2027 Oregon (OR) Drug List

PacificSource HEALTH PLANS

This formulary was updated on October 30, 2026.

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 at cs@pacificsource.com. Or visit us online at PacificSource.com.

CLB499_0221

PacificSource 2027 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 team for assistance. If you have questions about your coverage, please contact Customer Service at 888-977-9299 or 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 prior authorization, quantity limit, or step therapy. Please refer to our prescription drug information and news web page for more information (PacificSource.com/members/individuals/prescription-drug-information).

How do I use the Drug List?

Our drug lists are available in a searchable online format and can be found at PacificSource.com/find-a-drug, 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.

State Drug Lists: Our Idaho Drug List (ID), Montana Drug List (MT), and Oregon Drug List (OR) are used by the majority of our members covered through employers.

Tier: The tier numbers in the drug list refer to drug copay tiers.

- Tier 0 drugs have no copays and include preventive service drugs covered under the Affordable Care Act.
- Tier 1 drugs have a low copay and are typically generics.
- Tier 2 drugs have a mid-range copay.
- Tier 3 drugs have a high copay.
- Tier 4 drugs have the highest copay.

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, which groups may opt to provide.

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

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 prior authorization ("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?

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 requests that your medication be filled with a brand name drug when a generic is available, you may be responsible for the brand name drug's copay 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 includes 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.

Drugs with special requirements

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

PA-NSO (Prior Authorization, New Starts Only): If "PA-NSO" appears in the requirements column, the drug may require prior authorization. If you are a new member or if you have not taken this drug before, you or your physician are required to get prior authorization from us before you will be able to fill your prescription. Without prior authorization, we may not cover the drug. Please have your provider submit documentation to us for authorization review.

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 ("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.

LA (Limited Access): If "LA" appears in the requirements column, the drug is only available at a specific Limited Access Pharmacy and is limited to a 31-day supply.

SP (Specialty Drug): If "SP" appears in the requirements column, it is a specialty drug. Fills of specialty drugs are generally limited to a 30-day supply and must be filled at an 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. Here is the contact information for specialty pharmacy access in all 50 states:

CVS 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 Legacy Health, OHSU, St. Luke's, and Billings Clinic.

Age/Gender Restrictions: Covered drugs for members in Idaho, Montana, and Oregon are subject to possible age and gender restrictions. For more information, please visit PacificSource.com/Find-A-Drug.

How do I get authorization for my drug?

Certain drugs require prior authorization 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" or "PA-NSO", 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 documents that address our Prior Authorization and Step Therapy policies at PacificSource.com/members/prescription-drug-information/lists-and-criteria, under "Utilization Management."

Your provider can submit authorization requests and supporting documentation to our Pharmacy Services department online via our InTouch portal, or by calling us at 844-877-4803.

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.
- 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 team 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 provider to evaluate your options and develop your synchronization plan.

Prescriptions delivered by mail

Most prescriptions are limited up to a 90-day supply which can be filled at either our in-network mail or retail pharmacies.
To order prescriptions online, via mobile app, and by phone, sign in to your InTouch account. If you want to learn more, go to Caremark.com or call Caremark Prescription Services at 866-329-3051.

