1	
promethazine vc syrup 6.25-5 mg/5ml oral	1	
SEMPREX-D CAPSULE 8-60 MG ORAL	3	
Misc. Respiratory Inhalants		
HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION	3	
HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION	3	
NEBUSAL NEBULIZATION SOLUTION 3 % INHALATION	3	
NEBUSAL NEBULIZATION SOLUTION 6 % INHALATION	3	
PULMOSAL NEBULIZATION SOLUTION 7 % INHALATION	3	
sodium chloride nebulization solution 10 % inhalation	1	
sodium chloride nebulization solution 3 % inhalation	1	
sodium chloride nebulization solution 7 % inhalation	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Mucolytics		
acetylcysteine solution 10 % inhalation	1	
acetylcysteine solution 20 % inhalation	1	
Non-Narc Antitussive-Antihistamine		
promethazine-dm syrup 6.25-15 mg/5ml oral	1	
Non-Narc Antitussive-Decongestant-Antihistamine		
BROMFED DM SYRUP 30-2-10 MG/5ML ORAL	3	
tgq 15dm/5peh/2cpm syrup 15-5-2 mg/5ml oral	1	
tgq 30pse/3brm/15dm syrup 30-3-15 mg/5ml oral	1	
tgq 50pse/3brm/30dm syrup 50-3-30 mg/5ml oral	1	
Opioid Antitussive-Antihistamine		
hydrocod polst-cpm polst er liquid extendedrelease 10-8 mg/5ml oral	1	
promethazine-codeine syrup 6.25-10 mg/5ml oral	1	
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG ORAL	3	
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 5-4 MG ORAL	3	
TUSSIONEX PENNKINETIC ER LIQUID EXTENDEDRELEASE 10-8 MG/5ML ORAL	3	
TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ORAL	3	QL 60/30 days
VITUZ SOLUTION 5-4 MG/5ML ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Antitussive-Decongestant		
REZIRA SOLUTION 60-5 MG/5ML ORAL	3	
Opioid Antitussive-Decongestant-Antihistamine		
CPB WC LIQUID 10-1.3-6.3 MG/5ML ORAL	3	
promethazine vc/codeine syrup 6.25-5-10 mg/5ml oral	1	
pseudoeph-chlorphen-hydrocod solution 60-4-5 mg/5ml oral	1	
ZUTRIPRO SOLUTION 60-4-5 MG/5ML ORAL	3	
DERMATOLOGICALS		
Acne Antibiotics		
ACZONE GEL 5 % EXTERNAL	3	PA, Medical Necessity PA
ACZONE GEL 7.5 % EXTERNAL	3	PA, Medical Necessity PA
AMZEEQ FOAM 4 % EXTERNAL	3	PA, Medical Necessity PA
CLEOCIN-T GEL 1 % EXTERNAL	3	
CLEOCIN-T LOTION 1 % EXTERNAL	3	
CLEOCIN-T SOLUTION 1 % EXTERNAL	3	QL 240/30 days
CLEOCIN-T SWAB 1 % EXTERNAL	3	
CLINDACIN ETZ SWAB 1 % EXTERNAL	3	
CLINDACIN-P SWAB 1 % EXTERNAL	3	
CLINDAGEL GEL 1 % EXTERNAL	3	
clindamycin phosphate foam 1 % external	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Antibiotics (continued)		
clindamycin phosphate gel 1 % external	1	
clindamycin phosphate lotion 1 % external	1	
clindamycin phosphate solution 1 % external	1	QL 240/30 days
clindamycin phosphate swab 1 % external	1	
dapsone gel 5 % external	1	
dapsone gel 7.5 % external	1	Medical Necessity PA
ery pad 2 % external	1	
ERYGEL GEL 2 % EXTERNAL	3	
erythromycin gel 2 % external	1	
erythromycin pad 2 % external	1	
erythromycin solution 2 % external	1	
EVOCLIN FOAM 1 % EXTERNAL	3	
KLARON LOTION 10 % EXTERNAL	3	
sulfacetamide sodium (acne) lotion 10 % external	1	
sulfacetamide sodium suspension 10 % external	1	
Acne Combinations		
ACANYA GEL 1.2-2.5 % EXTERNAL	3	PA, Medical Necessity PA
adapalene-benzoyl peroxide gel 0.1-2.5 % external	1	
adapalene-benzoyl peroxide gel 0.3-2.5 % external	1	
BENZACLIN GEL 1-5 % EXTERNAL	3	
BENZACLIN WITH PUMP GEL 1-5 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Combinations (continued)		
BENZAMYCIN GEL 5-3 % EXTERNAL	3	
BENZAMYCINPAK PACKET 5-3 % EXTERNAL	3	
benzoyl peroxide-erythromycin gel 5-3 % external	1	
CABTREO GEL 0.15-3.1-1.2 % EXTERNAL	3	PA, Medical Necessity PA
CLINDACIN ETZ KIT 1 % EXTERNAL	3	
CLINDACIN PAC KIT 1 % EXTERNAL	3	
clindamycin phos-benzoyl perox gel 1.2-2.5 % external	1	PA, Medical Necessity PA
clindamycin phos-benzoyl perox gel 1.2-3.75 % external	1	PA, Medical Necessity PA
clindamycin phos-benzoyl perox gel 1.2-5 % external	1	
clindamycin phos-benzoyl perox gel 1-5 % external	1	
clindamycin-tretinoin gel 1.2-0.025 % external	1	
clindavix kit 1 & 1.8-2 % external	3	PA, Medical Necessity PA
DUAC GEL 1.2-5 % EXTERNAL	3	
EPIDUO FORTE GEL 0.3-2.5 % EXTERNAL	3	
EPIDUO GEL 0.1-2.5 % EXTERNAL	3	
INOVA 4/1 ACNE CONTROL THERAPY KIT 4 & 1 & 5 % EXTERNAL	3	
INOVA 8/2 ACNE CONTROL THERAPY KIT 8 & 2 & 5 % EXTERNAL	3	
INOVA KIT 4 & 5 % EXTERNAL	3	
INOVA KIT 8 & 5 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Combinations (continued)		
NEUAC GEL 1.2-5 % EXTERNAL	1	
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	PA, Medical Necessity PA
TWYNEO CREAM 0.1-3 % EXTERNAL	3	PA, Medical Necessity PA
VELTIN GEL 1.2-0.025 % EXTERNAL	3	
ZACARE KIT 4 & 0.2 % EXTERNAL	3	
ZACARE KIT 8 & 0.2 % EXTERNAL	3	
ZIANA GEL 1.2-0.025 % EXTERNAL	3	
Acne Products		
ABSORICA CAPSULE 10 MG ORAL	3	PA, Medical Necessity PA
ABSORICA CAPSULE 20 MG ORAL	3	PA, Medical Necessity PA
ABSORICA CAPSULE 25 MG ORAL	3	PA, Medical Necessity PA
ABSORICA CAPSULE 30 MG ORAL	3	PA, Medical Necessity PA
ABSORICA CAPSULE 35 MG ORAL	3	PA, Medical Necessity PA
ABSORICA CAPSULE 40 MG ORAL	3	PA, Medical Necessity PA
ABSORICA LD CAPSULE 16 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
ABSORICA LD CAPSULE 24 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
ABSORICA LD CAPSULE 32 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
ABSORICA LD CAPSULE 8 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
ACCUTANE CAPSULE 20 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Products (continued)		
ACCUTANE CAPSULE 30 MG ORAL	1	
ACCUTANE CAPSULE 40 MG ORAL	1	
adapalene cream 0.1 % external	1	
adapalene gel 0.3 % external	1	
adapalene lotion 0.1 % external	1	
adapalene pad 0.1 % external	1	PA, Medical Necessity PA
adapalene solution 0.1 % external	3	PA, Medical Necessity PA
AKLIEF CREAM 0.005 % EXTERNAL	3	PA, Medical Necessity PA
ALTRENO LOTION 0.05 % EXTERNAL	3	
AMNESTEEM CAPSULE 10 MG ORAL	1	
AMNESTEEM CAPSULE 20 MG ORAL	1	
AMNESTEEM CAPSULE 40 MG ORAL	1	
ARAZLO LOTION 0.045 % EXTERNAL	3	PA, Medical Necessity PA
ATRALIN GEL 0.05 % EXTERNAL	3	
AVITA CREAM 0.025 % EXTERNAL	1	
AVITA GEL 0.025 % EXTERNAL	1	
AZELEX CREAM 20 % EXTERNAL	3	PA, Medical Necessity PA
BENZAC AC WASH LIQUID 5 % EXTERNAL	3	
BENZAC W WASH LIQUID 5 % EXTERNAL	3	
BENZIQ GEL 5.25 % EXTERNAL	3	
BENZIQ LS GEL 2.75 % EXTERNAL	3	
BENZIQ WASH LIQUID 5.25 % EXTERNAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Products (continued)		
CLARAVIS CAPSULE 10 MG ORAL	1	
CLARAVIS CAPSULE 20 MG ORAL	1	
CLARAVIS CAPSULE 30 MG ORAL	1	
CLARAVIS CAPSULE 40 MG ORAL	1	
DIFFERIN CREAM 0.1 % EXTERNAL	3	
DIFFERIN GEL 0.3 % EXTERNAL	3	
DIFFERIN LOTION 0.1 % EXTERNAL	3	
EPSOLAY CREAM 5 % EXTERNAL	3	QL 30/30 days, ST
FABIOR FOAM 0.1 % EXTERNAL	3	PA, Medical Necessity PA
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 25 mg oral	1	PA, Medical Necessity PA
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 35 mg oral	1	PA, Medical Necessity PA
isotretinoin capsule 40 mg oral	1	
MYORISAN CAPSULE 10 MG ORAL	1	
MYORISAN CAPSULE 20 MG ORAL	1	
MYORISAN CAPSULE 30 MG ORAL	1	
MYORISAN CAPSULE 40 MG ORAL	1	
PLIXDA PAD 0.1 % EXTERNAL	3	PA, Medical Necessity PA
RETIN-A CREAM 0.025 % EXTERNAL	3	
RETIN-A CREAM 0.05 % EXTERNAL	3	
RETIN-A CREAM 0.1 % EXTERNAL	3	
RETIN-A GEL 0.01 % EXTERNAL	3	
RETIN-A GEL 0.025 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Products (continued)		
RETIN-A MICRO GEL 0.04 % EXTERNAL	3	
RETIN-A MICRO GEL 0.1 % EXTERNAL	3	
RETIN-A MICRO PUMP GEL 0.04 % EXTERNAL	3	
RETIN-A MICRO PUMP GEL 0.06 % EXTERNAL	3	PA, Medical Necessity PA
RETIN-A MICRO PUMP GEL 0.08 % EXTERNAL	3	PA, Medical Necessity PA
RETIN-A MICRO PUMP GEL 0.1 % EXTERNAL	3	
tazarotene foam 0.1 % external	3	PA, Medical Necessity PA
tretinoin cream 0.025 % external	1	
tretinoin cream 0.05 % external	1	
tretinoin cream 0.1 % external	1	
tretinoin gel 0.01 % external	1	
tretinoin gel 0.025 % external	1	
tretinoin gel 0.05 % external	1	
tretinoin microsphere gel 0.04 % external	1	
tretinoin microsphere gel 0.1 % external	1	
tretinoin microsphere pump gel 0.04 % external	1	
tretinoin microsphere pump gel 0.08 % external	1	PA, Medical Necessity PA
tretinoin microsphere pump gel 0.1 % external	1	
TRETIN-X CREAM 0.075 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Products (continued)		
TRETIN-X KIT 0.025 % CREAM EXTERNAL	3	
TRETIN-X KIT 0.1 % CREAM EXTERNAL	3	
WINLEVI CREAM 1 % EXTERNAL	3	PA, Medical Necessity PA
zaclir cleansing lotion 8 % external	3	
ZENATANE CAPSULE 10 MG ORAL	1	
ZENATANE CAPSULE 20 MG ORAL	1	
ZENATANE CAPSULE 30 MG ORAL	1	
ZENATANE CAPSULE 40 MG ORAL	1	
Agents for External Genital and Perianal Warts		
VEREGEN OINTMENT 15 % EXTERNAL	3	PA, Medical Necessity PA
Antibiotic Steroid Combinations - Topical		
CORTISPORIN CREAM 3.5-10000-0.5 EXTERNAL	3	
CORTISPORIN OINTMENT 1 % EXTERNAL	3	
NEO-SYNALAR CREAM 0.5-0.025 % EXTERNAL	3	PA, Medical Necessity PA
Antibiotics - Topical		
ALTABAX OINTMENT 1 % EXTERNAL	3	
CENTANY AT KIT 2 % EXTERNAL	3	
CENTANY OINTMENT 2 % EXTERNAL	3	QL 220/30 days
gentamicin sulfate cream 0.1 % external	1	
gentamicin sulfate ointment 0.1 % external	1	
mupirocin calcium cream 2 % external	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antibiotics - Topical (continued)		
mupirocin ointment 2 % external	1	QL 220/30 days
XEPI CREAM 1 % EXTERNAL	3	QL 30/30 days
Antifungals - Topical		
CICLODAN CREAM 0.77 % EXTERNAL	1	
CICLODAN CREAM KIT 0.77 % EXTERNAL	3	
CICLODAN SOLUTION 8 % EXTERNAL	1	
CICLODAN SOLUTION KIT 8 % EXTERNAL	3	
ciclopirox gel 0.77 % external	1	
ciclopirox olamine cream 0.77 % external	1	
ciclopirox olamine suspension 0.77 % external	1	
ciclopirox shampoo 1 % external	1	
ciclopirox solution 8 % external	1	
HALOTIN CREAM 1 % EXTERNAL	3	
LAMISIL SPRAY SOLUTION 1 % EXTERNAL	3	
LOPROX SHAMPOO 1 % EXTERNAL	3	
MENTAX CREAM 1 % EXTERNAL	3	PA, Medical Necessity PA
naftifine hcl cream 1 % external	1	
naftifine hcl cream 2 % external	1	
naftifine hcl gel 1 % external	1	
naftifine hcl gel 2 % external	1	
NAFTIN CREAM 2 % EXTERNAL	3	
NAFTIN GEL 1 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antifungals - Topical (continued)		
NAFTIN GEL 2 % EXTERNAL	3	
NYAMYC POWDER 100000 UNIT/GM EXTERNAL	1	
nystatin cream 100000 unit/gm external	1	
nystatin ointment 100000 unit/gm external	1	
nystatin powder 100000 unit/gm external	1	
NYSTOP POWDER 100000 UNIT/GM EXTERNAL	1	
PENLAC SOLUTION 8 % EXTERNAL	3	
Antifungals - Topical Combinations		
clotrimazole-betamethasone cream 1-0.05 % external	1	
clotrimazole-betamethasone lotion 1-0.05 % external	1	
ECONASIL KIT 1 % EXTERNAL	3	PA, Medical Necessity PA
EXODERM LOTION 25-1 % EXTERNAL	3	
LOTRISONE CREAM 1-0.05 % EXTERNAL	3	
nystatin-triamcinolone cream 100000-0.1 unit/gm-% external	1	
nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external	1	
pedizolpak therapy pack 2 & 2 % external	3	PA, Medical Necessity PA
VUSION OINTMENT 0.25-15-81.35 % EXTERNAL	3	
ZOLPAK KIT 1 % EXTERNAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-inflammatory Agents - Topical		
diclofenac epolamine patch 1.3 % transdermal	1	PA, QL 60/30 days, Medical Necessity PA
diclofenac sodium solution 1.5 % transdermal	1	
FLECTOR PATCH 1.3 % TRANSDERMAL	3	PA, QL 60/30 days, Medical Necessity PA
LICART PATCH 24 HOUR 1.3 % TRANSDERMAL	3	PA, Medical Necessity PA
PENNSAID SOLUTION 2 % TRANSDERMAL	3	PA, Medical Necessity PA
Anti-inflammatory Combinations - Topical		
biifenac 1000 therapy pack 1.5-4 % external	3	PA, Medical Necessity PA
biifenac 500 therapy pack 1.5-4 % external	3	PA, Medical Necessity PA
DERMACINRX LEXITRAL PHARMAPAK THERAPY PACK 1.5 & 0.025 % COMBINATION	3	PA, Medical Necessity PA
DERMACINRX LEXITRAL PHARMAPAK THERAPY PACK 1.5 & 0.025 % EXTERNAL	3	PA, Medical Necessity PA
DICLOFEX DC THERAPY PACK 1.5 & 0.025 % COMBINATION	1	PA, Medical Necessity PA
DICLOFEX DC THERAPY PACK 1.5 & 0.025 % EXTERNAL	1	PA, Medical Necessity PA
diclopak therapy pack 1.5 & 0.025 % combination	1	PA, Medical Necessity PA
diclopak therapy pack 1.5 & 0.025 % external	1	PA, Medical Necessity PA
diclosaicin therapy pack 1.5 & 0.025 % combination	1	PA, Medical Necessity PA
diclosaicin therapy pack 1.5 & 0.025 % external	1	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-inflammatory Combinations - Topical (continued)		
DICLOTRAL THERAPY PACK 1.5 & 0.025 % COMBINATION	1	PA, Medical Necessity PA
DICLOTRAL THERAPY PACK 1.5 & 0.025 % EXTERNAL	1	PA, Medical Necessity PA
DICLOTREX THERAPY PACK 1.5 & 4-10 % EXTERNAL	3	PA, Medical Necessity PA
diclovix kit 1.5 & 2-2.5-4 % combination	3	PA, Medical Necessity PA
diclovix kit 1.5 & 2-2.5-4 % external	3	PA, Medical Necessity PA
diclovix m therapy pack 1.5-8 % external	3	PA, Medical Necessity PA
NUDICLO SOLUPAK THERAPY PACK 1.5 & 0.025 % COMBINATION	1	PA, Medical Necessity PA
NUDICLO SOLUPAK THERAPY PACK 1.5 & 0.025 % EXTERNAL	1	PA, Medical Necessity PA
sure result dss premium pack therapy pack 1.5 & 0.025 % combination	1	PA, Medical Necessity PA
sure result dss premium pack therapy pack 1.5 & 0.025 % external	1	PA, Medical Necessity PA
TRIXYLITRAL THERAPY PACK 1.5-3.88 % COMBINATION	3	PA, QL 1/30 days, Medical Necessity PA
TRIXYLITRAL THERAPY PACK 1.5-3.88 % EXTERNAL	3	PA, QL 1/30 days, Medical Necessity PA
VAROPHEN KIT 1.5-10-15 % EXTERNAL	3	PA, Medical Necessity PA
XELITRAL THERAPY PACK 1.5 & 0.025 % COMBINATION	1	PA, Medical Necessity PA
XELITRAL THERAPY PACK 1.5 & 0.025 % EXTERNAL	1	PA, Medical Necessity PA
Antineoplastic Alkylating Agents - Topical		
VALCHLOR GEL 0.016 % EXTERNAL	3	LA, PA, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic Antimetabolites - Topical		
CARAC CREAM 0.5 % EXTERNAL	3	PA, Medical Necessity PA
EFUDEX CREAM 5 % EXTERNAL	3	
FLUOROPLEX CREAM 1 % EXTERNAL	3	
fluorouracil cream 0.5 % external	1	Medical Necessity PA
fluorouracil cream 5 % external	1	
fluorouracil solution 2 % external	1	
fluorouracil solution 5 % external	1	
TOLAK CREAM 4 % EXTERNAL	3	PA, Medical Necessity PA
Antineoplastic or Premalignant Lesions - Topical Misc.		
PICATO GEL 0.015 % EXTERNAL	3	PA, Medical Necessity PA
PICATO GEL 0.05 % EXTERNAL	3	PA, Medical Necessity PA
Antineoplastic or Premalignant Lesions - Topical NSAID's		
diclofenac sodium gel 3 % external	1	QL 100/30 days
Antineoplastic Retinoids - Topical		
PANRETIN GEL 0.1 % EXTERNAL	3	PA, Medical Necessity PA
Antipruritics - Topical		
doxepin hcl cream 5 % external	1	PA, Medical Necessity PA
PRUDOXIN CREAM 5 % EXTERNAL	3	PA, Medical Necessity PA
ZONALON CREAM 5 % EXTERNAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antipsoriatics		
calcipotriene cream 0.005 % external	1	QL 60/30 days
calcipotriene foam 0.005 % external	1	PA, Medical Necessity PA
calcipotriene ointment 0.005 % external	1	
calcipotriene solution 0.005 % external	1	
CALCITRENE OINTMENT 0.005 % EXTERNAL	1	
calcitriol ointment 3 mcg/gm external	1	
DOVONEX CREAM 0.005 % EXTERNAL	2	QL 60/30 days
SORILUX FOAM 0.005 % EXTERNAL	3	PA, Medical Necessity PA
tazarotene cream 0.1 % external	1	
TAZORAC CREAM 0.05 % EXTERNAL	3	
TAZORAC CREAM 0.1 % EXTERNAL	3	
TAZORAC GEL 0.05 % EXTERNAL	3	
TAZORAC GEL 0.1 % EXTERNAL	3	
VECTICAL OINTMENT 3 MCG/GM EXTERNAL	3	PA, Medical Necessity PA
VTAMA CREAM 1 % EXTERNAL	3	PA, QL 60/30 days
ZORYVE CREAM 0.3 % EXTERNAL	3	PA, QL 60/30 days
Antipsoriatics - Systemic		
acitretin capsule 10 mg oral	1	
acitretin capsule 17.5 mg oral	1	
acitretin capsule 25 mg oral	1	
BIMZELX SOLUTION AUTO-INJECTOR 160 MG/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
BIMZELX SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antipsoriatics - Systemic (continued)		
COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	3	PA, SP, Prudent
COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA, SP, Prudent
ILUMYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
methoxsalen capsule 10 mg oral	1	
OXSORALEN ULTRA CAPSULE 10 MG ORAL	2	
SILIQ SOLUTION PREFILLED SYRINGE 210 MG/1.5ML SUBCUTANEOUS	3	PA, QL 3/28 days, SP, Medical Necessity PA, Prudent
SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA, QL 1/84 days, SP, Prudent
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA, QL 1/84 days, SP, Prudent
SORIATANE CAPSULE 10 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antipsoriatics - Systemic (continued)		
SORIATANE CAPSULE 17.5 MG ORAL	3	
SORIATANE CAPSULE 25 MG ORAL	3	
SOTYKTU TABLET 6 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
SPEVIGO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	LA, PA, QL 2/28 days, SP, Medical Necessity PA
STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	3	PA, SP, Prudent
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	3	PA, SP, Prudent
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
TALTZ SOLUTION AUTO-INJECTOR 80 MG/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
TREMFYA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	3	PA, QL 1/56 days, SP, Prudent
TREMFYA SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS	3	PA, QL 1/56 days, SP, Prudent
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA, QL 1/56 days, SP, Prudent
Antiseborrheic Combinations		
loutrex cream external	1	
PROMISEB COMPLETE KIT EXTERNAL	3	
PROMISEB CREAM EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiseborrheic Combinations (continued)		
TL TRISEB CREAM EXTERNAL	3	
Antiseborrheic Products		
selenium sulfide lotion 2.5 % external	1	
ZORYVE FOAM 0.3 % EXTERNAL	3	PA, QL 60/30 days
Antiviral Topical Combinations		
XERESE CREAM 5-1 % EXTERNAL	3	PA, QL 5/30 days, Medical Necessity PA
Antivirals - Topical		
acyclovir cream 5 % external	1	ST
acyclovir ointment 5 % external	1	QL 30/30 days
DENAVIR CREAM 1 % EXTERNAL	3	ST
penciclovir cream 1 % external	1	ST
ZOVIRAX CREAM 5 % EXTERNAL	3	ST
ZOVIRAX OINTMENT 5 % EXTERNAL	3	QL 30/30 days
Astringents		
XERAC AC SOLUTION 6.25 % EXTERNAL	3	
Atopic Dermatitis - Janus Kinase (JAK) Inhibitors		
CIBINQO TABLET 100 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA, Prudent
CIBINQO TABLET 200 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA, Prudent
CIBINQO TABLET 50 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA, Prudent
OPZELURA CREAM 1.5 % EXTERNAL	3	PA, QL 480/56 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Atopic Dermatitis - Monoclonal Antibodies		
ADBRY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days, SP, Prudent
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days, SP, Prudent
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days, SP, Prudent
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
Burn Products		
SILVADENE CREAM 1 % EXTERNAL	3	
silver sulfadiazine cream 1 % external	1	
SSD (SILVER SULFADIAZINE) CREAM 1 % EXTERNAL	1	
SSD CREAM 1 % EXTERNAL	1	
SULFAMYLON CREAM 85 MG/GM EXTERNAL	3	
SULFAMYLON PACKET 5 % EXTERNAL	3	
THERMAZENE CREAM 1 % EXTERNAL	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cauterizing Agents		
silver nitrate ointment 10 % external	1	
silver nitrate solution 10 % external	1	
Corticosteroids - Topical		
ALA SCALP LOTION 2 % EXTERNAL	3	
ala-cort cream 1 % external	1	
ala-cort cream 2.5 % external	1	
alclometasone dipropionate cream 0.05 % external	1	
alclometasone dipropionate ointment 0.05 % external	1	
amcinonide cream 0.1 % external	1	
amcinonide lotion 0.1 % external	1	
amcinonide ointment 0.1 % external	1	
APEXICON E CREAM 0.05 % EXTERNAL	3	
BESER LOTION 0.05 % EXTERNAL	1	
betamethasone dipropionate aug cream 0.05 % external	1	
betamethasone dipropionate aug gel 0.05 % external	1	
betamethasone dipropionate aug lotion 0.05 % external	1	
betamethasone dipropionate aug ointment 0.05 % external	1	
betamethasone dipropionate cream 0.05 % external	1	
betamethasone dipropionate lotion 0.05 % external	1	
betamethasone dipropionate ointment 0.05 % external	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
betamethasone valerate cream 0.1 % external	1	
betamethasone valerate foam 0.12 % external	1	
betamethasone valerate lotion 0.1 % external	1	
betamethasone valerate ointment 0.1 % external	1	
BRYHALI LOTION 0.01 % EXTERNAL	3	PA, QL 100/30 days, Medical Necessity PA
CAPEX SHAMPOO 0.01 % EXTERNAL	3	PA, Medical Necessity PA
clobetasol prop emollient base cream 0.05 % external	1	
clobetasol propionate cream 0.05 % external	1	
clobetasol propionate e cream 0.05 % external	1	
clobetasol propionate emulsion foam 0.05 % external	1	
clobetasol propionate foam 0.05 % external	1	
clobetasol propionate gel 0.05 % external	1	
clobetasol propionate lotion 0.05 % external	1	
clobetasol propionate ointment 0.05 % external	1	
clobetasol propionate shampoo 0.05 % external	1	
clobetasol propionate solution 0.05 % external	1	
CLOBEX LOTION 0.05 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
CLOBEX SHAMPOO 0.05 % EXTERNAL	3	
CLOBEX SPRAY LIQUID 0.05 % EXTERNAL	3	
clocortolone pivalate cream 0.1 % external	1	
clocortolone pivalate pump cream 0.1 % external	1	
CLODERM CREAM 0.1 % EXTERNAL	3	
CLODERM PUMP CREAM 0.1 % EXTERNAL	3	
CORDRAN CREAM 0.025 % EXTERNAL	3	PA, Medical Necessity PA
CORDRAN CREAM 0.05 % EXTERNAL	3	PA, Medical Necessity PA
CORDRAN LOTION 0.05 % EXTERNAL	3	PA, Medical Necessity PA
CORDRAN OINTMENT 0.05 % EXTERNAL	3	PA, Medical Necessity PA
CORDRAN TAPE 4 MCG/SQCM EXTERNAL	3	
CUTIVATE LOTION 0.05 % EXTERNAL	3	
DERMA-SMOOTHE/FS BODY OIL 0.01 % EXTERNAL	3	
DERMA-SMOOTHE/FS SCALP OIL 0.01 % EXTERNAL	3	
DERMASORB HC KIT 2 % EXTERNAL	3	
DERMASORB TA KIT 0.1 % EXTERNAL	3	
DERMATOP OINTMENT 0.1 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
DESONATE GEL 0.05 % EXTERNAL	3	PA, Medical Necessity PA
desonide cream 0.05 % external	1	
desonide gel 0.05 % external	1	PA, Medical Necessity PA
desonide lotion 0.05 % external	1	
desonide ointment 0.05 % external	1	
DESOWEN CREAM 0.05 % EXTERNAL	3	
DESOWEN LOTION 0.05 % EXTERNAL	3	
DESOWEN OINTMENT 0.05 % EXTERNAL	3	
desoximetasone cream 0.05 % external	1	
desoximetasone cream 0.25 % external	1	
desoximetasone gel 0.05 % external	1	
desoximetasone liquid 0.25 % external	1	
desoximetasone ointment 0.05 % external	1	
desoximetasone ointment 0.25 % external	1	
DESRX GEL 0.05 % EXTERNAL	1	PA, Medical Necessity PA
diflorasone diacetate cream 0.05 % external	1	PA, Medical Necessity PA
diflorasone diacetate ointment 0.05 % external	1	PA, Medical Necessity PA
DIPROLENE AF CREAM 0.05 % EXTERNAL	3	
DIPROLENE LOTION 0.05 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
DIPROLENE OINTMENT 0.05 % EXTERNAL	3	
ELOCON CREAM 0.1 % EXTERNAL	3	
ELOCON LOTION 0.1 % EXTERNAL	3	
ELOCON OINTMENT 0.1 % EXTERNAL	3	
fluocinolone acetonide body oil 0.01 % external	1	
fluocinolone acetonide cream 0.01 % external	1	
fluocinolone acetonide cream 0.025 % external	1	
fluocinolone acetonide ointment 0.025 % external	1	
fluocinolone acetonide scalp oil 0.01 % external	1	
fluocinolone acetonide solution 0.01 % external	1	
fluocinonide cream 0.05 % external	1	
fluocinonide cream 0.1 % external	1	Medical Necessity PA
fluocinonide gel 0.05 % external	1	
fluocinonide ointment 0.05 % external	1	
fluocinonide solution 0.05 % external	1	
fluocinonide-e cream 0.05 % external	1	
flurandrenolide cream 0.05 % external	1	PA, Medical Necessity PA
flurandrenolide lotion 0.05 % external	1	PA, Medical Necessity PA
flurandrenolide ointment 0.05 % external	1	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
fluticasone propionate cream 0.05 % external	1	
fluticasone propionate lotion 0.05 % external	1	
fluticasone propionate ointment 0.005 % external	1	
halcinonide cream 0.1 % external	1	PA, Medical Necessity PA
halobetasol propionate cream 0.05 % external	1	
halobetasol propionate foam 0.05 % external	3	PA, Medical Necessity PA
halobetasol propionate ointment 0.05 % external	1	
HALOG CREAM 0.1 % EXTERNAL	3	PA, Medical Necessity PA
HALOG OINTMENT 0.1 % EXTERNAL	3	PA, Medical Necessity PA
HALOG SOLUTION 0.1 % EXTERNAL	3	PA, Medical Necessity PA
hydrocortisone butyr lipo base cream 0.1 % external	1	
hydrocortisone butyrate cream 0.1 % external	1	
hydrocortisone butyrate lotion 0.1 % external	1	
hydrocortisone butyrate ointment 0.1 % external	1	
hydrocortisone butyrate solution 0.1 % external	1	
hydrocortisone cream 2.5 % external	1	
hydrocortisone lotion 2.5 % external	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
hydrocortisone ointment 2.5 % external	1	
hydrocortisone valerate cream 0.2 % external	1	
hydrocortisone valerate ointment 0.2 % external	1	
IMPEKLO LOTION 0.15 MG/ACT (0.05%) EXTERNAL	3	PA, QL 68/30 days, Medical Necessity PA
IMPOYZ CREAM 0.025 % EXTERNAL	3	PA, Medical Necessity PA
KENALOG AEROSOL SOLUTION 0.147 MG/GM EXTERNAL	3	PA, Medical Necessity PA
LEXETTE FOAM 0.05 % EXTERNAL	3	PA, Medical Necessity PA
LOCOID CREAM 0.1 % EXTERNAL	3	
LOCOID LIPOCREAM CREAM 0.1 % EXTERNAL	3	
LOCOID LOTION 0.1 % EXTERNAL	3	
LOCOID OINTMENT 0.1 % EXTERNAL	3	
LOCOID SOLUTION 0.1 % EXTERNAL	3	
LUXIQ FOAM 0.12 % EXTERNAL	3	PA, Medical Necessity PA
mometasone furoate cream 0.1 % external	1	
mometasone furoate ointment 0.1 % external	1	
mometasone furoate solution 0.1 % external	1	
NOLIX CREAM 0.05 % EXTERNAL	1	PA, Medical Necessity PA
NOLIX LOTION 0.05 % EXTERNAL	1	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
OLUX FOAM 0.05 % EXTERNAL	3	PA, Medical Necessity PA
OLUX-E FOAM 0.05 % EXTERNAL	3	PA, Medical Necessity PA
PANDEL CREAM 0.1 % EXTERNAL	3	
prednicarbate cream 0.1 % external	1	
prednicarbate ointment 0.1 % external	1	
PSORCON CREAM 0.05 % EXTERNAL	3	PA, Medical Necessity PA
scalacort lotion 2 % external	1	
SERNIVO EMULSION 0.05 % EXTERNAL	3	PA, Medical Necessity PA
SYNALAR CREAM 0.025 % EXTERNAL	3	
SYNALAR OINTMENT 0.025 % EXTERNAL	3	
SYNALAR SOLUTION 0.01 % EXTERNAL	3	
TASOPROL KIT 0.05 % EXTERNAL	3	PA, Medical Necessity PA
TEMOVATE CREAM 0.05 % EXTERNAL	3	
TEMOVATE E CREAM 0.05 % EXTERNAL	3	
TEMOVATE GEL 0.05 % EXTERNAL	3	
TEMOVATE OINTMENT 0.05 % EXTERNAL	3	
TEMOVATE SOLUTION 0.05 % EXTERNAL	3	
TEXACORT SOLUTION 2.5 % EXTERNAL	3	
TOPICORT CREAM 0.05 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
TOPICORT CREAM 0.25 % EXTERNAL	3	
TOPICORT GEL 0.05 % EXTERNAL	3	
TOPICORT OINTMENT 0.05 % EXTERNAL	3	
TOPICORT OINTMENT 0.25 % EXTERNAL	3	
TOPICORT SPRAY LIQUID 0.25 % EXTERNAL	3	
TOVET FOAM 0.05 % EXTERNAL	1	Medical Necessity PA
TOVET KIT 0.05 % EXTERNAL	3	PA, Medical Necessity PA
triamcinolone acetonide cream 0.025 % external	1	
triamcinolone acetonide cream 0.1 % external	1	
triamcinolone acetonide cream 0.5 % external	1	
triamcinolone acetonide lotion 0.025 % external	1	
triamcinolone acetonide lotion 0.1 % external	1	
triamcinolone acetonide ointment 0.025 % external	1	
triamcinolone acetonide ointment 0.05 % external	1	
triamcinolone acetonide ointment 0.1 % external	1	
triamcinolone acetonide ointment 0.5 % external	1	
triamcinolone in absorbase ointment 0.05 % external	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
TRIANEX OINTMENT 0.05 % EXTERNAL	3	
TRIDERM CREAM 0.1 % EXTERNAL	1	
TRIDERM CREAM 0.5 % EXTERNAL	1	
TRITOCIN OINTMENT 0.05 % EXTERNAL	1	
ULTRAVATE CREAM 0.05 % EXTERNAL	3	
ULTRAVATE LOTION 0.05 % EXTERNAL	3	PA, Medical Necessity PA
ULTRAVATE OINTMENT 0.05 % EXTERNAL	3	
VANOS CREAM 0.1 % EXTERNAL	3	PA, Medical Necessity PA
VERDESO FOAM 0.05 % EXTERNAL	3	
WESTCORT OINTMENT 0.2 % EXTERNAL	3	
Emollient/Keratolytic Agents		
CEM-UREA SOLUTION 45 % EXTERNAL	3	
Emollient/Keratolytic Combinations		
LATRIX XM EMULSION 45 % EXTERNAL	3	
urea nail kit 40 & 0.2 % external	1	
Emollients		
ammonium lactate cream 12 % external	1	
ammonium lactate lotion 12 % external	1	
HPR PLUS-MB HYDROGEL KIT EXTERNAL	3	
HYLIRA GEL 0.2 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Emollients (continued)		
HYLIRA LOTION 0.1 % EXTERNAL	3	
LAC-HYDRIN CREAM 12 % EXTERNAL	3	
LAC-HYDRIN LOTION 12 % EXTERNAL	3	
LACLOTION LOTION 12 % EXTERNAL	3	
lactic acid lotion 10 % external	1	
sodium hyaluronate gel 0.2 % external	1	
Enzymes - Topical		
SANTYL OINTMENT 250 UNIT/GM EXTERNAL	3	
Imidazole-Related Antifungals - Topical		
clotrimazole cream 1 % external	1	
clotrimazole crystals	1	
clotrimazole solution 1 % external	1	
econazole nitrate cream 1 % external	1	
ECOZA FOAM 1 % EXTERNAL	3	ST
ERTACZO CREAM 2 % EXTERNAL	3	
EXELDERM CREAM 1 % EXTERNAL	3	
EXELDERM SOLUTION 1 % EXTERNAL	3	
EXTINA FOAM 2 % EXTERNAL	3	PA, Medical Necessity PA
JUBLIA SOLUTION 10 % EXTERNAL	3	PA, Medical Necessity PA
ketoconazole cream 2 % external	1	
ketoconazole foam 2 % external	1	
ketoconazole shampoo 2 % external	1	
KETODAN FOAM 2 % EXTERNAL	1	
KETODAN KIT 2 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Imidazole-Related Antifungals - Topical (continued)		
LUZU CREAM 1 % EXTERNAL	3	PA, Medical Necessity PA
NIZORAL SHAMPOO 2 % EXTERNAL	3	
oxiconazole nitrate cream 1 % external	1	
OXISTAT CREAM 1 % EXTERNAL	3	
OXISTAT LOTION 1 % EXTERNAL	3	
XOLEGEL GEL 2 % EXTERNAL	3	
Immunomodulators Imidazoquinolinamines - Topical		
ALDARA CREAM 5 % EXTERNAL	3	
imiquimod cream 5 % external	1	
imiquimod pump cream 3.75 % external	1	PA, Medical Necessity PA
ZYCLARA CREAM 3.75 % EXTERNAL	3	PA, Medical Necessity PA
ZYCLARA PUMP CREAM 2.5 % EXTERNAL	3	PA, Medical Necessity PA
ZYCLARA PUMP CREAM 3.75 % EXTERNAL	3	PA, Medical Necessity PA
Interleukin-31 Receptor Antagonists - Systemic		
NEMLUVIO AUTO-INJECTOR 30 MG SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Prudent
Keratolytic/Antimitotic/Vesicant Agents		
bensal hp ointment 3 % external	1	
CONDYLOX GEL 0.5 % EXTERNAL	3	
CONDYLOX SOLUTION 0.5 % EXTERNAL	3	
podocon solution 25 % external	1	
PODOCON-25 SOLUTION 25 % EXTERNAL	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Keratolytic/Antimitotic/Vesicant Agents (continued)		
podofilox gel 0.5 % external	1	
podofilox solution 0.5 % external	1	
SALEX SHAMPOO 6 % EXTERNAL	3	
salicylic acid liquid 26 % external	1	
salicylic acid shampoo 6 % external	1	
YCANTH SOLUTION 0.7 % EXTERNAL	3	PA, QL 2/21 days
Keratolytic/Antimitotic/Vesicant Combinations		
bensal hp ointment 3-6 % external	1	
GORDOFILM SOLUTION 16.7-16.7 % EXTERNAL	3	
pyrogallic acid ointment 25-2 % external	1	
SALVAX DUO PLUS KIT 6 & 35 % EXTERNAL	3	
Liniments		
methyl salicylate liquid external	1	
turpentine spirit external	1	
Local Anesthetics - Topical		
ANACAINE OINTMENT 10 % EXTERNAL	3	
ASTERO GEL 4 % EXTERNAL	3	QL 30/90 days
GLYDO GEL 2 % EXTERNAL	1	QL 60/90 days
GLYDO PREFILLED SYRINGE 2 % EXTERNAL	1	QL 60/90 days
lidocaine hcl gel 2 % external	1	QL 500/90 days
lidocaine hcl solution 4 % external	1	QL 50/90 days
lidocaine hcl urethral/mucosal prefilled syringe 2 % external	1	QL 60/90 days
lidocaine ointment 5 % external	1	QL 50/90 days, IT3 Medic Product not covered

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Local Anesthetics - Topical (continued)		
lidocaine patch 5 % external	1	QL 3/1 days
LIDODERM PATCH 5 % EXTERNAL	3	QL 3/1 days
PRAMOX GEL 1 % EXTERNAL	1	
QUTENZA (2 PATCH) KIT 8 % EXTERNAL	3	PA
QUTENZA (4 PATCH) KIT 8 % EXTERNAL	3	PA
QUTENZA KIT 8 % EXTERNAL	3	PA
XYLOCAINE SOLUTION 4 % EXTERNAL	3	QL 50/90 days
ZTLIDO PATCH 1.8 % EXTERNAL	3	PA, QL 90/30 days, Medical Necessity PA
Macrolide Immunosuppressants - Topical		
ELIDEL CREAM 1 % EXTERNAL	3	PA, Medical Necessity PA
HYFTOR GEL 0.2 % EXTERNAL	3	LA, PA, QL 10/30 days, SP
pimecrolimus cream 1 % external	1	
PROTOPIC OINTMENT 0.03 % EXTERNAL	3	
PROTOPIC OINTMENT 0.1 % EXTERNAL	3	
tacrolimus ointment 0.03 % external	1	
tacrolimus ointment 0.1 % external	1	
Microtubule Inhibitors - Topical		
KLISYRI OINTMENT 1 % EXTERNAL	3	PA, Medical Necessity PA
Misc. Dermatological Products		
ELETONE CREAM EXTERNAL	3	
HPR PLUS CREAM EXTERNAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Misc. Dermatological Products (continued)		
NEOSALUS LOTION EXTERNAL	3	
Misc. Topical		
aluminum chloride hexahydrate crystals	1	
DRYSOL SOLUTION 20 % EXTERNAL	3	
QBREXZA PAD 2.4 % EXTERNAL	3	PA, QL 30/30 days, Medical Necessity PA
SOFDRA GEL 12.45 % EXTERNAL	3	PA, QL 50/30 days, Medical Necessity PA
Oxaborole-Related Antifungals - Topical		
KERYDIN SOLUTION 5 % EXTERNAL	3	PA, Medical Necessity PA
tavaborole solution 5 % external	1	PA, Medical Necessity PA
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINTMENT 2 % EXTERNAL	2	
ZORYVE CREAM 0.15 % EXTERNAL	3	PA, QL 60/30 days
Photodynamic Therapy Agents - Topical		
AMELUZ GEL 10 % EXTERNAL	3	PA, Medical Necessity PA
LEVULAN KERASTICK SOLUTION RECONSTITUTED 20 % EXTERNAL	3	
Pigmenting Agents		
OXSORALEN LOTION 1 % EXTERNAL	3	
Rosacea Agents		
azelaic acid gel 15 % external	1	
brimonidine tartrate gel 0.33 % external	1	ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Rosacea Agents (continued)		
doxycycline capsule delayed release 40 mg oral	1	PA, Medical Necessity PA
FINACEA FOAM 15 % EXTERNAL	3	
FINACEA GEL 15 % EXTERNAL	3	
ivermectin cream 1 % external	1	
METROCREAM CREAM 0.75 % EXTERNAL	3	
METROGEL GEL 1 % EXTERNAL	3	
METROLOTION LOTION 0.75 % EXTERNAL	3	
metronidazole cream 0.75 % external	1	
metronidazole gel 0.75 % external	1	
metronidazole gel 1 % external	1	
metronidazole lotion 0.75 % external	1	
MIRVASO GEL 0.33 % EXTERNAL	3	ST
NORITATE CREAM 1 % EXTERNAL	3	PA, Medical Necessity PA
ORACEA CAPSULE DELAYED RELEASE 40 MG ORAL	3	PA, Medical Necessity PA
RHOFADE CREAM 1 % EXTERNAL	3	PA, Medical Necessity PA
ROSADAN GEL 0.75 % EXTERNAL	1	
ROSADAN KIT 0.75 % CREAM EXTERNAL	2	
ROSADAN KIT 0.75 % GEL EXTERNAL	2	
SOOLANTRA CREAM 1 % EXTERNAL	3	PA, Medical Necessity PA
ZILXI FOAM 1.5 % EXTERNAL	3	ST
Scabicides & Pediculicides		
ACTICIN CREAM 5 % EXTERNAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Scabicides & Pediculicides (continued)		
CROTAN LOTION 10 % EXTERNAL	1	
ELIMITE CREAM 5 % EXTERNAL	3	
EURAX CREAM 10 % EXTERNAL	3	
lindane lotion 1 % external	1	
lindane shampoo 1 % external	1	
malathion lotion 0.5 % external	1	QL 118/28 days
NATROBA SUSPENSION 0.9 % EXTERNAL	3	
OVIDE LOTION 0.5 % EXTERNAL	2	QL 118/28 days
permethrin cream 5 % external	1	
spinosad suspension 0.9 % external	1	
ULESFIA LOTION 5 % EXTERNAL	3	
Seborrheic Keratosis Products		
ESKATA SOLUTION 40 % EXTERNAL	3	PA, QL 2/180 days, Medical Necessity PA
Steroid-Local Anesthetic Combinations		
EPIFOAM FOAM 1-1 % EXTERNAL	3	
PRAMOSONE CREAM 1-1 % EXTERNAL	3	
PRAMOSONE LOTION 1-1 % EXTERNAL	3	
PRAMOSONE LOTION 1-2.5 % EXTERNAL	3	
Tar Products		
coal tar solution 20 % external	1	
Tissue Replacements		
APLIGRAF DISK EXTERNAL	3	LA, SP
DERMAGRAFT SHEET EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Topical Anesthetic Combinations		
dermalid therapy pack 5 % external	3	PA, Medical Necessity PA
lidocaine-prilocaine cream 2.5-2.5 % external	1	QL 30/90 days
lidocaine-tetracaine cream 7-7 % external	3	QL 30/90 days
lidostream kit 5 & 10 % external	3	PA, Medical Necessity PA
LMR PLUS KIT 5 & 0.5-0.5 % EXTERNAL	3	PA, Medical Necessity PA
mentho-caine kit 5 & 8 % external	3	PA, Medical Necessity PA
NUVAKAAN KIT 2.5-2.5 % EXTERNAL	1	PA, Medical Necessity PA
NUVAKAAN-II KIT 2.5-2.5 % EXTERNAL	3	PA, Medical Necessity PA
PLIAGLIS CREAM 7-7 % EXTERNAL	3	QL 30/90 days
PRILO PATCH KIT 2.5-2.5 & 5 % EXTERNAL	3	PA, Medical Necessity PA
SYNERA PATCH 70-70 MG EXTERNAL	3	
zenevix therapy pack 5 & 20 % & mg/ml combination	3	PA, Medical Necessity PA
Topical Anesthetic Gases		
ethyl chloride aerosol external	1	
GEBAUERS PAIN EASE AEROSOL EXTERNAL	3	
GEBAUERS SPRAY AND STRETCH AEROSOL EXTERNAL	3	
Topical Selective Retinoid X Receptor Agonists		
bexarotene gel 1 % external	1	PA, QL 60/30 days, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Topical Selective Retinoid X Receptor Agonists (continued)		
TARGRETIN GEL 1 % EXTERNAL	3	PA, QL 60/30 days, SP, Prudent
Topical Steroid Combinations		
BESER KIT 0.05 % EXTERNAL	3	PA, Medical Necessity PA
calcipotriene-betameth diprop ointment 0.005-0.064 % external	1	
calcipotriene-betameth diprop suspension 0.005-0.064 % external	1	PA, Medical Necessity PA
DUOBRII LOTION 0.01-0.045 % EXTERNAL	3	PA, Medical Necessity PA
ENSTILAR FOAM 0.005-0.064 % EXTERNAL	3	PA, Medical Necessity PA
FLUOPAR KIT 0.1 & 5 % EXTERNAL	3	PA, Medical Necessity PA
halac kit 0.05 & 12 % external	1	
QUINIXIL THERAPY PACK 0.1 & 5 % EXTERNAL	3	PA, Medical Necessity PA
QUINOSONE KIT 0.1 & 12 % EXTERNAL	3	PA, Medical Necessity PA
SCALACORT DK KIT 2 & 2-2 % EXTERNAL	3	
SILA III THERAPY PACK 0.1 % EXTERNAL	3	PA, Medical Necessity PA
SYNALAR (CREAM) KIT 0.025 % EXTERNAL	3	
SYNALAR (OINTMENT) KIT 0.025 % EXTERNAL	3	
SYNALAR TS KIT 0.01 % EXTERNAL	3	
TACLONEX OINTMENT 0.005-0.064 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Topical Steroid Combinations (continued)		
TACLONEX SUSPENSION 0.005-0.064 % EXTERNAL	3	PA, Medical Necessity PA
ULTRAVATE X (CREAM) KIT 0.05 & 10 % EXTERNAL	3	
ULTRAVATE X (OINTMENT) KIT 0.05 & 10 % EXTERNAL	3	
WYNZORA CREAM 0.005-0.064 % EXTERNAL	3	PA, Medical Necessity PA, PA may apply
Wound Care - Growth Factor Agents		
REGRANEX GEL 0.01 % EXTERNAL	3	LEDL
Wound Care Combinations		
REGENECARE GEL 2 % EXTERNAL	3	
Wound Cleansers/Decubitus Ulcer Therapy		
ATRAPRO DERMAL SPRAY LIQUID EXTERNAL	3	
lavare wound wash gel external	1	
Wound Dressings		
ACTICOAT 7 SHEET 6"X6" EXTERNAL	3	
ACTICOAT ABSORBENT 3/4"X12" EXTERNAL	3	
ACTICOAT FLEX 3 SHEET 16"X16" EXTERNAL	3	
ACTICOAT FLEX 3 SHEET 2"X2" EXTERNAL	3	
ACTICOAT FLEX 3 SHEET 4"X48" EXTERNAL	3	
ACTICOAT FLEX 3 SHEET 4"X8" EXTERNAL	3	
ACTICOAT FLEX 3 SHEET 8"X16" EXTERNAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Wound Dressings (continued)		
ACTICOAT FLEX 7 SHEET 1"X24" EXTERNAL	3	
ACTICOAT FLEX 7 SHEET 16"X16" EXTERNAL	3	
ACTICOAT FLEX 7 SHEET 2"X2" EXTERNAL	3	
ACTICOAT FLEX 7 SHEET 4"X5" EXTERNAL	3	
ACTICOAT FLEX 7 SHEET 6"X6" EXTERNAL	3	
ACTICOAT FLEX 7 SHEET 8"X16" EXTERNAL	3	
ACTICOAT MOISTURE CONTROL PAD 2"X2" EXTERNAL	3	
ACTICOAT SHEET 5"X5" EXTERNAL	3	
ACTICOAT SITE DISK EXTERNAL	3	
ATRAPRO CP KIT EXTERNAL	3	
AVO CREAM EMULSION EXTERNAL	3	
BIAFINE EMULSION EXTERNAL	3	
BIONECT CREAM 0.2 % EXTERNAL	3	
BIONECT GEL 0.2 % EXTERNAL	3	
BIONECT SOLUTION 0.2 % EXTERNAL	3	
FILSUVEZ GEL 10 % EXTERNAL	3	LA, PA, QL 655.20/28 days, SP
HYLASE WOUND GEL EXTERNAL	3	
KERAGEL GEL EXTERNAL	3	PA, Medical Necessity PA
KERAGELT GEL EXTERNAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Wound Dressings (continued)		
OASIS ULTRA TRI-LAYER MATRIX SHEET 5X7CM EXTERNAL	3	
OASIS ULTRA TRI-LAYER MATRIX SHEET 7X10CM EXTERNAL	3	
OASIS ULTRA TRI-LAYER MATRIX SHEET 7X20CM EXTERNAL	3	
OASIS WOUND MATRIX FENESTRATED SHEET 3X3.5CM EXTERNAL	3	
OASIS WOUND MATRIX FENESTRATED SHEET 3X7CM EXTERNAL	3	
PRUTECT EMULSION EXTERNAL	3	
SILVERSEAL HYDROGEL DRESSING PAD 2"X3" EXTERNAL	3	
SILVERSEAL HYDROGEL DRESSING PAD 4"X5" EXTERNAL	3	
SILVRSTAT WOUND DRESSING GEL EXTERNAL	3	
SONAFINE EMULSION EXTERNAL	3	
vexasyn gel external	3	PA, Medical Necessity PA
Wound Treatment - Gene Therapy		
VYJUVEK GEL 5000000000 PFU/2.5ML EXTERNAL	3	PA, QL 10/28 days, SP
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
ACTHREL SOLUTION RECONSTITUTED 100 MCG INTRAVENOUS	3	
ADENOSCAN SOLUTION 3 MG/ML INTRAVENOUS	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diagnostic Drugs (continued)		
adenosine (diagnostic) solution 3 mg/ml intravenous	1	
aminohippurate sodium solution 20 % injection	1	
ARIDOL KIT INHALATION	3	
CHIRHOSTIM SOLUTION RECONSTITUTED 16 MCG INTRAVENOUS	3	
CORTROSYN SOLUTION RECONSTITUTED 0.25 MG INJECTION	3	
cosyntropin solution 0.25 mg/ml intravenous	1	
cosyntropin solution reconstituted 0.25 mg injection	1	
CYSVIEW SOLUTION RECONSTITUTED 100 MG INTRAVESICAL	3	
dipyridamole solution 5 mg/ml intravenous	1	
isosulfan blue solution 1 % subcutaneous	1	
LEXISCAN SOLUTION 0.4 MG/5ML INTRAVENOUS	3	
METOPIRONE CAPSULE 250 MG ORAL	3	
R-GENE 10 SOLUTION 10 % INTRAVENOUS	3	
Diagnostic Products, Misc.		
DEXTROSE THERMOJECT SYSTEM SOLUTION 5 % INJECTION	3	
SODIUM CHLORIDE THERMOJECT SYS SOLUTION 0.9 % INJECTION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diagnostic Radiopharmaceuticals - Cardiac		
thallous chloride tl 201 solution 1 mci/ml intravenous	1	
Diagnostic Radiopharmaceuticals - Endocrine		
ADREVIEW SOLUTION 10 MCI/5ML INTRAVENOUS	3	
INDICLOR SOLUTION INTRAVENOUS	3	
indium in 111 dtpa solution intrathecal	1	
Diagnostic Radiopharmaceuticals - Renal		
dmsa kit intravenous	1	
DRAX IMAGE DTPA KIT INTRAVENOUS	3	
Diagnostic Radiopharmaceuticals-Immune Cell Radiolabeling		
CERETEC KIT INTRAVENOUS	3	
indium in 111 oxyquinoline solution 1 mci/ml intravenous	1	
Diagnostic Tests		
ONETOUCH ULTRA BLUE TEST STRIP IN VITRO	2	QL 300/30 days, VBP Drug List, LEDL
ONETOUCH ULTRA STRIP IN VITRO	2	QL 300/30 days, VBP Drug List, LEDL
ONETOUCH ULTRA TEST STRIP IN VITRO	2	QL 300/30 days, VBP Drug List, LEDL
ONETOUCH VERIO STRIP IN VITRO	2	QL 300/30 days, VBP Drug List, LEDL
Miscellaneous Contrast Media		
ABLAVAR SOLUTION 244 MG/ML INTRAVENOUS	3	
DEFINITY SUSPENSION 6.52 MG/ML INTRAVENOUS	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Miscellaneous Contrast Media (continued)		
DOTAREM SOLUTION 10 MMOL/20ML INTRAVENOUS	3	
DOTAREM SOLUTION 5 MMOL/10ML INTRAVENOUS	3	
DOTAREM SOLUTION 50 MMOL/100ML INTRAVENOUS	3	
DOTAREM SOLUTION 7.5 MMOL/15ML INTRAVENOUS	3	
DOTAREM SOLUTION PREFILLED SYRINGE 10 MMOL/20ML INTRAVENOUS	3	
DOTAREM SOLUTION PREFILLED SYRINGE 5 MMOL/10ML INTRAVENOUS	3	
DOTAREM SOLUTION PREFILLED SYRINGE 7.5 MMOL/15ML INTRAVENOUS	3	
EOVIST SOLUTION 0.25 MMOL/ML INTRAVENOUS	3	
GADAVIST SOLUTION 1 MMOL/ML INTRAVENOUS	3	
GADAVIST SOLUTION PREFILLED SYRINGE 10 MMOL/10ML INTRAVENOUS	3	
GADAVIST SOLUTION PREFILLED SYRINGE 15 MMOL/15ML INTRAVENOUS	3	
GADAVIST SOLUTION PREFILLED SYRINGE 7.5 MMOL/7.5ML INTRAVENOUS	3	
MAGNEVIST SOLUTION 469.01 MG/ML INTRAVENOUS	3	
OMNISCAN SOLUTION 287 MG/ML INTRAVENOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Miscellaneous Contrast Media (continued)		
OMNISCAN/SODIUM CHLORIDE SOLUTION 287-0.9 MG/ML-% INTRAVENOUS	3	
OPTIMARK SOLUTION 330.9 MG/ML INTRAVENOUS	3	
OPTISON SUSPENSION INTRAVENOUS	3	
Multiple Skin Tests		
diagnostic kit injection	2	
Radiographic Contrast Media - Iodinated		
CHOLOGRAFIN MEGLUMINE SOLUTION 52 % INJECTION	3	
OMNIPAQUE SOLUTION 140 MG/ML INTRAVENOUS	3	
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	3	
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	3	
OMNIPAQUE SOLUTION 350 MG/ML INTRAVENOUS	3	
OPTIRAY 300 SOLUTION 64 % INTRAVENOUS	3	
OPTIRAY 320 SOLUTION 68 % INTRAVENOUS	3	
OPTIRAY 350 SOLUTION 74 % INTRAVENOUS	3	
ULTRAVIST SOLUTION 31 % INJECTION	3	
ULTRAVIST SOLUTION 50 % INJECTION	3	
ULTRAVIST SOLUTION 62 % INJECTION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Radiographic Contrast Media - Iodinated (continued)		
ULTRAVIST SOLUTION 77 % INJECTION	3	
VISIPAQUE SOLUTION 320 MG/ML INTRAVENOUS	3	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Product Combinations		
APPTRIM LIFESTYLES BARIATRIC CAPSULE ORAL	3	
APPTRIM LIFESTYLES OBESITY CAPSULE ORAL	3	
Nutritional Supplements		
RENASTART PACKET ORAL	3	
DIGESTIVE AIDS		
Digestive Enzymes		
CREON CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 6000-19000 UNIT ORAL	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Digestive Enzymes (continued)		
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT ORAL	3	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 16800-56800 UNIT ORAL	3	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT ORAL	3	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT ORAL	3	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT ORAL	3	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 4200-14200 UNIT ORAL	3	
pancrelipase (lip-prot-amyl) capsule delayed release particles 5000 unit oral	1	
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	3	PA, Medical Necessity PA
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT ORAL	3	PA, Medical Necessity PA
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	3	PA, Medical Necessity PA
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 8000-28750 UNIT ORAL	3	PA, Medical Necessity PA
SUCRAID SOLUTION 8500 UNIT/ML ORAL	3	LA, PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Digestive Enzymes (continued)		
ULTRESA CAPSULE DELAYED RELEASE PARTICLES 13800 UNIT ORAL	3	PA, Medical Necessity PA
ULTRESA CAPSULE DELAYED RELEASE PARTICLES 20700 UNIT ORAL	3	PA, Medical Necessity PA
ULTRESA CAPSULE DELAYED RELEASE PARTICLES 23000 UNIT ORAL	3	PA, Medical Necessity PA
VIOKACE TABLET 10440-39150 UNIT ORAL	3	PA, Medical Necessity PA
VIOKACE TABLET 20880-78300 UNIT ORAL	3	PA, Medical Necessity PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT ORAL	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-51000 UNIT ORAL	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000 UNIT ORAL	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Digestive Enzymes (continued)		
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000 UNIT ORAL	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL	3	
DIURETICS		
Carbonic Anhydrase Inhibitors		
acetazolamide er capsule extended release 12 hour 500 mg oral	1	
acetazolamide tablet 125 mg oral	1	
acetazolamide tablet 250 mg oral	1	
dichlorphenamide tablet 50 mg oral	1	LA, PA, SP, Medical Necessity PA, Prudent
KEVEYIS TABLET 50 MG ORAL	3	LA, PA, SP, Medical Necessity PA, Prudent
methazolamide tablet 25 mg oral	1	
methazolamide tablet 50 mg oral	1	
NEPTAZANE TABLET 25 MG ORAL	3	
NEPTAZANE TABLET 50 MG ORAL	3	
ORMALVI TABLET 50 MG ORAL	1	PA, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diuretic Combinations		
ALDACTAZIDE TABLET 25-25 MG ORAL	3	
ALDACTAZIDE TABLET 50-50 MG ORAL	3	
amiloride-hydrochlorothiazide tablet 5-50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
DYAZIDE CAPSULE 37.5-25 MG ORAL	3	
MAXZIDE TABLET 75-50 MG ORAL	3	
MAXZIDE-25 TABLET 37.5-25 MG ORAL	3	
spironolactone-hctz tablet 25-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
triamterene-hctz capsule 37.5-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
triamterene-hctz capsule 50-25 mg oral	1	Incentive,VBP Drug List
triamterene-hctz tablet 37.5-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
triamterene-hctz tablet 75-50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
Loop Diuretics		
bumetanide tablet 0.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
bumetanide tablet 1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Loop Diuretics (continued)		
bumetanide tablet 2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
EDECRIN TABLET 25 MG ORAL	3	QL 8/1 days
ethacrynic acid tablet 25 mg oral	1	QL 8/1 days, LEDL
FUROSCIX CARTRIDGE KIT 80 MG/10ML SUBCUTANEOUS	3	PA, Medical Necessity PA
furosemide solution 10 mg/ml oral	1	LEDL
furosemide solution 8 mg/ml oral	1	LEDL
furosemide tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
furosemide tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
furosemide tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
LASIX TABLET 20 MG ORAL	3	
LASIX TABLET 40 MG ORAL	3	
LASIX TABLET 80 MG ORAL	3	
SOAANZ TABLET 20 MG ORAL	3	PA, Medical Necessity PA
SOAANZ TABLET 40 MG ORAL	3	PA, Medical Necessity PA
SOAANZ TABLET 60 MG ORAL	3	PA, Medical Necessity PA
torsemide tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
torsemide tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Loop Diuretics (continued)		
torsemide tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
torsemide tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
Osmotic Diuretics		
OSMITROL SOLUTION 10 % INTRAVENOUS	1	
OSMITROL SOLUTION 15 % INTRAVENOUS	1	
OSMITROL SOLUTION 20 % INTRAVENOUS	1	
OSMITROL SOLUTION 5 % INTRAVENOUS	3	
Potassium Sparing Diuretics		
ALDACTONE TABLET 100 MG ORAL	3	
ALDACTONE TABLET 25 MG ORAL	3	
ALDACTONE TABLET 50 MG ORAL	3	
amiloride hcl tablet 5 mg oral	1	LEDL
CAROSPIR SUSPENSION 25 MG/5ML ORAL	3	PA, Medical Necessity PA
DYRENIUM CAPSULE 100 MG ORAL	3	
DYRENIUM CAPSULE 50 MG ORAL	3	
spironolactone suspension 25 mg/5ml oral	1	PA, Medical Necessity PA
spironolactone tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
spironolactone tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Potassium Sparing Diuretics (continued)		
spironolactone tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
triamterene capsule 100 mg oral	1	LEDL
triamterene capsule 50 mg oral	1	LEDL
Thiazides and Thiazide-Like Diuretics		
chlorothiazide sodium solution reconstituted 500 mg intravenous	1	
chlorothiazide tablet 250 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
chlorothiazide tablet 500 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
chlorthalidone tablet 100 mg oral	1	PS Expanded NCDL, Incentive
chlorthalidone tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
chlorthalidone tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
DIURIL SUSPENSION 250 MG/5ML ORAL	3	
hydrochlorothiazide capsule 12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
hydrochlorothiazide tablet 12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
hydrochlorothiazide tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thiazides and Thiazide-Like Diuretics (continued)		
hydrochlorothiazide tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
indapamide tablet 1.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
indapamide tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
methyclothiazide tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metolazone tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metolazone tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
metolazone tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List, LEDL
MICROZIDE CAPSULE 12.5 MG ORAL	3	
THALITONE TABLET 15 MG ORAL	3	PA, Medical Necessity PA
ENDOCRINE AND METABOLIC AGENTS - MISC.		
Adenosine Deaminase SCID Treatment - Agents		
REVCOVI SOLUTION 2.4 MG/1.5ML INTRAMUSCULAR	3	LA, PA
Bisphosphonates		
ACTONEL TABLET 150 MG ORAL	3	
ACTONEL TABLET 30 MG ORAL	3	
ACTONEL TABLET 35 MG ORAL	3	
ACTONEL TABLET 5 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bisphosphonates (continued)		
alendronate sodium solution 70 mg/75ml oral	1	
alendronate sodium tablet 10 mg oral	1	PS Expanded NCDL,VBP Drug List
alendronate sodium tablet 35 mg oral	1	PS Expanded NCDL,VBP Drug List
alendronate sodium tablet 40 mg oral	1	PS Expanded NCDL,VBP Drug List
alendronate sodium tablet 5 mg oral	1	QL 1.50/1 days, PS Expanded NCDL,VBP Drug List
alendronate sodium tablet 70 mg oral	1	PS Expanded NCDL,VBP Drug List
ATELVIA TABLET DELAYED RELEASE 35 MG ORAL	3	
BINOSTO TABLET EFFERVESCENT 70 MG ORAL	3	
BONIVA SOLUTION 3 MG/3ML INTRAVENOUS	3	
BONIVA TABLET 150 MG ORAL	3	
etidronate disodium tablet 200 mg oral	1	
etidronate disodium tablet 400 mg oral	1	
FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL	3	
FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL	3	
FOSAMAX TABLET 70 MG ORAL	3	
ibandronate sodium tablet 150 mg oral	1	PS Expanded NCDL,VBP Drug List
RECLAST SOLUTION 5 MG/100ML INTRAVENOUS	3	Prudent
risedronate sodium tablet 150 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bisphosphonates (continued)		
risedronate sodium tablet 30 mg oral	1	
risedronate sodium tablet 35 mg oral	1	
risedronate sodium tablet 5 mg oral	1	
risedronate sodium tablet delayed release 35 mg oral	1	
zoledronic acid concentrate 4 mg/5ml intravenous	1	Prudent
zoledronic acid solution 4 mg/100ml intravenous	1	Prudent
zoledronic acid solution 5 mg/100ml intravenous	1	Prudent
zoledronic acid solution reconstituted 4 mg intravenous	1	
ZOMETA CONCENTRATE 4 MG/5ML INTRAVENOUS	3	Prudent
ZOMETA SOLUTION 4 MG/100ML INTRAVENOUS	3	Prudent
Calcimimetic Agents		
cinacalcet hcl tablet 30 mg oral	1	SP, Prudent
cinacalcet hcl tablet 60 mg oral	1	SP, Prudent
cinacalcet hcl tablet 90 mg oral	1	SP, Prudent
SENSIPAR TABLET 30 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
SENSIPAR TABLET 60 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
SENSIPAR TABLET 90 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
Calcitonins		
calcitonin (salmon) solution 200 unit/act nasal	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcitonins (continued)		
FORTICAL SOLUTION 200 UNIT/ACT NASAL	3	
MIACALCIN SOLUTION 200 UNIT/ACT NASAL	3	
MIACALCIN SOLUTION 200 UNIT/ML INJECTION	3	PA
Carnitine Replenisher - Agents		
CARNITOR SF SOLUTION 1 GM/10ML ORAL	3	
CARNITOR SOLUTION 1 GM/10ML ORAL	3	
CARNITOR SOLUTION 200 MG/ML INTRAVENOUS	3	
CARNITOR TABLET 330 MG ORAL	3	
levocarnitine sf solution 1 gm/10ml oral	1	
levocarnitine solution 1 gm/10ml oral	1	
levocarnitine solution 200 mg/ml intravenous	1	
levocarnitine tablet 330 mg oral	1	
CKD Agent-Sodium/Hydrogen Exchanger 3 (NHE3) Inhibitor		
XPHOZAH TABLET 20 MG ORAL	3	PA, QL 60/30 days
XPHOZAH TABLET 30 MG ORAL	3	PA, QL 60/30 days
Corticotropin		
ACTHAR GEL 80 UNIT/ML INJECTION	3	PA, SP, Medical Necessity PA, Prudent
ACTHAR GEL AUTO-INJECTOR 40 UNIT/0.5ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
ACTHAR GEL AUTO-INJECTOR 80 UNIT/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticotropin (continued)		
CORTROPHIN GEL 80 UNIT/ML INJECTION	3	PA, SP, Medical Necessity PA
Cortisol Synthesis Inhibitors		
ISTURISA TABLET 1 MG ORAL	3	LA, PA, QL 180/30 days, SP
ISTURISA TABLET 10 MG ORAL	3	LA, PA, QL 180/30 days, SP
ISTURISA TABLET 5 MG ORAL	3	LA, PA, QL 180/30 days, SP
RECORLEV TABLET 150 MG ORAL	3	PA, QL 240/30 days, SP
Dopamine Receptor Agonists		
cabergoline tablet 0.5 mg oral	1	QL 16/28 days
Fabry Disease - Agents		
ELFABRIO SOLUTION 20 MG/10ML INTRAVENOUS	3	PA, SP, Prudent
FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS	3	PA, SP, Prudent
FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	3	PA, SP, Prudent
GALAFOLD CAPSULE 123 MG ORAL	3	LA, PA, QL 14/28 days, SP
GAA Deficiency Treatment - Agents		
OPFOLDA CAPSULE 65 MG ORAL	3	PA, QL 8/28 days, SP
GnRH/LHRH Antagonists		
ORILISSA TABLET 150 MG ORAL	2	PA, QL 28/28 days
ORILISSA TABLET 200 MG ORAL	2	PA, QL 56/28 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormone Receptor Antagonists		
SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	3	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS	3	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS	3	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	3	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS	3	PA, SP, Prudent
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLUTION RECONSTITUTED 1 MG SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
EGRIFTA SV SOLUTION RECONSTITUTED 2 MG SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
Growth Hormones		
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS	3	PA, SP, Prudent
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS	3	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	3	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS	3	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS	3	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS	3	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS	3	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS	3	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS	3	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS	3	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS	3	PA, SP, Prudent
HUMATROPE CARTRIDGE 12 MG INJECTION	3	PA, SP, Prudent
HUMATROPE CARTRIDGE 24 MG INJECTION	3	PA, SP, Prudent
HUMATROPE CARTRIDGE 6 MG INJECTION	3	PA, SP, Prudent
NGENLA SOLUTION PEN-INJECTOR 24 MG/1.2ML SUBCUTANEOUS	3	PA, SP, Prudent
NGENLA SOLUTION PEN-INJECTOR 60 MG/1.2ML SUBCUTANEOUS	3	PA, SP, Prudent
NORDITROPIN FLEXPRO SOLUTION 10 MG/1.5ML SUBCUTANEOUS	3	PA, SP
NORDITROPIN FLEXPRO SOLUTION 15 MG/1.5ML SUBCUTANEOUS	3	PA, SP
NORDITROPIN FLEXPRO SOLUTION 30 MG/3ML SUBCUTANEOUS	3	PA, SP
NORDITROPIN FLEXPRO SOLUTION 5 MG/1.5ML SUBCUTANEOUS	3	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	3	PA, SP, Prudent
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	3	PA, SP, Prudent
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 30 MG/3ML SUBCUTANEOUS	3	PA, SP, Prudent
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	3	PA, SP, Prudent
NUTROPIN AQ NUSPIN 10 SOLUTION 10 MG/2ML SUBCUTANEOUS	3	PA, SP
NUTROPIN AQ NUSPIN 10 SOLUTION PEN-INJECTOR 10 MG/2ML SUBCUTANEOUS	3	PA, SP, Prudent
NUTROPIN AQ NUSPIN 20 SOLUTION 20 MG/2ML SUBCUTANEOUS	3	PA, SP
NUTROPIN AQ NUSPIN 20 SOLUTION PEN-INJECTOR 20 MG/2ML SUBCUTANEOUS	3	PA, SP, Prudent
NUTROPIN AQ NUSPIN 5 SOLUTION 5 MG/2ML SUBCUTANEOUS	3	PA, SP
NUTROPIN AQ NUSPIN 5 SOLUTION PEN-INJECTOR 5 MG/2ML SUBCUTANEOUS	3	PA, SP, Prudent
NUTROPIN AQ PEN SOLUTION 10 MG/2ML SUBCUTANEOUS	3	PA, SP
NUTROPIN AQ PEN SOLUTION 20 MG/2ML SUBCUTANEOUS	3	PA, SP
OMNITROPE SOLUTION 10 MG/1.5ML SUBCUTANEOUS	3	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
OMNITROPE SOLUTION 5 MG/1.5ML SUBCUTANEOUS	3	PA, SP
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS	3	PA, SP, Prudent
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS	3	PA, SP, Prudent
OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS	3	PA, SP, Prudent
SAIZEN SOLUTION RECONSTITUTED 5 MG INJECTION	3	PA, SP, Prudent
SAIZEN SOLUTION RECONSTITUTED 8.8 MG INJECTION	3	PA, SP
SAIZENPREP SOLUTION RECONSTITUTED 8.8 MG INJECTION	3	PA, SP
SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS	3	PA, SP, Prudent
SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	3	PA, SP, Prudent
SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS	3	PA, SP, Prudent
SKYTROFA CARTRIDGE 11 MG SUBCUTANEOUS	3	PA, SP, Prudent
SKYTROFA CARTRIDGE 13.3 MG SUBCUTANEOUS	3	PA, SP, Prudent
SKYTROFA CARTRIDGE 3 MG SUBCUTANEOUS	3	PA, SP, Prudent
SKYTROFA CARTRIDGE 3.6 MG SUBCUTANEOUS	3	PA, SP, Prudent
SKYTROFA CARTRIDGE 4.3 MG SUBCUTANEOUS	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
SKYTROFA CARTRIDGE 5.2 MG SUBCUTANEOUS	3	PA, SP, Prudent
SKYTROFA CARTRIDGE 6.3 MG SUBCUTANEOUS	3	PA, SP, Prudent
SKYTROFA CARTRIDGE 7.6 MG SUBCUTANEOUS	3	PA, SP, Prudent
SKYTROFA CARTRIDGE 9.1 MG SUBCUTANEOUS	3	PA, SP, Prudent
SOGROYA SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	3	PA, SP
SOGROYA SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	3	PA, SP
SOGROYA SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	3	PA, SP
ZOMACTON SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	3	PA, SP, Prudent
ZOMACTON SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	3	PA, SP, Prudent
Hereditary Orotic Aciduria Treatment - Agents		
XURIDEN PACKET 2 GM ORAL	3	PA, QL 4/1 days
Hereditary Tyrosinemia Type 1 (HT-1) Treatment - Agents		
nitisinone capsule 10 mg oral	1	LA, PA, SP, Prudent
nitisinone capsule 2 mg oral	1	LA, PA, SP, Prudent
nitisinone capsule 5 mg oral	1	LA, PA, SP, Prudent
NITYR TABLET 10 MG ORAL	3	PA, SP, Prudent
NITYR TABLET 2 MG ORAL	3	PA, SP, Prudent
NITYR TABLET 5 MG ORAL	3	PA, SP, Prudent
ORFADIN CAPSULE 10 MG ORAL	3	LA, PA, SP, Prudent
ORFADIN CAPSULE 2 MG ORAL	3	LA, PA, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hereditary Tyrosinemia Type 1 (HT-1) Treatment - Agents (continued)		
ORFADIN CAPSULE 20 MG ORAL	3	LA, PA, SP, Prudent
ORFADIN CAPSULE 5 MG ORAL	3	LA, PA, SP, Prudent
ORFADIN SUSPENSION 4 MG/ML ORAL	3	LA, PA, SP, Prudent
Homocystinuria Treatment - Agents		
betaine powder oral	1	LA, PA, SP, Prudent
CYSTADANE POWDER ORAL	3	LA, PA, SP, Prudent
Hyperammonemia Treatment - Agents		
CARBAGLU TABLET 200 MG ORAL	3	LA, PA, SP
CARBAGLU TABLET SOLUBLE 200 MG ORAL	3	LA, PA, SP, Prudent
carglumic acid tablet 200 mg oral	1	LA, PA, SP
carglumic acid tablet soluble 200 mg oral	1	LA, PA, SP, Prudent
Hyperparathyroid Treatment - Vitamin D Analogs		
calcitriol capsule 0.25 mcg oral	1	
calcitriol capsule 0.5 mcg oral	1	
calcitriol solution 1 mcg/ml oral	1	
doxercalciferol capsule 0.5 mcg oral	1	
doxercalciferol capsule 1 mcg oral	1	
doxercalciferol capsule 2.5 mcg oral	1	
doxercalciferol solution 4 mcg/2ml intravenous	1	
paricalcitol capsule 1 mcg oral	1	
paricalcitol capsule 2 mcg oral	1	
paricalcitol capsule 4 mcg oral	1	
RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL	3	PA, QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hyperparathyroid Treatment - Vitamin D Analogs (continued)		
ROCALTROL CAPSULE 0.25 MCG ORAL	3	
ROCALTROL CAPSULE 0.5 MCG ORAL	3	
ROCALTROL SOLUTION 1 MCG/ML ORAL	3	
ZEMPLAR CAPSULE 1 MCG ORAL	3	
ZEMPLAR CAPSULE 2 MCG ORAL	3	
ZEMPLAR SOLUTION 2 MCG/ML INTRAVENOUS	3	
ZEMPLAR SOLUTION 5 MCG/ML INTRAVENOUS	3	
Hypophosphatasia (HPP) Agents		
STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS	3	LA, PA, SP, Prudent
STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS	3	LA, PA, SP, Prudent
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	3	LA, PA, SP, Prudent
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	3	LA, PA, SP, Prudent
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	3	PA, SP, Prudent
Leptin Analogues		
MYALEPT SOLUTION RECONSTITUTED 11.3 MG SUBCUTANEOUS	3	LA, PA, SP
LHRH/GnRH Agonist Analog Combinations		
LUPANETA PACK KIT 11.25 & 5 MG COMBINATION	3	PA, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
LHRH/GnRH Agonist Analog Combinations (continued)		
LUPANETA PACK KIT 3.75 & 5 MG COMBINATION	3	PA, SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS	3	PA, SP, Prudent
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	3	PA, SP, Prudent
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	3	PA, SP, Prudent
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	3	PA, SP, Prudent
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	3	PA, SP, Prudent
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	3	PA, SP, Prudent
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG INTRAMUSCULAR	3	PA, SP, Prudent
SYNAREL SOLUTION 2 MG/ML NASAL	3	PA, QL 48/180 days
Mucopolysaccharidosis VI (MPS VI) - Agents		
NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS	3	PA, SP, Prudent
Natriuretic Peptides		
VOXZOGO SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS	3	PA, QL 30/30 days, SP, Prudent
VOXZOGO SOLUTION RECONSTITUTED 0.56 MG SUBCUTANEOUS	3	PA, QL 30/30 days, SP, Prudent
VOXZOGO SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS	3	PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Neurokinin 3 (NK3) Receptor Antagonists		
VEOZAH TABLET 45 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Non-steroidal Mineralocorticoid Receptor Antagonists		
KERENDIA TABLET 10 MG ORAL	3	PA, QL 30/30 days
KERENDIA TABLET 20 MG ORAL	3	PA, QL 30/30 days
Ovulation Stimulants-Gonadotropins		
chorionic gonadotropin solution reconstituted 10000 unit intramuscular	3	PA, SP
NOVAREL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	3	PA, SP
NOVAREL SOLUTION RECONSTITUTED 5000 UNIT INTRAMUSCULAR	3	PA, SP
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	3	PA, SP
Parathyroid Hormone And Derivatives		
FORTEO SOLUTION PEN-INJECTOR 600 MCG/2.4ML SUBCUTANEOUS	3	PA, SP, Prudent
NATPARA CARTRIDGE 100 MCG SUBCUTANEOUS	3	PA, QL 2/23 days, SP
NATPARA CARTRIDGE 25 MCG SUBCUTANEOUS	3	PA, QL 2/23 days, SP
NATPARA CARTRIDGE 50 MCG SUBCUTANEOUS	3	PA, QL 2/23 days, SP
NATPARA CARTRIDGE 75 MCG SUBCUTANEOUS	3	PA, QL 2/23 days, SP
teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous	1	PA, SP, Prudent
teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous	1	PA, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Parathyroid Hormone And Derivatives (continued)		
teriparatide solution pen-injector 620 mcg/2.48ml subcutaneous	3	PA, SP, Prudent
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	3	PA, SP, Prudent
Phenylketonuria Treatment - Agents		
KUVAN PACKET 100 MG ORAL	3	PA, SP, Prudent
KUVAN PACKET 500 MG ORAL	3	PA, SP, Prudent
KUVAN TABLET 100 MG ORAL	3	PA, SP, Prudent
KUVAN TABLET SOLUBLE 100 MG ORAL	3	PA, SP
PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	3	PA, SP, Prudent
PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS	3	PA, SP, Prudent
PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
sapropterin dihydrochloride packet 100 mg oral	1	PA, SP, Prudent
sapropterin dihydrochloride packet 500 mg oral	1	PA, SP, Prudent
sapropterin dihydrochloride tablet 100 mg oral	1	PA, SP, Prudent
sapropterin dihydrochloride tablet soluble 100 mg oral	1	PA, SP
RANK Ligand (RANKL) Inhibitors		
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	3	SP, Prudent
XGEVA SOLUTION 120 MG/1.7ML SUBCUTANEOUS	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sclerostin Inhibitors		
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	3	PA, SP, Prudent
Selective Estrogen Receptor Modulators (SERMs)		
EVISTA TABLET 60 MG ORAL	3	
OSPHENA TABLET 60 MG ORAL	3	QL 30/30 days, Medical Necessity PA
raloxifene hcl tablet 60 mg oral	0	ACA NCDL, limitations may apply
Selective Vasopressin V2-Receptor Antagonists		
JYNARQUE TABLET 15 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
JYNARQUE TABLET 30 MG ORAL	3	LA, PA, QL 60/30 days, SP, Prudent
JYNARQUE TABLET THERAPY PACK 15 MG ORAL	3	PA, QL 56/28 days, SP, Prudent
JYNARQUE TABLET THERAPY PACK 30 & 15 MG ORAL	3	PA, QL 56/28 days, SP, Prudent
JYNARQUE TABLET THERAPY PACK 45 & 15 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
JYNARQUE TABLET THERAPY PACK 60 & 30 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
JYNARQUE TABLET THERAPY PACK 90 & 30 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
SAMSCA TABLET 15 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
SAMSCA TABLET 30 MG ORAL	3	PA, QL 60/30 days, SP, Medical Necessity PA, Prudent
tolvaptan tablet 15 mg oral	1	PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Vasopressin V2-Receptor Antagonists (continued)		
tolvaptan tablet 30 mg oral	1	PA, QL 60/30 days, SP, Prudent
Somatostatic Agents		
BYNFEZIA PEN SOLUTION PEN-INJECTOR 2500 MCG/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
lanreotide acetate solution 120 mg/0.5ml subcutaneous	3	PA, SP, Prudent
MYCAPSSA CAPSULE DELAYED RELEASE 20 MG ORAL	3	PA, QL 120/30 days, SP, Medical Necessity PA, Prudent
octreotide acetate solution 100 mcg/ml injection	1	PA, SP, Prudent
octreotide acetate solution 1000 mcg/ml injection	1	PA, SP, Prudent
octreotide acetate solution 200 mcg/ml injection	1	PA, SP, Prudent
octreotide acetate solution 50 mcg/ml injection	1	PA, SP, Prudent
octreotide acetate solution 500 mcg/ml injection	1	PA, SP, Prudent
octreotide acetate solution prefilled syringe 100 mcg/ml subcutaneous	1	PA, SP, Prudent
octreotide acetate solution prefilled syringe 50 mcg/ml subcutaneous	1	PA, SP, Prudent
octreotide acetate solution prefilled syringe 500 mcg/ml subcutaneous	1	PA, SP, Prudent
SANDOSTATIN LAR DEPOT KIT 10 MG INTRAMUSCULAR	3	PA, SP, Prudent
SANDOSTATIN LAR DEPOT KIT 20 MG INTRAMUSCULAR	3	PA, SP, Prudent