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 Customer Service at 888-977-9299 or 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	
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
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	QL 30/30 days
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	QL 60/30 days
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	QL 90/30 days
Amphetamine Mixtures		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamine Mixtures (continued)		
amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral	1	
amphetamine-dextroamphet er capsule extended release 24 hour 25 mg oral	1	
amphetamine-dextroamphet er capsule extended release 24 hour 30 mg oral	1	
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamines		
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 4/1 days
dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral	1	QL 1/1 days
dextroamphetamine sulfate solution 5 mg/5ml oral	1	QL 1200/30 days
dextroamphetamine sulfate tablet 10 mg oral	1	QL 6/1 days
dextroamphetamine sulfate tablet 15 mg oral	1	QL 60/30 days
dextroamphetamine sulfate tablet 20 mg oral	1	QL 60/30 days
dextroamphetamine sulfate tablet 30 mg oral	1	QL 60/30 days
dextroamphetamine sulfate tablet 5 mg oral	1	QL 3/1 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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamines (continued)		
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	QL 150/30 days
ZENZEDI TABLET 10 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 15 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 2.5 MG ORAL	1	QL 120/30 days
ZENZEDI TABLET 20 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 30 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 5 MG ORAL	1	QL 60/30 days
ZENZEDI TABLET 7.5 MG ORAL	1	QL 120/30 days
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
Stimulants - Misc.		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
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
METADATE ER TABLET EXTENDED RELEASE 20 MG ORAL	1	QL 60/30 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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
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
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 60/30 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 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	QL 60/30 days
methylphenidate hcl er tablet extended release 24 hour 27 mg oral	1	QL 60/30 days
methylphenidate hcl er tablet extended release 24 hour 36 mg oral	1	QL 60/30 days
methylphenidate hcl er tablet extended release 24 hour 54 mg oral	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
methylphenidate hcl er(diffus) tablet extended release 27 mg oral	1	QL 60/30 days
methylphenidate hcl er(diffus) tablet extended release 36 mg oral	1	QL 60/30 days
methylphenidate hcl er(diffus) tablet extended release 54 mg oral	1	QL 30/30 days
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
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	4	PA, QL 45/14 days, SP, Prudent
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	4	PA, QL 60/14 days, SP, Prudent
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	4	PA, QL 60/14 days, SP, Prudent
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	4	PA, QL 15/14 days, SP, Prudent
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	4	PA, QL 30/14 days, SP, Prudent
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	4	PA, QL 60/14 days, SP, Prudent
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	4	PA, QL 45/14 days, SP, Prudent
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	4	PA, QL 15/14 days, SP, Prudent
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	4	PA, QL 30/14 days, SP, Prudent
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	4	PA, QL 90/14 days, SP, Prudent
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	4	PA, QL 60/14 days, SP, Prudent
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG ORAL	4	PA, QL 13/14 days, SP, Prudent
RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL	2	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Biologicals Misc		
ADAGEN SOLUTION 250 UNIT/ML INTRAMUSCULAR	4	LA, PA, SP
Mixed Allergenic Extracts		
ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL	2	QL 30/30 days
AMINOGLYCOSIDES		
Aminoglycosides		
amikacin sulfate solution 1 gm/4ml injection	1	
amikacin sulfate solution 500 mg/2ml injection	1	
ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION	4	LA, PA, QL 236/28 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
streptomycin sulfate solution reconstituted 1 gm intramuscular	3	
tobramycin nebulization solution 300 mg/4ml inhalation	4	PA, QL 224/56 days, SP, Prudent
tobramycin nebulization solution 300 mg/5ml inhalation	4	PA, QL 280/56 days, SP, Prudent
tobramycin sulfate solution 1.2 gm/30ml injection	1	
tobramycin sulfate solution 10 mg/ml injection	1	
tobramycin sulfate solution 2 gm/50ml injection	1	
tobramycin sulfate solution 80 mg/2ml injection	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Aminoglycosides (continued)		
tobramycin sulfate solution reconstituted 1.2 gm injection	1	
ANALGESICS - ANTI-INFLAMMATORY		
Antirheumatic - Janus Kinase (JAK) Inhibitors		
RINVOQ LQ SOLUTION 1 MG/ML ORAL	4	PA, QL 360/30 days, SP, Prudent
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL	4	PA, QL 84/365 days, SP, Prudent
tofacitinib citrate er tablet extended release 24 hour 11 mg oral	4	PA, QL 30/30 days, SP, Prudent
tofacitinib citrate er tablet extended release 24 hour 22 mg oral	4	PA, QL 30/30 days, SP, Prudent
tofacitinib citrate solution 1 mg/ml oral	4	PA, QL 240/30 days, SP, Prudent
tofacitinib citrate tablet 10 mg oral	4	PA, QL 60/30 days, SP, Prudent
tofacitinib citrate tablet 5 mg oral	4	PA, QL 60/30 days, SP, Prudent
Antirheumatic Antimetabolites		
RHEUMATREX TABLET 2.5 MG ORAL	3	
Anti-TNF-alpha - Monoclonal Antibodies		
adalimumab-adaz solution auto-injector 40 mg/0.4ml subcutaneous	4	PA, QL 0.80/28 days, SP, Prudent
adalimumab-adaz solution auto-injector 80 mg/0.8ml subcutaneous	4	PA, QL 1.60/28 days, SP, Prudent
adalimumab-adaz solution prefilled syringe 10 mg/0.1ml subcutaneous	4	PA, QL 0.20/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
adalimumab-adaz solution prefilled syringe 20 mg/0.2ml subcutaneous	4	PA, QL 0.40/28 days, SP, Prudent
adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous	4	PA, QL 0.80/28 days, SP, Prudent
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Prudent
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Prudent
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Prudent
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Prudent
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	4	PA, QL 0.40/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Cordavis, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA, QL 2.40/28 days, SP, Cordavis, Prudent
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Cordavis, Prudent
Cyclooxygenase 2 (COX-2) Inhibitors		
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	4	PA, SP, Medical Necessity PA
Interleukin-1 Blockers		
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	4	LA, PA, QL 18.76/28 days, SP, Medical Necessity PA, Prudent
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	4	PA, QL 3.60/28 days, SP, Medical Necessity PA, Prudent
ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	4	PA, QL 3.60/28 days, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Interleukin-6 Receptor Inhibitors (continued)		
KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
Nonsteroidal Anti-inflammatory Agent Combinations		
diclofenac-misoprostol tablet delayed release 50-0.2 mg oral	1	
diclofenac-misoprostol tablet delayed release 75-0.2 mg oral	1	
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
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
diclofenac sodium tablet delayed release 50 mg oral	1	
diclofenac sodium tablet delayed release 75 mg oral	1	
etodolac capsule 200 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	
etodolac tablet 500 mg oral	1	
fenoprofen calcium capsule 400 mg oral	1	ST
fenoprofen calcium tablet 600 mg oral	1	
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 suspension 100 mg/5ml oral	1	
ibuprofen tablet 400 mg oral	1	
ibuprofen tablet 600 mg oral	1	
ibuprofen tablet 800 mg oral	1	
indomethacin capsule 25 mg oral	1	
indomethacin capsule 50 mg oral	1	
indomethacin er capsule extended release 75 mg oral	1	
indomethacin suspension 25 mg/5ml oral	1	
ketoprofen capsule 25 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
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 60 mg/2ml injection	1	
ketorolac tromethamine solution 60 mg/2ml intramuscular	1	
ketorolac tromethamine tablet 10 mg oral	1	QL 20/25 days
meclofenamate sodium capsule 100 mg oral	1	
meclofenamate sodium capsule 50 mg oral	1	
mefenamic acid capsule 250 mg oral	1	Medical Necessity PA
meloxicam tablet 15 mg oral	1	
meloxicam tablet 7.5 mg oral	1	
nabumetone tablet 500 mg oral	1	
nabumetone tablet 750 mg oral	1	
NALFON CAPSULE 400 MG ORAL	3	ST
NALFON TABLET 600 MG ORAL	3	ST
naproxen dr tablet delayed release 375 mg oral	1	
naproxen dr tablet delayed release 500 mg oral	1	
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	
oxaprozin tablet 600 mg oral	1	
piroxicam capsule 10 mg oral	1	
piroxicam capsule 20 mg oral	1	
sulindac tablet 150 mg oral	1	
sulindac tablet 200 mg oral	1	
tolmetin sodium capsule 400 mg oral	1	
tolmetin sodium tablet 200 mg oral	1	
tolmetin sodium tablet 600 mg oral	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABLET 20 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
OTEZLA TABLET 30 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL	4	PA, SP, Prudent
OTEZLA TABLET THERAPY PACK 4 X 10 & 51 X20 MG ORAL	4	PA, SP, Prudent
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL	4	PA, QL 30/30 days, Prudent
OTEZLA/OTEZLA XR INITIATION PK TABLET THERAPY PACK 10&20&30&(ER)75 MG ORAL	4	PA, Prudent
Pyrimidine Synthesis Inhibitors		
leflunomide tablet 10 mg oral	1	
leflunomide tablet 20 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Medical Necessity PA, Prudent
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Medical Necessity PA, Prudent
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Medical Necessity PA, Prudent
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Medical Necessity PA, Prudent
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS	4	PA, QL 8/28 days, SP, Prudent
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	4	PA, QL 8/28 days, SP, Prudent
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
ENBREL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	4	PA, QL 8/28 days, SP
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
ANALGESICS - NonNarcotic		
Analgesics - Selective NaV1.8 Sodium Channel Inhibitors		
JOURNAVX TABLET 50 MG ORAL	3	QL 29/365 days, ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Analgesics-Sedatives		
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
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
acetaminophen-codeine solution 300-30 mg/12.5ml oral	1	PA, PA may apply
acetaminophen-codeine tablet 300-15 mg oral	1	PA, PA may apply
acetaminophen-codeine tablet 300-30 mg oral	1	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Codeine Combinations (continued)		
acetaminophen-codeine tablet 300-60 mg oral	1	PA, 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
Dihydrocodeine Combinations		
apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral	1	PA, PA may apply
Hydrocodone Combinations		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hydrocodone Combinations (continued)		
hydrocodone-ibuprofen tablet 7.5-200 mg oral	1	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
ABSTRAL TABLET SUBLINGUAL 800 MCG SUBLINGUAL	3	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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
fentanyl patch 72 hour 75 mcg/hr transdermal	1	PA, PA may apply
FENTORA TABLET 100 MCG BUCCAL	3	PA, PA may apply
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
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	1	PA, PA may apply
hydromorphone hcl liquid 5 mg/5ml oral	1	PA, PA may apply
hydromorphone hcl pf solution 10 mg/ml 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
LAZANDA SOLUTION 100 MCG/ACT NASAL	3	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
LAZANDA SOLUTION 300 MCG/ACT NASAL	3	PA, PA may apply
LAZANDA SOLUTION 400 MCG/ACT NASAL	3	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, PA may apply
methadone hcl solution 10 mg/5ml oral	1	PA, PA may apply
methadone hcl solution 10 mg/ml injection	1	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
morphine sulfate (concentrate) solution 20 mg/ml oral	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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
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 50 mg oral	1	PA, PA may apply
morphine sulfate er capsule extended release 24 hour 60 mg oral	1	PA, PA may apply
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
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
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
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

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
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
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
SUBSYS LIQUID 100 MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 1200 (600 X 2) MCG SUBLINGUAL	3	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
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
SUBSYS LIQUID 600 MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 800 MCG SUBLINGUAL	3	PA, PA may apply
tapentadol hcl er tablet extended release 12 hour 100 mg oral	3	PA, ST, PA may apply
tapentadol hcl er tablet extended release 12 hour 150 mg oral	3	PA, ST, PA may apply
tapentadol hcl er tablet extended release 12 hour 200 mg oral	3	PA, ST, PA may apply
tapentadol hcl er tablet extended release 12 hour 250 mg oral	3	PA, ST, PA may apply
tapentadol hcl er tablet extended release 12 hour 50 mg oral	3	PA, ST, PA may apply
tapentadol hcl solution 20 mg/ml oral	3	PA, ST, PA may apply
tapentadol hcl tablet 100 mg oral	3	PA, ST, PA may apply
tapentadol hcl tablet 50 mg oral	3	PA, ST, PA may apply
tapentadol hcl tablet 75 mg oral	3	PA, ST, PA may apply
tramadol hcl er tablet extended release 24 hour 100 mg oral	1	PA, PA may apply
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 tablet 50 mg oral	1	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Combinations		
ENDOCET TABLET 10-325 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
oxycodone-acetaminophen solution 5-325 mg/5ml oral	1	PA, PA may apply
oxycodone-acetaminophen tablet 10-325 mg oral	1	PA, PA may apply
oxycodone-acetaminophen tablet 2.5-325 mg oral	1	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
Opioid Partial Agonists		
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS	4	LA, QL 0.32/7 days, SP
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS	4	LA, QL 0.48/7 days, SP
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS	4	LA, QL 0.64/7 days, SP
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS	4	LA, QL 0.16/7 days, SP
BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS	4	LA, QL 0.36/28 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Partial Agonists (continued)		
BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS	4	LA, QL 0.18/28 days, SP
BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS	4	LA, QL 0.27/28 days, SP
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 120/30 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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Partial Agonists (continued)		
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
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 90/30 days
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS	4	LA, QL 0.50/28 days, SP
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS	4	LA, QL 21/365 days, SP
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		
tramadol-acetaminophen tablet 37.5-325 mg oral	1	PA, PA may apply

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
danazol capsule 100 mg oral	1	
danazol capsule 200 mg oral	1	
danazol capsule 50 mg oral	1	
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
methyltestosterone capsule 10 mg oral	1	
testosterone cypionate solution 100 mg/ml intramuscular	1	
testosterone cypionate solution 200 mg/ml intramuscular	1	
testosterone enanthate solution 200 mg/ml intramuscular	1	
testosterone gel 1.62 % transdermal	1	QL 150/30 days
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	QL 300/30 days
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	1	QL 150/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Androgens (continued)		
testosterone gel 25 mg/2.5gm (1%) transdermal	1	QL 300/30 days
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	1	QL 150/30 days
testosterone gel 50 mg/5gm (1%) transdermal	1	QL 300/30 days
testosterone solution 30 mg/act transdermal	1	
TLANDO CAPSULE 112.5 MG ORAL	3	PA, QL 120/30 days
ANORECTAL AND RELATED PRODUCTS		
Intrarectal Steroids		
budesonide foam 2 mg rectal	1	
COLOCORT ENEMA 100 MG/60ML RECTAL	1	
hydrocortisone enema 100 mg/60ml rectal	1	
Nitrate Vasodilating Agents		
nitroglycerin ointment 0.4 % rectal	1	
Rectal Steroids		
ANUSOL-HC CREAM 2.5 % RECTAL	3	
hydrocortisone cream 2.5 % rectal	1	
PROCTOCARE-HC CREAM 2.5 % RECTAL	1	
PROCTO-MED HC CREAM 2.5 % RECTAL	1	
PROCTO-PAK CREAM 1 % RECTAL	1	
PROCTOSOL HC CREAM 2.5 % RECTAL	1	
PROCTOZONE-HC CREAM 2.5 % RECTAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTHELMINTICS		
Anthelmintics		
albendazole tablet 200 mg oral	1	QL 4/60 days
benznidazole tablet 100 mg oral	2	QL 120/365 days, Age 12 years or less
benznidazole tablet 12.5 mg oral	2	QL 120/365 days, Age 12 years or less
EMVERM TABLET CHEWABLE 100 MG ORAL	3	QL 6/28 days
ivermectin tablet 3 mg oral	1	
praziquantel tablet 600 mg oral	1	
ANTIANGINAL AGENTS		
Antianginals-Other		
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	
isosorbide dinitrate er tablet extended release 40 mg oral	1	
isosorbide dinitrate tablet 10 mg oral	1	
isosorbide dinitrate tablet 20 mg oral	1	
isosorbide dinitrate tablet 30 mg oral	1	
isosorbide dinitrate tablet 5 mg oral	1	
isosorbide mononitrate er tablet extended release 24 hour 120 mg oral	1	
isosorbide mononitrate er tablet extended release 24 hour 30 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nitrates (continued)		
isosorbide mononitrate er tablet extended release 24 hour 60 mg oral	1	
isosorbide mononitrate tablet 10 mg oral	1	
isosorbide mononitrate tablet 20 mg oral	1	
MINITRAN PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	1	
MINITRAN PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	1	
MINITRAN PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	1	
MINITRAN PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	1	
NITRO-BID OINTMENT 2 % TRANSDERMAL	3	
nitroglycerin aerosol solution 400 mcg/spray translingual	1	
nitroglycerin in d5w solution 100-5 mcg/ml-% intravenous	1	
nitroglycerin in d5w solution 200-5 mcg/ml-% intravenous	1	
nitroglycerin in d5w solution 400-5 mcg/ml-% intravenous	1	
nitroglycerin patch 24 hour 0.1 mg/hr transdermal	1	
nitroglycerin patch 24 hour 0.2 mg/hr transdermal	1	
nitroglycerin patch 24 hour 0.4 mg/hr transdermal	1	
nitroglycerin patch 24 hour 0.6 mg/hr transdermal	1	
nitroglycerin solution 0.4 mg/spray translingual	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nitrates (continued)		
nitroglycerin solution 5 mg/ml intravenous	3	
nitroglycerin tablet sublingual 0.3 mg sublingual	1	
nitroglycerin tablet sublingual 0.4 mg sublingual	1	
nitroglycerin tablet sublingual 0.6 mg sublingual	1	
NITROMIST AEROSOL SOLUTION 400 MCG/SPRAY TRANSLINGUAL	3	
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	
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	
hydroxyzine pamoate capsule 50 mg oral	1	
meprobamate tablet 200 mg oral	1	
meprobamate tablet 400 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
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 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
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 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/5ml oral	1	QL 1200/30 days
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
lorazepam concentrate 2 mg/ml oral	1	QL 150/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepines (continued)		
LORAZEPAM INTENSOL CONCENTRATE 2 MG/ML ORAL	1	QL 150/30 days
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
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
ANTIARRHYTHMICS		
Antiarrhythmics Type I-A		
disopyramide phosphate capsule 100 mg oral	1	
disopyramide phosphate capsule 150 mg oral	1	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	2	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL	2	
quinidine gluconate er tablet extended release 324 mg oral	1	
quinidine sulfate tablet 200 mg oral	1	
quinidine sulfate tablet 300 mg oral	1	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiarrhythmics Type I-B (continued)		
lidocaine in d5w solution 8-5 mg/ml-% intravenous	1	
mexiletine hcl capsule 150 mg oral	1	
mexiletine hcl capsule 200 mg oral	1	
mexiletine hcl capsule 250 mg oral	1	
Antiarrhythmics Type I-C		
flecainide acetate tablet 100 mg oral	1	
flecainide acetate tablet 150 mg oral	1	
flecainide acetate tablet 50 mg oral	1	
propafenone hcl er capsule extended release 12 hour 225 mg oral	1	
propafenone hcl er capsule extended release 12 hour 325 mg oral	1	
propafenone hcl er capsule extended release 12 hour 425 mg oral	1	
propafenone hcl tablet 150 mg oral	1	
propafenone hcl tablet 225 mg oral	1	
propafenone hcl tablet 300 mg oral	1	
Antiarrhythmics Type III		
amiodarone hcl tablet 100 mg oral	1	
amiodarone hcl tablet 200 mg oral	1	
amiodarone hcl tablet 400 mg oral	1	
dofetilide capsule 125 mcg oral	4	SP
dofetilide capsule 250 mcg oral	4	SP
dofetilide capsule 500 mcg oral	4	SP
MULTAQ TABLET 400 MG ORAL	3	
PACERONE TABLET 100 MG ORAL	1	
PACERONE TABLET 200 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiarrhythmics Type III (continued)		
PACERONE TABLET 400 MG ORAL	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-Lipoxygenase Inhibitors		
zileuton er tablet extended release 12 hour 600 mg oral	1	PA, Medical Necessity PA
Adrenergic Combinations		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	QL 60/30 days
BREYNA AEROSOL 160-4.5 MCG/ACT INHALATION	1	QL 10.30/30 days
BREYNA AEROSOL 80-4.5 MCG/ACT INHALATION	1	QL 10.30/30 days
BREZTRI AEROSPHERE AEROSOL 160-18-4.8 MCG/ACT INHALATION	3	PA, QL 10.70/30 days, Medical Necessity PA
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	3	PA, QL 10.70/30 days, Medical Necessity PA
budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation	1	QL 10.20/30 days
budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	1	QL 10.20/30 days
COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION	2	QL 8/30 days
fluticasone furoate-vilanterol aerosol powder breath activated 100-25 mcg/act inhalation	1	QL 60/30 days
fluticasone furoate-vilanterol aerosol powder breath activated 200-25 mcg/act inhalation	1	QL 60/30 days
fluticasone-salmeterol aerosol 115-21 mcg/act inhalation	1	QL 12/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Adrenergic Combinations (continued)		
fluticasone-salmeterol aerosol 230-21 mcg/act inhalation	1	QL 12/30 days
fluticasone-salmeterol aerosol 45-21 mcg/act inhalation	1	QL 12/30 days
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation	1	QL 60/30 days
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/dose inhalation	1	QL 60/30 days
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
fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/dose inhalation	1	QL 60/30 days
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	QL 60/30 days
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/dose inhalation	1	QL 60/30 days
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Adrenergic Combinations (continued)		
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	QL 4/30 days
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	QL 60/30 days
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	1	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE INHALATION	1	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	1	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE INHALATION	1	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	1	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE INHALATION	1	QL 60/30 days
Anti-IgE Monoclonal Antibodies		
XOLAIR SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-IgE Monoclonal Antibodies (continued)		
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
Anti-Inflammatory Agents		
cromolyn sodium nebulization solution 20 mg/2ml inhalation	1	QL 240/30 days
Beta Adrenergics		
albuterol sulfate er tablet extended release 12 hour 4 mg oral	1	
albuterol sulfate er tablet extended release 12 hour 8 mg oral	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL 2 inhalers/30 days
albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation	1	QL 720/30 days, Incentive
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
albuterol sulfate nebulization solution 0.63 mg/3ml inhalation	1	QL 720/30 days, Incentive
albuterol sulfate nebulization solution 1.25 mg/3ml inhalation	1	QL 720/30 days, Incentive
albuterol sulfate syrup 2 mg/5ml oral	1	
albuterol sulfate tablet 2 mg oral	1	
albuterol sulfate tablet 4 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Adrenergics (continued)		
arformoterol tartrate nebulization solution 15 mcg/2ml inhalation	1	QL 120/30 days
formoterol fumarate nebulization solution 20 mcg/2ml inhalation	1	QL 120/30 days
levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation	1	QL 90/30 days
levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation	1	QL 225/30 days
levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation	1	QL 30/30 days
levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation	1	QL 225/30 days
levalbuterol tartrate aerosol 45 mcg/act inhalation	1	QL 30/30 days
metaproterenol sulfate syrup 10 mg/5ml oral	1	
metaproterenol sulfate tablet 10 mg oral	1	
metaproterenol sulfate tablet 20 mg oral	1	
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	3	QL 60/30 days
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL 4/30 days
terbutaline sulfate solution 1 mg/ml injection	1	
terbutaline sulfate tablet 2.5 mg oral	1	
terbutaline sulfate tablet 5 mg oral	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION	2	QL 26/30 days
ipratropium bromide solution 0.02 % inhalation	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
Bronchodilators - Anticholinergics (continued)		
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	2	QL 4/30 days
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL 4/30 days
tiotropium bromide capsule 18 mcg inhalation	1	QL 30/30 days
tiotropium bromide monohydrate capsule 18 mcg inhalation	1	QL 30/30 days
Interleukin-5 Antagonists (IgG1 kappa)		
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
FASENRA SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	4	PA, QL 0.50/56 days, SP, Prudent
FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA, QL 3/28 days, SP, Prudent
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	4	PA, QL 3/28 days, SP, Prudent
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.40/28 days, SP, Prudent
NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS	4	PA, QL 3/28 days, SP, Prudent
Leukotriene Receptor Antagonists		
montelukast sodium packet 4 mg oral	1	
montelukast sodium tablet 10 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Leukotriene Receptor Antagonists (continued)		
montelukast sodium tablet chewable 4 mg oral	1	
montelukast sodium tablet chewable 5 mg oral	1	
zafirlukast tablet 10 mg oral	1	
zafirlukast tablet 20 mg oral	1	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
roflumilast tablet 250 mcg oral	1	QL 30/30 days
roflumilast tablet 500 mcg oral	1	QL 30/30 days
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
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List
budesonide suspension 0.25 mg/2ml inhalation	1	QL 180/30 days
budesonide suspension 0.5 mg/2ml inhalation	1	QL 120/30 days
budesonide suspension 1 mg/2ml inhalation	1	QL 120/30 days
fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation	1	QL 60/30 days, VBP Drug List