SANDOSTATIN LAR DEPOT KIT 30 MG INTRAMUSCULAR	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Somatostatic Agents (continued)		
SANDOSTATIN SOLUTION 100 MCG/ML INJECTION	3	PA, SP, Prudent
SANDOSTATIN SOLUTION 1000 MCG/ML INJECTION	3	PA, SP, Prudent
SANDOSTATIN SOLUTION 200 MCG/ML INJECTION	3	PA, SP, Prudent
SANDOSTATIN SOLUTION 50 MCG/ML INJECTION	3	PA, SP, Prudent
SANDOSTATIN SOLUTION 500 MCG/ML INJECTION	3	PA, SP, Prudent
SIGNIFOR SOLUTION 0.3 MG/ML SUBCUTANEOUS	3	LA, PA, SP, Prudent
SIGNIFOR SOLUTION 0.6 MG/ML SUBCUTANEOUS	3	LA, PA, SP, Prudent
SIGNIFOR SOLUTION 0.9 MG/ML SUBCUTANEOUS	3	LA, PA, SP, Prudent
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	3	PA, SP, Prudent
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	3	PA, SP, Prudent
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	3	PA, SP, Prudent
Urea Cycle Disorder - Agents		
BUPHENYL POWDER 3 GM/TSP ORAL	3	PA, Medical Necessity PA, Prudent
BUPHENYL TABLET 500 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
OLPRUVA (2 GM DOSE) THERAPY PACK 2 GM ORAL	3	PA, SP, Medical Necessity PA
OLPRUVA (3 GM DOSE) THERAPY PACK 3 GM ORAL	3	PA, SP, Medical Necessity PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Urea Cycle Disorder - Agents (continued)		
OLPRUVA (4 GM DOSE) THERAPY PACK 2 & 2 GM ORAL	3	PA, SP, Medical Necessity PA
OLPRUVA (5 GM DOSE) THERAPY PACK 2 & 3 GM ORAL	3	PA, SP, Medical Necessity PA
OLPRUVA (6 GM DOSE) THERAPY PACK 3 & 3 GM ORAL	3	PA, SP, Medical Necessity PA
OLPRUVA (6.67 GM DOSE) THERAPY PACK 3 & 3.67 GM ORAL	3	PA, SP, Medical Necessity PA
PHEBURANE PELLET 483 MG/GM ORAL	3	LA, PA, SP, Medical Necessity PA, Prudent
RAVICTI LIQUID 1.1 GM/ML ORAL	3	PA, SP, Prudent
sodium phenylbutyrate powder 3 gm/tsp oral	1	PA, Prudent
sodium phenylbutyrate tablet 500 mg oral	1	PA, SP, Prudent
V1a/V2-Arginine Vasopressin (AVP) Receptor Antagonists		
VAPRISOL SOLUTION 20-5 MG/100ML-% INTRAVENOUS	3	
Vasopressin		
DDAVP PF SOLUTION 4 MCG/ML INJECTION	3	
DDAVP RHINAL TUBE SOLUTION 0.01 % NASAL	3	
DDAVP SOLUTION 0.01 % NASAL	3	
DDAVP SOLUTION 4 MCG/ML INJECTION	3	
DDAVP TABLET 0.1 MG ORAL	3	
DDAVP TABLET 0.2 MG ORAL	3	
desmopressin ace rhinal tube solution 0.01 % nasal	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vasopressin (continued)		
desmopressin ace spray refrig solution 0.01 % nasal	1	
desmopressin acetate pf solution 4 mcg/ml injection	1	
desmopressin acetate solution 1.5 mg/ml nasal	3	SP
desmopressin acetate solution 4 mcg/ml injection	1	
desmopressin acetate spray solution 0.01 % nasal	1	
desmopressin acetate tablet 0.1 mg oral	1	
desmopressin acetate tablet 0.2 mg oral	1	
NOCDURNA TABLET SUBLINGUAL 27.7 MCG SUBLINGUAL	3	PA, QL 30/30 days, Medical Necessity PA
NOCDURNA TABLET SUBLINGUAL 55.3 MCG SUBLINGUAL	3	PA, QL 30/30 days, Medical Necessity PA
NOCTIVA EMULSION 0.83 MCG/0.1ML NASAL	3	PA, Medical Necessity PA
NOCTIVA EMULSION 1.66 MCG/0.1ML NASAL	3	PA, Medical Necessity PA
STIMATE SOLUTION 1.5 MG/ML NASAL	3	SP
X-Linked Hypophosphatemia (XLH) Treatment - Agents		
CRYSVITA SOLUTION 10 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
CRYSVITA SOLUTION 20 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
CRYSVITA SOLUTION 30 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ESTROGENS		
Estrogen & Progestin		
ACTIVELLA TABLET 0.5-0.1 MG ORAL	3	
ACTIVELLA TABLET 1-0.5 MG ORAL	3	
ANGELIQ TABLET 0.25-0.5 MG ORAL	3	
ANGELIQ TABLET 0.5-1 MG ORAL	3	
BIJUVA CAPSULE 1-100 MG ORAL	3	
CLIMARA PRO PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL	2	
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.14 MG/DAY TRANSDERMAL	2	
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.25 MG/DAY TRANSDERMAL	2	
estradiol-norethindrone acet tablet 0.5-0.1 mg oral	1	
estradiol-norethindrone acet tablet 1-0.5 mg oral	1	
FEMHRT LOW DOSE TABLET 0.5-2.5 MG-MCG ORAL	3	
FEMHRT TABLET 0.5-2.5 MG-MCG ORAL	3	
FYAVOLV TABLET 0.5-2.5 MG-MCG ORAL	1	
FYAVOLV TABLET 1-5 MG-MCG ORAL	1	
jevantique lo tablet 0.5-2.5 mg-mcg oral	1	
JINTELI TABLET 1-5 MG-MCG ORAL	1	
LOPREEZA TABLET 0.5-0.1 MG ORAL	1	
LOPREEZA TABLET 1-0.5 MG ORAL	1	
MIMVEY TABLET 1-0.5 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogen & Progestin (continued)		
norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral	1	
norethindrone-eth estradiol tablet 1-5 mg-mcg oral	1	
PREFEST TABLET 1/1-0.09 MG (15/15) ORAL	3	
PREMPHASE TABLET 0.625-5 MG ORAL	3	
PREMPRO TABLET 0.3-1.5 MG ORAL	3	
PREMPRO TABLET 0.45-1.5 MG ORAL	3	
PREMPRO TABLET 0.625-2.5 MG ORAL	3	
PREMPRO TABLET 0.625-5 MG ORAL	3	
Estrogen-Progestin-GnRH Antagonist		
MYFEMBREE TABLET 40-1-0.5 MG ORAL	3	PA, Medical Necessity PA
ORIAHNN CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ORAL	3	PA, QL 56/28 days
Estrogens		
ALORA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
ALORA PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
ALORA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
ALORA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
CLIMARA PATCH WEEKLY 0.025 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
CLIMARA PATCH WEEKLY 0.0375 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
CLIMARA PATCH WEEKLY 0.05 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
CLIMARA PATCH WEEKLY 0.06 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
CLIMARA PATCH WEEKLY 0.075 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
CLIMARA PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
DELESTROGEN OIL 10 MG/ML INTRAMUSCULAR	3	PA, PA applies to age 17 years and younger, PA may apply
DELESTROGEN OIL 20 MG/ML INTRAMUSCULAR	3	PA, PA applies to age 17 years and younger, PA may apply
DELESTROGEN OIL 40 MG/ML INTRAMUSCULAR	3	PA, PA applies to age 17 years and younger, PA may apply
DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR	2	PA, PA applies to age 17 years and younger, PA may apply
DIVIGEL GEL 0.25 MG/0.25GM TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
DIVIGEL GEL 0.5 MG/0.5GM TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
DIVIGEL GEL 0.75 MG/0.75GM TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
DIVIGEL GEL 1 MG/GM TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
DIVIGEL GEL 1.25 MG/1.25GM TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
DOTTI PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
DOTTI PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
DOTTI PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
DOTTI PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
DOTTI PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
ELESTRIN GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
ESTRACE TABLET 0.5 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
ESTRACE TABLET 1 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
ESTRACE TABLET 2 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
estradiol gel 0.25 mg/0.25gm transdermal	1	PA, PA applies to age 17 years and younger
estradiol gel 0.5 mg/0.5gm transdermal	1	PA, PA applies to age 17 years and younger
estradiol gel 0.75 mg/0.75gm transdermal	1	PA, PA applies to age 17 years and younger
estradiol gel 1 mg/gm transdermal	1	PA, PA applies to age 17 years and younger
estradiol gel 1.25 mg/1.25gm transdermal	1	PA, PA applies to age 17 years and younger
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol patch weekly 0.025 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
estradiol patch weekly 0.0375 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol patch weekly 0.05 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol patch weekly 0.06 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol patch weekly 0.075 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol patch weekly 0.1 mg/24hr transdermal	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol tablet 0.5 mg oral	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol tablet 1 mg oral	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol tablet 2 mg oral	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol valerate oil 20 mg/ml intramuscular	1	PA, PA applies to age 17 years and younger, PA may apply
estradiol valerate oil 40 mg/ml intramuscular	1	PA, PA applies to age 17 years and younger, PA may apply
ESTROGEL GEL 0.75 MG/1.25 GM (0.06%) TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
estropipate tablet 0.75 mg oral	1	PA, PA applies to age 17 years and younger, PA may apply
estropipate tablet 1.5 mg oral	1	PA, PA applies to age 17 years and younger, PA may apply
estropipate tablet 3 mg oral	1	PA, PA applies to age 17 years and younger, PA may apply
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
LYLLANA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
LYLLANA PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
LYLLANA PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
LYLLANA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
LYLLANA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
MENEST TABLET 0.3 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
MENEST TABLET 0.625 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
MENEST TABLET 1.25 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
MENEST TABLET 2.5 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
MENOSTAR PATCH WEEKLY 14 MCG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
MINIVELLE PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	2	PA, PA applies to age 17 years and younger, PA may apply
MINIVELLE PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	2	PA, PA applies to age 17 years and younger, PA may apply
MINIVELLE PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	2	PA, PA applies to age 17 years and younger, PA may apply
MINIVELLE PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	2	PA, PA applies to age 17 years and younger, PA may apply
MINIVELLE PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	2	PA, PA applies to age 17 years and younger, PA may apply
PREMARIN SOLUTION RECONSTITUTED 25 MG INJECTION	2	PA, PA applies to age 17 years and younger, PA may apply
PREMARIN TABLET 0.3 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
PREMARIN TABLET 0.45 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
PREMARIN TABLET 0.625 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
PREMARIN TABLET 0.9 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
PREMARIN TABLET 1.25 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
VIVELLE-DOT PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
VIVELLE-DOT PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
VIVELLE-DOT PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
VIVELLE-DOT PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
VIVELLE-DOT PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
Estrogen-Selective Estrogen Receptor Modulator Comb		
DUAVEE TABLET 0.45-20 MG ORAL	3	
FLUOROQUINOLONES		
Fluoroquinolones		
AVELOX ABC PACK TABLET 400 MG ORAL	2	
AVELOX TABLET 400 MG ORAL	2	
BAXDELA TABLET 450 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fluoroquinolones (continued)		
CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL	2	
CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	2	
CIPRO TABLET 250 MG ORAL	3	
CIPRO TABLET 500 MG ORAL	3	
CIPRO XR TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL	3	
CIPRO XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	3	
ciprofloxacin hcl tablet 100 mg oral	1	
ciprofloxacin hcl tablet 250 mg oral	1	
ciprofloxacin hcl tablet 500 mg oral	1	
ciprofloxacin hcl tablet 750 mg oral	1	
ciprofloxacin in d5w solution 200 mg/100ml intravenous	1	
ciprofloxacin in d5w solution 400 mg/200ml intravenous	1	
ciprofloxacin solution 200 mg/20ml intravenous	1	
ciprofloxacin solution 400 mg/40ml intravenous	1	
ciprofloxacin-ciproflox hcl er tablet extended release 24 hour 1000 mg oral	1	
ciprofloxacin-ciproflox hcl er tablet extended release 24 hour 500 mg oral	1	
LEVAQUIN SOLUTION 25 MG/ML ORAL	3	
LEVAQUIN SOLUTION 500 MG/100ML INTRAVENOUS	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fluoroquinolones (continued)		
LEVAQUIN SOLUTION 750 MG/150ML INTRAVENOUS	3	
LEVAQUIN TABLET 250 MG ORAL	3	QL 1.50/1 days
LEVAQUIN TABLET 500 MG ORAL	3	
LEVAQUIN TABLET 750 MG ORAL	3	
levofloxacin in d5w solution 250 mg/50ml intravenous	1	
levofloxacin in d5w solution 500 mg/100ml intravenous	1	
levofloxacin in d5w solution 750 mg/150ml intravenous	1	
levofloxacin solution 25 mg/ml intravenous	1	
levofloxacin solution 25 mg/ml oral	1	
levofloxacin tablet 250 mg oral	1	
levofloxacin tablet 500 mg oral	1	
levofloxacin tablet 750 mg oral	1	
moxifloxacin hcl tablet 400 mg oral	1	
ofloxacin tablet 400 mg oral	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 Receptor Agonists		
MOTEGRITY TABLET 1 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
MOTEGRITY TABLET 2 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPSULE 250 MG ORAL	3	LA, PA, QL 4/1 days, SP
CHOLBAM CAPSULE 50 MG ORAL	3	LA, PA, QL 5/1 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CIC Agents - Guanylate Cyclase-C (GC-C) Agonists		
TRULANCE TABLET 3 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABLET 10 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
OCALIVA TABLET 5 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
Gallstone Solubilizing Agents		
ACTIGALL CAPSULE 300 MG ORAL	3	
CHENODAL TABLET 250 MG ORAL	3	LA, SP
RELTONE CAPSULE 200 MG ORAL	3	PA, Medical Necessity PA
RELTONE CAPSULE 400 MG ORAL	3	PA, Medical Necessity PA
URSO 250 TABLET 250 MG ORAL	3	
URSO FORTE TABLET 500 MG ORAL	3	
ursodiol capsule 200 mg oral	3	PA, Medical Necessity PA
ursodiol capsule 300 mg oral	1	
ursodiol capsule 400 mg oral	3	PA, Medical Necessity PA
ursodiol tablet 250 mg oral	1	
ursodiol tablet 500 mg oral	1	
Gastrointestinal Antiallergy Agents		
cromolyn sodium concentrate 100 mg/5ml oral	1	LEDL
GASTROCROM CONCENTRATE 100 MG/5ML ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPSULE 24 MCG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
AMITIZA CAPSULE 8 MCG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
lubiprostone capsule 24 mcg oral	1	QL 60/30 days
lubiprostone capsule 8 mcg oral	1	QL 60/30 days
Gastrointestinal Stimulants		
GIMOTI SOLUTION 15 MG/ACT NASAL	3	PA, Medical Necessity PA
metoclopramide hcl solution 10 mg/10ml oral	1	
metoclopramide hcl solution 5 mg/5ml oral	1	
metoclopramide hcl solution 5 mg/ml injection	1	
metoclopramide hcl tablet 10 mg oral	1	
metoclopramide hcl tablet 5 mg oral	1	
metoclopramide hcl tablet dispersible 10 mg oral	3	PA, Medical Necessity PA
metoclopramide hcl tablet dispersible 5 mg oral	1	PA, Medical Necessity PA
REGLAN TABLET 10 MG ORAL	3	
REGLAN TABLET 5 MG ORAL	3	
Glucagon-Like Peptide-2 (GLP-2) Analogs		
GATTEX KIT 5 MG SUBCUTANEOUS	3	PA, SP, Prudent
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists		
REZDIFFRA TABLET 100 MG ORAL	3	PA, QL 30/30 days, SP
REZDIFFRA TABLET 60 MG ORAL	3	PA, QL 30/30 days, SP
REZDIFFRA TABLET 80 MG ORAL	3	PA, QL 30/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
IBS Agent - 5-HT4 Receptor Partial Agonists		
ZELNORM TABLET 6 MG ORAL	3	PA, Medical Necessity PA
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists		
LINZESS CAPSULE 145 MCG ORAL	2	QL 30/30 days
LINZESS CAPSULE 290 MCG ORAL	2	QL 30/30 days
LINZESS CAPSULE 72 MCG ORAL	2	QL 30/30 days
IBS Agent - Mu-Opioid Receptor Agonists		
VIBERZI TABLET 100 MG ORAL	3	PA, Medical Necessity PA
VIBERZI TABLET 75 MG ORAL	3	PA, Medical Necessity PA
IBS Agent - Selective 5-HT3 Receptor Antagonists		
alosetron hcl tablet 0.5 mg oral	1	PA, QL 120/30 days
alosetron hcl tablet 1 mg oral	1	PA, QL 60/30 days
LOTRONEX TABLET 0.5 MG ORAL	3	PA, QL 120/30 days
LOTRONEX TABLET 1 MG ORAL	3	PA, QL 60/30 days
IBS Agent - Sodium/Hydrogen Exchanger 3 (NHE3) Inhibitor		
IBSRELA TABLET 50 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL	3	LA, PA, SP
BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL	3	LA, PA, SP
BYLVAY CAPSULE 1200 MCG ORAL	3	LA, PA, SP
BYLVAY CAPSULE 400 MCG ORAL	3	LA, PA, SP
LIVMARLI SOLUTION 19 MG/ML ORAL	3	LA, PA, QL 60/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ileal Bile Acid Transporter (IBAT) Inhibitors (continued)		
LIVMARLI SOLUTION 9.5 MG/ML ORAL	3	LA, PA, QL 90/30 days, SP
Inflammatory Bowel Agents		
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL	3	QL 120/30 days
ASACOL HD TABLET DELAYED RELEASE 800 MG ORAL	3	PA, QL 180/30 days, Medical Necessity PA
AZULFIDINE EN-TABS TABLET DELAYED RELEASE 500 MG ORAL	3	
AZULFIDINE TABLET 500 MG ORAL	3	
balsalazide disodium capsule 750 mg oral	1	QL 270/30 days
CANASA SUPPOSITORY 1000 MG RECTAL	2	QL 30/30 days
COLAZAL CAPSULE 750 MG ORAL	3	QL 270/30 days
DELZICOL CAPSULE DELAYED RELEASE 400 MG ORAL	3	PA, QL 180/30 days, Medical Necessity PA
DIPENTUM CAPSULE 250 MG ORAL	3	QL 120/30 days
GIAZO TABLET 1.1 GM ORAL	3	PA, Medical Necessity PA
LIALDA TABLET DELAYED RELEASE 1.2 GM ORAL	3	PA, QL 120/30 days, Medical Necessity PA
mesalamine capsule delayed release 400 mg oral	1	QL 180/30 days
mesalamine enema 4 gm rectal	1	
mesalamine er capsule extended release 24 hour 0.375 gm oral	1	QL 120/30 days
mesalamine suppository 1000 mg rectal	1	QL 30/30 days
mesalamine tablet delayed release 1.2 gm oral	1	QL 120/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Inflammatory Bowel Agents (continued)		
mesalamine tablet delayed release 800 mg oral	1	PA, QL 180/30 days, Medical Necessity PA
mesalamine-cleanser kit 4 gm rectal	1	
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL	2	QL 240/30 days
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL	2	QL 240/30 days
ROWASA KIT 4 GM RECTAL	3	
SFROWASA ENEMA 4 GM/60ML RECTAL	3	
sulfasalazine tablet 500 mg oral	1	
sulfasalazine tablet delayed release 500 mg oral	1	
SULFAZINE EC TABLET DELAYED RELEASE 500 MG ORAL	3	
SULFAZINE TABLET 500 MG ORAL	3	
Integrin Receptor Antagonists		
ENTYVIO PEN SOLUTION AUTO-INJECTOR 108 MG/0.68ML SUBCUTANEOUS	3	PA, QL 1.36/28 days, SP, Medical Necessity PA, Prudent
ENTYVIO SOLUTION PEN-INJECTOR 108 MG/0.68ML SUBCUTANEOUS	3	PA, QL 1.36/28 days, SP, Medical Necessity PA, Prudent
Interleukin Antagonists		
OMVOH SOLUTION 300 MG/15ML INTRAVENOUS	3	PA, SP, Medical Necessity PA, Prudent
OMVOH SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
OMVOH SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Interleukin Antagonists (continued)		
SKYRIZI SOLUTION 600 MG/10ML INTRAVENOUS	3	PA, SP, Prudent
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	3	PA, QL 1.20/56 days, SP, Prudent
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	3	PA, QL 2.40/56 days, SP, Prudent
Intestinal Acidifiers		
enulose solution 10 gm/15ml oral	1	
generlac solution 10 gm/15ml oral	1	
lactulose encephalopathy solution 10 gm/15ml oral	1	
lactulose encephalopathy solution 20 gm/30ml oral	1	
Live Fecal Microbiota (Human)		
REBYOTA SUSPENSION 150 ML RECTAL	3	LA, PA, SP
VOWST CAPSULE ORAL	3	LA, PA, QL 12/365 days, SP
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPSULE 12 MG ORAL	3	
MOVANTIK TABLET 12.5 MG ORAL	2	PA, QL 1/1 days
MOVANTIK TABLET 25 MG ORAL	2	PA, QL 1/1 days
RELISTOR KIT 12 MG/0.6ML SUBCUTANEOUS	3	PA
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS	3	PA
RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS	3	PA
RELISTOR TABLET 150 MG ORAL	3	PA, QL 90/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Peripheral Opioid Receptor Antagonists (continued)		
SYMPROIC TABLET 0.2 MG ORAL	3	PA, Medical Necessity PA
Peroxisome Proliferator-Activated Receptor Agonists		
IQIRVO TABLET 80 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
Phosphate Binder Agents		
AURYXIA TABLET 1 GM 210 MG(FE) ORAL	3	QL 180/30 days
calcium acetate (phos binder) capsule 667 mg oral	1	
calcium acetate (phos binder) tablet 667 mg oral	1	
FOSRENOL PACKET 1000 MG ORAL	3	QL 60/30 days
FOSRENOL PACKET 750 MG ORAL	3	QL 60/30 days
FOSRENOL TABLET CHEWABLE 1000 MG ORAL	3	QL 60/30 days
FOSRENOL TABLET CHEWABLE 500 MG ORAL	3	QL 90/30 days
FOSRENOL TABLET CHEWABLE 750 MG ORAL	3	QL 60/30 days
lanthanum carbonate tablet chewable 1000 mg oral	1	QL 60/30 days
lanthanum carbonate tablet chewable 500 mg oral	1	QL 90/30 days
lanthanum carbonate tablet chewable 750 mg oral	1	QL 60/30 days
PHOSLO CAPSULE 667 MG ORAL	3	
PHOSLYRA SOLUTION 667 MG/5ML ORAL	3	
RENAGEL TABLET 400 MG ORAL	3	QL 180/30 days
RENAGEL TABLET 800 MG ORAL	3	QL 180/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phosphate Binder Agents (continued)		
RENVELA PACKET 0.8 GM ORAL	3	
RENVELA PACKET 2.4 GM ORAL	3	
RENVELA TABLET 800 MG ORAL	2	QL 180/30 days
sevelamer carbonate packet 0.8 gm oral	1	
sevelamer carbonate packet 2.4 gm oral	1	
sevelamer carbonate tablet 800 mg oral	1	QL 180/30 days
sevelamer hcl tablet 400 mg oral	1	QL 180/30 days
sevelamer hcl tablet 800 mg oral	1	QL 180/30 days
VELPHORO TABLET CHEWABLE 500 MG ORAL	3	QL 90/30 days
Sphingosine 1-Phosphate (S1P) Receptor Modulators (GI)		
VELSIPITY TABLET 2 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
Tryptophan Hydroxylase Inhibitors		
XERMELO TABLET 250 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
Tumor Necrosis Factor Alpha Blockers		
CIMZIA (2 SYRINGE) PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA, Prudent
CIMZIA KIT 2 X 200 MG SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA, Prudent
CIMZIA PREFILLED SYRINGE KIT 2 X 200 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA, Prudent
CIMZIA STARTER KIT PREFILLED SYRINGE KIT 6 X 200 MG/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tumor Necrosis Factor Alpha Blockers (continued)		
CIMZIA-STARTER PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
ZYMFENTRA (1 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	3	PA, QL 2/28 days, SP, Medical Necessity PA, Prudent
ZYMFENTRA (2 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA, Prudent
ZYMFENTRA (2 SYRINGE) PREFILLED SYRINGE KIT 120 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Medical Necessity PA, Prudent
GENERAL ANESTHETICS		
Anesthetics - Misc.		
AMIDATE SOLUTION 2 MG/ML INTRAVENOUS	3	
DIPRIVAN EMULSION 10 MG/ML INTRAVENOUS	3	
etomidate solution 2 mg/ml intravenous	1	
fresenius propoven emulsion 10 mg/ml intravenous	1	
KETALAR SOLUTION 10 MG/ML INJECTION	3	
KETALAR SOLUTION 100 MG/ML INJECTION	3	
KETALAR SOLUTION 50 MG/ML INJECTION	3	
ketamine hcl solution 10 mg/ml injection	1	
ketamine hcl solution 100 mg/ml injection	1	
ketamine hcl solution 50 mg/ml injection	1	
propofol emulsion 10 mg/ml intravenous	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Barbiturate Anesthetics		
BREVITAL SODIUM SOLUTION RECONSTITUTED 2.5 GM INJECTION	3	
BREVITAL SODIUM SOLUTION RECONSTITUTED 500 MG INJECTION	3	
Volatile Anesthetics		
FORANE SOLUTION INHALATION	3	
isoflurane solution inhalation	1	
sevoflurane solution inhalation	1	
SOJOURN SOLUTION INHALATION	3	
SUPRANE SOLUTION INHALATION	3	
TERRELL SOLUTION INHALATION	3	
ULTANE SOLUTION INHALATION	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
5-Alpha Reductase Inhibitors		
AVODART CAPSULE 0.5 MG ORAL	3	
dutasteride capsule 0.5 mg oral	1	
finasteride tablet 5 mg oral	1	
PROSCAR TABLET 5 MG ORAL	3	
Alpha 1-Adrenoceptor Antagonists		
alfuzosin hcl er tablet extended release 24 hour 10 mg oral	1	
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	3	ST
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL	3	ST
FLOMAX CAPSULE 0.4 MG ORAL	3	
RAPAFLO CAPSULE 4 MG ORAL	3	QL 60/30 days
RAPAFLO CAPSULE 8 MG ORAL	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Alpha 1-Adrenoceptor Antagonists (continued)		
silodosin capsule 4 mg oral	1	QL 60/30 days
silodosin capsule 8 mg oral	1	QL 30/30 days
tamsulosin hcl capsule 0.4 mg oral	1	
UROXATRAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	
Anti-infective Genitourinary Irrigants		
NEOSPORIN GU IRRIGANT SOLUTION 40-200000 IRRIGATION	3	
Citrates		
citric acid-sodium citrate solution 334-500 mg/5ml oral	1	
cytra k crystals packet 3300-1002 mg oral	1	
ORACIT SOLUTION 490-640 MG/5ML ORAL	3	
potassium citrate er tablet extended release 10 meq (1080 mg) oral	1	
potassium citrate er tablet extended release 15 meq (1620 mg) oral	1	
potassium citrate er tablet extended release 5 meq (540 mg) oral	1	
potassium citrate monohydrate granules	1	
potassium citrate-citric acid solution 1100-334 mg/5ml oral	1	
SHOHLS MODIFIED SOLUTION 500-334 MG/5ML ORAL	3	
sodium citrate crystals	1	
TARON-CRYSTALS PACKET 3300-1002 MG ORAL	3	
tricitrates solution 550-500-334 mg/5ml oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Citrates (continued)		
UROCIT-K 10 TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ORAL	3	
UROCIT-K 15 TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ORAL	3	
UROCIT-K 5 TABLET EXTENDED RELEASE 5 MEQ (540 MG) ORAL	3	
Cystinosis Agents		
CYSTAGON CAPSULE 150 MG ORAL	3	SP, Prudent
CYSTAGON CAPSULE 50 MG ORAL	3	SP, Prudent
PROCYSBI CAPSULE DELAYED RELEASE 25 MG ORAL	3	LA, PA, QL 60/30 days, SP
PROCYSBI CAPSULE DELAYED RELEASE 75 MG ORAL	3	LA, PA, SP
PROCYSBI PACKET 300 MG ORAL	3	PA, SP
PROCYSBI PACKET 75 MG ORAL	3	PA, SP
Genitourinary Irrigants		
acetic acid solution 0.25 % irrigation	1	
aminoacetic acid solution 1.5 % irrigation	1	
ARGYLE STERILE SALINE SOLUTION 0.9 % IRRIGATION	3	
CURITY STERILE SALINE SOLUTION 0.9 % IRRIGATION	1	
glycine solution 1.5 % irrigation	1	
glycine urologic solution 1.5 % irrigation	1	
RENACIDIN SOLUTION IRRIGATION	3	
RESECTISOL SOLUTION 5 % IRRIGATION	3	
sodium chloride solution 0.9 % irrigation	1	
sorbitol solution 3 % irrigation	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Genitourinary Irrigants (continued)		
sorbitol solution 3.3 % irrigation	1	
sorbitol-mannitol solution 2.7-0.54 gm/100ml irrigation	1	
IgAN Agents - Endothelin & Angiotensin II Receptor Antag		
FILSPARI TABLET 200 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
FILSPARI TABLET 400 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
Interstitial Cystitis Agents		
ELMIRON CAPSULE 100 MG ORAL	3	
RIMSO-50 SOLUTION 50 % INTRAVESICAL	3	
Phosphates		
K-PHOS NO 2 TABLET 305-700 MG ORAL	3	
Prostatic Hypertrophy Agent Combinations		
dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral	1	ST
ENTADFI CAPSULE 5-5 MG ORAL	3	PA, QL 182/365 days, Medical Necessity PA
JALYN CAPSULE 0.5-0.4 MG ORAL	3	ST
Small Interfering Ribonucleic Acid Agents (siRNA)		
RIVFLOZA SOLUTION 80 MG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Prudent
RIVFLOZA SOLUTION PREFILLED SYRINGE 128 MG/0.8ML SUBCUTANEOUS	3	PA, QL 0.80/28 days, SP, Prudent
RIVFLOZA SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Urinary Stone Agents		
LITHOSTAT TABLET 250 MG ORAL	3	
THIOLA EC TABLET DELAYED RELEASE 100 MG ORAL	3	PA, Medical Necessity PA
THIOLA EC TABLET DELAYED RELEASE 300 MG ORAL	3	PA, Medical Necessity PA
THIOLA TABLET 100 MG ORAL	3	PA, Medical Necessity PA, Prudent
tiopronin tablet 100 mg oral	1	PA, Medical Necessity PA, Prudent
tiopronin tablet delayed release 100 mg oral	1	PA, Medical Necessity PA
tiopronin tablet delayed release 300 mg oral	1	PA, Medical Necessity PA
GOUT AGENTS		
Gout Agent Combinations		
colchicine-probenecid tablet 0.5-500 mg oral	1	
DUZALLO TABLET 200-200 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
DUZALLO TABLET 200-300 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Gout Agents		
allopurinol tablet 100 mg oral	1	
allopurinol tablet 200 mg oral	3	PA, Medical Necessity PA
allopurinol tablet 300 mg oral	1	
ALOPRIM SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	3	
colchicine capsule 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Gout Agents (continued)		
COLCRYS TABLET 0.6 MG ORAL	3	
febuxostat tablet 40 mg oral	1	QL 90/30 days
febuxostat tablet 80 mg oral	1	QL 30/30 days
GLOPERBA SOLUTION 0.6 MG/5ML ORAL	3	PA, QL 300/30 days, Medical Necessity PA
MITIGARE CAPSULE 0.6 MG ORAL	3	PA, Medical Necessity PA
ULORIC TABLET 40 MG ORAL	3	QL 90/30 days
ULORIC TABLET 80 MG ORAL	3	QL 30/30 days
ZURAMPIC TABLET 200 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
ZYLOPRIM TABLET 100 MG ORAL	3	
ZYLOPRIM TABLET 300 MG ORAL	3	
Uricosurics		
probenecid tablet 500 mg oral	1	
HEMATOLOGICAL AGENTS - MISC.		
Antihemophilic Products		
ALTUVIIIO SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA, SP, Prudent
ALTUVIIIO SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA, SP, Prudent
ALTUVIIIO SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA, SP, Prudent
ALTUVIIIO SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	3	PA, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
ALTUVIIIO SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	3	PA, SP, Prudent
ALTUVIIIO SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA, SP, Prudent
BALFAXAR SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	
BALFAXAR SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	
BENEFIX KIT 1000 UNIT INTRAVENOUS	3	PA, SP, Prudent
BENEFIX KIT 2000 UNIT INTRAVENOUS	3	PA, SP, Prudent
BENEFIX KIT 250 UNIT INTRAVENOUS	3	PA, SP, Prudent
BENEFIX KIT 3000 UNIT INTRAVENOUS	3	PA, SP, Prudent
BENEFIX KIT 500 UNIT INTRAVENOUS	3	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	3	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA, SP, Prudent
FIBRYGA SOLUTION RECONSTITUTED INTRAVENOUS	3	PA, Prudent
IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS	3	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	3	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	3	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	3	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA, SP, Prudent
REBINYN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA, SP, Prudent
REBINYN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA, SP, Prudent
REBINYN SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	3	PA, SP, Prudent
REBINYN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA, SP, Prudent
RIASTAP SOLUTION RECONSTITUTED INTRAVENOUS	3	PA, Prudent
rixubis solution reconstituted 1000 unit intravenous	3	PA, SP, Prudent
rixubis solution reconstituted 2000 unit intravenous	3	PA, SP, Prudent
rixubis solution reconstituted 250 unit intravenous	3	PA, SP, Prudent
rixubis solution reconstituted 3000 unit intravenous	3	PA, SP, Prudent
rixubis solution reconstituted 500 unit intravenous	3	PA, SP, Prudent
VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
VONVENDI SOLUTION RECONSTITUTED 650 UNIT INTRAVENOUS	3	PA, SP, Prudent
WILATE KIT 1000-1000 UNIT INTRAVENOUS	3	PA, SP
WILATE KIT 500-500 UNIT INTRAVENOUS	3	PA, SP
Antihemophilic Products - Monoclonal Antibodies		
HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS	3	PA, SP, Prudent
HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Prudent
HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS	3	PA, SP, Prudent
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Prudent
Anti-von Willebrand Factor Agents		
CABLIVI KIT 11 MG INJECTION	3	LA, PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLUTION 30 MG/3ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA
FIRAZYR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
icatibant acetate solution 30 mg/3ml subcutaneous	1	PA, SP
icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous	1	PA, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bradykinin B2 Receptor Antagonists (continued)		
SAJAZIR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	1	LA, PA, SP, Prudent
C1 Esterase Inhibitors		
BERINERT KIT 500 UNIT INTRAVENOUS	3	PA, SP, Prudent
CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA, SP, Prudent
HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS	3	PA, SP, Prudent
HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS	3	PA, SP, Prudent
RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS	3	PA, SP, Prudent
Complement C3 Inhibitors		
EMPAVELI SOLUTION 1080 MG/20ML SUBCUTANEOUS	3	PA, SP, Prudent
Complement C5 Inhibitors		
VEOPOZ SOLUTION 400 MG/2ML INJECTION	3	LA, PA, SP
ZILBRYSQ SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML SUBCUTANEOUS	3	LA, PA, QL 11.65/28 days, SP
ZILBRYSQ SOLUTION PREFILLED SYRINGE 23 MG/0.574ML SUBCUTANEOUS	3	LA, PA, QL 16.07/28 days, SP
ZILBRYSQ SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML SUBCUTANEOUS	3	LA, PA, QL 22.68/28 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Complement C5a Receptor Inhibitors		
TAVNEOS CAPSULE 10 MG ORAL	3	LA, PA, QL 180/30 days, SP
Complement Factor B Inhibitors		
FABHALTA CAPSULE 200 MG ORAL	3	LA, PA, QL 60/30 days, SP
Complement Factor D Inhibitors		
VOYDEYA TABLET 100 MG ORAL	3	LA, PA, QL 180/30 days, SP
VOYDEYA TABLET THERAPY PACK 50 & 100 MG ORAL	3	LA, PA, QL 180/30 days, SP
Direct-Acting P2Y12 Inhibitors		
BRILINTA TABLET 60 MG ORAL	2	
BRILINTA TABLET 90 MG ORAL	2	
Glycoprotein IIb/IIIa Receptor Inhibitors		
AGGRASTAT SOLUTION 25-0.9 MG/500ML-% INTRAVENOUS	3	
INTEGRILIN SOLUTION 2 MG/ML INTRAVENOUS	3	
INTEGRILIN SOLUTION 75 MG/100ML INTRAVENOUS	3	
REOPRO SOLUTION 2 MG/ML INTRAVENOUS	3	
Hematorheologic Agents		
pentoxifylline er tablet extended release 400 mg oral	1	
Hemin		
PANHEMATIN SOLUTION RECONSTITUTED 313 MG INTRAVENOUS	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1.