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
fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation	1	QL 60/30 days, VBP Drug List
fluticasone propionate hfa aerosol 110 mcg/act inhalation	1	QL 24/30 days, VBP Drug List
fluticasone propionate hfa aerosol 220 mcg/act inhalation	1	QL 24/30 days, VBP Drug List
fluticasone propionate hfa aerosol 44 mcg/act inhalation	1	QL 22/30 days, VBP Drug List
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION	2	QL 2/30 days, VBP Drug List
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION	2	QL 2/30 days, VBP Drug List
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION	2	QL 21.20/30 days, VBP Drug List
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION	2	QL 21.20/30 days, VBP Drug List
Thymic Stromal Lymphopoietin (TSLP) Antagonists		
TEZSPIRE SOLUTION AUTO-INJECTOR 210 MG/1.91ML SUBCUTANEOUS	4	PA, QL 1.91/28 days, SP, Prudent
TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS	4	PA, QL 1.91/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Xanthines		
aminophylline solution 25 mg/ml intravenous	1	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	QL 60/30 days
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	QL 60/30 days
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	QL 60/30 days
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL	3	QL 60/30 days
THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	1	
THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	1	
THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 300 MG ORAL	1	
theophylline elixir 80 mg/15ml oral	1	
theophylline er tablet extended release 12 hour 100 mg oral	1	
theophylline er tablet extended release 12 hour 200 mg oral	1	
theophylline er tablet extended release 12 hour 300 mg oral	1	
theophylline er tablet extended release 12 hour 450 mg oral	1	
theophylline er tablet extended release 24 hour 400 mg oral	1	
theophylline er tablet extended release 24 hour 600 mg oral	1	
theophylline solution 80 mg/15ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTICOAGULANTS		
Coumarin Anticoagulants		
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	
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 5 MG ORAL	2	
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
rivaroxaban suspension reconstituted 1 mg/ml oral	1	QL 310/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Direct Factor Xa Inhibitors (continued)		
rivaroxaban tablet 2.5 mg oral	1	QL 60/30 days
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
XARELTO TABLET 20 MG ORAL	2	QL 30/30 days
Heparins And Heparinoid-Like Agents		
heparin sodium (porcine) pf solution 1000 unit/ml injection	1	
heparin sodium (porcine) pf solution 5000 unit/0.5ml injection	1	
heparin sodium (porcine) solution 1000 unit/ml injection	1	
heparin sodium (porcine) solution 10000 unit/ml injection	1	
heparin sodium (porcine) solution 20000 unit/ml injection	1	
heparin sodium (porcine) solution 5000 unit/ml injection	1	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Low Molecular Weight Heparins (continued)		
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	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Low Molecular Weight Heparins (continued)		
FRAGMIN SOLUTION 5000 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 7500 UNIT/0.3ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS	3	
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	
Synthetic Heparinoid-Like Agents		
fondaparinux sodium solution 10 mg/0.8ml subcutaneous	1	
fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous	1	
fondaparinux sodium solution 5 mg/0.4ml subcutaneous	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Synthetic Heparinoid-Like Agents (continued)		
fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous	1	
Thrombin Inhibitors - Selective Direct & Reversible		
dabigatran etexilate mesylate capsule 150 mg oral	1	QL 60/30 days
dabigatran etexilate mesylate capsule 75 mg oral	1	QL 60/30 days
ANTICONVULSANTS		
AMPA Glutamate Receptor Antagonists		
perampanel tablet 10 mg oral	1	
perampanel tablet 12 mg oral	1	
perampanel tablet 2 mg oral	1	
perampanel tablet 4 mg oral	1	
perampanel tablet 6 mg oral	1	
perampanel tablet 8 mg oral	1	
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Benzodiazepines (continued)		
clonazepam tablet dispersible 1 mg oral	1	QL 120/30 days
clonazepam tablet dispersible 2 mg oral	1	QL 300/30 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
VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL	3	QL 5/30 days
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML NASAL	3	QL 5/30 days
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL	3	QL 5/30 days
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL	3	QL 5/30 days
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 2 X 10 MG/0.1ML NASAL	3	QL 5/30 days
VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL	3	QL 5/30 days
Anticonvulsants - Misc.		
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
BRIVIACT TABLET 75 MG ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
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	
DIACOMIT CAPSULE 250 MG ORAL	4	LA, PA, QL 120/30 days, SP, Prudent
DIACOMIT CAPSULE 500 MG ORAL	4	LA, PA, QL 180/30 days, SP, Prudent
DIACOMIT PACKET 250 MG ORAL	4	LA, PA, QL 120/30 days, SP, Prudent
DIACOMIT PACKET 500 MG ORAL	4	LA, PA, QL 180/30 days, SP, Prudent
EPIDIOLEX SOLUTION 100 MG/ML ORAL	4	PA, SP, Prudent
EPITOL TABLET 200 MG ORAL	1	PS Expanded NCDL, Incentive
FINTEPLA SOLUTION 2.2 MG/ML ORAL	4	LA, PA, QL 360/30 days, SP, Prudent
gabapentin capsule 100 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
gabapentin capsule 300 mg oral	1	
gabapentin capsule 400 mg oral	1	
gabapentin solution 250 mg/5ml oral	1	
gabapentin tablet 600 mg oral	1	
gabapentin tablet 800 mg oral	1	
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	
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	
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 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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
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	
levetiracetam tablet 1000 mg oral	1	
levetiracetam tablet 250 mg oral	1	
levetiracetam tablet 500 mg oral	1	
levetiracetam tablet 750 mg oral	1	
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	
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
pregabalin solution 20 mg/ml oral	1	QL 946/30 days
primidone tablet 250 mg oral	1	
primidone tablet 50 mg oral	1	
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
topiramate capsule sprinkle 15 mg oral	1	
topiramate capsule sprinkle 25 mg oral	1	
topiramate tablet 100 mg oral	1	
topiramate tablet 200 mg oral	1	
topiramate tablet 25 mg oral	1	
topiramate tablet 50 mg oral	1	
zonisamide capsule 100 mg oral	1	
zonisamide capsule 25 mg oral	1	
zonisamide capsule 50 mg oral	1	
ZTALMY SUSPENSION 50 MG/ML ORAL	4	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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
GABA Modulators		
tiagabine hcl tablet 12 mg oral	1	
tiagabine hcl tablet 16 mg oral	1	
tiagabine hcl tablet 2 mg oral	1	QL 2/1 days
tiagabine hcl tablet 4 mg oral	1	QL 3/1 days
vigabatrin packet 500 mg oral	4	PA, SP, Prudent
vigabatrin tablet 500 mg oral	4	PA, SP, Prudent
VIGADRONE PACKET 500 MG ORAL	4	LA, PA, SP
Hydantoins		
DILANTIN CAPSULE 30 MG ORAL	2	
fosphenytoin sodium solution 100 mg pe/2ml injection	1	
fosphenytoin sodium solution 500 mg pe/10ml injection	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 100 mg/4ml oral	1	
phenytoin suspension 125 mg/5ml oral	1	
phenytoin tablet chewable 50 mg oral	1	
Succinimides		
ethosuximide capsule 250 mg oral	1	
ethosuximide solution 250 mg/5ml oral	1	
methsuximide capsule 300 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Valproic Acid		
divalproex sodium capsule delayed release 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	
valproic acid capsule 250 mg 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	
Antidepressants - Misc.		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antidepressants - Misc. (continued)		
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 tablet 100 mg oral	1	PS Expanded NCDL,VBP Drug List
bupropion hcl tablet 75 mg oral	1	PS Expanded NCDL,VBP Drug List
maprotiline hcl tablet 25 mg oral	1	
maprotiline hcl tablet 50 mg oral	1	
maprotiline hcl tablet 75 mg oral	1	
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE CAPSULE 20 MG ORAL	4	PA, QL 28/365 days, SP, Prudent
ZURZUVAE CAPSULE 25 MG ORAL	4	PA, QL 28/365 days, SP, Prudent
ZURZUVAE CAPSULE 30 MG ORAL	4	PA, QL 14/365 days, SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL	4	PA
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	4	PA
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL	4	PA
MARPLAN TABLET 10 MG ORAL	3	
phenelzine sulfate tablet 15 mg oral	1	
tranylcypromine sulfate tablet 10 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	4	LA, PA, QL 8/28 days, SP
SPRAVATO (84 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	4	LA, PA, QL 12/28 days, SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram hydrobromide solution 10 mg/5ml oral	1	
citalopram hydrobromide solution 20 mg/10ml 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
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	
fluoxetine hcl solution 20 mg/5ml oral	1	PS Expanded NCDL,VBP Drug List

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)		
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	
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	
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
PEXEVA TABLET 10 MG ORAL	3	QL 30/30 days, ST
PEXEVA TABLET 20 MG ORAL	3	QL 30/30 days, ST
PEXEVA TABLET 30 MG ORAL	3	ST
PEXEVA TABLET 40 MG ORAL	3	ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)		
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
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
TRINTELLIX TABLET 5 MG ORAL	3	QL 30/30 days, ST
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)		
desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral	1	
desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) (continued)		
desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral	1	
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	
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) (continued)		
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	
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	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tricyclic Agents (continued)		
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	
nortriptyline hcl capsule 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
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	
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	
trimipramine maleate capsule 100 mg oral	1	
trimipramine maleate capsule 25 mg oral	1	
trimipramine maleate capsule 50 mg oral	1	
ANTIDIABETICS		
Alpha-Glucosidase Inhibitors		
acarbose tablet 100 mg oral	1	VBP Drug List
acarbose tablet 25 mg oral	1	VBP Drug List
acarbose tablet 50 mg oral	1	VBP Drug List
GLYSET TABLET 100 MG ORAL	3	
GLYSET TABLET 25 MG ORAL	3	
GLYSET TABLET 50 MG ORAL	3	
miglitol tablet 100 mg oral	1	VBP Drug List
miglitol tablet 25 mg oral	1	VBP Drug List
miglitol tablet 50 mg oral	1	VBP Drug List
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS	3	QL 10.80/30 days
SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS	3	QL 6/30 days
Biguanides		
metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral	1	QL 60/30 days, VBP Drug List
metformin hcl er (mod) tablet extended release 24 hour 500 mg oral	1	QL 120/30 days, VBP Drug List
metformin hcl er tablet extended release 24 hour 500 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metformin hcl er tablet extended release 24 hour 750 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Biguanides (continued)		
metformin hcl tablet 1000 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metformin hcl tablet 500 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metformin hcl tablet 850 mg oral	1	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
Diabetic Other		
BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL	2	QL 2/30 days, VBP Drug List
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	2	QL 2/30 days
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
glucagon emergency solution reconstituted 1 mg injection	2	QL 2/30 days, VBP Drug List
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
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days, VBP Drug List
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	2	QL 0.20/30 days, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diabetic Other (continued)		
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days, VBP Drug List
GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS	2	QL 0.20/30 days, VBP Drug List
GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days, VBP Drug List
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, VBP Drug List
alogliptin benzoate tablet 25 mg oral	1	VBP Drug List
alogliptin benzoate tablet 6.25 mg oral	1	QL 45/30 days, VBP Drug List
saxagliptin hcl tablet 2.5 mg oral	1	QL 30/30 days, VBP Drug List
saxagliptin hcl tablet 5 mg oral	1	QL 30/30 days, VBP Drug List
sitagliptin phosphate tablet 100 mg oral	1	PA, QL 30/30 days, VBP Drug List
sitagliptin phosphate tablet 25 mg oral	1	PA, QL 30/30 days, VBP Drug List
sitagliptin phosphate tablet 50 mg oral	1	PA, QL 30/30 days, VBP Drug List
sitagliptin tablet 100 mg oral	1	PA, QL 30/30 days, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors (continued)		
sitagliptin tablet 25 mg oral	1	PA, QL 30/30 days, VBP Drug List
sitagliptin tablet 50 mg oral	1	PA, QL 30/30 days, VBP Drug List
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations		
alogliptin-metformin hcl tablet 12.5-1000 mg oral	1	VBP Drug List
alogliptin-metformin hcl tablet 12.5-500 mg oral	1	VBP Drug List
Dopamine Receptor Agonists - Ergot Derivatives		
CYCLOSET TABLET 0.8 MG ORAL	3	
DPP-4 Inhibitor-Thiazolidinedione Combinations		
alogliptin-pioglitazone tablet 12.5-15 mg oral	1	QL 45/30 days, VBP Drug List
alogliptin-pioglitazone tablet 12.5-30 mg oral	1	VBP Drug List
alogliptin-pioglitazone tablet 12.5-45 mg oral	1	VBP Drug List
alogliptin-pioglitazone tablet 25-15 mg oral	1	VBP Drug List
alogliptin-pioglitazone tablet 25-30 mg oral	1	VBP Drug List
alogliptin-pioglitazone tablet 25-45 mg oral	1	VBP Drug List
Human Insulin		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
AWIQLI FLEXTOUCH SOLUTION PEN-INJECTOR 700 UNIT/ML SUBCUTANEOUS	2	PA, Medical Necessity PA
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
FIASP PUMPCART SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
FIASP SOLUTION 100 UNIT/ML INJECTION	2	VBP Drug List
FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous	3	PA, Medical Necessity PA
insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous	3	PA, 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
Human Insulin (continued)		
insulin degludec solution 100 unit/ml subcutaneous	3	PA, Medical Necessity PA
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
insulin glargine-yfgn solution 100 unit/ml subcutaneous	3	PA, Medical Necessity PA
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	3	PA, Medical Necessity PA
LANTUS SOLOSTAR SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
Incretin Mimetic Agents (GIP & GLP-1 Receptor Agonists)		
MOUNJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Incretin Mimetic Agents (GLP-1 Receptor Agonists)		
liraglutide solution pen-injector 18 mg/3ml subcutaneous	1	PA, QL 9/30 days
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
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List
OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List
OZEMPIC TABLET 1.5 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
OZEMPIC TABLET 4 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
OZEMPIC TABLET 9 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
RYBELSUS (FORMULATION R2) TABLET 1.5 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
RYBELSUS (FORMULATION R2) TABLET 4 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
RYBELSUS (FORMULATION R2) TABLET 9 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
RYBELSUS TABLET 14 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
RYBELSUS TABLET 3 MG ORAL	2	PA, QL 30/30 days, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Incretin Mimetic Agents (GLP-1 Receptor Agonists) (continued)		
RYBELSUS TABLET 7 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
TRULICITY SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
Insulin-Incretin Mimetic Combinations		
XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
Meglitinide Analogues		
nateglinide tablet 120 mg oral	1	VBP Drug List
nateglinide tablet 60 mg oral	1	VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Meglitinide Analogues (continued)		
repaglinide tablet 0.5 mg oral	1	VBP Drug List
repaglinide tablet 1 mg oral	1	VBP Drug List
repaglinide tablet 2 mg oral	1	VBP Drug List
SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb		
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL	2	QL 30/30 days, ST, 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
GLYXAMBI TABLET 25-5 MG ORAL	2	VBP Drug List
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol tablet 10 mg oral	1	QL 30/30 days
dapagliflozin propanediol tablet 5 mg oral	1	QL 30/30 days
dapagliflozin tablet 10 mg oral	1	QL 30/30 days
dapagliflozin tablet 5 mg oral	1	QL 30/30 days
JARDIANCE TABLET 10 MG ORAL	2	QL 30/30 days, VBP Drug List
JARDIANCE TABLET 25 MG ORAL	2	QL 30/30 days, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb		
dapaglifloz base-metformin er tablet extended release 24 hour 10-1000 mg oral	1	PA, QL 30/30 days, Medical Necessity PA
dapaglifloz base-metformin er tablet extended release 24 hour 5-1000 mg oral	1	PA, QL 60/30 days, Medical Necessity PA
dapagliflozin pro-metformin er tablet extended release 24 hour 10-1000 mg oral	1	QL 30/30 days
dapagliflozin pro-metformin er tablet extended release 24 hour 5-1000 mg oral	1	QL 60/30 days
SYNJARDY TABLET 12.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY TABLET 12.5-500 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY TABLET 5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY TABLET 5-500 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL	2	QL 30/30 days, VBP Drug List
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
Sulfonylurea-Biguanide Combinations		
glipizide-metformin hcl tablet 2.5-250 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sulfonylurea-Biguanide Combinations (continued)		
glipizide-metformin hcl tablet 2.5-500 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glipizide-metformin hcl tablet 5-500 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glyburide-metformin tablet 1.25-250 mg oral	1	VBP Drug List
glyburide-metformin tablet 2.5-500 mg oral	1	VBP Drug List
glyburide-metformin tablet 5-500 mg oral	1	VBP Drug List
Sulfonylureas		
glimepiride tablet 1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glimepiride tablet 2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glimepiride tablet 4 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glipizide er tablet extended release 24 hour 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glipizide er tablet extended release 24 hour 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glipizide er tablet extended release 24 hour 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glipizide tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glipizide tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glyburide micronized tablet 1.5 mg oral	1	Incentive,VBP Drug List
glyburide micronized tablet 3 mg oral	1	Incentive,VBP Drug List
glyburide micronized tablet 6 mg oral	1	Incentive,VBP Drug List
glyburide tablet 1.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sulfonylureas (continued)		
glyburide tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
glyburide tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
Thiazolidinedione-Biguanide Combinations		
pioglitazone hcl-metformin hcl tablet 15-500 mg oral	1	VBP Drug List
pioglitazone hcl-metformin hcl tablet 15-850 mg oral	1	VBP Drug List
Thiazolidinediones		
AVANDIA TABLET 2 MG ORAL	3	VBP Drug List
AVANDIA TABLET 4 MG ORAL	3	VBP Drug List
pioglitazone hcl tablet 15 mg oral	1	VBP Drug List
pioglitazone hcl tablet 30 mg oral	1	VBP Drug List
pioglitazone hcl tablet 45 mg oral	1	VBP Drug List
ANTIDIARRHEAL/PROBIOTIC AGENTS		
Antiperistaltic Agents		
diphenoxylate-atropine liquid 2.5-0.025 mg/5ml oral	1	
diphenoxylate-atropine tablet 2.5-0.025 mg oral	1	
loperamide hcl capsule 2 mg oral	1	
MOTOFEN TABLET 1-0.025 MG ORAL	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPSULE 100 MG ORAL	3	
deferasirox tablet 180 mg oral	4	PA, SP, Partial Fill, Prudent
deferasirox tablet 360 mg oral	4	PA, SP, Partial Fill, Prudent
deferasirox tablet 90 mg oral	4	PA, SP, Partial Fill, Prudent
deferasirox tablet soluble 125 mg oral	4	PA, SP, Partial Fill, Prudent
deferasirox tablet soluble 250 mg oral	4	PA, SP, Partial Fill, Prudent
deferasirox tablet soluble 500 mg oral	4	PA, SP, Partial Fill, Prudent
deferiprone tablet 1000 mg oral	4	LA, PA, SP, Prudent
deferiprone tablet 500 mg oral	4	LA, PA, SP, Prudent
FERRIPROX SOLUTION 100 MG/ML ORAL	4	LA, PA, SP
FERRIPROX TWICE-A-DAY TABLET 1000 MG ORAL	4	LA, PA, SP
Antidotes and Specific Antagonists		
CETYLEV TABLET EFFERVESCENT 2.5 GM ORAL	2	
CETYLEV TABLET EFFERVESCENT 500 MG ORAL	2	
VISTOGARD PACKET 10 GM ORAL	3	PA, QL 20/5 days
Opioid Antagonists		
KLOXXADO LIQUID 8 MG/0.1ML NASAL	2	QL 4/90 days
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 auto-injector 2 mg/0.4ml injection	1	
naloxone hcl solution cartridge 0.4 mg/ml injection	1	