For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Protein C		
CEPROTIN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	Prudent
CEPROTIN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	Prudent
Phosphodiesterase III Inhibitors		
cilostazol tablet 100 mg oral	1	
cilostazol tablet 50 mg oral	1	
PLETAL TABLET 100 MG ORAL	3	
PLETAL TABLET 50 MG ORAL	3	
Plasma Expanders		
HESPAN SOLUTION 6-0.9 % INTRAVENOUS	3	
hetastarch-nacl solution 6-0.9 % intravenous	1	
HEXTEND SOLUTION 6 % INTRAVENOUS	3	
LMD IN D5W SOLUTION 10-5 % INTRAVENOUS	3	
LMD IN NACL SOLUTION 10-0.9 % INTRAVENOUS	3	
VOLUVEN SOLUTION 6-0.9 % INTRAVENOUS	3	
Plasma Kallikrein Inhibitors		
KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
ORLADEYO CAPSULE 110 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
ORLADEYO CAPSULE 150 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Plasma Kallikrein Inhibitors - Monoclonal Antibodies		
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS	3	PA, SP, Prudent
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA, SP, Prudent
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	3	PA, SP, Prudent
Plasma Proteins		
ALBUKED 25 SOLUTION 25 % INTRAVENOUS	3	
ALBUKED 5 SOLUTION 5 % INTRAVENOUS	3	
albumin human solution 25 % intravenous	1	
albumin human solution 5 % intravenous	1	
ALBUMINAR-25 SOLUTION 25 % INTRAVENOUS	3	
ALBUMINAR-5 SOLUTION 5 % INTRAVENOUS	3	
alburx solution 5 % intravenous	1	
ALBUTEIN SOLUTION 25 % INTRAVENOUS	3	
ALBUTEIN SOLUTION 5 % INTRAVENOUS	3	
BUMINATE SOLUTION 25 % INTRAVENOUS	3	
BUMINATE SOLUTION 5 % INTRAVENOUS	3	
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Plasma Proteins (continued)		
HUMAN ALBUMIN GRIFOLS SOLUTION 25 % INTRAVENOUS	3	
kedbumin solution 25 % intravenous	1	
OCTAPLAS BLOOD GROUP A SOLUTION INTRAVENOUS	3	
OCTAPLAS BLOOD GROUP AB SOLUTION INTRAVENOUS	3	
OCTAPLAS BLOOD GROUP B SOLUTION INTRAVENOUS	3	
OCTAPLAS BLOOD GROUP O SOLUTION INTRAVENOUS	3	
PLASBUMIN-25 SOLUTION 25 % INTRAVENOUS	3	
PLASBUMIN-5 SOLUTION 5 % INTRAVENOUS	3	
PLASMANATE SOLUTION 5 % INTRAVENOUS	3	
THROMBATE III SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	
THROMBATE III SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	
Platelet Aggregation Inhibitor Combinations		
aspirin-omeprazole tablet delayed release 325-40 mg oral	3	PA, Medical Necessity PA
aspirin-omeprazole tablet delayed release 81-40 mg oral	3	PA, Medical Necessity PA
YOSPRALA TABLET DELAYED RELEASE 325-40 MG ORAL	3	PA, Medical Necessity PA
YOSPRALA TABLET DELAYED RELEASE 81-40 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Platelet Aggregation Inhibitors		
dipyridamole tablet 25 mg oral	1	
dipyridamole tablet 50 mg oral	1	
dipyridamole tablet 75 mg oral	1	
DURLAZA CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG ORAL	3	PA, Medical Necessity PA
PERSANTINE TABLET 25 MG ORAL	3	
PERSANTINE TABLET 50 MG ORAL	3	
PERSANTINE TABLET 75 MG ORAL	3	
Protamine		
protamine sulfate solution 10 mg/ml intravenous	1	
Protease-Activated Receptor-1 (PAR-1) Antagonists		
ZONTIVITY TABLET 2.08 MG ORAL	3	QL 30/30 days
Pyruvate Kinase Activators		
PYRUKYND TABLET 20 MG ORAL	3	LA, PA, QL 56/28 days, SP
PYRUKYND TABLET 5 MG ORAL	3	LA, PA, QL 56/28 days, SP
PYRUKYND TABLET 50 MG ORAL	3	LA, PA, QL 56/28 days, SP
PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL	3	LA, PA, QL 7/7 days, SP
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL	3	LA, PA, QL 14/14 days, SP
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	3	LA, PA, QL 14/14 days, SP
Quinazoline Agents		
AGRYLIN CAPSULE 0.5 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Quinazoline Agents (continued)		
anagrelide hcl capsule 0.5 mg oral	1	
anagrelide hcl capsule 1 mg oral	1	
Spleen Tyrosine Kinase (SYK) Inhibitors		
TAVALISSE TABLET 100 MG ORAL	3	LA, PA, QL 60/30 days, SP, Prudent
TAVALISSE TABLET 150 MG ORAL	3	LA, PA, QL 60/30 days, SP, Prudent
Thienopyridine Derivatives		
clopidogrel bisulfate tablet 300 mg oral	1	
clopidogrel bisulfate tablet 75 mg oral	1	
EFFIENT TABLET 10 MG ORAL	3	
EFFIENT TABLET 5 MG ORAL	3	
PLAVIX TABLET 300 MG ORAL	3	
PLAVIX TABLET 75 MG ORAL	3	
prasugrel hcl tablet 10 mg oral	1	
prasugrel hcl tablet 5 mg oral	1	
ticlopidine hcl tablet 250 mg oral	1	
Tissue Plasminogen Activators		
ACTIVASE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	3	
ACTIVASE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	3	
CATHFLO ACTIVASE SOLUTION RECONSTITUTED 2 MG INJECTION	3	
TNKASE KIT 50 MG INTRAVENOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
HEMATOPOIETIC AGENTS		
Agents for Gaucher Disease		
CERDELGA CAPSULE 84 MG ORAL	3	PA, SP, Prudent
miglustat capsule 100 mg oral	3	LA, PA, SP, Prudent
ZAVESCA CAPSULE 100 MG ORAL	3	LA, PA, SP, Prudent
Amino Acids		
ENDARI PACKET 5 GM ORAL	3	QL 180/30 days, SP, ST, Prudent
l-glutamine packet 5 gm oral	1	QL 180/30 days, SP, ST
Cobalamin Combinations		
neurin-sl tablet sublingual 600-600 mcg sublingual	1	
Cobalamins		
cyanocobalamin solution 1000 mcg/ml injection	1	
cyanocobalamin solution 500 mcg/0.1ml nasal	1	PA, Medical Necessity PA
hydroxocobalamin solution 1000 mcg/ml intramuscular	1	
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	3	PA, Medical Necessity PA
physicians ez use b-12 kit 1000 mcg/ml injection	1	
CXCR4 Receptor Antagonist		
MOZOBIL SOLUTION 24 MG/1.2ML SUBCUTANEOUS	3	SP, Prudent
plerixafor solution 24 mg/1.2ml subcutaneous	1	SP, Prudent
XOLREMDI CAPSULE 100 MG ORAL	3	LA, PA, QL 120/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cytotoxic Agents		
DROXIA CAPSULE 200 MG ORAL	2	
DROXIA CAPSULE 300 MG ORAL	2	
DROXIA CAPSULE 400 MG ORAL	2	
SIKLOS TABLET 100 MG ORAL	3	PA, Medical Necessity PA
SIKLOS TABLET 1000 MG ORAL	3	PA, Medical Necessity PA
Erythroid Maturation Agents		
REBLOZYL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	3	PA, SP, Prudent
REBLOZYL SOLUTION RECONSTITUTED 75 MG SUBCUTANEOUS	3	PA, SP, Prudent
Erythropoiesis-Stimulating Agents (ESAs)		
ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION	2	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Erythropoiesis-Stimulating Agents (ESAs) (continued)		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION	2	PA, SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION	2	PA, SP, Prudent
EPOGEN SOLUTION 10000 UNIT/ML INJECTION	3	PA, SP, Prudent
EPOGEN SOLUTION 2000 UNIT/ML INJECTION	3	PA, SP, Prudent
EPOGEN SOLUTION 20000 UNIT/ML INJECTION	3	PA, SP, Prudent
EPOGEN SOLUTION 3000 UNIT/ML INJECTION	3	PA, SP, Prudent
EPOGEN SOLUTION 4000 UNIT/ML INJECTION	3	PA, SP, Prudent
MIRCERA SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML INJECTION	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Erythropoiesis-Stimulating Agents (ESAs) (continued)		
MIRCERA SOLUTION PREFILLED SYRINGE 120 MCG/0.3ML INJECTION	3	PA, SP, Prudent
MIRCERA SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION	3	PA, SP, Prudent
MIRCERA SOLUTION PREFILLED SYRINGE 200 MCG/0.3ML INJECTION	3	PA, SP, Prudent
MIRCERA SOLUTION PREFILLED SYRINGE 30 MCG/0.3ML INJECTION	3	PA, SP, Prudent
MIRCERA SOLUTION PREFILLED SYRINGE 50 MCG/0.3ML INJECTION	3	PA, SP, Prudent
MIRCERA SOLUTION PREFILLED SYRINGE 75 MCG/0.3ML INJECTION	3	PA, SP, Prudent
PROCRIT SOLUTION 10000 UNIT/ML INJECTION	3	PA, SP, Prudent
PROCRIT SOLUTION 2000 UNIT/ML INJECTION	3	PA, SP, Prudent
PROCRIT SOLUTION 20000 UNIT/ML INJECTION	3	PA, SP, Prudent
PROCRIT SOLUTION 3000 UNIT/ML INJECTION	3	PA, SP, Prudent
PROCRIT SOLUTION 4000 UNIT/ML INJECTION	3	PA, SP, Prudent
PROCRIT SOLUTION 40000 UNIT/ML INJECTION	3	PA, SP, Prudent
RETACRIT SOLUTION 10000 UNIT/ML INJECTION	2	SP, Prudent
RETACRIT SOLUTION 2000 UNIT/ML INJECTION	2	SP, Prudent
RETACRIT SOLUTION 20000 UNIT/ML INJECTION	2	SP, Prudent
RETACRIT SOLUTION 3000 UNIT/ML INJECTION	2	SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Erythropoiesis-Stimulating Agents (ESAs) (continued)		
RETACRIT SOLUTION 4000 UNIT/ML INJECTION	2	SP, Prudent
RETACRIT SOLUTION 40000 UNIT/ML INJECTION	2	SP, Prudent
Folic Acid/Folate Combinations		
bp vit 3 capsule 1 mg oral	2	
CENFOL TABLET 2.3-24.5-2 MG ORAL	3	
fa-vitamin b-6-vitamin b-12 tablet 2.2-25-0.5 mg oral	1	
folplex 2.2 tablet 2.2-25-0.5 mg oral	1	
Folic Acid/Folates		
folic acid solution 5 mg/ml injection	1	
folic acid tablet 1 mg oral	1	
Granulocyte Colony-Stimulating Factors (G-CSF)		
FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
FYLNETRA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
GRANIX SOLUTION 300 MCG/ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
GRANIX SOLUTION 480 MCG/1.6ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
GRANIX SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
GRANIX SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Granulocyte Colony-Stimulating Factors (G-CSF) (continued)		
NEULASTA ONPRO PREFILLED SYRINGE KIT 6 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
NEUPOGEN SOLUTION 300 MCG/ML INJECTION	3	PA, SP, Medical Necessity PA, Prudent
NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION	3	PA, SP, Medical Necessity PA, Prudent
NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	3	PA, SP, Medical Necessity PA, Prudent
NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	3	PA, SP, Medical Necessity PA, Prudent
NIVESTYM SOLUTION 300 MCG/ML INJECTION	3	PA, SP, Prudent
NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION	3	PA, SP, Prudent
NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	3	PA, SP, Prudent
NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	3	PA, SP, Prudent
NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
RELEUKO SOLUTION 300 MCG/ML INJECTION	3	PA, SP
releuko solution 480 mcg/1.6ml injection	3	PA, SP
releuko solution prefilled syringe 300 mcg/0.5ml subcutaneous	3	PA, SP, Prudent
releuko solution prefilled syringe 480 mcg/0.8ml subcutaneous	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Granulocyte Colony-Stimulating Factors (G-CSF) (continued)		
ROLVEDON SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
UDENYCA ONBODY SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
ZARXIO SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	3	PA, SP, Medical Necessity PA, Prudent
ZARXIO SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	3	PA, SP, Medical Necessity PA, Prudent
ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA, SP, Prudent
Hypoxia-inducible Factor Prolyl Hydroxylase Inhibitors		
JESDUVROQ TABLET 1 MG ORAL	3	LA, PA, QL 720/30 days, SP
JESDUVROQ TABLET 2 MG ORAL	3	LA, PA, QL 360/30 days, SP
JESDUVROQ TABLET 4 MG ORAL	3	LA, PA, QL 180/30 days, SP
JESDUVROQ TABLET 6 MG ORAL	3	LA, PA, QL 120/30 days, SP
JESDUVROQ TABLET 8 MG ORAL	3	LA, PA, QL 90/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hypoxia-inducible Factor Prolyl Hydroxylase Inhibitors (continued)		
VAFSEO TABLET 150 MG ORAL	3	LA, PA, QL 120/30 days, SP, Medical Necessity PA
VAFSEO TABLET 300 MG ORAL	3	LA, PA, QL 60/30 days, SP, Medical Necessity PA
Iron		
ACCRUFER CAPSULE 30 MG ORAL	3	QL 180/365 days
FERAHEME SOLUTION 510 MG/17ML INTRAVENOUS	3	
FERRLECIT SOLUTION 12.5 MG/ML INTRAVENOUS	3	
INFED SOLUTION 50 MG/ML INJECTION	3	
INJECTAFER SOLUTION 750 MG/15ML INTRAVENOUS	3	
MONOFERRIC SOLUTION 1000 MG/10ML INTRAVENOUS	3	
VENOFER SOLUTION 20 MG/ML INTRAVENOUS	3	
Iron Combinations		
CORVITA 150 TABLET 150-1.25 MG ORAL	1	
CORVITE 150 TABLET 150-1.25 MG ORAL	3	
CORVITE 150 TABLET ORAL	3	
corvite fe tablet oral	3	
FERROCITE PLUS TABLET 106-1 MG ORAL	1	
hematinic plus vit/minerals tablet 106-1 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Iron Combinations (continued)		
MULTIGEN FOLIC TABLET 70-150-2-1 MG ORAL	3	
MULTIGEN PLUS TABLET 50-101-1 MG ORAL	3	
MULTIGEN TABLET 70 MG ORAL	3	
taron forte capsule oral	2	
Iron w/ Folic Acid		
hematinic/folic acid tablet 324-1 mg oral	1	
HEMOCYTE-F TABLET 324-1 MG ORAL	1	
Iron-B12-Folate		
ferraplus 90 tablet 90-1 mg oral	2	
Selectin Blockers		
ADAKVEO SOLUTION 100 MG/10ML INTRAVENOUS	3	PA, SP, Prudent
Thrombopoietin (TPO) Receptor Agonists		
ALVAIZ TABLET 18 MG ORAL	3	PA, QL 30/30 days, SP
ALVAIZ TABLET 36 MG ORAL	3	PA, QL 60/30 days, SP
ALVAIZ TABLET 54 MG ORAL	3	PA, QL 60/30 days, SP
ALVAIZ TABLET 9 MG ORAL	3	PA, QL 30/30 days, SP
DOPTELET TABLET 20 MG ORAL	3	PA, QL 15/35 days, SP, Prudent
MULPLETA TABLET 3 MG ORAL	3	PA, QL 7/30 days, SP, Prudent
NPLATE SOLUTION RECONSTITUTED 125 MCG SUBCUTANEOUS	3	PA, SP, Prudent
NPLATE SOLUTION RECONSTITUTED 250 MCG SUBCUTANEOUS	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thrombopoietin (TPO) Receptor Agonists (continued)		
NPLATE SOLUTION RECONSTITUTED 500 MCG SUBCUTANEOUS	3	PA, SP, Prudent
PROMACTA PACKET 12.5 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
PROMACTA PACKET 25 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
PROMACTA TABLET 12.5 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
PROMACTA TABLET 25 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
PROMACTA TABLET 50 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
PROMACTA TABLET 75 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
HEMOSTATICS		
Hemostatic Combinations - Topical		
ARTISS SOLUTION EXTERNAL	3	
EVICEL KIT 2 ML EXTERNAL	3	
THROMBI-GEL 10 PAD EXTERNAL	3	
THROMBI-GEL 100 PAD EXTERNAL	3	
THROMBI-GEL 40 PAD EXTERNAL	3	
THROMBI-PAD PAD 3"X3" EXTERNAL	3	
TISSEEL VH KIT 10 ML EXTERNAL	3	
TISSEEL VH KIT 2 ML EXTERNAL	3	
TISSEEL VH KIT 4 ML EXTERNAL	3	
TISSEEL VHSD SOLUTION EXTERNAL	3	
Hemostatics - Systemic		
AMICAR SOLUTION 0.25 GM/ML ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hemostatics - Systemic (continued)		
AMICAR SYRUP 25 % ORAL	3	
AMICAR TABLET 1000 MG ORAL	3	
AMICAR TABLET 500 MG ORAL	3	
aminocaproic acid solution 0.25 gm/ml oral	1	
aminocaproic acid solution 250 mg/ml intravenous	1	
aminocaproic acid syrup 25 % oral	1	
aminocaproic acid tablet 1000 mg oral	1	
aminocaproic acid tablet 500 mg oral	1	
LYSTEDA TABLET 650 MG ORAL	3	
tranexamic acid tablet 650 mg oral	1	
Hemostatics - Topical		
AVITENE PAD EXTERNAL	3	
ENDO AVITENE EXTERNAL	3	
GELFILM FILM EXTERNAL	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL	3	
GELFOAM SPONGE 12-7 MM EXTERNAL	3	
GELFOAM SPONGE SIZE 100 EXTERNAL	3	
GELFOAM SPONGE SIZE 200 EXTERNAL	3	
GELFOAM SPONGE SIZE 50 EXTERNAL	3	
OXYCEL COTTON-TYPE PLEDGET PAD EXTERNAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hemostatics - Topical (continued)		
RECOTHROM SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL	3	
RECOTHROM SOLUTION RECONSTITUTED 5000 UNIT EXTERNAL	3	
RECOTHROM SPRAY KIT SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL	3	
SURGICEL NU-KNIT PAD EXTERNAL	3	
SURGICEL PAD EXTERNAL	3	
SURGIFOAM 100 EXTERNAL	3	
SURGIFOAM 12-7 MM EXTERNAL	3	
SYRINGE AVITENE EXTERNAL	3	
TACHOSIL PATCH 4.8 X 4.8 CM EXTERNAL	3	
TACHOSIL PATCH 9.5 X 4.8 CM EXTERNAL	3	
THROMBIN-JMI EPISTAXIS KIT 5000 UNIT EXTERNAL	3	
THROMBIN-JMI KIT 20000 UNIT EXTERNAL	3	
THROMBIN-JMI KIT 5000 UNIT EXTERNAL	3	
THROMBIN-JMI SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL	3	
THROMBIN-JMI SOLUTION RECONSTITUTED 5000 UNIT EXTERNAL	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hemostatics - Topical (continued)		
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABLET 30 MG ORAL	3	PA, Medical Necessity PA
BUTISOL SODIUM TABLET 50 MG ORAL	3	PA, Medical Necessity PA
NEMBUTAL SOLUTION 50 MG/ML INJECTION	3	
phenobarbital elixir 20 mg/5ml oral	1	
phenobarbital solution 20 mg/5ml oral	1	
phenobarbital tablet 100 mg oral	1	
phenobarbital tablet 15 mg oral	1	
phenobarbital tablet 16.2 mg oral	1	
phenobarbital tablet 30 mg oral	1	
phenobarbital tablet 32.4 mg oral	1	PDRX Pharm Product not covered
phenobarbital tablet 60 mg oral	1	
phenobarbital tablet 64.8 mg oral	1	
phenobarbital tablet 97.2 mg oral	1	
SECONAL CAPSULE 100 MG ORAL	3	PA, Medical Necessity PA
Benzodiazepine Hypnotics		
DORAL TABLET 15 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepine Hypnotics (continued)		
estazolam tablet 1 mg oral	1	
estazolam tablet 2 mg oral	1	
flurazepam hcl capsule 15 mg oral	1	
flurazepam hcl capsule 30 mg oral	1	
HALCION TABLET 0.25 MG ORAL	3	
midazolam hcl solution 10 mg/10ml injection	1	
midazolam hcl solution 10 mg/2ml injection	1	
midazolam hcl solution 2 mg/2ml injection	1	
midazolam hcl solution 25 mg/5ml injection	1	
midazolam hcl solution 5 mg/5ml injection	1	
midazolam hcl solution 5 mg/ml injection	1	
midazolam hcl solution 50 mg/10ml injection	1	
midazolam hcl syrup 2 mg/ml oral	1	
quazepam tablet 15 mg oral	1	
RESTORIL CAPSULE 15 MG ORAL	3	QL 60/30 days
RESTORIL CAPSULE 22.5 MG ORAL	3	QL 30/30 days
RESTORIL CAPSULE 30 MG ORAL	3	QL 30/30 days
RESTORIL CAPSULE 7.5 MG ORAL	3	QL 60/30 days
temazepam capsule 15 mg oral	1	QL 60/30 days
temazepam capsule 22.5 mg oral	1	QL 30/30 days
temazepam capsule 30 mg oral	1	QL 30/30 days
temazepam capsule 7.5 mg oral	1	QL 60/30 days
triazolam tablet 0.125 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepine Hypnotics (continued)		
triazolam tablet 0.25 mg oral	1	
Hypnotics - Tricyclic Agents		
doxepin hcl tablet 3 mg oral	1	QL 30/30 days
doxepin hcl tablet 6 mg oral	1	QL 30/30 days
SILENOR TABLET 3 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
SILENOR TABLET 6 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Non-Benzodiazepine - GABA-Receptor Modulators		
AMBIEN CR TABLET EXTENDED RELEASE 12.5 MG ORAL	3	QL 30/30 days
AMBIEN CR TABLET EXTENDED RELEASE 6.25 MG ORAL	3	QL 60/30 days
AMBIEN TABLET 10 MG ORAL	3	QL 30/30 days
AMBIEN TABLET 5 MG ORAL	3	QL 60/30 days
EDLUAR TABLET SUBLINGUAL 10 MG SUBLINGUAL	3	QL 30/30 days, ST
EDLUAR TABLET SUBLINGUAL 5 MG SUBLINGUAL	3	QL 30/30 days, ST
eszopiclone tablet 1 mg oral	1	QL 90/30 days
eszopiclone tablet 2 mg oral	1	QL 30/30 days
eszopiclone tablet 3 mg oral	1	QL 30/30 days
INTERMEZZO TABLET SUBLINGUAL 1.75 MG SUBLINGUAL	3	QL 30/30 days, ST
INTERMEZZO TABLET SUBLINGUAL 3.5 MG SUBLINGUAL	3	QL 30/30 days, ST
LUNESTA TABLET 1 MG ORAL	3	QL 90/30 days
LUNESTA TABLET 2 MG ORAL	3	QL 30/30 days
LUNESTA TABLET 3 MG ORAL	3	QL 30/30 days
SONATA CAPSULE 10 MG ORAL	3	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Non-Benzodiazepine - GABA-Receptor Modulators (continued)		
SONATA CAPSULE 5 MG ORAL	3	QL 30/30 days
zaleplon capsule 10 mg oral	1	
zaleplon capsule 5 mg oral	1	
zolpidem tartrate capsule 7.5 mg oral	3	PA, QL 30/30 days, Medical Necessity PA
zolpidem tartrate er tablet extended release 12.5 mg oral	1	QL 30/30 days
zolpidem tartrate er tablet extended release 6.25 mg oral	1	QL 60/30 days
zolpidem tartrate tablet 10 mg oral	1	QL 30/30 days
zolpidem tartrate tablet 5 mg oral	1	QL 60/30 days
zolpidem tartrate tablet sublingual 1.75 mg sublingual	1	QL 30/30 days, ST
zolpidem tartrate tablet sublingual 3.5 mg sublingual	1	QL 30/30 days, ST
ZOLPIMIST SOLUTION 5 MG/ACT ORAL	3	PA, QL 7.70/30 days, Medical Necessity PA
Orexin Receptor Antagonists		
BELSOMRA TABLET 10 MG ORAL	3	QL 30/30 days, ST
BELSOMRA TABLET 15 MG ORAL	3	QL 30/30 days, ST
BELSOMRA TABLET 20 MG ORAL	3	QL 30/30 days, ST
BELSOMRA TABLET 5 MG ORAL	3	QL 30/30 days, ST
DAYVIGO TABLET 10 MG ORAL	3	QL 30/30 days, ST
DAYVIGO TABLET 5 MG ORAL	3	QL 30/30 days, ST
QUVIVIQ TABLET 25 MG ORAL	3	QL 30/30 days, ST
QUVIVIQ TABLET 50 MG ORAL	3	QL 30/30 days, ST
Selective Alpha2-Adrenoreceptor Agonist Sedatives		
IGALMI FILM 120 MCG SUBLINGUAL	3	PA, QL 10/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Alpha2-Adrenoreceptor Agonist Sedatives (continued)		
IGALMI FILM 180 MCG SUBLINGUAL	3	PA, QL 10/30 days, Medical Necessity PA
PRECEDEX SOLUTION 200 MCG/2ML INTRAVENOUS	3	
PRECEDEX SOLUTION 200 MCG/50ML INTRAVENOUS	3	
PRECEDEX SOLUTION 400 MCG/100ML INTRAVENOUS	3	
Selective Melatonin Receptor Agonists		
HETLIOZ CAPSULE 20 MG ORAL	3	LA, PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
HETLIOZ LQ SUSPENSION 4 MG/ML ORAL	3	LA, PA, QL 158/30 days, SP
ramelteon tablet 8 mg oral	1	QL 30/30 days
ROZEREM TABLET 8 MG ORAL	3	QL 30/30 days
tasimelteon capsule 20 mg oral	1	PA, QL 30/30 days, SP, Prudent
LAXATIVES		
Bowel Evacuant Combinations		
CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/160ML ORAL	0	
CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/175ML ORAL	0	
COLYTE WITH FLAVOR PACKS SOLUTION RECONSTITUTED 227.1 GM ORAL	3	
COLYTE WITH FLAVOR PACKS SOLUTION RECONSTITUTED 240 GM ORAL	3	
GAVILYTE-C SOLUTION RECONSTITUTED 240 GM ORAL	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bowel Evacuant Combinations (continued)		
GAVILYTE-G SOLUTION RECONSTITUTED 236 GM ORAL	1	
GAVILYTE-H KIT 5-210 MG-GM ORAL	0	
GAVILYTE-N WITH FLAVOR PACK SOLUTION RECONSTITUTED 420 GM ORAL	1	
GOLYTELY SOLUTION RECONSTITUTED 227.1 GM ORAL	2	
GOLYTELY SOLUTION RECONSTITUTED 236 GM ORAL	2	
HALFLYTELY BOWEL PREP KIT 5-210 MG-GM ORAL	3	
HALFLYTELY WITH FLAVOR PACKS KIT 5-210 MG-GM ORAL	3	
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	3	
na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral	0	
NULYTELY WITH FLAVOR PACKS SOLUTION RECONSTITUTED 420 GM ORAL	3	
peg 3350/electrolytes solution reconstituted 240 gm oral	1	
peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral	1	
peg-3350/electrolytes solution reconstituted 236 gm oral	2	
peg-3350/electrolytes/ascorbat solution reconstituted 100 gm oral	0	
peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral	0	
PEG-PREP KIT 5-210 MG-GM ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bowel Evacuant Combinations (continued)		
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	0	
PREPOPIK PACKET 10-3.5-12 MG-GM-GM ORAL	0	
SUCLEAR KIT ORAL	0	
SUPREP BOWEL PREP KIT SOLUTION 17.5-3.13-1.6 GM/177ML ORAL	3	
SUTAB TABLET 1479-225-188 MG ORAL	0	
TRILYTE SOLUTION RECONSTITUTED 420 GM ORAL	1	
Laxatives - Miscellaneous		
constulose solution 10 gm/15ml oral	1	
KRISTALOSE PACKET 10 GM ORAL	3	
KRISTALOSE PACKET 20 GM ORAL	3	
lactulose packet 10 gm oral	1	
lactulose solution 10 gm/15ml oral	1	
lactulose solution 20 gm/30ml oral	1	
Saline Laxative Mixtures		
OSMOPREP TABLET 1.102-0.398 GM ORAL	3	
LOCAL ANESTHETICS-Parenteral		
Local Anesthetic & Sympathomimetic		
lidocaine-epinephrine (pf) solution 1 %-1:100000 injection	1	
lidocaine-epinephrine (pf) solution 1.5 %-1:200000 injection	1	
lidocaine-epinephrine (pf) solution 2 %-1:200000 injection	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Local Anesthetic & Sympathomimetic (continued)		
lidocaine-epinephrine solution 0.5 %-1:200000 injection	1	
lidocaine-epinephrine solution 1 %-1:100000 injection	1	
lidocaine-epinephrine solution 1.5 %-1:200000 injection	1	
lidocaine-epinephrine solution 2 %-1:100000 injection	1	
lidocaine-epinephrine solution 2 %-1:200000 injection	1	
lidocaine-epinephrine solution 2 %-1:50000 injection	1	
MARCAINE/EPINEPHRINE PF SOLUTION 0.25% -1:200000 INJECTION	3	
MARCAINE/EPINEPHRINE PF SOLUTION 0.5% -1:200000 INJECTION	3	
MARCAINE/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	3	
MARCAINE/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	3	
SENSORCAINE/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	3	
SENSORCAINE/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	3	
SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	3	
SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	3	
SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.75-1:200000 % INJECTION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Local Anesthetic & Sympathomimetic (continued)		
XYLOCAINE/EPINEPHRINE SOLUTION 0.5 %-1:200000 INJECTION	3	
XYLOCAINE/EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	3	
XYLOCAINE/EPINEPHRINE SOLUTION 2 %-1:100000 INJECTION	3	
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1 %-1:200000 INJECTION	3	
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1.5 %-1:200000 INJECTION	3	
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION	3	
Local Anesthetics - Amides		
bupivacaine hcl (pf) solution 0.25 % injection	1	
bupivacaine hcl (pf) solution 0.5 % injection	1	
bupivacaine hcl (pf) solution 0.75 % injection	1	
bupivacaine hcl solution 0.25 % injection	1	
bupivacaine hcl solution 0.5 % injection	1	
CARBOCAINE PRESERVATIVE-FREE SOLUTION 1 % INJECTION	3	
CARBOCAINE PRESERVATIVE-FREE SOLUTION 1.5 % INJECTION	3	
CARBOCAINE PRESERVATIVE-FREE SOLUTION 2 % INJECTION	3	
CARBOCAINE SOLUTION 1 % INJECTION	3	
CARBOCAINE SOLUTION 2 % INJECTION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Local Anesthetics - Amides (continued)		
EXPAREL SUSPENSION 1.3 % INJECTION	3	
lidocaine hcl (pf) solution 0.5 % injection	1	
lidocaine hcl (pf) solution 1 % injection	1	
lidocaine hcl (pf) solution 2 % injection	1	
lidocaine hcl solution 0.5 % injection	1	
lidocaine hcl solution 1 % injection	1	
lidocaine hcl solution 2 % injection	1	
MARCAINE PRESERVATIVE FREE SOLUTION 0.25 % INJECTION	3	
MARCAINE PRESERVATIVE FREE SOLUTION 0.5 % INJECTION	3	
MARCAINE SOLUTION 0.25 % INJECTION	3	
MARCAINE SOLUTION 0.5 % INJECTION	3	
MARCAINE SOLUTION 0.75 % INJECTION	3	
mepivacaine hcl solution 3 % injection	1	
NAROPIN SOLUTION 10 MG/ML INJECTION	3	
NAROPIN SOLUTION 2 MG/ML INJECTION	3	
NAROPIN SOLUTION 5 MG/ML INJECTION	3	
NAROPIN SOLUTION 7.5 MG/ML INJECTION	3	
POLOCAINE SOLUTION 1 % INJECTION	3	
POLOCAINE SOLUTION 2 % INJECTION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Local Anesthetics - Amides (continued)		
POLOCAINE-MPF SOLUTION 1 % INJECTION	3	
POLOCAINE-MPF SOLUTION 1.5 % INJECTION	3	
POLOCAINE-MPF SOLUTION 2 % INJECTION	3	
SENSORCAINE SOLUTION 0.25 % INJECTION	3	
SENSORCAINE SOLUTION 0.5 % INJECTION	3	
SENSORCAINE-MPF SOLUTION 0.25 % INJECTION	3	
SENSORCAINE-MPF SOLUTION 0.5 % INJECTION	3	
SENSORCAINE-MPF SOLUTION 0.75 % INJECTION	3	
XYLOCAINE SOLUTION 0.5 % INJECTION	3	
XYLOCAINE SOLUTION 1 % INJECTION	3	
XYLOCAINE SOLUTION 2 % INJECTION	3	
XYLOCAINE-MPF SOLUTION 0.5 % INJECTION	3	
XYLOCAINE-MPF SOLUTION 1 % INJECTION	3	
XYLOCAINE-MPF SOLUTION 1.5 % INJECTION	3	
XYLOCAINE-MPF SOLUTION 2 % INJECTION	3	
XYLOCAINE-MPF SOLUTION 4 % INJECTION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Local Anesthetics - Esters		
NESACAINE SOLUTION 1 % INJECTION	3	
NESACAINE SOLUTION 2 % INJECTION	3	
NESACAINE-MPF SOLUTION 2 % INJECTION	3	
NESACAINE-MPF SOLUTION 3 % INJECTION	3	
MACROLIDES		
Azithromycin		
azithromycin hydrogencitrate solution reconstituted 2.5 gm intravenous	1	
azithromycin packet 1 gm oral	1	
azithromycin solution reconstituted 500 mg intravenous	1	
azithromycin suspension reconstituted 100 mg/5ml oral	1	
azithromycin suspension reconstituted 200 mg/5ml oral	1	
azithromycin tablet 250 mg oral	1	
azithromycin tablet 500 mg oral	1	
azithromycin tablet 600 mg oral	1	
ZITHROMAX PACKET 1 GM ORAL	3	
ZITHROMAX SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	3	
ZITHROMAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	3	
ZITHROMAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	3	
ZITHROMAX TABLET 250 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Azithromycin (continued)		
ZITHROMAX TABLET 500 MG ORAL	3	
ZITHROMAX TABLET 600 MG ORAL	3	
ZITHROMAX TRI-PAK TABLET 500 MG ORAL	3	
ZITHROMAX Z-PAK TABLET 250 MG ORAL	3	
ZMAX SUSPENSION RECONSTITUTED 2 GM ORAL	3	
Clarithromycin		
BIAXIN SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	3	
BIAXIN TABLET 250 MG ORAL	3	
BIAXIN TABLET 500 MG ORAL	3	
BIAXIN XL PAC TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	3	
BIAXIN XL TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	3	
clarithromycin er tablet extended release 24 hour 500 mg oral	1	
clarithromycin suspension reconstituted 125 mg/5ml oral	1	
clarithromycin suspension reconstituted 250 mg/5ml oral	1	
clarithromycin tablet 250 mg oral	1	
clarithromycin tablet 500 mg oral	1	
Erythromycins		
E.E.S. 400 TABLET 400 MG ORAL	1	
E.E.S. GRANULES SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	3	
ERYPED 200 SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Erythromycins (continued)		
ERYPED 400 SUSPENSION RECONSTITUTED 400 MG/5ML ORAL	3	
ERY-TAB TABLET DELAYED RELEASE 250 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 333 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 500 MG ORAL	1	
ERYTHROCIN LACTOBIONATE SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	3	
ERYTHROCIN STEARATE TABLET 250 MG ORAL	1	
erythromycin base capsule delayed release particles 250 mg oral	1	
erythromycin base tablet 250 mg oral	1	
erythromycin base tablet 500 mg oral	1	
erythromycin base tablet delayed release 250 mg oral	1	
erythromycin base tablet delayed release 333 mg oral	1	
erythromycin base tablet delayed release 500 mg oral	1	
erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral	1	
erythromycin ethylsuccinate suspension reconstituted 400 mg/5ml oral	1	
erythromycin ethylsuccinate tablet 400 mg oral	1	
erythromycin tablet delayed release 250 mg oral	1	
erythromycin tablet delayed release 333 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Erythromycins (continued)		
erythromycin tablet delayed release 500 mg oral	1	
Fidaxomicin		
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL	3	QL 136/60 days
DIFICID TABLET 200 MG ORAL	3	QL 20/60 days
MEDICAL DEVICES AND SUPPLIES		
Cervical Caps		
FEMCAP DEVICE 22 MM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
FEMCAP DEVICE 26 MM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
FEMCAP DEVICE 30 MM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
Diaphragms		
OMNIFLEX DIAPHRAGM DIAPHRAGM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 60 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 65 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diaphragms (continued)		
WIDE-SEAL DIAPHRAGM 70 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 75 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 80 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 85 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 90 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 95 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
Glucose Monitoring Test Supplies		
BD MICROTAINER LANCETS	2	LEDL
DEXCOM G6 RECEIVER DEVICE	2	PA, QL 1/365 days, VBP Drug List, LEDL
DEXCOM G6 SENSOR	2	PA, QL 3/30 days, VBP Drug List, LEDL
DEXCOM G6 TRANSMITTER	2	PA, QL 1/84 days, VBP Drug List, LEDL
DEXCOM G7 RECEIVER DEVICE	2	PA, QL 1/365 days, VBP Drug List, LEDL
DEXCOM G7 SENSOR	2	PA, QL 3/30 days, VBP Drug List, LEDL
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA, QL 1/365 days, VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucose Monitoring Test Supplies (continued)		
FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL 2/28 days, VBP Drug List, LEDL
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA, QL 2/30 days, VBP Drug List, LEDL
FREESTYLE LIBRE 2 READER DEVICE	2	PA, QL 1/365 days, VBP Drug List, LEDL
FREESTYLE LIBRE 2 READER SYSTM DEVICE	2	PA, QL 1/365 days, VBP Drug List, LEDL
FREESTYLE LIBRE 2 SENSOR	2	PA, QL 3/30 days, VBP Drug List, LEDL
FREESTYLE LIBRE 2 SENSOR SYSTM	2	PA, QL 3/30 days, VBP Drug List, LEDL
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA, QL 2/30 days, VBP Drug List, LEDL
FREESTYLE LIBRE 3 READER DEVICE	2	PA, QL 1/365 days, VBP Drug List, LEDL
FREESTYLE LIBRE 3 SENSOR	2	PA, QL 2/28 days, VBP Drug List, LEDL
FREESTYLE LIBRE READER DEVICE	2	PA, QL 1/365 days, VBP Drug List, LEDL