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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
Opioid Antagonists (continued)		
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
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
ZURNAI SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML INJECTION	2	QL 4/90 days
ANTIEMETICS		
5-HT3 Receptor Antagonists		
ANZEMET TABLET 100 MG ORAL	3	QL 4/28 days
ANZEMET TABLET 50 MG ORAL	3	QL 4/28 days
granisetron hcl solution 1 mg/ml intravenous	1	QL 1/15 days
granisetron hcl solution 4 mg/4ml intravenous	1	QL 1/15 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 100/15 days
ondansetron hcl solution 40 mg/20ml injection	1	
ondansetron hcl solution prefilled syringe 4 mg/2ml injection	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
5-HT3 Receptor Antagonists (continued)		
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	3	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
ZUPLENZ FILM 4 MG ORAL	3	QL 24/30 days
ZUPLENZ FILM 8 MG ORAL	3	QL 24/30 days
Antiemetic Combinations		
AKYNZEO CAPSULE 300-0.5 MG ORAL	3	PA, QL 4/28 days
doxylamine-pyridoxine tablet delayed release 10-10 mg oral	1	
Antiemetics - Anticholinergic		
meclizine hcl tablet 12.5 mg oral	1	
meclizine hcl tablet 25 mg oral	1	
scopolamine patch 72 hour 1 mg/3days transdermal	1	
TRANSDERM-SCOP (1.5 MG) PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL	3	
trimethobenzamide hcl capsule 300 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiemetics - Miscellaneous		
CESAMET CAPSULE 1 MG ORAL	3	QL 4/1 days
dronabinol capsule 10 mg oral	1	QL 60/30 days
dronabinol capsule 2.5 mg oral	1	QL 120/30 days
dronabinol capsule 5 mg oral	1	QL 120/30 days
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant capsule 125 mg oral	1	QL 4/28 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
aprepitant capsule therapy pack 80 & 125 mg oral	1	QL 4/28 days
ANTIFUNGALS		
Antifungal - Glucan Synthesis Inhibitors (Echinocandins)		
CANCIDAS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	3	
ERAXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	3	Medical Benefit only.
ERAXIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	3	Medical Benefit only.
micafungin sodium solution reconstituted 100 mg intravenous	1	
micafungin sodium solution reconstituted 50 mg intravenous	1	
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)		
BREXAFEMME TABLET 150 MG ORAL	3	PA, QL 4/30 days
Antifungals		
ABELCET SUSPENSION 5 MG/ML INTRAVENOUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antifungals (continued)		
AMBISOME SUSPENSION RECONSTITUTED 50 MG INTRAVENOUS	3	
amphotericin b solution reconstituted 50 mg injection	1	
flucytosine capsule 250 mg oral	1	PA
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	
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	4	LA, PA, QL 18/365 days, SP
Triazoles		
CRESEMBA CAPSULE 186 MG ORAL	4	PA, SP
CRESEMBA CAPSULE 74.5 MG ORAL	4	PA, QL 170/30 days, SP
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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Triazoles (continued)		
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	
posaconazole suspension 40 mg/ml oral	1	PA
posaconazole tablet delayed release 100 mg oral	1	PA
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	
Antihistamines - Ethanolamines		
carbinoxamine maleate solution 4 mg/5ml oral	1	
carbinoxamine maleate tablet 4 mg oral	1	
clemastine fumarate tablet 2.68 mg oral	1	
diphenhydramine hcl capsule 25 mg oral	1	
diphenhydramine hcl elixir 12.5 mg/5ml oral	1	
diphenhydramine hcl solution 50 mg/ml injection	1	
Antihistamines - Non-Sedating		
cetirizine hcl solution 1 mg/ml oral	1	
CLARINEX SYRUP 0.5 MG/ML ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihistamines - Non-Sedating (continued)		
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	
Antihistamines - Phenothiazines		
PHENADOZ SUPPOSITORY 12.5 MG RECTAL	1	
PHENADOZ SUPPOSITORY 25 MG RECTAL	1	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihistamines - Phenothiazines (continued)		
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	
ANTIHYPERLIPIDEMICS		
Antihyperlipidemics - Misc.		
icosapent ethyl capsule 0.5 gm oral	1	QL 120/30 days
icosapent ethyl capsule 1 gm oral	1	QL 120/30 days
KYNAMRO SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	4	PA, SP
omega-3-acid ethyl esters capsule 1 gm oral	1	
Bile Acid Sequestrants		
cholestyramine light packet 4 gm oral	1	
cholestyramine light powder 4 gm/dose oral	1	
cholestyramine packet 4 gm oral	1	
cholestyramine powder 4 gm/dose oral	1	
colesevelam hcl packet 3.75 gm oral	1	
colesevelam hcl tablet 625 mg oral	1	
colestipol hcl granules 5 gm oral	1	
colestipol hcl packet 5 gm oral	1	
colestipol hcl tablet 1 gm oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bile Acid Sequestrants (continued)		
PREVALITE POWDER 4 GM/DOSE ORAL	1	
Fibric Acid Derivatives		
fenofibrate capsule 150 mg oral	1	
fenofibrate capsule 50 mg oral	1	
fenofibrate micronized capsule 130 mg oral	1	
fenofibrate micronized capsule 134 mg oral	1	Incentive
fenofibrate micronized capsule 200 mg oral	1	
fenofibrate micronized capsule 43 mg oral	1	Incentive
fenofibrate micronized capsule 67 mg oral	1	Incentive
fenofibrate tablet 145 mg oral	1	
fenofibrate tablet 160 mg oral	1	Incentive
fenofibrate tablet 48 mg oral	1	Incentive
fenofibrate tablet 54 mg oral	1	Incentive
fenofibric acid capsule delayed release 135 mg oral	1	
fenofibric acid capsule delayed release 45 mg oral	1	
fenofibric acid tablet 105 mg oral	1	
fenofibric acid tablet 35 mg oral	1	
gemfibrozil tablet 600 mg oral	1	Incentive
HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 10 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List