FREESTYLE LIBRE SENSOR SYSTEM	2	PA, QL 3/30 days, VBP Drug List, LEDL
ONETOUCH CLUB LANCETS FINE PT	2	LEDL
ONETOUCH COMBO PACK	2	LEDL
ONETOUCH DELICA LANCETS 33G	2	LEDL
ONETOUCH DELICA LANCETS FINE	2	LEDL
ONETOUCH DELICA LANCING DEV	2	VBP Drug List, LEDL
ONETOUCH DELICA PLUS LANCING	2	VBP Drug List, LEDL
ONETOUCH DELICA SAFETY LANCING	2	VBP Drug List, LEDL
ONETOUCH FINEPOINT LANCETS	2	LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucose Monitoring Test Supplies (continued)		
ONETOUCH LANCETS	2	LEDL
ONETOUCH ULTRA 2 KIT W/DEVICE	2	VBP Drug List, LEDL
ONETOUCH ULTRASOFT LANCETS	2	VBP Drug List, LEDL
Insulin Administration Supplies		
OMNIPOD 10 PACK	2	QL 10/30 days, VBP Drug List, LEDL
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	QL 1/30 days, VBP Drug List, LEDL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	QL 10/30 days, VBP Drug List, LEDL
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	QL 1/30 days, VBP Drug List, LEDL
OMNIPOD CLASSIC PODS (GEN 3)	2	QL 10/30 days, VBP Drug List, LEDL
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL 1/30 days, VBP Drug List, LEDL
OMNIPOD DASH PODS (GEN 4)	2	QL 10/30 days, VBP Drug List, LEDL
V-GO 20 KIT	3	PA, Medical Necessity PA,VBP Drug List, LEDL
V-GO 20 KIT 20 UNIT/24HR	3	PA, Medical Necessity PA,VBP Drug List, LEDL
V-GO 30 KIT	3	PA, Medical Necessity PA,VBP Drug List, LEDL
V-GO 30 KIT 30 UNIT/24HR	3	PA, Medical Necessity PA,VBP Drug List, LEDL
V-GO 40 KIT	3	PA, Medical Necessity PA,VBP Drug List, LEDL
V-GO 40 KIT 40 UNIT/24HR	3	PA, Medical Necessity PA,VBP Drug List, LEDL

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Needles & Syringes		
BD PEN NEEDLE NANO U/F 32G X 4 MM	2	Incentive,VBP Drug List, LEDL
insulin syringe-needle u-100 31g x 5/16" 1 ml	2	Incentive, LEDL
NOVOPEN ECHO DEVICE	3	QL 1/365 days, LEDL
Spacer/Aerosol-Holding Chambers & Supplies		
AEROCHAMBER MAX W/MASK LARGE	3	
AEROCHAMBER MAX W/MASK MEDIUM	3	
AEROCHAMBER MAX W/MASK SMALL	3	
AEROCHAMBER MINI CHAMBER DEVICE	3	
AEROCHAMBER MV	3	
AEROCHAMBER PLUS	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AEROCHAMBER PLUS FLOW VU	3	
AEROCHAMBER PLUS W/MASK LARGE	3	
AEROCHAMBER PLUS W/MASK SMALL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Spacer/Aerosol-Holding Chambers & Supplies (continued)		
AEROCHAMBER W/FLOWSIGNAL	3	
AEROCHAMBER Z-STAT PLUS	3	
AEROCHAMBER Z-STAT PLUS CHAMBR	3	
AEROCHAMBER Z-STAT PLUS/LARGE	3	
AEROCHAMBER Z-STAT PLUS/MEDIUM	3	
AEROCHAMBER Z-STAT PLUS/SMALL	3	
AEROVENT PLUS DEVICE	3	
BREATHERITE	3	
BREATHERITE COLL SPACER ADULT	3	
BREATHERITE COLL SPACER CHILD	3	
BREATHERITE COLL SPACER INFANT	3	
BREATHERITE RIGID SPACER/MASK	3	
BREATHERITE SPACER NEONATE	3	
BREATHERITE SPACER SMALL CHILD	3	
BREATHERITE/LARGE MASK	3	
BREATHERITE/MEDIUM MASK	3	
BREATHERITE/SMALL MASK	3	
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
E-Z SPACER DEVICE	3	
E-Z SPACER THE BODY GUARDS PK DEVICE	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Spacer/Aerosol-Holding Chambers & Supplies (continued)		
FLEXICHAMBER DEVICE	3	
INSPIRACHAMBER/MEDIUM DEVICE	3	
INSPIRACHAMBER/MOUTHPIECE DEVICE	3	
INSPIRACHAMBER/SMALL DEVICE	3	
LITEAIRE DEVICE	3	
MICROCHAMBER	3	
MICROSPACER	3	
OPTICHAMBER ADVANTAGE	3	
OPTICHAMBER ADVANTAGE-LG MASK	3	
OPTICHAMBER ADVANTAGE-MED MASK	3	
OPTICHAMBER ADVANTAGE-SM MASK	3	
OPTICHAMBER DIAMOND	3	
OPTICHAMBER DIAMOND DEVICE	3	
OPTICHAMBER DIAMOND-LG MASK DEVICE	3	
OPTICHAMBER DIAMOND-MD MASK	3	
OPTICHAMBER DIAMOND-SM MASK	3	
OPTIHALER	3	
OPTIHALER DEVICE	3	
POCKET CHAMBER DEVICE	3	
POCKET SPACER DEVICE	3	
prochamber vhc device	3	
RITEFLO DEVICE	3	
valved holding chamber device	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Spacer/Aerosol-Holding Chambers & Supplies (continued)		
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
WATCHHALER DEVICE	3	
MIGRAINE PRODUCTS		
Calcitonin Gene-Related Peptide Receptor Antag (CGRP)		
NURTEC TABLET DISPERSIBLE 75 MG ORAL	3	PA, QL 16/30 days
QULIPTA TABLET 10 MG ORAL	3	PA, QL 30/30 days
QULIPTA TABLET 30 MG ORAL	3	PA, QL 30/30 days
QULIPTA TABLET 60 MG ORAL	3	PA, QL 30/30 days
UBRELVY TABLET 100 MG ORAL	2	QL 16/30 days, ST
UBRELVY TABLET 50 MG ORAL	2	QL 16/30 days, ST
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA, QL 8/30 days, Medical Necessity PA
CGRP Receptor Antagonists - Monocolonal Antibodies		
AIMOVIG (140 MG DOSE) SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS	3	PA, QL 2/28 days, Medical Necessity PA
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days, Medical Necessity PA
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days, Medical Necessity PA
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	3	PA, QL 1.50/28 days
AJOVY SOLUTION PREFILLED SYRINGE 225 MG/1.5ML SUBCUTANEOUS	3	PA, QL 1.50/28 days
EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA, QL 3/28 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CGRP Receptor Antagonists - Monocolonal Antibodies (continued)		
EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days
EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days
Ergot Combinations		
CAFERGOT TABLET 1-100 MG ORAL	3	PA, QL 20/30 days, Medical Necessity PA
ergotamine-caffeine tablet 1-100 mg oral	1	QL 20/30 days
MIGERGOT SUPPOSITORY 2-100 MG RECTAL	3	PA, QL 16/30 days, Medical Necessity PA
Migraine Combinations		
MIGRAINE PACK THERAPY PACK 50 MG COMBINATION	3	PA, Medical Necessity PA
Migraine Products		
D.H.E. 45 SOLUTION 1 MG/ML INJECTION	3	PA, QL 12/30 days, Medical Necessity PA
dihydroergotamine mesylate solution 1 mg/ml injection	1	PA, QL 12/30 days
dihydroergotamine mesylate solution 4 mg/ml nasal	1	PA, QL 8/30 days
ERGOMAR TABLET SUBLINGUAL 2 MG SUBLINGUAL	3	PA, QL 20/30 days, Medical Necessity PA
MIGRANAL SOLUTION 4 MG/ML NASAL	3	PA, QL 8/30 days
TRUDHESA AEROSOL SOLUTION 0.725 MG/ACT NASAL	3	PA, QL 8/30 days, Medical Necessity PA
Migraine Products - Cyclooxygenase 2 (COX-2) Inhibitors		
ELYXYB SOLUTION 120 MG/4.8ML ORAL	3	PA, Medical Necessity PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Migraine Products - NSAIDs		
CAMBIA PACKET 50 MG ORAL	3	PA, QL 9/30 days, Medical Necessity PA
diclofenac potassium(migraine) packet 50 mg oral	1	PA, QL 9/30 days, Medical Necessity PA
Selective Serotonin Agonist-NSAID Combinations		
sumatriptan-naproxen sodium tablet 85-500 mg oral	1	PA, QL 18/25 days, Medical Necessity PA
TREXIMET TABLET 85-500 MG ORAL	3	PA, QL 18/25 days, Medical Necessity PA
Selective Serotonin Agonists 5-HT(1)		
almotriptan malate tablet 12.5 mg oral	1	QL 12/25 days
almotriptan malate tablet 6.25 mg oral	1	QL 12/25 days
AMERGE TABLET 1 MG ORAL	3	QL 18/25 days
AMERGE TABLET 2.5 MG ORAL	3	QL 18/25 days
eletriptan hydrobromide tablet 20 mg oral	1	QL 12/25 days
eletriptan hydrobromide tablet 40 mg oral	1	QL 12/25 days
FROVA TABLET 2.5 MG ORAL	3	QL 18/25 days, ST
frovatriptan succinate tablet 2.5 mg oral	1	QL 18/25 days, ST
IMITREX SOLUTION 20 MG/ACT NASAL	3	QL 12/25 days
IMITREX SOLUTION 5 MG/ACT NASAL	3	QL 12/25 days
IMITREX SOLUTION 6 MG/0.5ML SUBCUTANEOUS	3	QL 5/30 days
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 4 MG/0.5ML SUBCUTANEOUS	3	QL 6/30 days
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS	3	QL 6/25 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Agonists 5-HT(1) (continued)		
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS	3	QL 3/30 days
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS	3	QL 3/30 days
IMITREX TABLET 100 MG ORAL	3	QL 18/25 days
IMITREX TABLET 25 MG ORAL	3	QL 18/25 days
IMITREX TABLET 50 MG ORAL	3	QL 18/25 days
MAXALT TABLET 10 MG ORAL	3	QL 18/25 days
MAXALT TABLET 5 MG ORAL	3	QL 18/25 days
MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL	3	QL 18/25 days
MAXALT-MLT TABLET DISPERSIBLE 5 MG ORAL	3	QL 18/25 days
naratriptan hcl tablet 1 mg oral	1	QL 18/25 days
naratriptan hcl tablet 2.5 mg oral	1	QL 18/25 days
ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL	3	PA, Medical Necessity PA
RELPAX TABLET 20 MG ORAL	3	QL 12/25 days
RELPAX TABLET 40 MG ORAL	3	QL 12/25 days
rizatriptan benzoate tablet 10 mg oral	1	QL 18/25 days
rizatriptan benzoate tablet 5 mg oral	1	QL 18/25 days
rizatriptan benzoate tablet dispersible 10 mg oral	1	QL 18/25 days
rizatriptan benzoate tablet dispersible 5 mg oral	1	QL 18/25 days
sumatriptan solution 20 mg/act nasal	1	QL 12/25 days
sumatriptan solution 5 mg/act nasal	1	QL 12/25 days
sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous	1	QL 6/25 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Agonists 5-HT(1) (continued)		
sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous	1	QL 6/25 days
sumatriptan succinate solution 4 mg/0.5ml subcutaneous	1	QL 6/25 days
sumatriptan succinate solution 6 mg/0.5ml subcutaneous	1	QL 5/30 days
sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous	1	QL 6/25 days
sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous	1	QL 6/25 days
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml subcutaneous	1	QL 6/30 days
sumatriptan succinate tablet 100 mg oral	1	QL 18/25 days
sumatriptan succinate tablet 25 mg oral	1	QL 18/25 days
sumatriptan succinate tablet 50 mg oral	1	QL 18/25 days
TOSYMRA SOLUTION 10 MG/ACT NASAL	3	PA, QL 12/30 days, Medical Necessity PA
ZECUITY PATCH 6.5 MG/4HR TRANSDERMAL	3	PA, SP, Medical Necessity PA
ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	3	PA, Medical Necessity PA
zolmitriptan solution 2.5 mg nasal	1	QL 12/25 days, ST
zolmitriptan solution 5 mg nasal	1	QL 12/25 days, ST
zolmitriptan tablet 2.5 mg oral	1	QL 12/25 days
zolmitriptan tablet 5 mg oral	1	QL 12/25 days
zolmitriptan tablet dispersible 2.5 mg oral	1	QL 12/25 days
zolmitriptan tablet dispersible 5 mg oral	1	QL 12/25 days
ZOMIG SOLUTION 2.5 MG NASAL	3	QL 12/25 days, ST
ZOMIG SOLUTION 5 MG NASAL	3	QL 12/25 days, ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Agonists 5-HT(1) (continued)		
ZOMIG TABLET 2.5 MG ORAL	3	QL 12/25 days
ZOMIG TABLET 5 MG ORAL	3	QL 12/25 days
ZOMIG ZMT TABLET DISPERSIBLE 2.5 MG ORAL	3	QL 12/25 days
ZOMIG ZMT TABLET DISPERSIBLE 5 MG ORAL	3	QL 12/25 days
Selective Serotonin Agonists 5-HT(1F)		
REYVOW TABLET 100 MG ORAL	3	PA, QL 8/30 days, Medical Necessity PA
REYVOW TABLET 50 MG ORAL	3	PA, QL 8/30 days, Medical Necessity PA
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium lactate solution 5 meq/ml intravenous	1	
THAM SOLUTION 30 MEQ/100ML INTRAVENOUS	3	
Chloride		
ammonium chloride solution 5 meq/ml intravenous	1	
Electrolytes & Dextrose		
dextrose 5%/electrolyte #48 solution intravenous	1	
dextrose in lactated ringers solution 5 % intravenous	1	
dextrose-nacl solution 10-0.2 % intravenous	1	
dextrose-nacl solution 10-0.225 % intravenous	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Electrolytes & Dextrose (continued)		
dextrose-nacl solution 10-0.45 % intravenous	1	
dextrose-nacl solution 2.5-0.45 % intravenous	1	
dextrose-nacl solution 5-0.2 % intravenous	1	
dextrose-nacl solution 5-0.225 % intravenous	1	
dextrose-nacl solution 5-0.3 % intravenous	1	
dextrose-nacl solution 5-0.33 % intravenous	1	
dextrose-nacl solution 5-0.45 % intravenous	1	
dextrose-nacl solution 5-0.9 % intravenous	1	
dextrose-sodium chloride solution 10-0.2 % intravenous	1	
dextrose-sodium chloride solution 10-0.45 % intravenous	1	
dextrose-sodium chloride solution 2.5-0.45 % intravenous	1	
dextrose-sodium chloride solution 5-0.2 % intravenous	1	
dextrose-sodium chloride solution 5-0.225 % intravenous	1	
dextrose-sodium chloride solution 5-0.33 % intravenous	1	
dextrose-sodium chloride solution 5-0.45 % intravenous	1	
dextrose-sodium chloride solution 5-0.9 % intravenous	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Electrolytes & Dextrose (continued)		
ELLIOTTS B SOLUTION INTRATHECAL	3	
IONOSOL-B IN D5W SOLUTION INTRAVENOUS	3	
IONOSOL-MB IN D5W SOLUTION INTRAVENOUS	3	
ISOLYTE-P IN D5W SOLUTION INTRAVENOUS	3	
kcl in d5w lactated ringers solution 40 meq/l intravenous	1	
kcl in dextrose-nacl solution 10-5-0.45 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.2 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.33 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.45 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.9 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 30-5-0.45 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 40-5-0.45 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous	1	
kcl-lactated ringers-d5w solution 20 meq/l intravenous	1	
NORMOSOL-M IN D5W SOLUTION INTRAVENOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Electrolytes & Dextrose (continued)		
NORMOSOL-R IN D5W SOLUTION INTRAVENOUS	3	
PLASMA-LYTE-56 IN D5W SOLUTION INTRAVENOUS	3	
potassium cl in dextrose 5% solution 20 meq/l intravenous	1	
potassium cl in dextrose 5% solution 40 meq/l intravenous	1	
Electrolytes Parenteral		
ISOLYTE-S PH 7.4 SOLUTION INTRAVENOUS	3	
ISOLYTE-S SOLUTION INTRAVENOUS	3	
kcl (0.149%) in nacl solution 20-0.45 meq/l-% intravenous	1	
kcl (0.149%) in nacl solution 20-0.9 meq/l-% intravenous	1	
kcl (0.298%) in nacl solution 40-0.9 meq/l-% intravenous	1	
lactated ringers solution intravenous	1	
NORMOSOL-R PH 7.4 SOLUTION INTRAVENOUS	3	
NORMOSOL-R SOLUTION INTRAVENOUS	3	
PLASMA-LYTE 148 SOLUTION INTRAVENOUS	3	
PLASMA-LYTE A SOLUTION INTRAVENOUS	3	
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous	1	
potassium chloride in nacl solution 20-0.9 meq/l-% intravenous	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Electrolytes Parenteral (continued)		
potassium chloride in nacl solution 40-0.9 meq/l-% intravenous	1	
ringers solution intravenous	1	
Fluoride		
FLUORABON SOLUTION 0.55 (0.25 F) MG/0.6ML ORAL	0	ACA NCDL, limitations may apply
FLUOR-A-DAY SOLUTION 0.275 (0.125 F) MG/DROP ORAL	3	
fluoritab solution 0.275 (0.125 f) mg/drop oral	0	ACA NCDL, limitations may apply
fluoritab tablet chewable 1.1 (0.5 f) mg oral	0	ACA NCDL, limitations may apply
fluoritab tablet chewable 2.2 (1 f) mg oral	1	
FLURA-DROPS SOLUTION 0.55 (0.25 F) MG/DROP ORAL	0	ACA NCDL, limitations may apply
LOZI-FLUR LOZENGE 2.2 (1 F) MG MOUTH/THROAT	3	
LUDENT TABLET CHEWABLE 0.55 (0.25 F) MG ORAL	3	
LUDENT TABLET CHEWABLE 1.1 (0.5 F) MG ORAL	3	
LUDENT TABLET CHEWABLE 2.2 (1 F) MG ORAL	3	
sodium fluoride solution 1.1 (0.5 f) mg/ml oral	0	ACA NCDL, limitations may apply
sodium fluoride tablet 1.1 (0.5 f) mg oral	0	ACA NCDL, limitations may apply
sodium fluoride tablet 2.2 (1 f) mg oral	1	
sodium fluoride tablet chewable 0.55 (0.25 f) mg oral	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fluoride (continued)		
sodium fluoride tablet chewable 1.1 (0.5 f) mg oral	0	ACA NCDL, limitations may apply
sodium fluoride tablet chewable 2.2 (1 f) mg oral	1	
Fluoride Combinations		
FLUOR-A-DAY TABLET CHEWABLE 0.25 (F)-236.79 MG ORAL	3	
FLUOR-A-DAY TABLET CHEWABLE 0.5 (F)-236.79 MG ORAL	3	
FLUOR-A-DAY TABLET CHEWABLE 1 (F)-236.79 MG ORAL	3	
Magnesium		
magnesium chloride crystals	1	
magnesium sulfate in d5w solution 10-5 mg/ml-% intravenous	1	
Manganese		
manganese chloride solution 0.1 mg/ml intravenous	1	
Phosphate		
K-PHOS TABLET 500 MG ORAL	3	
K-PHOS-NEUTRAL TABLET 155-852-130 MG ORAL	3	
PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL	1	
Potassium		
KLOR-CON 10 TABLET EXTENDED RELEASE 10 MEQ ORAL	3	
KLOR-CON M10 TABLET EXTENDED RELEASE 10 MEQ ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Potassium (continued)		
KLOR-CON M15 TABLET EXTENDED RELEASE 15 MEQ ORAL	1	
KLOR-CON M20 TABLET EXTENDED RELEASE 20 MEQ ORAL	1	
KLOR-CON PACKET 20 MEQ ORAL	3	
KLOR-CON PACKET 25 MEQ ORAL	3	
KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL	3	
K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL	3	
K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL	3	
MICRO-K CAPSULE EXTENDED RELEASE 10 MEQ ORAL	3	
MICRO-K CAPSULE EXTENDED RELEASE 8 MEQ ORAL	3	
potassium chloride crys er tablet extended release 10 meq oral	1	
potassium chloride crys er tablet extended release 15 meq oral	1	
potassium chloride crys er tablet extended release 20 meq oral	1	
potassium chloride er capsule extended release 10 meq oral	1	
potassium chloride er capsule extended release 8 meq oral	1	
potassium chloride er tablet extended release 10 meq oral	1	
potassium chloride er tablet extended release 20 meq oral	1	
potassium chloride er tablet extended release 8 meq oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Potassium (continued)		
potassium chloride packet 20 meq oral	1	
potassium chloride solution 0.4 meq/ml intravenous	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 10 meq/100ml intravenous	1	
potassium chloride solution 10 meq/50ml intravenous	1	
potassium chloride solution 2 meq/ml intravenous	1	
potassium chloride solution 20 meq/100ml intravenous	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium chloride solution 20 meq/50ml intravenous	1	
potassium chloride solution 40 meq/100ml intravenous	1	
potassium chloride solution 40 meq/15ml (20%) oral	1	
Potassium Combinations		
EFFER-K TABLET EFFERVESCENT 10 MEQ ORAL	3	
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	3	
effervescent pot chloride tablet effervescent 25 meq oral	1	
pot bicarb-pot chloride tablet effervescent 25 meq oral	1	
Sodium		
BD POSIFLUSH SOLUTION 0.9 % INTRAVENOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sodium (continued)		
KENDALL SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	3	
normal saline flush solution 0.9 % intravenous	1	
saline flush solution 0.9 % intravenous	1	
SALINE FLUSH ZR SOLUTION 0.9 % INTRAVENOUS	3	
sodium chloride flush solution 0.9 % intravenous	1	
sodium chloride solution 3 % intravenous	1	
sodium chloride solution 5 % intravenous	1	
SWABFLUSH SALINE FLUSH SOLUTION 0.9 % INTRAVENOUS	3	
Trace Minerals		
copper chloride solution 0.4 mg/ml intravenous	1	
Zinc		
GALZIN CAPSULE 25 MG ORAL	3	
GALZIN CAPSULE 50 MG ORAL	3	
zinc sulfate granules	1	
zinc trace metal solution 1 mg/ml intravenous	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Activated Phosphoinositide 3-kinase Delta Syndrome Agent		
JOENJA TABLET 70 MG ORAL	3	LA, PA, QL 60/30 days, SP
Antileprotics		
THALOMID CAPSULE 100 MG ORAL	3	PA, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antileprotics (continued)		
THALOMID CAPSULE 150 MG ORAL	3	PA, SP
THALOMID CAPSULE 200 MG ORAL	3	PA, SP
THALOMID CAPSULE 50 MG ORAL	3	PA, SP, Prudent
B-Lymphocyte Stimulator (BLyS)-Specific Inhibitors		
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
BENLYSTA SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days, SP, Prudent
Chelating Agents		
CUPRIMINE CAPSULE 250 MG ORAL	3	PA, Medical Necessity PA, Prudent
CUVRIOR TABLET 300 MG ORAL	3	PA, SP
DEPEN TITRATABS TABLET 250 MG ORAL	3	PA, Medical Necessity PA, Prudent
ENDRATE SOLUTION 150 MG/ML INTRAVENOUS	3	
penicillamine capsule 250 mg oral	1	PA, Prudent
penicillamine tablet 250 mg oral	1	PA, Medical Necessity PA, Prudent
SYPRINE CAPSULE 250 MG ORAL	3	PA, Medical Necessity PA, Prudent
trientine hcl capsule 250 mg oral	1	PA, Prudent
trientine hcl capsule 500 mg oral	1	PA, Prudent
Continuous Renal Replacement Therapy (CRRT) Solutions		
PRISMASOL B22GK 2/0 SOLUTION 22-2 MEQ/L INTRAVENOUS	3	
PRISMASOL B22GK 4/0 SOLUTION 22-4 MEQ/L EXTRACORPOREAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Continuous Renal Replacement Therapy (CRRT) Solutions (continued)		
PRISMASOL B22GK 4/0 SOLUTION 22-4 MEQ/L INTRAVENOUS	3	
PRISMASOL BGK 0/2.5 SOLUTION 32-2.5 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BGK 0/2.5 SOLUTION 32-2.5 MEQ/L INTRAVENOUS	3	
PRISMASOL BGK 2/0 SOLUTION 32-2 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BGK 2/0 SOLUTION 32-2 MEQ/L INTRAVENOUS	3	
PRISMASOL BGK 2/3.5 SOLUTION 32-2-3.5 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BGK 2/3.5 SOLUTION 32-2-3.5 MEQ/L INTRAVENOUS	3	
PRISMASOL BGK 4/0/1.2 SOLUTION 32-4-1.2 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BGK 4/0/1.2 SOLUTION 32-4-1.2 MEQ/L INTRAVENOUS	3	
PRISMASOL BGK 4/2.5 SOLUTION 32-4-2.5 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BGK 4/2.5 SOLUTION 32-4-2.5 MEQ/L INTRAVENOUS	3	
PRISMASOL BK 0/0/1.2 SOLUTION 32-1.2 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BK 0/0/1.2 SOLUTION 32-1.2 MEQ/L INTRAVENOUS	3	
Cyclosporine Analogs		
cyclosporine capsule 100 mg oral	1	
cyclosporine capsule 25 mg oral	1	
cyclosporine modified capsule 100 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cyclosporine Analogs (continued)		
cyclosporine modified capsule 25 mg oral	1	
cyclosporine modified capsule 50 mg oral	1	
cyclosporine modified solution 100 mg/ml oral	1	
GENGRAF CAPSULE 100 MG ORAL	1	
GENGRAF CAPSULE 25 MG ORAL	1	
GENGRAF CAPSULE 50 MG ORAL	1	
GENGRAF SOLUTION 100 MG/ML ORAL	1	
LUPKYNIS CAPSULE 7.9 MG ORAL	3	LA, PA, QL 180/30 days, SP
NEORAL CAPSULE 100 MG ORAL	3	
NEORAL CAPSULE 25 MG ORAL	3	
NEORAL SOLUTION 100 MG/ML ORAL	3	
SANDIMMUNE CAPSULE 100 MG ORAL	3	
SANDIMMUNE CAPSULE 25 MG ORAL	3	
SANDIMMUNE SOLUTION 100 MG/ML ORAL	3	
Enzymes		
AMPHADASE SOLUTION 150 UNIT/ML INJECTION	3	
HYLENEX SOLUTION 150 UNIT/ML INJECTION	3	
VITRASE SOLUTION 200 UNIT/ML INJECTION	3	
XIAFLEX SOLUTION RECONSTITUTED 0.9 MG INJECTION	3	LA, PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Farnesyltransferase Inhibitors		
ZOKINVY CAPSULE 50 MG ORAL	3	LA, PA, SP
ZOKINVY CAPSULE 75 MG ORAL	3	LA, PA, SP
Fecal Incontinence Bulking Agent - Combinations		
SOLESTA GEL 50-15 MG/ML INJECTION	3	Prudent
Immunomodulators for Myelodysplastic Syndromes		
lenalidomide capsule 10 mg oral	1	PA, SP, Prudent
lenalidomide capsule 15 mg oral	1	PA, SP, Prudent
lenalidomide capsule 2.5 mg oral	1	PA, SP, Prudent
lenalidomide capsule 20 mg oral	1	PA, SP, Prudent
lenalidomide capsule 25 mg oral	1	PA, SP, Prudent
lenalidomide capsule 5 mg oral	1	PA, SP, Prudent
REVLIMID CAPSULE 10 MG ORAL	3	PA, SP, Prudent
REVLIMID CAPSULE 15 MG ORAL	3	PA, SP, Prudent
REVLIMID CAPSULE 2.5 MG ORAL	3	PA, SP, Prudent
REVLIMID CAPSULE 20 MG ORAL	3	PA, SP, Prudent
REVLIMID CAPSULE 25 MG ORAL	3	PA, SP, Prudent
REVLIMID CAPSULE 5 MG ORAL	3	PA, SP, Prudent
Inosine Monophosphate Dehydrogenase Inhibitors		
CELLCEPT CAPSULE 250 MG ORAL	3	
CELLCEPT SUSPENSION RECONSTITUTED 200 MG/ML ORAL	3	
CELLCEPT TABLET 500 MG ORAL	3	
mycophenolate mofetil capsule 250 mg oral	1	
mycophenolate mofetil tablet 500 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Inosine Monophosphate Dehydrogenase Inhibitors (continued)		
mycophenolic acid tablet delayed release 180 mg oral	1	
mycophenolic acid tablet delayed release 360 mg oral	1	
MYFORTIC TABLET DELAYED RELEASE 180 MG ORAL	3	
MYFORTIC TABLET DELAYED RELEASE 360 MG ORAL	3	
MYHIBBIN SUSPENSION 200 MG/ML ORAL	3	PA, Medical Necessity PA
Interleukin-6 (IL-6) Antagonists		
SYLVANT SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	3	LA, PA, SP, Prudent
SYLVANT SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	3	LA, PA, SP, Prudent
Irrigation Solutions		
ARGYLE STERILE WATER SOLUTION IRRIGATION	3	
lactated ringers solution irrigation	1	
PHYSIOLYTE SOLUTION IRRIGATION	3	
PHYSIOSOL IRRIGATION SOLUTION IRRIGATION	3	
ringers irrigation solution irrigation	1	
sterile water for irrigation solution irrigation	1	
Macrolide Immunosuppressants		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Macrolide Immunosuppressants (continued)		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG ORAL	3	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	3	
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL	3	
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	3	
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	3	
everolimus tablet 0.25 mg oral	1	QL 60/30 days
everolimus tablet 0.5 mg oral	1	QL 60/30 days
everolimus tablet 0.75 mg oral	1	QL 60/30 days
everolimus tablet 1 mg oral	1	QL 60/30 days
PROGRAF CAPSULE 0.5 MG ORAL	3	
PROGRAF CAPSULE 1 MG ORAL	3	
PROGRAF CAPSULE 5 MG ORAL	3	
PROGRAF PACKET 0.2 MG ORAL	3	
PROGRAF PACKET 1 MG ORAL	3	
PROGRAF SOLUTION 5 MG/ML INTRAVENOUS	3	
RAPAMUNE SOLUTION 1 MG/ML ORAL	3	
RAPAMUNE TABLET 0.5 MG ORAL	3	
RAPAMUNE TABLET 1 MG ORAL	3	
RAPAMUNE TABLET 2 MG ORAL	3	
sirolimus solution 1 mg/ml oral	1	
sirolimus tablet 0.5 mg oral	1	
sirolimus tablet 1 mg oral	1	
sirolimus tablet 2 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Macrolide Immunosuppressants (continued)		
tacrolimus capsule 0.5 mg oral	1	
tacrolimus capsule 1 mg oral	1	
tacrolimus capsule 5 mg oral	1	
ZORTRESS TABLET 0.25 MG ORAL	3	QL 2/1 days
ZORTRESS TABLET 0.5 MG ORAL	3	QL 2/1 days
ZORTRESS TABLET 0.75 MG ORAL	3	QL 2/1 days
ZORTRESS TABLET 1 MG ORAL	3	QL 2/1 days
Misc Natural Products		
SARAPIN SOLUTION INJECTION	3	
Miscellaneous Therapeutic Classes		
NEXAVIR SOLUTION 25.5 MG/ML INJECTION	3	
Monoclonal Antibodies		
ENSPRYNG SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Prudent
GAMIFANT SOLUTION 10 MG/2ML INTRAVENOUS	3	LA, PA, SP, Prudent
GAMIFANT SOLUTION 100 MG/20ML INTRAVENOUS	3	PA, SP, Prudent
GAMIFANT SOLUTION 50 MG/10ML INTRAVENOUS	3	LA, PA, SP, Prudent
Organ Preservation Solutions		
VIASPAN SOLUTION	3	
Peritoneal Dialysis Solutions		
DELFLEX-LC/1.5% DEXTROSE SOLUTION 346 MOSM/L INTRAPERITONEAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Peritoneal Dialysis Solutions (continued)		
DELFLEX-LC/2.5% DEXTROSE SOLUTION 394 MOSM/L INTRAPERITONEAL	3	
DELFLEX-LC/4.25% DEXTROSE SOLUTION 483 MOSM/L INTRAPERITONEAL	3	
DELFLEX-SM/1.5% DEXTROSE SOLUTION 347 MOSM/L INTRAPERITONEAL	3	
DIANEAL LOW CALCIUM/1.5% DEX SOLUTION 344 MOSM/L INTRAPERITONEAL	3	
DIANEAL LOW CALCIUM/2.5% DEX SOLUTION 395 MOSM/L INTRAPERITONEAL	3	
DIANEAL LOW CALCIUM/4.25% DEX SOLUTION 483 MOSM/L INTRAPERITONEAL	3	
DIANEAL PD-2/1.5% DEXTROSE SOLUTION 346 MOSM/L INTRAPERITONEAL	3	
DIANEAL PD-2/2.5% DEXTROSE SOLUTION 396 MOSM/L INTRAPERITONEAL	3	
DIANEAL PD-2/4.25% DEXTROSE SOLUTION 485 MOSM/L INTRAPERITONEAL	3	
EXTRANEAL SOLUTION 7.5 % INTRAPERITONEAL	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX SOLUTION 346 MOSM/L INTRAPERITONEAL	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX SOLUTION 396 MOSM/L INTRAPERITONEAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Peritoneal Dialysis Solutions (continued)		
ULTRABAG/DIANEAL PD-2/4.25%DEX SOLUTION 485 MOSM/L INTRAPERITONEAL	3	
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLUTION 344 MOSM/L INTRAPERITONEAL	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLUTION 395 MOSM/L INTRAPERITONEAL	3	
ULTRABAG/DIANEAL/4.25% DEX SOLUTION 483 MOSM/L INTRAPERITONEAL	3	
PIK3CA-Related Overgrowth Spectrum Agents - PI3K Inhib		
VIJOICE PACKET 50 MG ORAL	3	PA, QL 28/28 days, SP, Prudent
VIJOICE TABLET THERAPY PACK 125 MG ORAL	3	PA, QL 28/28 days, SP, Prudent
VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL	3	PA, QL 56/28 days, SP, Prudent
VIJOICE TABLET THERAPY PACK 50 MG ORAL	3	PA, QL 28/28 days, SP, Prudent
Potassium Removing Agents		
KIONEX SUSPENSION 15 GM/60ML COMBINATION	3	
KIONEX SUSPENSION 15 GM/60ML ORAL	3	
LOKELMA PACKET 10 GM ORAL	3	QL 30/30 days
LOKELMA PACKET 5 GM ORAL	3	QL 90/30 days
sodium polystyrene sulfonate powder oral	1	
sodium polystyrene sulfonate suspension 15 gm/60ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Potassium Removing Agents (continued)		
sodium polystyrene sulfonate suspension 30 gm/120ml rectal	1	
sodium polystyrene sulfonate suspension 50 gm/200ml rectal	1	
SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 15 GM/60ML COMBINATION	3	
SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 30 GM/120ML RECTAL	3	
SPS SUSPENSION 15 GM/60ML ORAL	3	
VELTASSA PACKET 16.8 GM ORAL	3	LA, PA, SP, Medical Necessity PA
VELTASSA PACKET 25.2 GM ORAL	3	LA, PA, SP, Medical Necessity PA
VELTASSA PACKET 8.4 GM ORAL	3	LA, PA, SP, Medical Necessity PA
Purine Analogs		
AZASAN TABLET 100 MG ORAL	3	PA, Medical Necessity PA
AZASAN TABLET 75 MG ORAL	3	PA, Medical Necessity PA
azathioprine tablet 100 mg oral	1	PA, Medical Necessity PA
azathioprine tablet 50 mg oral	1	
azathioprine tablet 75 mg oral	1	PA, Medical Necessity PA
IMURAN TABLET 50 MG ORAL	3	
ROCK Inhibitors		
REZUROCK TABLET 200 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sclerosing Agents		
ETHAMOLIN SOLUTION 5 % INTRAVENOUS	3	
SOTRADECOL SOLUTION 1 % INTRAVENOUS	3	
SOTRADECOL SOLUTION 3 % INTRAVENOUS	3	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl solution 4 % mouth/throat	1	
lidocaine viscous solution 2 % mouth/throat	1	
LTA 360 KIT SOLUTION 4 % MOUTH/THROAT	3	
Anti-infectives - Throat		
clotrimazole lozenge 10 mg mouth/throat	1	
clotrimazole troche 10 mg mouth/throat	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
ORAVIG TABLET 50 MG BUCCAL	3	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
PAROEX SOLUTION 0.12 % MOUTH/THROAT	1	
PERIDEX SOLUTION 0.12 % MOUTH/THROAT	3	
PERIOGARD SOLUTION 0.12 % MOUTH/THROAT	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fluoride Dental Products		
GEL-KAM ORAL CARE RINSE CONCENTRATE 0.63 % MOUTH/THROAT	3	
Periodontal Anti-infectives		
ARESTIN 1 MG DENTAL	3	
Saliva Stimulants		
cevimeline hcl capsule 30 mg oral	1	
EVOXAC CAPSULE 30 MG ORAL	3	
pilocarpine hcl tablet 5 mg oral	1	
pilocarpine hcl tablet 7.5 mg oral	1	
SALAGEN TABLET 5 MG ORAL	3	
SALAGEN TABLET 7.5 MG ORAL	3	
Steroids - Mouth/Throat/Dental		
ORALONE PASTE 0.1 % MOUTH/THROAT	3	
triamcinolone acetonide paste 0.1 % mouth/throat	1	
MULTIVITAMINS		
Multiple Vitamins w/ Minerals		
CORVITE FREE TABLET ORAL	1	
Multiple Vitamins w/ Minerals & Folic Acid		
CORVITA TABLET 1.25 MG ORAL	3	
Ped MV w/ Fluoride		
multi vitamin/fluoride tablet chewable 0.25 mg oral	1	
multi vitamin/fluoride tablet chewable 1 mg oral	1	
multi-vit/fluoride solution 0.25 mg/ml oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ped MV w/ Fluoride (continued)		
multi-vit/fluoride solution 0.5 mg/ml oral	1	
multi-vitamin/fluoride solution 0.25 mg/ml oral	1	
multivitamin/fluoride tablet chewable 0.25 mg oral	1	
multivitamin/fluoride tablet chewable 0.5 mg oral	1	
multi-vitamin/fluoride tablet chewable 0.5 mg oral	1	
multivitamin/fluoride tablet chewable 1 mg oral	1	
multi-vitamins/fluoride solution 0.5 mg/ml oral	1	
multivitamins/fluoride tablet chewable 0.5 mg oral	1	
multivitamins/fluoride tablet chewable 1 mg oral	1	
MVC-FLUORIDE TABLET CHEWABLE 0.25 MG ORAL	1	
MVC-FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	1	
MVC-FLUORIDE TABLET CHEWABLE 1 MG ORAL	1	
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	3	
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL	3	
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL	3	
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL	3	
polyvitamin/fluoride solution 0.5 mg/ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ped MV w/ Fluoride (continued)		
QUFLORA PEDIATRIC TABLET CHEWABLE 0.25 MG ORAL	3	
QUFLORA PEDIATRIC TABLET CHEWABLE 0.5 MG ORAL	3	
QUFLORA PEDIATRIC TABLET CHEWABLE 1 MG ORAL	3	
Ped Vitamins ACD & FA w/ Fluoride		
tri-vi-floro suspension 0.25 mg/ml oral	1	
tri-vi-floro suspension 0.5 mg/ml oral	1	
Ped Vitamins ACD w/ Fluoride		
triple-vitamin/fluoride solution 0.25 mg/ml oral	1	
tri-vit/fluoride solution 0.25 mg/ml oral	1	
tri-vit/fluoride solution 0.5 mg/ml oral	1	
tri-vitamin/fluoride solution 0.25 mg/ml oral	1	
tri-vitamin/fluoride solution 0.5 mg/ml oral	1	
Prenatal MV & Min w/FE-FA		
ATABEX EC TABLET DELAYED RELEASE 29-1 MG ORAL	3	
azesco tablet 13-1 mg oral	3	PA, Medical Necessity PA
BAL-CARE DHA 27-1 & 430 MG ORAL	3	
bp multinatal plus tablet 30-1 mg oral	1	
bp multinatal plus tablet chewable 40-1 mg oral	1	
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA (continued)		
CITRANATAL RX TABLET 27-1 MG ORAL	3	
c-nate dha capsule 28-1-200 mg oral	3	
completenate tablet chewable 29-1 mg oral	3	
CO-NATAL FA TABLET ORAL	0	Female age between 15 to 50 only
CONCEPT DHA CAPSULE 53.5-38-1 MG ORAL	3	
CONCEPT OB CAPSULE 130-92.4-1 MG ORAL	3	
DUET DHA 400 25-1 & 400 MG ORAL	3	
DUET DHA BALANCED 25-1 & 267 MG ORAL	3	
ELITE-OB TABLET 50-1.25 MG ORAL	1	
FOLCAPS OMEGA 3 CAPSULE 27-1 MG ORAL	3	
FOLIVANE-OB CAPSULE 130-92.4-1 MG ORAL	3	
FOLIVANE-OB CAPSULE 85-1 MG ORAL	3	
hemenatal ob + dha 28-6-1 & 203 mg oral	1	
hemenatal ob tablet 28-6-1 mg oral	1	
INATAL GT TABLET ORAL	1	
MARNATAL-F CAPSULE 60-1 MG ORAL	3	
m-natal plus tablet 27-1 mg oral	0	Female age between 15 to 50 only
MYNATAL ADVANCE TABLET ORAL	3	
MYNATAL CAPSULE ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA (continued)		
mynatal plus tablet oral	3	
MYNATAL TABLET 90-1 MG ORAL	3	
mynatal-z tablet oral	3	
mynate 90 plus tablet extended release oral	1	
NATACHEW TABLET CHEWABLE 28-1 MG ORAL	3	
NATALVIT TABLET ORAL	3	
NATELLE ONE CAPSULE 28-1-250 MG ORAL	3	
NEEVO DHA CAPSULE 27-1.13 MG ORAL	3	
NESTABS DHA 32-1 MG ORAL	3	
NESTABS TABLET 32-1 MG ORAL	3	
NIVA-PLUS TABLET 27-1 MG ORAL	0	Female age between 15 to 50 only
OB COMPLETE ONE CAPSULE 50-1-476 MG ORAL	3	
OB COMPLETE PETITE CAPSULE 35-5-1-200 MG ORAL	3	
OB COMPLETE PREMIER TABLET 30-20-1 MG ORAL	3	
OB COMPLETE TABLET 50-1.25 MG ORAL	3	
OB COMPLETE/DHA CAPSULE 30-10-1-200 MG ORAL	3	
OBSTETRIX DHA 29-1 & 387 MG ORAL	3	
OBSTETRIX EC (WITH DOCUSATE) TABLET 29-1 MG ORAL	3	
OBSTETRIX EC TABLET 29-1 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA (continued)		
O-CAL PRENATAL TABLET ORAL	3	
pnv folic acid + iron tablet 27-1 mg oral	3	
pnv prenatal plus multivitamin tablet 27-1 mg oral	0	Female age between 15 to 50 only
pnv-omega capsule 28-0.6-0.4-340 mg oral	1	
pnv-select tablet 27-0.6-0.4 mg oral	1	
pnv-total capsule 35-5-1.2 mg oral	1	
PREFERA OB TABLET 28-6-1 MG ORAL	3	
prena1 pearl capsule extended release 30-1.4-200 mg oral	1	
prenaissance harmony dha 27-1 & 380 mg oral	3	
PRENATA TABLET CHEWABLE 29-1 MG ORAL	3	
prenatal 19 tablet 29-1 mg oral	0	Female age between 15 to 50 only
prenatal 19 tablet chewable 29-1 mg oral	1	
prenatal 19 tablet chewable oral	1	
prenatal low iron tablet 27-1 mg oral	0	Female age between 15 to 50 only
prenatal plus iron tablet 29-1 mg oral	1	
prenatal plus tablet 27-1 mg oral	0	Female age between 15 to 50 only
prenatal plus vitamin/mineral tablet 27-1 mg oral	0	Female age between 15 to 50 only
prenatal tablet 27-0.8 mg oral	0	Female age between 15 to 50 only
prenatal tablet 27-1 mg oral	0	Female age between 15 to 50 only

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA (continued)		
PRENATAL-U CAPSULE 106.5-1 MG ORAL	3	
PRENATE ELITE TABLET 26-0.6-0.4 MG ORAL	3	
PRENATE ESSENTIAL CAPSULE 29-0.6-0.4-340 MG ORAL	3	
preplus tablet 27-1 mg oral	1	
PROVIDA OB CAPSULE 20-20-1.25 MG ORAL	3	
purefe ob plus capsule 162-115.2-1 mg oral	1	
relnate dha capsule 28-1-200 mg oral	1	
SELECT-OB TABLET CHEWABLE 29-1 MG ORAL	3	
se-natal 19 tablet 29-1 mg oral	0	Female age between 15 to 50 only
se-natal 19 tablet chewable 29-1 mg oral	1	
se-tan dha capsule 15-15-1 mg oral	1	
TARON-BC 20-1 MG & 2 X 25 MG ORAL	3	
TARON-C DHA CAPSULE 35-1 MG ORAL	3	
TARON-C DHA CAPSULE 53.5-38-1 MG ORAL	3	
tl-care dha capsule 27-1-500 mg oral	1	
triadvance tablet 90-1 mg oral	1	
TRICARE PRENATAL COMPLEAT 27-1 MG ORAL	3	
TRICARE PRENATAL DHA ONE CAPSULE 27-1-500 MG ORAL	3	
TRICARE TABLET ORAL	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA (continued)		
trinatal gt tablet 90-1 mg oral	1	
trinatal rx 1 tablet 60-1 mg oral	0	Female age between 15 to 50 only
TRINATE TABLET ORAL	0	Female age between 15 to 50 only
tri-tabs dha 32-1 mg oral	1	
ultimatecare one capsule 27-1 mg oral	1	
ultimatecare one nf capsule 20-7-1 mg oral	1	
vena-bal dha 27-1 & 430 mg oral	1	
VINACAL B 20-1 & 25 (2) MG ORAL	3	
VINATE AZ EXTRA TABLET 29-1 MG ORAL	3	
VINATE C TABLET 30-1 MG ORAL	3	
VINATE CALCIUM TABLET 27-1 MG ORAL	3	
VINATE DHA RF CAPSULE 27-1.13 MG ORAL	3	
VINATE IC CAPSULE 162-115.2-1 MG ORAL	3	
VINATE II TABLET 29-1 MG ORAL	3	
VINATE M TABLET 27-1 MG ORAL	3	
VINATE ONE TABLET 60-1 MG ORAL	0	Female age between 15 to 50 only
virt-pn plus capsule 28-0.6-0.4-340 mg oral	3	
virt-pn tablet 27-0.6-0.4 mg oral	3	
VITAFOL-OB TABLET ORAL	3	
VITAPEARL CAPSULE EXTENDED RELEASE 30-1.4-200 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA (continued)		
VIVA DHA CAPSULE 28-1-200 MG ORAL	3	
vol-nate tablet 28-1 mg oral	1	
vol-tab rx tablet 29-1 mg oral	1	
vp-heme ob + dha 28-6-1 & 203 mg oral	3	
vp-heme ob tablet 28-6-1 mg oral	3	
vp-pnv-dha capsule 28-1-215.8 mg oral	1	
ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL	3	
ZATEAN-PN TABLET 27-0.6-0.4 MG ORAL	3	
Prenatal MV & Min w/FE-FA-CA-Omega 3 Fish Oil		
complete natal dha 29-1-200 & 200 mg oral	1	
complete natal dha 29-1-200 & 250 mg oral	1	
NESTABS ABC 32-1-200 MG ORAL	3	
PR NATAL 400 29-1-200 & 400 MG ORAL	3	
PR NATAL 400 EC 29-1-200 & 400 MG (DR) ORAL	3	
PR NATAL 430 29-1-200 & 430 MG ORAL	3	
PR NATAL 430 EC 29-1-200 & 430 MG (DR) ORAL	3	
TRIVEEN-DUO DHA 29-1-200 & 300 MG ORAL	3	
TRIVEEN-DUO DHA 29-1-200 & 400 MG ORAL	3	
Prenatal MV & Min w/FE-FA-DHA		
active ob capsule 20-1-320 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA-DHA (continued)		
CITRANATAL 90 DHA 90-1 & 300 MG ORAL	3	
CITRANATAL DHA 27-1 & 250 MG ORAL	3	
CITRANATAL HARMONY CAPSULE 27-1-260 MG ORAL	3	
extra-virt plus dha capsule 29-1.25-350 mg oral	1	
folcal dha capsule 27-1.25-300 mg oral	1	
infanate balance capsule 29-1-265 mg oral	1	
levomefolate dha capsule 27-1.13-0.4 mg oral	1	
MACNATAL CN DHA CAPSULE 28-1-250 MG ORAL	3	
NEXA PLUS CAPSULE 29-1.25-350 MG ORAL	3	
PAIRE OB 22-6-1 & 200 MG ORAL	3	
pnv ob+dha 27-1 & 250 mg oral	3	
pnv-dha capsule 27-0.6-0.4-300 mg oral	0	Female age between 15 to 50 only
pnv-dha+docusate capsule 27-1.25-300 mg oral	3	
PREFERAOB ONE CAPSULE 22-6-1-200 MG ORAL	3	
PREFOL-DHA CAPSULE 26-1.2-300 MG ORAL	3	
prenaissance balance capsule 30-1-260 mg oral	3	
prenaissance capsule 29-1.25-325 mg oral	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA-DHA (continued)		
prenaissance plus capsule 28-1-250 mg oral	3	
PRENATE DHA CAPSULE 28-0.6-0.4-300 MG ORAL	3	
PRENATE ENHANCE CAPSULE 28-0.6-0.4-400 MG ORAL	3	
PRENATE RESTORE CAPSULE 27-0.6-0.4-400 MG ORAL	3	
R-NATAL OB CAPSULE 20-1-320 MG ORAL	3	
SELECT-OB+DHA 29-1 & 250 MG ORAL	3	
TARON-PREX CAPSULE 30-1.2-265 MG ORAL	3	
tl-select capsule 29-1.25-325 mg oral	3	
TRIVEEN-PRX RNF CAPSULE 26-1.2-300 MG ORAL	3	
VEMAVITE-PRX 2 CAPSULE 27-1.25-300 MG ORAL	3	
virt-pn dha capsule 27-0.6-0.4-300 mg oral	3	
virt-select capsule 29-1.25-325 mg oral	3	
VITAFOL ULTRA CAPSULE 29-0.6-0.4-200 MG ORAL	3	
VITAFOL-OB+DHA 65-1 & 250 MG ORAL	3	
VITAFOL-ONE CAPSULE 29-1-200 MG ORAL	3	
VITAMEDMD ONE RX/QUATREFOLIC CAPSULE 30-0.6-0.4-200 MG ORAL	3	
VITAMEDMD PLUS RX/QUATREFOLIC 30-0.6-0.4 &300 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA-DHA (continued)		
vp-ch plus capsule 29-1-265 mg oral	3	
vp-ch-pnv capsule 30-1-260 mg oral	3	
vp-heme one capsule 22-6-1-200 mg oral	1	
ZATEAN-CH CAPSULE 27-1-250 MG ORAL	3	
ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL	3	
Prenatal MV & Minerals w/FA without Iron		
PRENATE TABLET CHEWABLE 0.6-0.4 MG ORAL	3	
Prenatal Vitamins		
bp folinatal plus b tablet 1 mg oral	1	
focalgin-b tablet 1.22 mg oral	1	
prenaissance next tablet 1.2 mg oral	3	
prenaissance next-b tablet 1.22 mg oral	3	
PRENATE AM TABLET 1 MG ORAL	3	
vp-ggr-b6 prenatal tablet 1.2 mg oral	1	
MUSCULOSKELETAL THERAPY AGENTS		
Articular Cartilage Repair Therapy		
CARTICEL IMPLANT INTRA-ARTICULAR	3	PA, Medical Necessity PA
Central Muscle Relaxants		
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	3	PA, Medical Necessity PA
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	PA, Medical Necessity PA
baclofen solution 5 mg/5ml oral	1	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Central Muscle Relaxants (continued)		
baclofen suspension 25 mg/5ml oral	1	PA, QL 480/30 days, Medical Necessity PA
baclofen tablet 10 mg oral	1	
baclofen tablet 20 mg oral	1	
baclofen tablet 5 mg oral	1	
carisoprodol tablet 250 mg oral	1	
carisoprodol tablet 350 mg oral	1	
chlorzoxazone tablet 250 mg oral	1	PA, Medical Necessity PA
chlorzoxazone tablet 375 mg oral	1	
chlorzoxazone tablet 500 mg oral	1	
chlorzoxazone tablet 750 mg oral	1	
CYCLOBENZAPRINE COMFORT PAC KIT 10 MG COMBINATION	3	
cyclobenzaprine hcl er capsule extended release 24 hour 15 mg oral	1	PA, Medical Necessity PA
cyclobenzaprine hcl er capsule extended release 24 hour 30 mg oral	1	PA, Medical Necessity PA
cyclobenzaprine hcl tablet 10 mg oral	1	
cyclobenzaprine hcl tablet 5 mg oral	1	
cyclobenzaprine hcl tablet 7.5 mg oral	1	
FEXMID TABLET 7.5 MG ORAL	3	
FLEQSUVY SUSPENSION 25 MG/5ML ORAL	3	PA, QL 480/30 days, Medical Necessity PA
GABLOFEN SOLUTION 10000 MCG/20ML INTRATHECAL	3	
GABLOFEN SOLUTION 20000 MCG/20ML INTRATHECAL	3	
GABLOFEN SOLUTION 40000 MCG/20ML INTRATHECAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Central Muscle Relaxants (continued)		
GABLOFEN SOLUTION 50 MCG/ML INTRATHECAL	3	
LIORESAL SOLUTION 0.05 MG/ML INTRATHECAL	3	
LIORESAL SOLUTION 10 MG/20ML INTRATHECAL	3	
LIORESAL SOLUTION 10 MG/5ML INTRATHECAL	3	
LIORESAL SOLUTION 40 MG/20ML INTRATHECAL	3	
LORZONE TABLET 375 MG ORAL	3	
LORZONE TABLET 750 MG ORAL	3	
LYVISPAH PACKET 10 MG ORAL	3	PA, QL 120/30 days, Medical Necessity PA
LYVISPAH PACKET 20 MG ORAL	3	PA, QL 120/30 days, Medical Necessity PA
LYVISPAH PACKET 5 MG ORAL	3	PA, QL 120/30 days, Medical Necessity PA
metaxalone tablet 400 mg oral	1	QL 120/30 days
metaxalone tablet 800 mg oral	1	QL 120/30 days
methocarbamol tablet 500 mg oral	1	
methocarbamol tablet 750 mg oral	1	
orphenadrine citrate er tablet extended release 12 hour 100 mg oral	1	
orphenadrine citrate solution 30 mg/ml injection	1	
OZOBAX SOLUTION 5 MG/5ML ORAL	3	PA, Medical Necessity PA
PARAFON FORTE DSC TABLET 500 MG ORAL	3	
ROBAXIN TABLET 500 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Central Muscle Relaxants (continued)		
ROBAXIN-750 TABLET 750 MG ORAL	3	
SKELAXIN TABLET 800 MG ORAL	3	PA, QL 120/30 days, Medical Necessity PA
SOMA TABLET 250 MG ORAL	3	
SOMA TABLET 350 MG ORAL	3	
tizanidine hcl capsule 2 mg oral	1	Medical Necessity PA
tizanidine hcl capsule 4 mg oral	1	Medical Necessity PA
tizanidine hcl capsule 6 mg oral	1	Medical Necessity PA
tizanidine hcl tablet 2 mg oral	1	
tizanidine hcl tablet 4 mg oral	1	
ZANAFLEX CAPSULE 2 MG ORAL	3	PA, Medical Necessity PA
ZANAFLEX CAPSULE 4 MG ORAL	3	PA, Medical Necessity PA
ZANAFLEX CAPSULE 6 MG ORAL	3	PA, Medical Necessity PA
ZANAFLEX TABLET 4 MG ORAL	3	
Direct Muscle Relaxants		
DANTRIUM CAPSULE 25 MG ORAL	3	
DANTRIUM CAPSULE 50 MG ORAL	3	
DANTRIUM SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	3	
dantrolene sodium capsule 100 mg oral	1	
dantrolene sodium capsule 25 mg oral	1	
dantrolene sodium capsule 50 mg oral	1	
REVONTO SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Muscle Relaxant Combinations		
carisoprodol-aspirin tablet 200-325 mg oral	1	PA, Medical Necessity PA
carisoprodol-aspirin-codeine tablet 200-325-16 mg oral	1	PA, Medical Necessity PA
METAXALL CP KIT 800 & 0.025 MG & % COMBINATION	3	PA, Medical Necessity PA
norgesic forte tablet 50-770-60 mg oral	3	PA, Medical Necessity PA
orphenadrine-asa-caffeine tablet 50-770-60 mg oral	1	PA, Medical Necessity PA
orphenadrine-aspirin-caffeine tablet 50-770-60 mg oral	1	PA, Medical Necessity PA
ORPHENGESIC FORTE TABLET 50-770-60 MG ORAL	1	PA, Medical Necessity PA
ORPHENGESIC FORTE TABLET 770-60-50 MG ORAL	1	PA, Medical Necessity PA
Muscle Relaxant-Liniments Combinations		
NOPIOID-TC KIT THERAPY PACK 7.5 & 4-4 MG & % COMBINATION	3	PA, Medical Necessity PA
Retinoic Acid Receptor Gamma Selective Agonists		
SOHONOS CAPSULE 1 MG ORAL	3	PA, QL 150/30 days, SP, Prudent
SOHONOS CAPSULE 1.5 MG ORAL	3	PA, QL 150/30 days, SP, Prudent
SOHONOS CAPSULE 10 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
SOHONOS CAPSULE 2.5 MG ORAL	3	PA, QL 150/30 days, SP, Prudent
SOHONOS CAPSULE 5 MG ORAL	3	PA, QL 120/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NASAL AGENTS - SYSTEMIC AND TOPICAL		
Antihistamine-Steroid		
azelastine-fluticasone suspension 137-50 mcg/act nasal	1	QL 23/30 days, Medical Necessity PA
DYMISTA SUSPENSION 137-50 MCG/ACT NASAL	3	PA, QL 23/30 days, Medical Necessity PA
RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL	3	PA, QL 29/30 days, Medical Necessity PA
Nasal Antibiotics		
BACTROBAN NASAL OINTMENT 2 % NASAL	3	
Nasal Anticholinergics		
ATROVENT SOLUTION 0.03 % NASAL	3	
ATROVENT SOLUTION 0.06 % NASAL	3	
ipratropium bromide solution 0.03 % nasal	1	
ipratropium bromide solution 0.06 % nasal	1	
Nasal Antihistamines		
azelastine hcl solution 0.1 % nasal	1	QL 30/25 days
azelastine hcl solution 0.15 % nasal	1	QL 30/25 days
olopatadine hcl solution 0.6 % nasal	1	QL 31/25 days
PATANASE SOLUTION 0.6 % NASAL	3	QL 31/25 days
Nasal Steroids		
BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL	3	PA, QL 50/30 days, Medical Necessity PA
FLONASE SUSPENSION 50 MCG/ACT NASAL	3	QL 16/25 days
flunisolide solution 25 mcg/act (0.025%) nasal	1	QL 75/25 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nasal Steroids (continued)		
fluticasone propionate suspension 50 mcg/act nasal	1	QL 16/25 days
mometasone furoate suspension 50 mcg/act nasal	1	QL 34/30 days
NASONEX SUSPENSION 50 MCG/ACT NASAL	3	QL 34/30 days
OMNARIS SUSPENSION 50 MCG/ACT NASAL	3	PA, QL 12.50/30 days, Medical Necessity PA
QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL	3	PA, QL 10.60/30 days, Medical Necessity PA
QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL	3	PA, QL 6.80/30 days, Medical Necessity PA
SINUVA IMPLANT 1350 MCG NASAL	3	PA
VERAMYST SUSPENSION 27.5 MCG/SPRAY NASAL	3	PA, QL 10/30 days, Medical Necessity PA
XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL	3	PA, Medical Necessity PA
ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL	3	PA, QL 6.40/30 days, Medical Necessity PA
Topical Decongestants		
ADRENALIN SOLUTION 0.1 % NASAL	3	
phenylephrine hcl crystals	1	
TYZINE SOLUTION 0.05 % NASAL	3	PA, Medical Necessity PA
TYZINE SOLUTION 0.1 % NASAL	3	PA, Medical Necessity PA
NEUROMUSCULAR AGENTS		
ALS Agents - Miscellaneous		
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5ML ORAL	3	PA, QL 70/365 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ALS Agents - Miscellaneous (continued)		
RADICAVA ORS SUSPENSION 105 MG/5ML ORAL	3	PA, QL 50/28 days, SP, Prudent
Benzathiazoles		
EXSERVAN FILM 50 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA, Prudent
RILUTEK TABLET 50 MG ORAL	3	
riluzole tablet 50 mg oral	1	
TIGLUTIK SUSPENSION 50 MG/10ML ORAL	3	PA, Medical Necessity PA, Prudent
Depolarizing Muscle Relaxants		
ANECTINE SOLUTION 20 MG/ML INJECTION	3	
QUELICIN SOLUTION 20 MG/ML INJECTION	3	
QUELICIN-1000 SOLUTION 100 MG/ML INJECTION	3	
Friedrich's Ataxia Agents - Nrf2 Pathway Activators		
SKYCLARYS CAPSULE 50 MG ORAL	3	LA, PA, QL 90/30 days, SP
Muscular Dystrophy - Histone Deacetylase Inhibitors		
DUVYZAT SUSPENSION 8.86 MG/ML ORAL	3	LA, PA, QL 420/35 days, SP
Nondepolarizing Muscle Relaxants		
atracurium besylate solution 100 mg/10ml intravenous	1	
atracurium besylate solution 50 mg/5ml intravenous	1	
cisatracurium besylate (pf) solution 10 mg/5ml intravenous	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nondepolarizing Muscle Relaxants (continued)		
cisatracurium besylate solution 10 mg/ml intravenous	1	
cisatracurium besylate solution 20 mg/10ml intravenous	1	
NIMBEX SOLUTION 10 MG/5ML INTRAVENOUS	3	
NIMBEX SOLUTION 10 MG/ML INTRAVENOUS	3	
NIMBEX SOLUTION 20 MG/10ML INTRAVENOUS	3	
pancuronium bromide solution 1 mg/ml intravenous	1	
pancuronium bromide solution 2 mg/ml intravenous	1	
rocuronium bromide solution 100 mg/10ml intravenous	1	
rocuronium bromide solution 50 mg/5ml intravenous	1	
vecuronium bromide solution reconstituted 10 mg intravenous	1	
vecuronium bromide solution reconstituted 20 mg intravenous	1	
ZEMURON SOLUTION 100 MG/10ML INTRAVENOUS	3	
ZEMURON SOLUTION 50 MG/5ML INTRAVENOUS	3	
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs		
DAYBUE SOLUTION 200 MG/ML ORAL	3	LA, PA, QL 3600/30 days, SP
Spinal Muscular Atrophy-SMN2 Splicing Modifiers		
EVRYSDI SOLUTION RECONSTITUTED 0.75 MG/ML ORAL	3	LA, PA, QL 240/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NUTRIENTS		
Amino Acid Mixtures		
AMINOSYN II SOLUTION 10 % INTRAVENOUS	3	
AMINOSYN II SOLUTION 15 % INTRAVENOUS	3	
AMINOSYN II SOLUTION 7 % INTRAVENOUS	3	
AMINOSYN II SOLUTION 8.5 % INTRAVENOUS	3	
AMINOSYN II/ELECTROLYTES SOLUTION 8.5 % INTRAVENOUS	3	
AMINOSYN M SOLUTION 3.5 % INTRAVENOUS	3	
AMINOSYN SOLUTION 10 % INTRAVENOUS	3	
AMINOSYN SOLUTION 3.5 % INTRAVENOUS	3	
AMINOSYN SOLUTION 7 % INTRAVENOUS	3	
AMINOSYN SOLUTION 8.5 % INTRAVENOUS	3	
AMINOSYN/ELECTROLYTES SOLUTION 7 % INTRAVENOUS	3	
AMINOSYN/ELECTROLYTES SOLUTION 8.5 % INTRAVENOUS	3	
AMINOSYN-HBC SOLUTION 7 % INTRAVENOUS	3	
AMINOSYN-HF SOLUTION 8 % INTRAVENOUS	3	
AMINOSYN-PF SOLUTION 10 % INTRAVENOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amino Acid Mixtures (continued)		
AMINOSYN-PF SOLUTION 7 % INTRAVENOUS	3	
AMINOSYN-RF SOLUTION 5.2 % INTRAVENOUS	3	
CLINIMIX E/DEXTROSE (2.75/10) SOLUTION 2.75 % INTRAVENOUS	3	
CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	3	
CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	3	
CLINIMIX E/DEXTROSE (4.25/25) SOLUTION 4.25 % INTRAVENOUS	3	
CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	3	
CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	3	
CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	3	
CLINIMIX E/DEXTROSE (5/25) SOLUTION 5 % INTRAVENOUS	3	
CLINIMIX/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	3	
CLINIMIX/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	3	
CLINIMIX/DEXTROSE (4.25/20) SOLUTION 4.25 % INTRAVENOUS	3	
CLINIMIX/DEXTROSE (4.25/25) SOLUTION 4.25 % INTRAVENOUS	3	
CLINIMIX/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	3	
CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amino Acid Mixtures (continued)		
CLINIMIX/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	3	
CLINIMIX/DEXTROSE (5/25) SOLUTION 5 % INTRAVENOUS	3	
CLINISOL SF SOLUTION 15 % INTRAVENOUS	3	
HEPATAMINE SOLUTION 8 % INTRAVENOUS	3	
NEPHRAMINE SOLUTION 5.4 % INTRAVENOUS	3	
PREMASOL SOLUTION 10 % INTRAVENOUS	3	
PREMASOL SOLUTION 6 % INTRAVENOUS	3	
PROCALAMINE SOLUTION 3 % INTRAVENOUS	3	
PROSOL SOLUTION 20 % INTRAVENOUS	3	
TRAVASOL SOLUTION 10 % INTRAVENOUS	3	
TROPHAMINE SOLUTION 10 % INTRAVENOUS	3	
TROPHAMINE SOLUTION 6 % INTRAVENOUS	3	
Amino Acids-Single		
l-histidine monohydrochloride crystals	1	
NUTRESTORE PACKET 5 GM ORAL	3	PA, Medical Necessity PA
taurine liquid	1	
Carbohydrates		
dextrose solution 10 % intravenous	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Carbohydrates (continued)		
dextrose solution 20 % intravenous	1	
dextrose solution 250 mg/ml intravenous	1	
dextrose solution 40 % intravenous	1	
dextrose solution 5 % intravenous	1	
Lipids		
DOJOLVI LIQUID 100 % ORAL	3	PA, SP, Prudent
INTRALIPID EMULSION 20 % INTRAVENOUS	3	
INTRALIPID EMULSION 30 % INTRAVENOUS	3	
LIPOSYN III EMULSION 10 % INTRAVENOUS	3	
LIPOSYN III EMULSION 20 % INTRAVENOUS	3	
Misc. Nutritional Substances Combinations		
CARDIOVID PLUS CAPSULE ORAL	3	
OPHTHALMIC AGENTS		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb		
SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC	3	
Artificial Tear Inserts		
LACRISERT INSERT 5 MG OPHTHALMIC	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLUTION 0.5 % OPHTHALMIC	3	
betaxolol hcl solution 0.5 % ophthalmic	1	
BETIMOL SOLUTION 0.25 % OPHTHALMIC	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta-blockers - Ophthalmic (continued)		
BETIMOL SOLUTION 0.5 % OPHTHALMIC	3	
BETOPTIC-S SUSPENSION 0.25 % OPHTHALMIC	2	
carteolol hcl solution 1 % ophthalmic	1	
ISTALOL SOLUTION 0.5 % OPHTHALMIC	3	
levobunolol hcl solution 0.25 % ophthalmic	1	
levobunolol hcl solution 0.5 % ophthalmic	1	
metipranolol solution 0.3 % ophthalmic	1	
timolol maleate (once-daily) solution 0.5 % ophthalmic	1	
timolol maleate gel forming solution 0.25 % ophthalmic	1	
timolol maleate gel forming solution 0.5 % ophthalmic	1	
timolol maleate pf solution 0.5 % ophthalmic	1	
timolol maleate solution 0.25 % ophthalmic	1	
timolol maleate solution 0.5 % ophthalmic	1	
TIMOPTIC OCUDOSE SOLUTION 0.25 % OPHTHALMIC	3	
TIMOPTIC OCUDOSE SOLUTION 0.5 % OPHTHALMIC	3	
TIMOPTIC SOLUTION 0.25 % OPHTHALMIC	3	
TIMOPTIC SOLUTION 0.5 % OPHTHALMIC	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta-blockers - Ophthalmic (continued)		
TIMOPTIC-XE GEL FORMING SOLUTION 0.25 % OPHTHALMIC	3	
TIMOPTIC-XE GEL FORMING SOLUTION 0.5 % OPHTHALMIC	3	
Beta-blockers - Ophthalmic Combinations		
brimonidine tartrate-timolol solution 0.2-0.5 % ophthalmic	1	
COMBIGAN SOLUTION 0.2-0.5 % OPHTHALMIC	3	
COSOPT PF SOLUTION 22.3-6.8 MG/ML OPHTHALMIC	3	
COSOPT SOLUTION 2-0.5 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal pf solution 2-0.5 % ophthalmic	1	
dorzolamide hcl-timolol mal pf solution 22.3-6.8 mg/ml ophthalmic	1	
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	1	
Cholinergic Agonists		
TYRVAYA SOLUTION 0.03 MG/ACT NASAL	3	PA, QL 8.40/30 days, Medical Necessity PA
Cycloplegic Mydriatic Combinations		
CYCLOMYDRIL SOLUTION 0.2-1 % OPHTHALMIC	3	
Cycloplegic Mydriatics		
atropine sulfate solution 1 % ophthalmic	3	Intrntl Medication System product not covered
CYCLOGYL SOLUTION 0.5 % OPHTHALMIC	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cycloplegic Mydriatics (continued)		
CYCLOGYL SOLUTION 1 % OPHTHALMIC	3	
CYCLOGYL SOLUTION 2 % OPHTHALMIC	3	
cyclopentolate hcl solution 0.5 % ophthalmic	1	
cyclopentolate hcl solution 1 % ophthalmic	1	
cyclopentolate hcl solution 2 % ophthalmic	1	
ISOPTO ATROPINE SOLUTION 1 % OPHTHALMIC	3	
ISOPTO HYOSCINE SOLUTION 0.25 % OPHTHALMIC	3	
MYDRIACYL SOLUTION 1 % OPHTHALMIC	3	
tropicamide solution 0.5 % ophthalmic	1	
tropicamide solution 1 % ophthalmic	1	
Lymphocyte Function-Associated Antigen-1 (LFA-1) Antag		
XIIDRA SOLUTION 5 % OPHTHALMIC	2	
Miotics - Cholinesterase Inhibitors		
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125 % OPHTHALMIC	3	
Miotics - Direct Acting		
ISOPTO CARBACHOL SOLUTION 3 % OPHTHALMIC	3	
ISOPTO CARPINE SOLUTION 2 % OPHTHALMIC	3	
pilocarpine hcl solution 1 % ophthalmic	1	
pilocarpine hcl solution 2 % ophthalmic	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Miotics - Direct Acting (continued)		
VUITY SOLUTION 1.25 % OPHTHALMIC	3	QL 2.50/25 days, Medical Necessity PA
Ophthalmic Antiallergic		
ALOCRIL SOLUTION 2 % OPHTHALMIC	3	
ALOMIDE SOLUTION 0.1 % OPHTHALMIC	3	
azelastine hcl solution 0.05 % ophthalmic	1	
bepotastine besilate solution 1.5 % ophthalmic	1	
BEPREVE SOLUTION 1.5 % OPHTHALMIC	3	
cromolyn sodium solution 4 % ophthalmic	1	
ELESTAT SOLUTION 0.05 % OPHTHALMIC	3	
EMADINE SOLUTION 0.05 % OPHTHALMIC	3	
epinastine hcl solution 0.05 % ophthalmic	1	
ZERVIATE SOLUTION 0.24 % OPHTHALMIC	3	QL 30/30 days
Ophthalmic Antibiotics		
AZASITE SOLUTION 1 % OPHTHALMIC	3	
bacitracin ointment 500 unit/gm ophthalmic	1	
BESIVANCE SUSPENSION 0.6 % OPHTHALMIC	3	
CILOXAN OINTMENT 0.3 % OPHTHALMIC	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Antibiotics (continued)		
CILOXAN SOLUTION 0.3 % OPHTHALMIC	2	
ciprofloxacin hcl solution 0.3 % ophthalmic	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
GARAMYCIN SOLUTION 0.3 % OPHTHALMIC	3	
gatifloxacin solution 0.5 % ophthalmic	1	
GENTAK OINTMENT 0.3 % OPHTHALMIC	1	
gentamicin sulfate ointment 0.3 % ophthalmic	1	
gentamicin sulfate solution 0.3 % ophthalmic	1	
levofloxacin solution 0.5 % ophthalmic	1	
MITOSOL KIT 0.2 MG OPHTHALMIC	3	
MOXEZA SOLUTION 0.5 % OPHTHALMIC	3	
moxifloxacin hcl solution 0.5 % ophthalmic	1	
OCUFLOX SOLUTION 0.3 % OPHTHALMIC	3	
ofloxacin solution 0.3 % ophthalmic	1	
tobramycin solution 0.3 % ophthalmic	1	
TOBREX OINTMENT 0.3 % OPHTHALMIC	3	
TOBREX SOLUTION 0.3 % OPHTHALMIC	3	
VIGAMOX SOLUTION 0.5 % OPHTHALMIC	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Antibiotics (continued)		
ZYMAXID SOLUTION 0.5 % OPHTHALMIC	3	
Ophthalmic Antifungal		
NATACYN SUSPENSION 5 % OPHTHALMIC	3	
Ophthalmic Anti-infective Combinations		
ak-poly-bac ointment 500-10000 unit/gm ophthalmic	1	
bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic	1	
neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic	1	
neomycin-polymyxin-gramicidin solution 1.75-10000-.025 ophthalmic	1	
NEO-POLYCIN OINTMENT 3.5-400-10000 OPHTHALMIC	3	
NEOSPORIN SOLUTION 1.75-10000-.025 OPHTHALMIC	3	
POLYCIN OINTMENT 500-10000 UNIT/GM OPHTHALMIC	3	
polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic	1	
POLYTRIM SOLUTION 10000-0.1 UNIT/ML-% OPHTHALMIC	3	
Ophthalmic Antiseptics		
BETADINE OPHTHALMIC PREP SOLUTION 5 % OPHTHALMIC	3	
Ophthalmic Antivirals		
trifluridine solution 1 % ophthalmic	1	
VIROPTIC SOLUTION 1 % OPHTHALMIC	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Antivirals (continued)		
ZIRGAN GEL 0.15 % OPHTHALMIC	3	
Ophthalmic Carbonic Anhydrase Inhibitors		
AZOPT SUSPENSION 1 % OPHTHALMIC	3	
brinzolamide suspension 1 % ophthalmic	1	
dorzolamide hcl solution 2 % ophthalmic	1	
TRUSOPT SOLUTION 2 % OPHTHALMIC	3	
Ophthalmic Decongestants		
naphazoline hcl solution 0.1 % ophthalmic	1	
Ophthalmic Diagnostic Products		
ak-fluor solution 10 % intravenous	1	
ak-fluor solution 25 % injection	1	
fluorescein solution 10 % intravenous	1	
FLUORESCITE SOLUTION 10 % INJECTION	3	
FLURA-SAFE SOLUTION 0.35-0.4 % OPHTHALMIC	3	
lissamine green strip 1.5 mg ophthalmic	1	
PAREMYD SOLUTION 1-0.25 % OPHTHALMIC	3	
Ophthalmic Ectoparasiticide		
XDEMVY SOLUTION 0.25 % OPHTHALMIC	3	PA, QL 10/365 days, SP
Ophthalmic Immunomodulators		
CEQUA SOLUTION 0.09 % OPHTHALMIC	3	PA, Medical Necessity PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Immunomodulators (continued)		
cyclosporine emulsion 0.05 % ophthalmic	1	
CYCLOSPORINE IN KLARITY EMULSION 0.1 % OPHTHALMIC	3	PA, QL 120/30 days, Medical Necessity PA
KLARITY-C DROPS EMULSION 0.1 % OPHTHALMIC	3	PA, QL 120/30 days, Medical Necessity PA
RESTASIS EMULSION 0.05 % OPHTHALMIC	3	
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	3	
VERKAZIA EMULSION 0.1 % OPHTHALMIC	3	PA, QL 120/30 days, Medical Necessity PA
VEVYE SOLUTION 0.1 % OPHTHALMIC	3	PA, QL 2/50 days, Medical Necessity PA
Ophthalmic Kinase Inhibitors - Combinations		
ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC	2	
Ophthalmic Local Anesthetics		
AKTEN GEL 3.5 % OPHTHALMIC	3	
ALCAINE SOLUTION 0.5 % OPHTHALMIC	3	
IHEEZO GEL 3 % OPHTHALMIC	3	PA, Medical Necessity PA
proparacaine hcl solution 0.5 % ophthalmic	1	
tetracaine hcl solution 0.5 % ophthalmic	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLUTION 0.002 % OPHTHALMIC	3	LA, PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Nonsteroidal Anti-inflammatory Agents		
ACULAR LS SOLUTION 0.4 % OPHTHALMIC	3	
ACULAR SOLUTION 0.5 % OPHTHALMIC	3	
ACUVAIL SOLUTION 0.45 % OPHTHALMIC	3	PA, Medical Necessity PA
bromfenac sodium (once-daily) solution 0.09 % ophthalmic	1	
bromfenac sodium solution 0.07 % ophthalmic	1	
bromfenac sodium solution 0.075 % ophthalmic	1	
bromfenac sodium solution 0.09 % ophthalmic	1	
BROMSITE SOLUTION 0.075 % OPHTHALMIC	3	
diclofenac sodium solution 0.1 % ophthalmic	1	
flurbiprofen sodium solution 0.03 % ophthalmic	1	
ILEVRO SUSPENSION 0.3 % OPHTHALMIC	3	
ketorolac tromethamine solution 0.4 % ophthalmic	1	
ketorolac tromethamine solution 0.5 % ophthalmic	1	
NEVANAC SUSPENSION 0.1 % OPHTHALMIC	3	
OCUFEN SOLUTION 0.03 % OPHTHALMIC	3	
PROLENSA SOLUTION 0.07 % OPHTHALMIC	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Rho Kinase Inhibitors		
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC	2	
Ophthalmic Selective Alpha Adrenergic Agonists		
ALPHAGAN P SOLUTION 0.1 % OPHTHALMIC	3	
ALPHAGAN P SOLUTION 0.15 % OPHTHALMIC	3	
apraclonidine hcl solution 0.5 % ophthalmic	1	
brimonidine tartrate solution 0.1 % ophthalmic	1	
brimonidine tartrate solution 0.15 % ophthalmic	1	
brimonidine tartrate solution 0.2 % ophthalmic	1	
IOPIDINE SOLUTION 0.5 % OPHTHALMIC	3	
IOPIDINE SOLUTION 1 % OPHTHALMIC	3	
Ophthalmic Steroid Combinations		
bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic	1	
BLEPHAMIDE S.O.P. OINTMENT 10-0.2 % OPHTHALMIC	2	
BLEPHAMIDE SUSPENSION 10-0.2 % OPHTHALMIC	3	
MAXITROL OINTMENT 3.5-10000-0.1 OPHTHALMIC	3	
MAXITROL SUSPENSION 3.5-10000-0.1 OPHTHALMIC	3	
neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Steroid Combinations (continued)		
neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic	1	
neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic	1	
NEO-POLYCIN HC OINTMENT 1 % OPHTHALMIC	3	
PRED-G S.O.P. OINTMENT 0.3-0.6 % OPHTHALMIC	3	
PRED-G SUSPENSION 0.3-1 % OPHTHALMIC	3	
sulfacetamide-prednisolone solution 10-0.23 % ophthalmic	1	
TOBRADEX OINTMENT 0.3-0.1 % OPHTHALMIC	3	
TOBRADEX ST SUSPENSION 0.3-0.05 % OPHTHALMIC	3	
TOBRADEX SUSPENSION 0.3-0.1 % OPHTHALMIC	3	
tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic	1	
ZYLET SUSPENSION 0.5-0.3 % OPHTHALMIC	3	
Ophthalmic Steroids		
ALREX SUSPENSION 0.2 % OPHTHALMIC	3	
clobetasol propionate suspension 0.05 % ophthalmic	3	PA, Medical Necessity PA
dexamethasone sodium phosphate solution 0.1 % ophthalmic	1	
difluprednate emulsion 0.05 % ophthalmic	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Steroids (continued)		
DUREZOL EMULSION 0.05 % OPHTHALMIC	3	
EYSUVIS SUSPENSION 0.25 % OPHTHALMIC	3	
FLAREX SUSPENSION 0.1 % OPHTHALMIC	3	
fluorometholone suspension 0.1 % ophthalmic	1	
FML FORTE SUSPENSION 0.25 % OPHTHALMIC	3	
FML LIQUIFILM SUSPENSION 0.1 % OPHTHALMIC	3	
FML OINTMENT 0.1 % OPHTHALMIC	3	
INVELTYS SUSPENSION 1 % OPHTHALMIC	3	
LOTEMAX GEL 0.5 % OPHTHALMIC	3	
LOTEMAX OINTMENT 0.5 % OPHTHALMIC	3	
LOTEMAX SM GEL 0.38 % OPHTHALMIC	3	
LOTEMAX SUSPENSION 0.5 % OPHTHALMIC	3	
loteprednol etabonate gel 0.5 % ophthalmic	1	
loteprednol etabonate suspension 0.2 % ophthalmic	1	
loteprednol etabonate suspension 0.5 % ophthalmic	1	
MAXIDEX SUSPENSION 0.1 % OPHTHALMIC	3	
OMNIPRED SUSPENSION 1 % OPHTHALMIC	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Steroids (continued)		
PRED FORTE SUSPENSION 1 % OPHTHALMIC	3	
PRED MILD SUSPENSION 0.12 % OPHTHALMIC	3	
prednisolone acetate suspension 1 % ophthalmic	1	
prednisolone sodium phosphate solution 1 % ophthalmic	2	
Ophthalmic Sulfonamides		
BLEPH-10 SOLUTION 10 % OPHTHALMIC	3	
sulfacetamide sodium ointment 10 % ophthalmic	1	
sulfacetamide sodium solution 10 % ophthalmic	1	
Ophthalmic Surgical Aids		
GELFILM FILM OPHTHALMIC	3	
MEMBRANEBLUE SOLUTION 0.15 % OPHTHALMIC	3	
MEMBRANEBLUE SOLUTION PREFILLED SYRINGE 0.15 % INTRAOCULAR	3	
VISIONBLUE SOLUTION 0.06 % OPHTHALMIC	3	
VISIONBLUE SOLUTION PREFILLED SYRINGE 0.06 % INTRAOCULAR	3	