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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
atorvastatin calcium tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
atorvastatin calcium tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
fluvastatin sodium capsule 20 mg oral	0	QL 30/30 days, ACA NCDL, limitations may apply
fluvastatin sodium capsule 40 mg oral	0	QL 30/30 days, ACA NCDL, limitations may apply
fluvastatin sodium er tablet extended release 24 hour 80 mg oral	0	ACA NCDL, limitations may apply
lovastatin tablet 10 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
lovastatin tablet 20 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
lovastatin tablet 40 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
pitavastatin calcium tablet 1 mg oral	0	QL 30/30 days, ACA NCDL, limitations may apply
pitavastatin calcium tablet 2 mg oral	0	QL 30/30 days, ACA NCDL, limitations may apply
pitavastatin calcium tablet 4 mg oral	0	QL 30/30 days, ACA NCDL, limitations may apply
pravastatin sodium tablet 10 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
pravastatin sodium tablet 20 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
pravastatin sodium tablet 40 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
pravastatin sodium tablet 80 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
rosuvastatin calcium tablet 10 mg oral	0	ACA NCDL, limitations may apply
rosuvastatin calcium tablet 20 mg oral	1	
rosuvastatin calcium tablet 40 mg oral	1	
rosuvastatin calcium tablet 5 mg oral	0	ACA NCDL, limitations may apply
simvastatin tablet 10 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
simvastatin tablet 20 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
HMG CoA Reductase Inhibitors (continued)		
simvastatin tablet 40 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
simvastatin tablet 5 mg oral	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List
simvastatin tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
Intest Cholest Absorp Inhib-HMG CoA Reductase Inhib Comb		
ezetimibe-simvastatin tablet 10-10 mg oral	1	QL 30/30 days
ezetimibe-simvastatin tablet 10-20 mg oral	1	QL 30/30 days
ezetimibe-simvastatin tablet 10-40 mg oral	1	QL 30/30 days
ezetimibe-simvastatin tablet 10-80 mg oral	1	QL 30/30 days
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tablet 10 mg oral	1	
Nicotinic Acid Derivatives		
niacin er (antihyperlipidemic) tablet extended release 1000 mg oral	1	
niacin er (antihyperlipidemic) tablet extended release 500 mg oral	1	QL 1.50/1 days
niacin er (antihyperlipidemic) tablet extended release 750 mg oral	1	
NIASPAN TABLET EXTENDED RELEASE 1000 MG ORAL	3	
NIASPAN TABLET EXTENDED RELEASE 500 MG ORAL	3	QL 1.50/1 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nicotinic Acid Derivatives (continued)		
NIASPAN TABLET EXTENDED RELEASE 750 MG ORAL	3	
PCSK9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS	3	PA-NSO, QL 3.50/28 days
REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS	3	PA-NSO, QL 2/28 days
REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	3	PA-NSO, QL 2/28 days
ANTIHYPERTENSIVES		
ACE Inhibitor & Calcium Channel Blocker Combinations		
amlodipine besy-benazepril hcl capsule 10-20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
amlodipine besy-benazepril hcl capsule 10-40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
amlodipine besy-benazepril hcl capsule 2.5-10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
amlodipine besy-benazepril hcl capsule 5-10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
amlodipine besy-benazepril hcl capsule 5-20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
amlodipine besy-benazepril hcl capsule 5-40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
ACE Inhibitors		
benazepril hcl tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
benazepril hcl tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