Ophthalmics - Blepharoptosis Agents		
UPNEEQ SOLUTION 0.1 % OPHTHALMIC	3	PA, QL 30/30 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmics - Cystinosis Agents		
CYSTADROPS SOLUTION 0.37 % OPHTHALMIC	3	PA, SP
CYSTARAN SOLUTION 0.44 % OPHTHALMIC	3	LA, PA, SP
Ophthalmics Misc. - Other		
MIEBO SOLUTION 1.338 GM/ML OPHTHALMIC	3	PA, QL 12/30 days, Medical Necessity PA
Prostaglandins - Ophthalmic		
bimatoprost solution 0.03 % ophthalmic	1	
IYUZEH SOLUTION 0.005 % OPHTHALMIC	3	QL 30/30 days
latanoprost solution 0.005 % ophthalmic	1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	
RESCULA SOLUTION 0.15 % OPHTHALMIC	3	
tafluprost (pf) solution 0.0015 % ophthalmic	1	
TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC	3	
travoprost (bak free) solution 0.004 % ophthalmic	1	
VYZULTA SOLUTION 0.024 % OPHTHALMIC	3	PA, Medical Necessity PA
XALATAN SOLUTION 0.005 % OPHTHALMIC	3	
XELPROS EMULSION 0.005 % OPHTHALMIC	3	
ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
OTIC AGENTS		
Otic Agents - Miscellaneous		
acetic acid solution 2 % otic	1	
acetic acid-aluminum acetate solution 2 % otic	1	
Otic Anti-infectives		
CETRAXAL SOLUTION 0.2 % OTIC	3	
ciprofloxacin hcl solution 0.2 % otic	1	
ofloxacin solution 0.3 % otic	1	
Otic Steroid-Anti-infective Combinations		
CIPRO HC SUSPENSION 0.2-1 % OTIC	3	
CIPRODEX SUSPENSION 0.3-0.1 % OTIC	3	PA, Medical Necessity PA
ciprofloxacin-dexamethasone suspension 0.3-0.1 % otic	1	
ciprofloxacin-fluocinolone pf solution 0.3-0.025 % otic	1	
COLY-MYCIN S SUSPENSION 3.3-3-10-0.5 MG/ML OTIC	3	
CORTISPORIN SOLUTION 3.5-10000-1 OTIC	3	
CORTISPORIN-TC SUSPENSION 3.3-3-10-0.5 MG/ML OTIC	3	
neomycin-polymyxin-hc solution 3.5-10000-1 otic	1	
neomycin-polymyxin-hc suspension 3.5-10000-1 otic	1	
OTOVEL SOLUTION 0.3-0.025 % OTIC	3	
Otic Steroids		
ACETASOL HC SOLUTION 2-1 % OTIC	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Otic Steroids (continued)		
DERMOTIC OIL 0.01 % OTIC	3	
FLAC OIL 0.01 % OTIC	1	
fluocinolone acetonide oil 0.01 % otic	1	
hydrocortisone-acetic acid solution 1-2 % otic	1	
OXYTOCICS		
Abortifacients/Cervical Ripening - Prostaglandins		
CERVIDIL INSERT 10 MG VAGINAL	3	
HEMABATE SOLUTION 250 MCG/ML INTRAMUSCULAR	3	
PREPIDIL GEL 0.5 MG/3GM VAGINAL	3	
PROSTIN E2 SUPPOSITORY 20 MG VAGINAL	3	
Oxytocics		
METHERGINE SOLUTION 0.2 MG/ML INJECTION	3	
METHERGINE TABLET 0.2 MG ORAL	1	QL 28/90 days
methylergonovine maleate solution 0.2 mg/ml injection	1	
methylergonovine maleate tablet 0.2 mg oral	1	QL 28/90 days
oxytocin solution 10 unit/ml injection	1	
PITOCIN SOLUTION 10 UNIT/ML INJECTION	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
Antiviral Monoclonal Antibodies		
BEYFORTUS SOLUTION PREFILLED SYRINGE 100 MG/ML INTRAMUSCULAR	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiviral Monoclonal Antibodies (continued)		
BEYFORTUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML INTRAMUSCULAR	0	
SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR	3	PA, SP, Prudent
SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR	3	PA, SP, Prudent
Immune Serums		
ALYGLO SOLUTION 10 GM/100ML INTRAVENOUS	3	PA, SP
ALYGLO SOLUTION 20 GM/200ML INTRAVENOUS	3	PA, SP
ALYGLO SOLUTION 5 GM/50ML INTRAVENOUS	3	PA, SP
CUTAQUIG SOLUTION 1 GM/6ML SUBCUTANEOUS	3	PA, SP, Prudent
CUTAQUIG SOLUTION 1.65 GM/10ML SUBCUTANEOUS	3	PA, SP, Prudent
CUTAQUIG SOLUTION 2 GM/12ML SUBCUTANEOUS	3	PA, SP, Prudent
CUTAQUIG SOLUTION 3.3 GM/20ML SUBCUTANEOUS	3	PA, SP, Prudent
CUTAQUIG SOLUTION 4 GM/24ML SUBCUTANEOUS	3	PA, SP, Prudent
CUTAQUIG SOLUTION 8 GM/48ML SUBCUTANEOUS	3	PA, SP, Prudent
CUVITRU SOLUTION 1 GM/5ML SUBCUTANEOUS	3	PA, SP, Prudent
CUVITRU SOLUTION 10 GM/50ML SUBCUTANEOUS	3	PA, SP, Prudent
CUVITRU SOLUTION 2 GM/10ML SUBCUTANEOUS	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immune Serums (continued)		
CUVITRU SOLUTION 4 GM/20ML SUBCUTANEOUS	3	PA, SP, Prudent
CUVITRU SOLUTION 8 GM/40ML SUBCUTANEOUS	3	PA, SP, Prudent
HEPAGAM B SOLUTION 312 UNIT/ML INJECTION	3	Prudent
HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS	3	PA, SP, Prudent
HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS	3	PA, SP, Prudent
HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS	3	PA, SP, Prudent
HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS	3	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 1 GM/5ML SUBCUTANEOUS	3	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 10 GM/50ML SUBCUTANEOUS	3	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 2 GM/10ML SUBCUTANEOUS	3	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 4 GM/20ML SUBCUTANEOUS	3	PA, SP, Prudent
HYPERHEP B SOLUTION 220 UNIT/ML INTRAMUSCULAR	3	Prudent
HYPERHEP B SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML INTRAMUSCULAR	3	SP, Prudent
HYPERHEP B SOLUTION PREFILLED SYRINGE 220 UNIT/ML INTRAMUSCULAR	3	SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immune Serums (continued)		
HYPERRAB S/D SOLUTION 1500 UNIT/10ML INJECTION	3	
HYPERRAB S/D SOLUTION 300 UNIT/2ML INJECTION	3	
HYPERRAB SOLUTION 1500 UNIT/5ML INJECTION	3	
HYPERRAB SOLUTION 300 UNIT/ML INJECTION	3	
HYPERTET S/D INJECTABLE 250 UNIT/ML INTRAMUSCULAR	3	
HYPERTET S/D SOLUTION PREFILLED SYRINGE 250 UNIT/ML INTRAMUSCULAR	3	
HYPERTET SOLUTION PREFILLED SYRINGE 250 UNIT/ML INTRAMUSCULAR	3	
IMOGAM RABIES-HT INJECTABLE 150 UNIT/ML INTRAMUSCULAR	3	
NABI-HB SOLUTION 312 UNIT/ML INTRAMUSCULAR	3	Prudent
XEMBIFY SOLUTION 1 GM/5ML SUBCUTANEOUS	3	PA, SP, Prudent
XEMBIFY SOLUTION 10 GM/50ML SUBCUTANEOUS	3	PA, SP, Prudent
XEMBIFY SOLUTION 2 GM/10ML SUBCUTANEOUS	3	PA, SP, Prudent
XEMBIFY SOLUTION 4 GM/20ML SUBCUTANEOUS	3	PA, SP, Prudent
PENICILLINS		
Aminopenicillins		
amoxicillin capsule 250 mg oral	1	
amoxicillin capsule 500 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Aminopenicillins (continued)		
amoxicillin suspension reconstituted 125 mg/5ml oral	1	
amoxicillin suspension reconstituted 200 mg/5ml oral	1	
amoxicillin suspension reconstituted 250 mg/5ml oral	1	
amoxicillin suspension reconstituted 400 mg/5ml oral	1	
amoxicillin tablet 500 mg oral	1	
amoxicillin tablet 875 mg oral	1	
amoxicillin tablet chewable 125 mg oral	1	
amoxicillin tablet chewable 250 mg oral	1	
ampicillin capsule 250 mg oral	1	
ampicillin capsule 500 mg oral	1	
ampicillin suspension reconstituted 125 mg/5ml oral	1	
ampicillin suspension reconstituted 250 mg/5ml oral	1	
MOXATAG TABLET EXTENDED RELEASE 24 HOUR 775 MG ORAL	3	
Natural Penicillins		
penicillin g procaine suspension 600000 unit/ml intramuscular	2	
penicillin v potassium solution reconstituted 125 mg/5ml oral	1	
penicillin v potassium solution reconstituted 250 mg/5ml oral	1	
penicillin v potassium tablet 250 mg oral	1	
penicillin v potassium tablet 500 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Penicillin Combinations		
amoxicillin-pot clavulanate er tablet extended release 12 hour 1000-62.5 mg oral	1	
amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral	1	
amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral	1	
amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral	1	
amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral	1	
amoxicillin-pot clavulanate tablet 250-125 mg oral	1	
amoxicillin-pot clavulanate tablet 500-125 mg oral	1	
amoxicillin-pot clavulanate tablet 875-125 mg oral	1	
amoxicillin-pot clavulanate tablet chewable 200-28.5 mg oral	1	
amoxicillin-pot clavulanate tablet chewable 400-57 mg oral	1	
AUGMENTIN ES-600 SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ORAL	3	
AUGMENTIN SUSPENSION RECONSTITUTED 125-31.25 MG/5ML ORAL	3	
AUGMENTIN SUSPENSION RECONSTITUTED 250-62.5 MG/5ML ORAL	3	
AUGMENTIN TABLET 500-125 MG ORAL	3	
AUGMENTIN TABLET 875-125 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Penicillin Combinations (continued)		
AUGMENTIN XR TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG ORAL	3	
UNASYN SOLUTION RECONSTITUTED 1.5 (1-0.5) GM INJECTION	3	
UNASYN SOLUTION RECONSTITUTED 15 (10-5) GM INJECTION	3	
UNASYN SOLUTION RECONSTITUTED 3 (2-1) GM INJECTION	3	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium capsule 250 mg oral	1	
dicloxacillin sodium capsule 500 mg oral	1	
PHARMACEUTICAL ADJUVANTS		
Gelatin Capsules (Empty)		
capsule #1-drcaps capsule	1	
capsule coni-snap #1 pink capsule	1	
capsule locking #0 clear capsule	1	
capsule locking #0 clear/white capsule	1	
capsule locking #1 clear capsule	1	
capsule locking #1 clear/white capsule	1	
capsule locking #1 opaq/white capsule	1	
capsule locking #3 clear capsule	1	
capsule locking #3 clear/white capsule	1	
empty capsule size 3 red/white capsule	1	
Oral Vehicles		
SYRPALTA SYRUP 85 % ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Oral Vehicles (continued)		
SYRPALTA SYRUP ORAL	1	
Parenteral Vehicles		
bacteriostatic water(benz alc) solution injection	1	
saline-benzyl alcohol solution 0.9 % injection	1	
saline-phenol solution 0.4-0.9 % injection	1	
PROGESTINS		
Progestins		
AYGESTIN TABLET 5 MG ORAL	3	
medroxyprogesterone acetate tablet 10 mg oral	1	
medroxyprogesterone acetate tablet 2.5 mg oral	1	
medroxyprogesterone acetate tablet 5 mg oral	1	
MEGACE ES SUSPENSION 625 MG/5ML ORAL	3	ST
megestrol acetate suspension 625 mg/5ml oral	1	ST
norethindrone acetate tablet 5 mg oral	1	
progesterone capsule 100 mg oral	1	
progesterone capsule 200 mg oral	1	
progesterone micronized capsule 100 mg oral	1	
progesterone micronized capsule 200 mg oral	1	
progesterone oil 50 mg/ml intramuscular	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Progestins (continued)		
PROMETRIUM CAPSULE 100 MG ORAL	3	
PROMETRIUM CAPSULE 200 MG ORAL	3	
PROVERA TABLET 10 MG ORAL	3	
PROVERA TABLET 2.5 MG ORAL	3	
PROVERA TABLET 5 MG ORAL	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
Agents for Opioid Withdrawal		
LUCEMYRA TABLET 0.18 MG ORAL	3	PA, QL 224/14 days, Medical Necessity PA
Alcohol Deterrents		
acamprosate calcium tablet delayed release 333 mg oral	1	
ANTABUSE TABLET 250 MG ORAL	3	
ANTABUSE TABLET 500 MG ORAL	3	
disulfiram tablet 250 mg oral	1	
disulfiram tablet 500 mg oral	1	
Anti-Cataplectic Agents		
LUMRYZ PACKET 4.5 GM ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 6 GM ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 7.5 GM ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 9 GM ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
sodium oxybate solution 500 mg/ml oral	3	LA, PA, QL 540/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-Cataplectic Agents (continued)		
XYREM SOLUTION 500 MG/ML ORAL	3	LA, PA, QL 540/30 days, SP, Prudent
Anti-Cataplectic Combinations		
XYWAV SOLUTION 500 MG/ML ORAL	3	LA, PA, QL 540/30 days, SP, Prudent
Antidementia Agent Combinations		
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG ORAL	3	PA, Medical Necessity PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	3	PA, Medical Necessity PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	3	PA, Medical Necessity PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	3	PA, Medical Necessity PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	3	PA, Medical Necessity PA
Antisense Oligonucleotide (ASO) Inhibitor Agents		
WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS	3	LA, PA, QL 0.80/28 days, SP
Benzodiazepines & Tricyclic Agents		
chlordiazepoxide-amitriptyline tablet 10-25 mg oral	1	
chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral	1	
Cholinomimetics - ACHE Inhibitors		
ADLARITY PATCH WEEKLY 10 MG/DAY TRANSDERMAL	3	PA, QL 4/28 days, Medical Necessity PA
ADLARITY PATCH WEEKLY 5 MG/DAY TRANSDERMAL	3	PA, QL 4/28 days, Medical Necessity PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cholinomimetics - ACHE Inhibitors (continued)		
ARICEPT TABLET 10 MG ORAL	3	QL 30/30 days
ARICEPT TABLET 23 MG ORAL	3	QL 30/30 days
ARICEPT TABLET 5 MG ORAL	3	
donepezil hcl tablet 10 mg oral	1	QL 30/30 days
donepezil hcl tablet 23 mg oral	1	QL 30/30 days
donepezil hcl tablet 5 mg oral	1	
donepezil hcl tablet dispersible 10 mg oral	1	QL 30/30 days
donepezil hcl tablet dispersible 5 mg oral	1	QL 30/30 days
EXELON CAPSULE 1.5 MG ORAL	3	QL 60/30 days
EXELON CAPSULE 3 MG ORAL	3	QL 60/30 days
EXELON CAPSULE 4.5 MG ORAL	3	QL 60/30 days
EXELON CAPSULE 6 MG ORAL	3	QL 60/30 days
EXELON PATCH 24 HOUR 13.3 MG/24HR TRANSDERMAL	3	
EXELON PATCH 24 HOUR 4.6 MG/24HR TRANSDERMAL	3	
EXELON PATCH 24 HOUR 9.5 MG/24HR TRANSDERMAL	3	
galantamine hydrobromide er capsule extended release 24 hour 16 mg oral	1	
galantamine hydrobromide er capsule extended release 24 hour 24 mg oral	1	
galantamine hydrobromide er capsule extended release 24 hour 8 mg oral	1	QL 30/30 days
galantamine hydrobromide solution 4 mg/ml oral	1	
galantamine hydrobromide tablet 12 mg oral	1	
galantamine hydrobromide tablet 4 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cholinomimetics - ACHE Inhibitors (continued)		
galantamine hydrobromide tablet 8 mg oral	1	
RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 16 MG ORAL	3	
RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 24 MG ORAL	3	
RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 8 MG ORAL	3	QL 30/30 days
RAZADYNE TABLET 12 MG ORAL	3	
RAZADYNE TABLET 4 MG ORAL	3	
RAZADYNE TABLET 8 MG ORAL	3	
rivastigmine patch 24 hour 13.3 mg/24hr transdermal	1	
rivastigmine patch 24 hour 4.6 mg/24hr transdermal	1	
rivastigmine patch 24 hour 9.5 mg/24hr transdermal	1	
rivastigmine tartrate capsule 1.5 mg oral	1	QL 60/30 days
rivastigmine tartrate capsule 3 mg oral	1	QL 60/30 days
rivastigmine tartrate capsule 4.5 mg oral	1	QL 60/30 days
rivastigmine tartrate capsule 6 mg oral	1	QL 60/30 days
Fibromyalgia Agent - SNRIs		
SAVELLA TABLET 100 MG ORAL	3	QL 60/30 days, ST
SAVELLA TABLET 12.5 MG ORAL	3	QL 60/30 days, ST
SAVELLA TABLET 25 MG ORAL	3	QL 60/30 days, ST
SAVELLA TABLET 50 MG ORAL	3	QL 60/30 days, ST
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL	3	QL 55/28 days, ST

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Melanocortin Receptor Agonists		
VYLEESI SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML SUBCUTANEOUS	3	PA, QL 2.40/30 days, Initial fill quantity limit 1.2 ml per 15 days
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TABLET THERAPY PACK 6 & 9 & 12 MG ORAL	3	PA, SP
AUSTEDO TABLET 12 MG ORAL	3	PA, QL 120/30 days, SP, Prudent
AUSTEDO TABLET 6 MG ORAL	3	PA, QL 90/30 days, SP, Prudent
AUSTEDO TABLET 9 MG ORAL	3	PA, QL 90/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL	3	PA, QL 60/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	3	PA, QL 90/30 days, SP, Prudent
INGREZZA CAPSULE 40 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
INGREZZA CAPSULE 60 MG ORAL	3	PA, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Movement Disorder Drug Therapy (continued)		
INGREZZA CAPSULE 80 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
INGREZZA CAPSULE SPRINKLE 40 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
INGREZZA CAPSULE SPRINKLE 60 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
INGREZZA CAPSULE SPRINKLE 80 MG ORAL	3	PA, QL 28/28 days, SP, Medical Necessity PA, Prudent
INGREZZA CAPSULE THERAPY PACK 40 & 80 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
tetrabenazine tablet 12.5 mg oral	1	PA, QL 90/30 days, SP, Prudent
tetrabenazine tablet 25 mg oral	1	PA, QL 120/30 days, Prudent
XENAZINE TABLET 12.5 MG ORAL	3	PA, QL 90/30 days, SP, Prudent
XENAZINE TABLET 25 MG ORAL	3	PA, QL 120/30 days, SP, Prudent
MS Agents - Pyrimidine Synthesis Inhibitors		
AUBAGIO TABLET 14 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
AUBAGIO TABLET 7 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
teriflunomide tablet 14 mg oral	1	QL 30/30 days, SP, Prudent
teriflunomide tablet 7 mg oral	1	QL 30/30 days, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents		
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	3	PA, QL 12/28 days, SP, Medical Necessity PA, Prudent
glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous	1	QL 30/30 days, SP, Prudent
glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous	1	QL 12/28 days, SP, Prudent
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	1	QL 30/30 days, SP, Prudent
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	1	QL 12/28 days, SP, Prudent
Multiple Sclerosis Agents - Antimetabolites		
MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL	3	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL	3	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL	3	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL	3	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL	3	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL	3	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL	3	LA, PA, QL 20/365 days, SP, Prudent
Multiple Sclerosis Agents - Interferons		
AVONEX KIT 30 MCG INTRAMUSCULAR	3	PA, QL 4/28 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents - Interferons (continued)		
AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR	3	PA, QL 4/28 days, SP, Prudent
AVONEX PEN KIT 30 MCG/0.5ML INTRAMUSCULAR	3	PA, QL 4/28 days, SP
AVONEX PREFILLED KIT 30 MCG/0.5ML INTRAMUSCULAR	3	PA, QL 4/28 days, SP
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR	3	PA, QL 4/28 days, SP, Prudent
BETASERON KIT 0.3 MG SUBCUTANEOUS	3	PA, QL 15/30 days, SP, Prudent
BETASERON SOLUTION RECONSTITUTED 0.3 MG SUBCUTANEOUS	3	PA, QL 15/30 days, SP
EXTAVIA KIT 0.3 MG SUBCUTANEOUS	3	PA, QL 15/30 days, SP, Medical Necessity PA, Prudent
EXTAVIA SOLUTION RECONSTITUTED 0.3 MG SUBCUTANEOUS	3	PA, QL 15/30 days, SP, Medical Necessity PA
PLEGRIDY SOLUTION AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Prudent
PLEGRIDY SOLUTION PEN-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Prudent
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML INTRAMUSCULAR	3	PA, QL 1/28 days, SP, Prudent
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Prudent
PLEGRIDY STARTER PACK SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents - Interferons (continued)		
PLEGRIDY STARTER PACK SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Prudent
PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days, SP, Prudent
REBIF REBIDOSE SOLUTION 22 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days, SP
REBIF REBIDOSE SOLUTION 44 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days, SP
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days, SP, Prudent
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days, SP, Prudent
REBIF REBIDOSE TITRATION PACK SOLUTION 6X8.8 & 6X22 MCG SUBCUTANEOUS	3	PA, QL 6/28 days, SP
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS	3	PA, QL 6/28 days, SP, Prudent
REBIF SOLUTION 22 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days, SP
REBIF SOLUTION 44 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days, SP
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days, SP, Prudent
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days, SP, Prudent
REBIF TITRATION PACK SOLUTION 6X8.8 & 6X22 MCG SUBCUTANEOUS	3	PA, QL 6/28 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents - Interferons (continued)		
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS	3	PA, QL 6/28 days, SP, Prudent
Multiple Sclerosis Agents - Monoclonal Antibodies		
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	PA, SP, Medical Necessity PA, Prudent
Multiple Sclerosis Agents - Nrf2 Pathway Activators		
BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL	3	PA, QL 120/30 days, SP, Prudent
dimethyl fumarate capsule delayed release 120 mg oral	1	QL 60/30 days, SP, Prudent
dimethyl fumarate capsule delayed release 240 mg oral	1	QL 60/30 days, SP, Prudent
dimethyl fumarate starter pack 120 & 240 mg oral	1	QL 60/30 days, SP
dimethyl fumarate starter pack capsule delayed release therapy pack 120 & 240 mg oral	1	QL 60/30 days, SP, Prudent
TECFIDERA 120 & 240 MG ORAL	3	PA, QL 60/30 days, SP, Medical Necessity PA
TECFIDERA CAPSULE DELAYED RELEASE 120 MG ORAL	3	PA, QL 60/30 days, SP, Medical Necessity PA, Prudent
TECFIDERA CAPSULE DELAYED RELEASE 240 MG ORAL	3	PA, QL 60/30 days, SP, Medical Necessity PA
TECFIDERA CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ORAL	3	PA, QL 60/30 days, SP, Medical Necessity PA, Prudent
VUMERITY (STARTER) CAPSULE DELAYED RELEASE 231 MG ORAL	3	PA, QL 106/30 days, SP
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL	3	PA, QL 120/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents - Potassium Channel Blockers		
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL	3	PA, QL 60/30 days, SP, Medical Necessity PA, Prudent
dalfampridine er tablet extended release 12 hour 10 mg oral	1	QL 60/30 days, SP, Prudent
N-Methyl-D-Aspartate (NMDA) Receptor Antagonists		
memantine hcl er capsule extended release 24 hour 14 mg oral	1	QL 30/30 days
memantine hcl er capsule extended release 24 hour 21 mg oral	1	QL 30/30 days
memantine hcl er capsule extended release 24 hour 28 mg oral	1	QL 30/30 days
memantine hcl er capsule extended release 24 hour 7 mg oral	1	QL 30/30 days
memantine hcl solution 2 mg/ml oral	1	
memantine hcl tablet 10 mg oral	1	
memantine hcl tablet 28 x 5 mg & 21 x 10 mg oral	1	
memantine hcl tablet 5 mg oral	1	
NAMENDA SOLUTION 10 MG/5ML ORAL	3	
NAMENDA TABLET 10 MG ORAL	3	
NAMENDA TABLET 5 MG ORAL	3	
NAMENDA TITRATION PAK TABLET 28 X 5 MG & 21 X 10 MG ORAL	3	
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 14 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 21 MG ORAL	3	PA, Medical Necessity PA
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 28 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
N-Methyl-D-Aspartate (NMDA) Receptor Antagonists (continued)		
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 7 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
NAMENDA XR TITRATION PACK CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG ORAL	3	PA, Medical Necessity PA
Phenothiazines & Tricyclic Agents		
perphenazine-amitriptyline tablet 2-10 mg oral	1	
perphenazine-amitriptyline tablet 2-25 mg oral	1	
perphenazine-amitriptyline tablet 4-10 mg oral	1	
perphenazine-amitriptyline tablet 4-25 mg oral	1	
perphenazine-amitriptyline tablet 4-50 mg oral	1	
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
gabapentin (once-daily) tablet 300 mg oral	1	QL 180/30 days, ST
gabapentin (once-daily) tablet 600 mg oral	1	QL 90/30 days, ST
GRALISE STARTER 300 & 600 MG ORAL	3	ST
GRALISE TABLET 300 MG ORAL	3	QL 180/30 days, ST
GRALISE TABLET 450 MG ORAL	3	QL 90/30 days, ST
GRALISE TABLET 600 MG ORAL	3	QL 90/30 days, ST
GRALISE TABLET 750 MG ORAL	3	QL 60/30 days, ST
GRALISE TABLET 900 MG ORAL	3	QL 60/30 days, ST
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents (continued)		
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330 MG ORAL	3	PA, Medical Necessity PA
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 82.5 MG ORAL	3	PA, Medical Necessity PA
pregabalin er tablet extended release 24 hour 165 mg oral	1	PA, Medical Necessity PA
pregabalin er tablet extended release 24 hour 330 mg oral	1	PA, Medical Necessity PA
pregabalin er tablet extended release 24 hour 82.5 mg oral	1	PA, Medical Necessity PA
Postherpetic Neuralgia(PHN)/Neuropathic Pain Comb Agents		
CONVENIENCE PAK THERAPY PACK 600 & 5 MG & % COMBINATION	3	PA, Medical Necessity PA
GABACAINE THERAPY PACK 300 & 5 MG & % COMBINATION	3	PA, Medical Necessity PA
GABAPAL THERAPY PACK 100 & 3.88 MG & % COMBINATION	3	PA, Medical Necessity PA
GPL PAK THERAPY PACK 300-4.12 MG-% COMBINATION	3	PA, Medical Necessity PA
LIDO GB-300 THERAPY PACK 300 & 4.12 MG & % COMBINATION	3	PA, Medical Necessity PA
LIDOTIN THERAPY PACK 100-3.88 MG-% COMBINATION	3	PA, Medical Necessity PA
LIPRITIN II THERAPY PACK 100-2.5-2.5 MG-% COMBINATION	3	PA, Medical Necessity PA
LIPRITIN THERAPY PACK 100 MG COMBINATION	3	PA, Medical Necessity PA
PENTICAN THERAPY PACK 100 & 5 MG & % COMBINATION	3	PA, Medical Necessity PA
PRILOPENTIN THERAPY PACK 300-2.5-2.5 MG-% COMBINATION	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Premenstrual Dysphoric Disorder (PMDD) Agents - SSRIs		
fluoxetine hcl (pmdd) capsule 10 mg oral	1	
fluoxetine hcl (pmdd) capsule 20 mg oral	1	
fluoxetine hcl (pmdd) tablet 10 mg oral	1	PA, Medical Necessity PA
fluoxetine hcl (pmdd) tablet 20 mg oral	1	PA, Medical Necessity PA
SARAFEM TABLET 10 MG ORAL	3	PA, Medical Necessity PA
SARAFEM TABLET 20 MG ORAL	3	PA, Medical Necessity PA
Pseudobulbar Affect Agent Combinations		
NUEDEXTA CAPSULE 20-10 MG ORAL	3	PA, QL 2/1 days
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates tablet 1 mg oral	1	LEDL
ORAP TABLET 1 MG ORAL	3	
ORAP TABLET 2 MG ORAL	3	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL	3	ST
HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL	3	ST
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag		
ADDYI TABLET 100 MG ORAL	3	PA
Smoking Deterrents		
apo-varenicline tablet 0.5 mg oral	3	QL 168/365 days
apo-varenicline tablet 1 mg oral	3	QL 168/365 days

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Smoking Deterrents (continued)		
bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral	0	QL 168/365 days, ACA NCDL, limitations may apply
CHANTIX CONTINUING MONTH PAK TABLET 1 MG ORAL	3	QL 168/365 days
CHANTIX STARTING MONTH PAK TABLET 0.5 MG X 11 & 1 MG X 42 ORAL	3	QL 168/365 days
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 ORAL	3	QL 168/365 days
CHANTIX TABLET 0.5 MG ORAL	3	QL 168/365 days
CHANTIX TABLET 1 MG ORAL	3	QL 168/365 days
NICOTROL INHALER 10 MG INHALATION	0	QL 168/365 days, ACA NCDL, limitations may apply
NICOTROL NS SOLUTION 10 MG/ML NASAL	0	QL 168/365 days, ACA NCDL, limitations may apply
varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	0	QL 168/365 days, ACA NCDL, limitations may apply
varenicline tartrate 0.5 mg x 11 & 1 mg x 42 oral	0	QL 168/365 days, ACA NCDL, limitations may apply
varenicline tartrate tablet 0.5 mg oral	0	QL 168/365 days, ACA NCDL, limitations may apply
varenicline tartrate tablet 1 mg oral	0	QL 168/365 days, ACA NCDL, limitations may apply
varenicline tartrate tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	0	QL 168/365 days, ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Smoking Deterrents (continued)		
ZYBAN TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL	3	
Sphingosine 1-Phosphate (S1P) Receptor Modulators		
fingolimod hcl capsule 0.5 mg oral	1	QL 30/30 days, SP, Prudent
GILENYA CAPSULE 0.25 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
GILENYA CAPSULE 0.5 MG ORAL	3	PA, QL 30/30 days, SP, Medical Necessity PA, Prudent
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	3	PA, SP, Prudent
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	3	PA, SP, Prudent
MAYZENT TABLET 0.25 MG ORAL	3	PA, QL 120/30 days, SP, Prudent
MAYZENT TABLET 1 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
MAYZENT TABLET 2 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL	3	PA, QL 14/14 days, SP, Prudent
PONVORY TABLET 20 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL	3	LA, PA, QL 30/30 days, SP, Medical Necessity PA
TASCENSO ODT TABLET DISPERSIBLE 0.5 MG ORAL	3	LA, PA, QL 30/30 days, SP, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sphingosine 1-Phosphate (S1P) Receptor Modulators (continued)		
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL	3	PA, QL 7/7 days, SP, Prudent
ZEPOSIA CAPSULE 0.92 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) ORAL	3	PA, QL 28/28 days, SP, Prudent
Thienbenzodiazepines & Opioid Antagonists		
LYBALVI TABLET 10-10 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
LYBALVI TABLET 15-10 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
LYBALVI TABLET 20-10 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
LYBALVI TABLET 5-10 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Thienbenzodiazepines & SSRIs		
olanzapine-fluoxetine hcl capsule 12-25 mg oral	1	ST
olanzapine-fluoxetine hcl capsule 12-50 mg oral	1	ST
olanzapine-fluoxetine hcl capsule 3-25 mg oral	1	QL 30/30 days, ST
olanzapine-fluoxetine hcl capsule 6-25 mg oral	1	QL 30/30 days, ST
olanzapine-fluoxetine hcl capsule 6-50 mg oral	1	ST
SYMBYAX CAPSULE 12-25 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
SYMBYAX CAPSULE 12-50 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thienbenzodiazepines & SSRIs (continued)		
SYMBYAX CAPSULE 3-25 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
SYMBYAX CAPSULE 6-25 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
SYMBYAX CAPSULE 6-50 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Vasomotor Symptom Agents - SSRIs		
BRISDELLE CAPSULE 7.5 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
paroxetine mesylate capsule 7.5 mg oral	1	QL 30/30 days
RESPIRATORY AGENTS - MISC.		
CFTR Potentiators		
KALYDECO PACKET 13.4 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 25 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 5.8 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 50 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 75 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO TABLET 150 MG ORAL	3	LA, PA, QL 60/30 days, SP, Prudent
Cystic Fibrosis Agent - Combinations		
ORKAMBI PACKET 100-125 MG ORAL	3	LA, PA, QL 56/28 days, Partial fill, Prudent
ORKAMBI PACKET 150-188 MG ORAL	3	LA, PA, QL 56/28 days, Partial fill, Prudent
ORKAMBI PACKET 75-94 MG ORAL	3	LA, PA, QL 56/28 days, Partial fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cystic Fibrosis Agent - Combinations (continued)		
ORKAMBI TABLET 100-125 MG ORAL	3	LA, PA, QL 112/28 days, Partial fill, Prudent
ORKAMBI TABLET 200-125 MG ORAL	3	LA, PA, QL 112/28 days, Partial fill, Prudent
SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	3	LA, PA, QL 84/28 days, SP, Prudent
TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL	3	LA, PA, QL 84/28 days, SP, Prudent
TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL	3	LA, PA, QL 56/28 days, SP, Prudent
Cystic Fibrosis Agents - Miscellaneous		
BRONCHITOL CAPSULE 40 MG INHALATION	3	PA, QL 560/28 days, SP, Prudent
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	3	PA, QL 560/28 days, SP, Prudent
Hydrolytic Enzymes		
PULMOZYME SOLUTION 1 MG/ML INHALATION	3	PA, SP, Prudent
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	3	PA, SP, Prudent
Pleural Sclerosing Agents		
SCLEROSOL INTRAPLEURAL AEROSOL POWDER 4 GM INTRAPLEURAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Pleural Sclerosing Agents (continued)		
STERILE TALC POWDER SUSPENSION RECONSTITUTED 5 GM INTRAPLEURAL	3	
Pulmonary Fibrosis Agents		
ESBRIET CAPSULE 267 MG ORAL	3	PA, QL 270/30 days, SP, Medical Necessity PA, Prudent
ESBRIET TABLET 267 MG ORAL	3	PA, QL 270/30 days, SP, Medical Necessity PA, Prudent
ESBRIET TABLET 801 MG ORAL	3	PA, QL 90/30 days, SP, Medical Necessity PA, Prudent
pirfenidone capsule 267 mg oral	1	PA, QL 270/30 days, SP, Prudent
pirfenidone tablet 267 mg oral	1	PA, QL 270/30 days, SP, Prudent
pirfenidone tablet 534 mg oral	1	LA, PA, Medical Necessity PA, Prudent
pirfenidone tablet 801 mg oral	1	PA, QL 90/30 days, SP, Prudent
Pulmonary Fibrosis Agents - Kinase Inhibitors		
OFEV CAPSULE 100 MG ORAL	3	LA, PA, QL 60/30 days, SP, Prudent
OFEV CAPSULE 150 MG ORAL	3	LA, PA, QL 60/30 days, SP, Prudent
Respiratory Agents - Misc.		
CUROSURF SUSPENSION 80 MG/ML INHALATION	3	
INFASURF SUSPENSION 35-0.9 MG/ML-% INHALATION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Respiratory Agents - Misc. (continued)		
SURVANTA SUSPENSION 25-0.9 MG/ML-% INHALATION	3	
SULFONAMIDES		
Sulfonamides		
sulfadiazine tablet 500 mg oral	1	
TETRACYCLINES		
Aminomethylcyclines		
NUZYRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	3	PA, Medical Necessity PA
NUZYRA TABLET 150 MG ORAL	3	PA, Medical Necessity PA
Fluorocyclines		
XERAVA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	3	
XERAVA SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	3	
Tetracycline Combinations		
AVIDOXY DK KIT 100 MG COMBINATION	3	
Tetracyclines		
ACTICLATE TABLET 150 MG ORAL	3	ST
ACTICLATE TABLET 75 MG ORAL	3	ST
ADOXA CAPSULE 150 MG ORAL	3	
ADOXA PAK 1/150 TABLET 150 MG ORAL	3	
ADOXA TABLET 50 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tetracyclines (continued)		
ADOXA TABLET 75 MG ORAL	3	
avidoxy tablet 100 mg oral	1	
demeclocycline hcl tablet 150 mg oral	1	
demeclocycline hcl tablet 300 mg oral	1	
DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL	3	PA, Medical Necessity PA
DORYX TABLET DELAYED RELEASE 200 MG ORAL	3	PA, Medical Necessity PA
DORYX TABLET DELAYED RELEASE 50 MG ORAL	3	PA, Medical Necessity PA
DORYX TABLET DELAYED RELEASE 80 MG ORAL	3	PA, Medical Necessity PA
doxycycline hyclate capsule 100 mg oral	1	
doxycycline hyclate capsule 50 mg oral	1	
doxycycline hyclate tablet 100 mg oral	1	
doxycycline hyclate tablet 150 mg oral	1	ST
doxycycline hyclate tablet 20 mg oral	1	
doxycycline hyclate tablet 50 mg oral	1	PA, Medical Necessity PA
doxycycline hyclate tablet 75 mg oral	1	ST
doxycycline hyclate tablet delayed release 100 mg oral	1	
doxycycline hyclate tablet delayed release 150 mg oral	1	
doxycycline hyclate tablet delayed release 200 mg oral	1	PA, Medical Necessity PA
doxycycline hyclate tablet delayed release 50 mg oral	1	PA, Medical Necessity PA
doxycycline hyclate tablet delayed release 75 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tetracyclines (continued)		
doxycycline hyclate tablet delayed release 80 mg oral	1	PA, Medical Necessity PA
doxycycline monohydrate capsule 100 mg oral	1	
doxycycline monohydrate capsule 150 mg oral	1	
doxycycline monohydrate capsule 50 mg oral	1	
doxycycline monohydrate capsule 75 mg oral	1	
doxycycline monohydrate suspension reconstituted 25 mg/5ml oral	1	
doxycycline monohydrate tablet 100 mg oral	1	
doxycycline monohydrate tablet 150 mg oral	1	
doxycycline monohydrate tablet 50 mg oral	1	
doxycycline monohydrate tablet 75 mg oral	1	
MINOCIN CAPSULE 100 MG ORAL	3	
MINOCIN CAPSULE 50 MG ORAL	3	
MINOCIN CAPSULE 75 MG ORAL	3	
MINOCIN KIT 100 MG COMBINATION	3	
MINOCIN KIT 50 MG COMBINATION	3	
MINOCIN SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	3	
minocycline hcl capsule 100 mg oral	1	
minocycline hcl capsule 50 mg oral	1	
minocycline hcl capsule 75 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tetracyclines (continued)		
minocycline hcl er (biphasic) tablet extended release 24 hour 105 mg oral	1	PA, Medical Necessity PA
minocycline hcl er tablet extended release 24 hour 105 mg oral	1	PA, Medical Necessity PA
minocycline hcl er tablet extended release 24 hour 115 mg oral	1	PA, Medical Necessity PA
minocycline hcl er tablet extended release 24 hour 135 mg oral	1	PA, Medical Necessity PA
minocycline hcl er tablet extended release 24 hour 45 mg oral	1	PA, Medical Necessity PA
minocycline hcl er tablet extended release 24 hour 55 mg oral	1	PA, Medical Necessity PA
minocycline hcl er tablet extended release 24 hour 65 mg oral	1	PA, Medical Necessity PA
minocycline hcl er tablet extended release 24 hour 80 mg oral	1	PA, Medical Necessity PA
minocycline hcl er tablet extended release 24 hour 90 mg oral	1	PA, Medical Necessity PA
minocycline hcl tablet 100 mg oral	1	
minocycline hcl tablet 50 mg oral	1	
minocycline hcl tablet 75 mg oral	1	
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL	3	PA, Medical Necessity PA
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL	3	PA, Medical Necessity PA
MONDOXYNE NL CAPSULE 100 MG ORAL	1	
MONDOXYNE NL CAPSULE 75 MG ORAL	1	
MORGIDOX CAPSULE 100 MG ORAL	3	
MORGIDOX KIT 1 X 100 MG COMBINATION	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tetracyclines (continued)		
MORGIDOX KIT 2 X 100 MG COMBINATION	3	
NUTRIDOX KIT 75 MG ORAL	3	
SEYSARA TABLET 100 MG ORAL	3	PA, Medical Necessity PA
SEYSARA TABLET 150 MG ORAL	3	PA, Medical Necessity PA
SEYSARA TABLET 60 MG ORAL	3	PA, Medical Necessity PA
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL	3	PA, Medical Necessity PA
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115 MG ORAL	3	PA, Medical Necessity PA
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 55 MG ORAL	3	PA, Medical Necessity PA
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 65 MG ORAL	3	PA, Medical Necessity PA
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PA, Medical Necessity PA
TARGADOX TABLET 50 MG ORAL	1	PA, Medical Necessity PA
tetracycline hcl capsule 250 mg oral	1	
tetracycline hcl capsule 500 mg oral	1	
VIBRAMYCIN CAPSULE 100 MG ORAL	3	
VIBRAMYCIN SUSPENSION RECONSTITUTED 25 MG/5ML ORAL	3	
VIBRAMYCIN SYRUP 50 MG/5ML ORAL	3	PA, Medical Necessity PA
XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 135 MG ORAL	3	PA, Medical Necessity PA
XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tetracyclines (continued)		
XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL	3	PA, Medical Necessity PA
THYROID AGENTS		
Antithyroid Agents		
methimazole tablet 10 mg oral	1	
methimazole tablet 5 mg oral	1	
propylthiouracil tablet 50 mg oral	1	
TAPAZOLE TABLET 10 MG ORAL	3	
TAPAZOLE TABLET 5 MG ORAL	3	
Thyroid Hormones		
ARMOUR THYROID TABLET 120 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 180 MG ORAL	3	
ARMOUR THYROID TABLET 240 MG ORAL	3	
ARMOUR THYROID TABLET 30 MG ORAL	3	
ARMOUR THYROID TABLET 300 MG ORAL	3	
ARMOUR THYROID TABLET 60 MG ORAL	3	
ARMOUR THYROID TABLET 90 MG ORAL	3	
CYTOMEL TABLET 25 MCG ORAL	3	
CYTOMEL TABLET 5 MCG ORAL	3	
CYTOMEL TABLET 50 MCG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
ERMEZA SOLUTION 150 MCG/5ML ORAL	3	QL 150/30 days
EUTHYROX TABLET 100 MCG ORAL	1	
EUTHYROX TABLET 112 MCG ORAL	1	
EUTHYROX TABLET 125 MCG ORAL	1	
EUTHYROX TABLET 137 MCG ORAL	1	
EUTHYROX TABLET 150 MCG ORAL	1	
EUTHYROX TABLET 175 MCG ORAL	1	
EUTHYROX TABLET 200 MCG ORAL	1	
EUTHYROX TABLET 25 MCG ORAL	1	
EUTHYROX TABLET 50 MCG ORAL	1	
EUTHYROX TABLET 75 MCG ORAL	1	
EUTHYROX TABLET 88 MCG ORAL	1	
LEVO-T TABLET 25 MCG ORAL	1	
LEVO-T TABLET 50 MCG ORAL	1	
LEVO-T TABLET 75 MCG ORAL	1	
levothyroxine sodium capsule 100 mcg oral	1	QL 60/30 days
levothyroxine sodium capsule 112 mcg oral	1	QL 60/30 days
levothyroxine sodium capsule 125 mcg oral	1	QL 60/30 days
levothyroxine sodium capsule 13 mcg oral	1	QL 60/30 days
levothyroxine sodium capsule 137 mcg oral	1	QL 60/30 days
levothyroxine sodium capsule 150 mcg oral	1	QL 60/30 days
levothyroxine sodium capsule 175 mcg oral	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
levothyroxine sodium capsule 200 mcg oral	1	QL 60/30 days
levothyroxine sodium capsule 25 mcg oral	1	QL 60/30 days
levothyroxine sodium capsule 50 mcg oral	1	QL 60/30 days
levothyroxine sodium capsule 75 mcg oral	1	QL 60/30 days
levothyroxine sodium capsule 88 mcg oral	1	QL 60/30 days
levothyroxine sodium solution 100 mcg/5ml intravenous	3	
levothyroxine sodium solution 100 mcg/ml intravenous	3	
levothyroxine sodium solution 200 mcg/5ml intravenous	3	
levothyroxine sodium solution 500 mcg/5ml intravenous	3	
levothyroxine sodium tablet 100 mcg oral	1	Incentive
levothyroxine sodium tablet 112 mcg oral	1	Incentive
levothyroxine sodium tablet 125 mcg oral	1	Incentive
levothyroxine sodium tablet 137 mcg oral	1	Incentive
levothyroxine sodium tablet 150 mcg oral	1	Incentive
levothyroxine sodium tablet 175 mcg oral	1	Incentive
levothyroxine sodium tablet 200 mcg oral	1	Incentive
levothyroxine sodium tablet 25 mcg oral	1	Incentive

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
levothyroxine sodium tablet 300 mcg oral	1	Incentive
levothyroxine sodium tablet 50 mcg oral	1	Incentive
levothyroxine sodium tablet 75 mcg oral	1	Incentive
levothyroxine sodium tablet 88 mcg oral	1	Incentive
LEVOXYL TABLET 100 MCG ORAL	1	
LEVOXYL TABLET 112 MCG ORAL	1	
LEVOXYL TABLET 125 MCG ORAL	1	
LEVOXYL TABLET 137 MCG ORAL	1	
LEVOXYL TABLET 150 MCG ORAL	1	
LEVOXYL TABLET 175 MCG ORAL	1	
LEVOXYL TABLET 200 MCG ORAL	1	
LEVOXYL TABLET 25 MCG ORAL	1	
LEVOXYL TABLET 50 MCG ORAL	1	
LEVOXYL TABLET 75 MCG ORAL	1	
LEVOXYL TABLET 88 MCG ORAL	1	
liothyronine sodium solution 10 mcg/ml intravenous	1	
liothyronine sodium tablet 25 mcg oral	1	
liothyronine sodium tablet 5 mcg oral	1	
liothyronine sodium tablet 50 mcg oral	1	
NATURE-THROID TABLET 113.75 MG ORAL	3	
NATURE-THROID TABLET 130 MG ORAL	3	
NATURE-THROID TABLET 146.25 MG ORAL	3	
NATURE-THROID TABLET 16.25 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
NATURE-THROID TABLET 162.5 MG ORAL	3	
NATURE-THROID TABLET 195 MG ORAL	3	
NATURE-THROID TABLET 260 MG ORAL	3	
NATURE-THROID TABLET 32.5 MG ORAL	3	
NATURE-THROID TABLET 325 MG ORAL	3	
NATURE-THROID TABLET 48.75 MG ORAL	3	
NATURE-THROID TABLET 65 MG ORAL	3	
NATURE-THROID TABLET 81.25 MG ORAL	3	
NATURE-THROID TABLET 97.5 MG ORAL	3	
NP THYROID TABLET 120 MG ORAL	3	
NP THYROID TABLET 15 MG ORAL	3	
NP THYROID TABLET 30 MG ORAL	3	
NP THYROID TABLET 60 MG ORAL	3	
NP THYROID TABLET 90 MG ORAL	3	
SYNTHROID TABLET 100 MCG ORAL	2	
SYNTHROID TABLET 112 MCG ORAL	2	
SYNTHROID TABLET 125 MCG ORAL	2	
SYNTHROID TABLET 137 MCG ORAL	2	
SYNTHROID TABLET 150 MCG ORAL	2	
SYNTHROID TABLET 175 MCG ORAL	2	
SYNTHROID TABLET 200 MCG ORAL	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
SYNTHROID TABLET 25 MCG ORAL	2	
SYNTHROID TABLET 300 MCG ORAL	2	
SYNTHROID TABLET 50 MCG ORAL	2	
SYNTHROID TABLET 75 MCG ORAL	2	
SYNTHROID TABLET 88 MCG ORAL	2	
THYQUIDITY SOLUTION 100 MCG/5ML ORAL	3	
THYROLAR-1 TABLET 60 (12.5-50) MG (MCG) ORAL	3	
THYROLAR-1/2 TABLET 30 (6.25-25) MG (MCG) ORAL	3	
THYROLAR-1/4 TABLET 15 (3.1-12.5) MG (MCG) ORAL	3	
THYROLAR-2 TABLET 120 (25-100) MG (MCG) ORAL	3	
THYROLAR-3 TABLET 180 (37.5-150) MG (MCG) ORAL	3	
TIROSINT CAPSULE 100 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 112 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 125 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 13 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 137 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 150 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 175 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 200 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 25 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 50 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 75 MCG ORAL	3	QL 60/30 days
TIROSINT CAPSULE 88 MCG ORAL	3	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
TIROSINT-SOL SOLUTION 100 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 112 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 125 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 13 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 137 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 150 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 175 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 200 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 25 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 37.5 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 44 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 50 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 62.5 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 75 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 88 MCG/ML ORAL	3	
TRIOSTAT SOLUTION 10 MCG/ML INTRAVENOUS	3	
UNITHROID TABLET 100 MCG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
UNITHROID TABLET 112 MCG ORAL	1	
UNITHROID TABLET 125 MCG ORAL	1	
UNITHROID TABLET 137 MCG ORAL	1	
UNITHROID TABLET 150 MCG ORAL	1	
UNITHROID TABLET 175 MCG ORAL	1	
UNITHROID TABLET 200 MCG ORAL	1	
UNITHROID TABLET 25 MCG ORAL	1	
UNITHROID TABLET 300 MCG ORAL	1	
UNITHROID TABLET 50 MCG ORAL	3	
UNITHROID TABLET 75 MCG ORAL	3	
UNITHROID TABLET 88 MCG ORAL	3	
WESTHROID TABLET 130 MG ORAL	3	
WESTHROID TABLET 195 MG ORAL	3	
WESTHROID TABLET 32.5 MG ORAL	3	
WESTHROID TABLET 65 MG ORAL	3	
WESTHROID TABLET 97.5 MG ORAL	3	
WP THYROID TABLET 113.75 MG ORAL	3	
WP THYROID TABLET 130 MG ORAL	3	
WP THYROID TABLET 16.25 MG ORAL	3	
WP THYROID TABLET 32.5 MG ORAL	3	
WP THYROID TABLET 48.75 MG ORAL	3	
WP THYROID TABLET 65 MG ORAL	3	
WP THYROID TABLET 81.25 MG ORAL	3	
WP THYROID TABLET 97.5 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
TOXOIDS		
Toxoid Combinations		
ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	0	
BOOSTRIX SUSPENSION 5-2.5-18.5 INTRAMUSCULAR	0	
BOOSTRIX SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 INTRAMUSCULAR	0	ACA NCDL, limitations may apply
DAPTACEL SUSPENSION 23-15-5 INTRAMUSCULAR	0	
diphtheria-tetanus toxoids dt suspension 25-5 lfu/0.5ml intramuscular	0	ACA NCDL, limitations may apply
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR	0	
KINRIX SUSPENSION INTRAMUSCULAR	0	
KINRIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	
PEDIARIX SUSPENSION INTRAMUSCULAR	0	
PEDIARIX SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	
PENTACEL SUSPENSION RECONSTITUTED INTRAMUSCULAR	0	
QUADRACEL SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
QUADRACEL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
TDVAX SUSPENSION 2-2 LF/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
TENIVAC INJECTABLE 5-2 LFU INTRAMUSCULAR	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Toxoid Combinations (continued)		
tetanus-diphtheria toxoids td suspension 2-2 lf/0.5ml intramuscular	0	ACA NCDL, limitations may apply
VAXELIS SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
VAXELIS SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
Anticholinergic Combinations		
belladonna alkaloids-opium suppository 16.2-60 mg rectal	1	
belladonna-opium suppository 16.2-30 mg rectal	1	
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	PA, Medical Necessity PA
GASTRINEX NF CAPSULE 0.0625-15 MG ORAL	3	
LIBRAX CAPSULE 5-2.5 MG ORAL	3	PA, Medical Necessity PA
PAMINE FQ KIT 5 MG ORAL	3	
Antispasmodics		
BENTYL CAPSULE 10 MG ORAL	3	
BENTYL SOLUTION 10 MG/ML INTRAMUSCULAR	3	
BENTYL TABLET 20 MG ORAL	3	
dicyclomine hcl capsule 10 mg oral	1	
dicyclomine hcl solution 10 mg/5ml oral	1	
dicyclomine hcl solution 10 mg/ml intramuscular	1	
dicyclomine hcl tablet 20 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Belladonna Alkaloids		
ANASPAZ TABLET DISPERSIBLE 0.125 MG ORAL	3	
ATROPEN DEVICE 0.5 MG/0.7ML INTRAMUSCULAR	3	
ATROPEN DEVICE 1 MG/0.7ML INTRAMUSCULAR	3	
ATROPEN DEVICE 2 MG/0.7ML INTRAMUSCULAR	3	
ed-spaz tablet dispersible 0.125 mg oral	1	
HYOMAX-SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	3	
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral	1	
hyoscyamine sulfate solution 0.125 mg/ml oral	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
hyosyne elixir 0.125 mg/5ml oral	1	
hyosyne solution 0.125 mg/ml oral	1	
LEVBID TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ORAL	3	
LEVSIN TABLET 0.125 MG ORAL	3	
LEVSIN/SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	3	
NULEV TABLET DISPERSIBLE 0.125 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Belladonna Alkaloids (continued)		
oscimin sr tablet extended release 12 hour 0.375 mg oral	1	
oscimin tablet 0.125 mg oral	1	
oscimin tablet dispersible 0.125 mg oral	1	
oscimin tablet sublingual 0.125 mg sublingual	1	
SYMAX DUOTAB TABLET EXTENDED RELEASE 0.375 MG ORAL	3	
SYMAX FASTABS TABLET DISPERSIBLE 0.125 MG ORAL	3	
SYMAX-SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	3	
SYMAX-SR TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ORAL	3	
H-2 Antagonists		
AXID SOLUTION 15 MG/ML ORAL	3	
cimetidine hcl solution 300 mg/5ml oral	1	
cimetidine tablet 300 mg oral	1	
cimetidine tablet 400 mg oral	1	
cimetidine tablet 800 mg oral	1	
famotidine (pf) solution 20 mg/2ml intravenous	1	
famotidine premixed solution 20-0.9 mg/50ml-% intravenous	1	
famotidine solution 20 mg/2ml intravenous	1	
famotidine solution 200 mg/20ml intravenous	1	
famotidine solution 40 mg/4ml intravenous	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
H-2 Antagonists (continued)		
famotidine solution 500 mg/50ml intravenous	1	
famotidine suspension reconstituted 40 mg/5ml oral	1	
famotidine tablet 20 mg oral	1	
famotidine tablet 40 mg oral	1	
nizatidine capsule 150 mg oral	1	
nizatidine capsule 300 mg oral	1	
nizatidine solution 15 mg/ml oral	1	
PEPCID SUSPENSION RECONSTITUTED 40 MG/5ML ORAL	3	
PEPCID TABLET 20 MG ORAL	3	
PEPCID TABLET 40 MG ORAL	3	
Misc. Anti-Ulcer		
CARAFATE SUSPENSION 1 GM/10ML ORAL	3	
CARAFATE TABLET 1 GM ORAL	3	
sucralfate suspension 1 gm/10ml oral	1	
sucralfate tablet 1 gm oral	1	
PPI - Potassium-Competitive Acid Blockers (P-CAB)		
VOQUEZNA TABLET 10 MG ORAL	3	QL 180/365 days, ST
VOQUEZNA TABLET 20 MG ORAL	3	QL 180/365 days, ST
Proton Pump Inhibitor-Antacid Combinations		
KONVOMEP SUSPENSION RECONSTITUTED 2-84 MG/ML ORAL	3	PA, Medical Necessity PA
omeprazole-sodium bicarbonate capsule 20-1100 mg oral	1	PA, QL 60/30 days, Medical Necessity PA
omeprazole-sodium bicarbonate capsule 40-1100 mg oral	1	PA, QL 60/30 days, Medical Necessity PA

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1.
For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Proton Pump Inhibitor-Antacid Combinations (continued)		
omeprazole-sodium bicarbonate packet 20-1680 mg oral	1	PA, Medical Necessity PA
omeprazole-sodium bicarbonate packet 40-1680 mg oral	1	PA, Medical Necessity PA
ZEGERID CAPSULE 20-1100 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
ZEGERID CAPSULE 40-1100 MG ORAL	3	PA, QL 60/30 days, Medical Necessity PA
ZEGERID PACKET 20-1680 MG ORAL	3	PA, Medical Necessity PA
ZEGERID PACKET 40-1680 MG ORAL	3	PA, Medical Necessity PA
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CAPSULE SPRINKLE 10 MG ORAL	3	QL 1/1 days
ACIPHEX SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	3	QL 1/1 days
ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL	3	QL 60/30 days
DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
dexlansoprazole capsule delayed release 30 mg oral	1	QL 30/30 days, Medical Necessity PA
dexlansoprazole capsule delayed release 60 mg oral	1	QL 30/30 days, Medical Necessity PA
esomeprazole magnesium capsule delayed release 40 mg oral	1	QL 60/30 days
esomeprazole magnesium packet 10 mg oral	1	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Proton Pump Inhibitors (continued)		
esomeprazole magnesium packet 20 mg oral	1	QL 30/30 days
esomeprazole magnesium packet 40 mg oral	1	QL 30/30 days
esomeprazole strontium capsule delayed release 49.3 mg oral	3	
FIRST-LANSOPRAZOLE SUSPENSION 3 MG/ML ORAL	3	PA, PA applies to over 6 years of age only
FIRST-OMEPRAZOLE SUSPENSION 2 MG/ML ORAL	3	QL 300/30 days, PA applies to over 6 years of age only
lansoprazole capsule delayed release 15 mg oral	1	QL 90/30 days
lansoprazole capsule delayed release 30 mg oral	1	QL 60/30 days
lansoprazole tablet delayed release dispersible 15 mg oral	1	QL 30/30 days
lansoprazole tablet delayed release dispersible 30 mg oral	1	QL 30/30 days
lansoprazole tablet dispersible 15 mg oral	1	QL 30/30 days
lansoprazole tablet dispersible 30 mg oral	1	QL 30/30 days
NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL	3	QL 60/30 days
NEXIUM PACKET 10 MG ORAL	3	QL 30/30 days
NEXIUM PACKET 2.5 MG ORAL	3	QL 30/30 days
NEXIUM PACKET 20 MG ORAL	3	QL 30/30 days
NEXIUM PACKET 40 MG ORAL	3	QL 30/30 days
NEXIUM PACKET 5 MG ORAL	3	QL 30/30 days
omeprazole capsule delayed release 10 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Proton Pump Inhibitors (continued)		
omeprazole capsule delayed release 20 mg oral	1	
omeprazole capsule delayed release 40 mg oral	1	
OMEPRAZOLE+SYRSPEND SF ALKA SUSPENSION 2 MG/ML ORAL	3	QL 300/30 days
pantoprazole sodium packet 40 mg oral	1	QL 30/30 days
pantoprazole sodium tablet delayed release 20 mg oral	1	
pantoprazole sodium tablet delayed release 40 mg oral	1	
PREVACID CAPSULE DELAYED RELEASE 15 MG ORAL	3	QL 90/30 days
PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL	3	QL 60/30 days
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL	3	PA, QL 30/30 days
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL	3	PA, QL 30/30 days
PREVACID SOLUTAB TABLET DISPERSIBLE 15 MG ORAL	3	PA, QL 1/1 days, Medical Necessity PA
PREVACID SOLUTAB TABLET DISPERSIBLE 30 MG ORAL	3	PA, QL 1/1 days, Medical Necessity PA
PRILOSEC CAPSULE DELAYED RELEASE 10 MG ORAL	3	
PRILOSEC CAPSULE DELAYED RELEASE 20 MG ORAL	3	
PRILOSEC CAPSULE DELAYED RELEASE 40 MG ORAL	3	
PRILOSEC PACKET 10 MG ORAL	3	QL 1/1 days
PRILOSEC PACKET 2.5 MG ORAL	3	QL 1/1 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Proton Pump Inhibitors (continued)		
PROTONIX PACKET 40 MG ORAL	3	QL 30/30 days
PROTONIX TABLET DELAYED RELEASE 20 MG ORAL	3	
PROTONIX TABLET DELAYED RELEASE 40 MG ORAL	3	
rabeprazole sodium capsule sprinkle 10 mg oral	1	QL 30/30 days
rabeprazole sodium tablet delayed release 20 mg oral	1	QL 60/30 days
Quaternary Anticholinergics		
CANTIL TABLET 25 MG ORAL	3	
CUVPOSA SOLUTION 1 MG/5ML ORAL	3	PA, Medical Necessity PA
DARTISLA ODT TABLET DISPERSIBLE 1.7 MG ORAL	3	PA, Medical Necessity PA
GLYCATE TABLET 1.5 MG ORAL	3	PA, Medical Necessity PA
glycopyrrolate tablet 1 mg oral	1	
glycopyrrolate tablet 1.5 mg oral	3	PA, Medical Necessity PA
glycopyrrolate tablet 2 mg oral	1	
methscopolamine bromide tablet 2.5 mg oral	1	
methscopolamine bromide tablet 5 mg oral	1	
PAMINE FORTE TABLET 5 MG ORAL	3	
PAMINE TABLET 2.5 MG ORAL	3	
propantheline bromide tablet 15 mg oral	1	
ROBINUL SOLUTION 0.2 MG/ML INJECTION	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Quaternary Anticholinergics (continued)		
ROBINUL SOLUTION 0.4 MG/2ML INJECTION	3	
ROBINUL SOLUTION 1 MG/5ML INJECTION	3	
ROBINUL SOLUTION 4 MG/20ML INJECTION	3	
ROBINUL TABLET 1 MG ORAL	3	
ROBINUL-FORTE TABLET 2 MG ORAL	3	
Ulcer Anti-Infective w/ Bismuth Combinations		
bismuth/metronidaz/tetracyclin capsule 140-125-125 mg oral	1	PA, Medical Necessity PA
HELIDAC THERAPY ORAL	3	PA, Medical Necessity PA
PYLERA CAPSULE 140-125-125 MG ORAL	3	PA, Medical Necessity PA
Ulcer Anti-Infective w/ Proton Pump Inhibitors		
amoxicill-clarithro-lansopraz oral	1	
amoxicill-clarithro-lansopraz therapy pack 500 & 500 & 30 mg oral	1	
OMECLAMOX-PAK 500-500-20 MG ORAL	3	
PREVPAC ORAL	3	PA, Medical Necessity PA
PREVPAC THERAPY PACK 500 & 500 & 30 MG ORAL	3	PA, Medical Necessity PA
TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG ORAL	3	PA, Medical Necessity PA
Ulcer Anti-Infective-PCAB Combinations		
VOQUEZNA DUAL PAK THERAPY PACK 500-20 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ulcer Anti-Infective-PCAB Combinations (continued)		
VOQUEZNA TRIPLE PAK THERAPY PACK 500-500-20 MG ORAL	3	PA, Medical Necessity PA
Ulcer Drugs - Prostaglandins		
CYTOTEC TABLET 100 MCG ORAL	3	
CYTOTEC TABLET 200 MCG ORAL	3	
misoprostol tablet 100 mcg oral	1	
misoprostol tablet 200 mcg oral	1	
URINARY ANTISPASMODICS		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)		
darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral	1	
darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral	1	
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL	3	
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL	3	
DETROL TABLET 1 MG ORAL	3	
DETROL TABLET 2 MG ORAL	3	
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	3	
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL	3	
fesoterodine fumarate er tablet extended release 24 hour 4 mg oral	1	QL 30/30 days, ST
fesoterodine fumarate er tablet extended release 24 hour 8 mg oral	1	QL 30/30 days, ST
GELNIQUE GEL 10 % TRANSDERMAL	3	ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Urinary Antispasmodic - Antimuscarinic (Anticholinergic) (continued)		
GELNIQUE PUMP GEL 10 % TRANSDERMAL	3	ST
oxybutynin chloride er tablet extended release 24 hour 10 mg oral	1	
oxybutynin chloride er tablet extended release 24 hour 15 mg oral	1	
oxybutynin chloride er tablet extended release 24 hour 5 mg oral	1	
oxybutynin chloride solution 5 mg/5ml oral	1	
oxybutynin chloride syrup 5 mg/5ml oral	1	
oxybutynin chloride tablet 5 mg oral	1	
OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL	3	ST
solifenacin succinate tablet 10 mg oral	1	
solifenacin succinate tablet 5 mg oral	1	
tolterodine tartrate er capsule extended release 24 hour 2 mg oral	1	
tolterodine tartrate er capsule extended release 24 hour 4 mg oral	1	
tolterodine tartrate tablet 1 mg oral	1	
tolterodine tartrate tablet 2 mg oral	1	
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	3	QL 30/30 days, ST
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL	3	QL 30/30 days, ST
trospium chloride er capsule extended release 24 hour 60 mg oral	1	
trospium chloride tablet 20 mg oral	1	
VESICARE LS SUSPENSION 5 MG/5ML ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Urinary Antispasmodic - Antimuscarinic (Anticholinergic) (continued)		
VESICARE TABLET 10 MG ORAL	3	
VESICARE TABLET 5 MG ORAL	3	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA TABLET 75 MG ORAL	3	QL 30/30 days, ST
mirabegron er tablet extended release 24 hour 25 mg oral	1	QL 30/30 days, ST
mirabegron er tablet extended release 24 hour 50 mg oral	1	QL 30/30 days, ST
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8 MG/ML ORAL	3	PA, Medical Necessity PA
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tablet 10 mg oral	1	
bethanechol chloride tablet 25 mg oral	1	
bethanechol chloride tablet 5 mg oral	1	
bethanechol chloride tablet 50 mg oral	1	
URECHOLINE TABLET 25 MG ORAL	3	
URECHOLINE TABLET 50 MG ORAL	3	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tablet 100 mg oral	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLUTION RECONSTITUTED INTRAMUSCULAR	0	ACA NCDL, limitations may apply
BEXSERO SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bacterial Vaccines (continued)		
CAPVAXIVE SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
HIBERIX SOLUTION RECONSTITUTED 10 MCG INJECTION	0	ACA NCDL, limitations may apply
MENACTRA SOLUTION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENQUADFI INJECTABLE INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENQUADFI SOLUTION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENVEO SOLUTION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENVEO SOLUTION RECONSTITUTED INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PEDVAX HIB SUSPENSION 7.5 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PENBRAYA SUSPENSION RECONSTITUTED INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PNEUMOVAX 23 INJECTABLE 25 MCG/0.5ML INJECTION	0	
PNEUMOVAX 23 SOLUTION 25 MCG/0.5ML INJECTION	0	
PNEUMOVAX 23 SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INJECTION	0	
PREVNAR 13 SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
TRUMENBA SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bacterial Vaccines (continued)		
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
Viral Vaccine Combinations		
M-M-R II SOLUTION RECONSTITUTED INJECTION	0	ACA NCDL, limitations may apply
PRIORIX SUSPENSION RECONSTITUTED SUBCUTANEOUS	0	ACA NCDL, limitations may apply
PROQUAD SUSPENSION RECONSTITUTED SUBCUTANEOUS	0	ACA NCDL, limitations may apply
TWINRIX SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
Viral Vaccines		
ABRYSVO SOLUTION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	0	
AFLURIA QUADRIVALENT SUSPENSION INTRAMUSCULAR	0	
AFLURIA QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.25 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
AFLURIA QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
AFLURIA SUSPENSION INTRAMUSCULAR	0	
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
ENGERIX-B INJECTABLE 10 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
ENGERIX-B INJECTABLE 20 MCG/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
ENGERIX-B SUSPENSION 10 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
ENGERIX-B SUSPENSION 20 MCG/ML INJECTION	0	ACA NCDL, limitations may apply
ENGERIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
ENGERIX-B SUSPENSION PREFILLED SYRINGE 20 MCG/ML INJECTION	0	ACA NCDL, limitations may apply
FLUARIX QUADRIVALENT SUSPENSION 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUARIX QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUBLOK QUADRIVALENT SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUCELVAX QUADRIVALENT SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLULAVAL QUADRIVALENT SUSPENSION 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLULAVAL QUADRIVALENT SUSPENSION INTRAMUSCULAR	0	
FLULAVAL QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUZONE QUADRIVALENT SUSPENSION 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
FLUZONE QUADRIVALENT SUSPENSION INTRAMUSCULAR	0	
FLUZONE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.25 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUZONE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
GARDASIL 9 SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply,VBP Drug List
GARDASIL 9 SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply,VBP Drug List
HAVRIX SUSPENSION 1440 EL U/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
HAVRIX SUSPENSION 720 EL U/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
HEPLISAV-B SOLUTION 20 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
HEPLISAV-B SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
IPOL INJECTABLE INJECTION	0	ACA NCDL, limitations may apply
janssen covid-19 vaccine suspension 0.5 ml intramuscular	0	ACA NCDL, limitations may apply
JYNNEOS SUSPENSION 0.5 ML SUBCUTANEOUS	0	ACA NCDL, limitations may apply
moderna covid-19 bival 6m-5y suspension 10 mcg/0.2ml intramuscular	0	ACA NCDL, limitations may apply
moderna covid-19 bival booster suspension 50 mcg/0.5ml intramuscular	0	ACA NCDL, limitations may apply
moderna covid-19 bivalent suspension 50 mcg/0.5ml intramuscular	0	ACA NCDL, limitations may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
moderna covid-19 vac (booster) suspension 50 mcg/0.5ml intramuscular	0	ACA NCDL, limitations may apply
moderna covid-19 vac (booster) suspension 50 mg/0.5ml intramuscular	0	ACA NCDL, limitations may apply
moderna covid-19 vacc 6-11y suspension 50 mcg/0.5ml intramuscular	0	ACA NCDL, limitations may apply
moderna covid-19 vacc 6m-5y suspension 25 mcg/0.25ml intramuscular	0	ACA NCDL, limitations may apply
moderna covid-19 vaccine suspension 100 mcg/0.5ml intramuscular	0	ACA NCDL, limitations may apply
MRESVIA SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
novavax covid-19 vaccine suspension 5 mcg/0.5ml intramuscular	0	ACA NCDL, limitations may apply
pfizer covid-19 bival 6mo-4yr suspension 3 mcg/0.2ml intramuscular	0	ACA NCDL, limitations may apply
pfizer covid-19 vac bival 5-11 suspension 10 mcg/0.2ml intramuscular	0	ACA NCDL, limitations may apply
pfizer covid-19 vac bivalent suspension 30 mcg/0.3ml intramuscular	0	ACA NCDL, limitations may apply
pfizer covid-19 vac-tris 5-11y suspension 10 mcg/0.2ml intramuscular	0	ACA NCDL, limitations may apply
pfizer covid-19 vac-tris 6m-4y suspension 3 mcg/0.2ml intramuscular	0	ACA NCDL, limitations may apply
pfizer-biont covid-19 vac-tris suspension 30 mcg/0.3ml intramuscular	0	ACA NCDL, limitations may apply
pfizer-biontech covid-19 vacc suspension 30 mcg/0.3ml intramuscular	0	ACA NCDL, limitations may apply
PREHEVBRIO SUSPENSION 10 MCG/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION	0	ACA NCDL, limitations may apply
RECOMBIVAX HB SUSPENSION 40 MCG/ML INJECTION	0	ACA NCDL, limitations may apply
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION	0	ACA NCDL, limitations may apply
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
ROTARIX SUSPENSION RECONSTITUTED ORAL	0	ACA NCDL, limitations may apply
ROTATEQ SOLUTION ORAL	0	ACA NCDL, limitations may apply
SHINGRIX SUSPENSION RECONSTITUTED 50 MCG INTRAMUSCULAR	0	Age 50 years and older
SPIKEVAX COVID-19 VACCINE SUSPENSION 100 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
VARIVAX INJECTABLE 1350 PFU/0.5ML SUBCUTANEOUS	0	ACA NCDL, limitations may apply
VARIVAX SUSPENSION RECONSTITUTED 1350 PFU/0.5ML INJECTION	0	ACA NCDL, limitations may apply
ZOSTAVAX SUSPENSION RECONSTITUTED 19400 UNT/0.65ML SUBCUTANEOUS	0	Age limit of 60 years or older (CDC guidelines)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
VAGINAL AND RELATED PRODUCTS		
Imidazole-Related Antifungals		
GYNAZOLE-1 CREAM 2 % VAGINAL	3	
miconazole 3 suppository 200 mg vaginal	1	
TERAZOL 7 CREAM 0.4 % VAGINAL	3	
terconazole cream 0.4 % vaginal	1	
terconazole cream 0.8 % vaginal	1	
terconazole suppository 80 mg vaginal	1	
ZAZOLE CREAM 0.8 % VAGINAL	1	
Miscellaneous Vaginal Products		
INTRAROSA INSERT 6.5 MG VAGINAL	3	PA, Medical Necessity PA
Vaginal Anti-infectives		
AVC VAGINAL CREAM 15 % VAGINAL	3	
CLEOCIN CREAM 2 % VAGINAL	3	
CLEOCIN SUPPOSITORY 100 MG VAGINAL	2	
clindamycin phosphate cream 2 % vaginal	1	
CLINDESSE CREAM 2 % VAGINAL	2	
metronidazole gel 0.75 % vaginal	1	
NUVESSA GEL 1.3 % VAGINAL	3	
VANDAZOLE GEL 0.75 % VAGINAL	2	
Vaginal Contraceptive pH Modulator - Combinations		
PHEXXI GEL 1.8-1-0.4 % VAGINAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vaginal Estrogens		
ESTRACE CREAM 0.1 MG/GM VAGINAL	3	
estradiol cream 0.1 mg/gm vaginal	1	
estradiol tablet 10 mcg vaginal	1	
ESTRING RING 2 MG VAGINAL	2	
FEMRING RING 0.05 MG/24HR VAGINAL	2	
FEMRING RING 0.1 MG/24HR VAGINAL	2	
IMVEXXY INSERT 10 MCG VAGINAL	3	PA, Medical Necessity PA
IMVEXXY INSERT 4 MCG VAGINAL	3	PA, Medical Necessity PA
IMVEXXY MAINTENANCE PACK INSERT 10 MCG VAGINAL	3	PA, Medical Necessity PA
IMVEXXY MAINTENANCE PACK INSERT 4 MCG VAGINAL	3	PA, Medical Necessity PA
IMVEXXY STARTER PACK INSERT 10 MCG VAGINAL	3	PA, Medical Necessity PA
IMVEXXY STARTER PACK INSERT 4 MCG VAGINAL	3	PA, Medical Necessity PA
PREMARIN CREAM 0.625 MG/GM VAGINAL	3	
VAGIFEM TABLET 10 MCG VAGINAL	3	
YUVAFEM TABLET 10 MCG VAGINAL	1	
Vaginal Progestins		
CRINONE GEL 4 % VAGINAL	3	PA, Medical Necessity PA
CRINONE GEL 8 % VAGINAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vaginal Progestins (continued)		
FIRST-PROGESTERONE VGS SUPPOSITORY 100 MG VAGINAL	3	PA
FIRST-PROGESTERONE VGS SUPPOSITORY 200 MG VAGINAL	3	PA
VASOPRESSORS		
Anaphylaxis Therapy Agents		
ADRENALIN SOLUTION 1 MG/ML INJECTION	3	
AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION	3	QL 4/90 days
AUVI-Q SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION	3	QL 4/90 days
AUVI-Q SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	3	QL 4/90 days
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL 4/90 days
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	QL 4/90 days
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL 4/90 days
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	2	QL 4/90 days
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION	2	QL 4/90 days
NEFFY SOLUTION 2 MG/0.1ML NASAL	3	QL 4/90 days
SYMJEPI SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML INJECTION	2	QL 4/90 days
SYMJEPI SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML INJECTION	2	QL 4/90 days
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa capsule 100 mg oral	1	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Neurogenic Orthostatic Hypotension (NOH) - Agents (continued)		
droxidopa capsule 200 mg oral	1	PA, SP, Prudent
droxidopa capsule 300 mg oral	1	PA, SP, Prudent
NORTHERA CAPSULE 100 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
NORTHERA CAPSULE 200 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
NORTHERA CAPSULE 300 MG ORAL	3	PA, SP, Medical Necessity PA, Prudent
Vasopressors		
midodrine hcl tablet 10 mg oral	1	
midodrine hcl tablet 2.5 mg oral	1	
midodrine hcl tablet 5 mg oral	1	
VITAMINS		
PABA		
aminobenzoate potassium packet 2 gm oral	1	
POTABA CAPSULE 500 MG ORAL	3	
POTABA TABLET 500 MG ORAL	3	
Vitamin A		
AQUASOL A SOLUTION 50000 UNIT/ML INTRAMUSCULAR	3	
Vitamin B-1		
thiamine hcl solution 100 mg/ml injection	1	
Vitamin B-6		
pyridoxine hcl solution 100 mg/ml injection	1	
Vitamin C		
sodium ascorbate granules	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vitamin D		
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL	3	
ergocalciferol capsule 1.25 mg (50000 ut) oral	1	
vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral	1	
Vitamin K		
MEPHYTON TABLET 5 MG ORAL	3	QL 5/30 days
phytonadione solution 1 mg/0.5ml injection	1	
phytonadione tablet 5 mg oral	1	QL 5/30 days
vitamin k1 solution 1 mg/0.5ml injection	1	
vitamin k1 solution 10 mg/ml injection	1	

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This formulary was updated on **12/22/2024**
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