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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
benazepril hcl tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
captopril tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
captopril tablet 12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
captopril tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
captopril tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
enalapril maleate tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
enalapril maleate tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
enalapril maleate tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
enalapril maleate tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
fosinopril sodium tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
fosinopril sodium tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
fosinopril sodium tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
lisinopril tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
lisinopril tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
lisinopril tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors (continued)		
lisinopril tablet 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
lisinopril tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
lisinopril tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
moexipril hcl tablet 15 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
moexipril hcl tablet 7.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
perindopril erbumine tablet 2 mg oral	1	
perindopril erbumine tablet 4 mg oral	1	
perindopril erbumine tablet 8 mg oral	1	
quinapril hcl tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
quinapril hcl tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
quinapril hcl tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
quinapril hcl tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
ramipril capsule 1.25 mg oral	1	
ramipril capsule 10 mg oral	1	
ramipril capsule 2.5 mg oral	1	
ramipril capsule 5 mg oral	1	
trandolapril tablet 1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
trandolapril tablet 2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
trandolapril tablet 4 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors & Thiazide/Thiazide-Like (continued)		
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	
quinapril-hydrochlorothiazide tablet 20-12.5 mg oral	1	
quinapril-hydrochlorothiazide tablet 20-25 mg oral	1	
Agents for Pheochromocytoma		
phenoxybenzamine hcl capsule 10 mg oral	3	PA
Angiotensin II Receptor Antag & Ca Channel Blocker Comb		
amlodipine besylate-valsartan tablet 10-160 mg oral	1	QL 30/30 days
amlodipine besylate-valsartan tablet 10-320 mg oral	1	QL 30/30 days
amlodipine besylate-valsartan tablet 5-160 mg oral	1	QL 30/30 days
amlodipine besylate-valsartan tablet 5-320 mg oral	1	QL 30/30 days
amlodipine-olmesartan tablet 10-20 mg oral	1	
amlodipine-olmesartan tablet 10-40 mg oral	1	
amlodipine-olmesartan tablet 5-20 mg oral	1	
amlodipine-olmesartan tablet 5-40 mg oral	1	
telmisartan-amlodipine tablet 40-10 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antag & Ca Channel Blocker Comb (continued)		
telmisartan-amlodipine tablet 40-5 mg oral	1	
telmisartan-amlodipine tablet 80-10 mg oral	1	
telmisartan-amlodipine tablet 80-5 mg oral	1	
Angiotensin II Receptor Antag & Thiazide/Thiazide-Like		
candesartan cilexetil-hctz tablet 16-12.5 mg oral	1	
candesartan cilexetil-hctz tablet 32-12.5 mg oral	1	
candesartan cilexetil-hctz tablet 32-25 mg oral	1	
irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral	1	PS Expanded NCDL,VBP Drug List
irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral	1	PS Expanded NCDL,VBP Drug List
losartan potassium-hctz tablet 100-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
losartan potassium-hctz tablet 100-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
losartan potassium-hctz tablet 50-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
olmesartan medoxomil-hctz tablet 20-12.5 mg oral	1	
olmesartan medoxomil-hctz tablet 40-12.5 mg oral	1	
olmesartan medoxomil-hctz tablet 40-25 mg oral	1	
telmisartan-hctz tablet 40-12.5 mg oral	1	
telmisartan-hctz tablet 80-12.5 mg oral	1	
telmisartan-hctz tablet 80-25 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antag & Thiazide/Thiazide-Like (continued)		
valsartan-hydrochlorothiazide tablet 160-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
valsartan-hydrochlorothiazide tablet 160-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
valsartan-hydrochlorothiazide tablet 320-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
valsartan-hydrochlorothiazide tablet 320-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
valsartan-hydrochlorothiazide tablet 80-12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 16 mg oral	1	
candesartan cilexetil tablet 32 mg oral	1	
candesartan cilexetil tablet 4 mg oral	1	
candesartan cilexetil tablet 8 mg oral	1	
EDARBI TABLET 40 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
EDARBI TABLET 80 MG ORAL	3	PA, Medical Necessity PA
eprosartan mesylate tablet 600 mg oral	1	
irbesartan tablet 150 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
irbesartan tablet 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
irbesartan tablet 75 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
losartan potassium tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
losartan potassium tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antagonists (continued)		
losartan potassium tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
olmesartan medoxomil tablet 20 mg oral	1	
olmesartan medoxomil tablet 40 mg oral	1	
olmesartan medoxomil tablet 5 mg oral	1	
telmisartan tablet 20 mg oral	1	
telmisartan tablet 40 mg oral	1	
telmisartan tablet 80 mg oral	1	
valsartan tablet 160 mg oral	1	
valsartan tablet 320 mg oral	1	
valsartan tablet 40 mg oral	1	
valsartan tablet 80 mg oral	1	
Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides		
olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral	1	QL 30/30 days
olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral	1	QL 30/30 days
olmesartan-amlodipine-hctz tablet 40-10-25 mg oral	1	QL 30/30 days
olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral	1	QL 30/30 days
olmesartan-amlodipine-hctz tablet 40-5-25 mg oral	1	QL 30/30 days
Antiadrenergics - Centrally Acting		
clonidine hcl tablet 0.1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
clonidine hcl tablet 0.2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
clonidine hcl tablet 0.3 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiadrenergics - Centrally Acting (continued)		
clonidine patch weekly 0.1 mg/24hr transdermal	1	QL 4/28 days
clonidine patch weekly 0.2 mg/24hr transdermal	1	QL 4/28 days
clonidine patch weekly 0.3 mg/24hr transdermal	1	QL 4/28 days
guanfacine hcl tablet 1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
guanfacine hcl tablet 2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
methyldopa tablet 250 mg oral	1	
methyldopa tablet 500 mg oral	1	
Antiadrenergics - Peripherally Acting		
doxazosin mesylate tablet 1 mg oral	1	
doxazosin mesylate tablet 2 mg oral	1	
doxazosin mesylate tablet 4 mg oral	1	
doxazosin mesylate tablet 8 mg oral	1	
prazosin hcl capsule 1 mg oral	1	
prazosin hcl capsule 2 mg oral	1	
prazosin hcl capsule 5 mg oral	1	
terazosin hcl capsule 1 mg oral	1	
terazosin hcl capsule 10 mg oral	1	
terazosin hcl capsule 2 mg oral	1	
terazosin hcl capsule 5 mg oral	1	
Beta Blocker & Diuretic Combinations		
atenolol-chlorthalidone tablet 100-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
atenolol-chlorthalidone tablet 50-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blocker & Diuretic Combinations (continued)		
bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metoprolol-hydrochlorothiazide tablet 100-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metoprolol-hydrochlorothiazide tablet 100-50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metoprolol-hydrochlorothiazide tablet 50-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
propranolol-hctz tablet 40-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
propranolol-hctz tablet 80-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
Direct Renin Inhibitors		
aliskiren fumarate tablet 150 mg oral	1	QL 30/30 days
aliskiren fumarate tablet 300 mg oral	1	QL 30/30 days
Endothelin Receptor Antagonists		
TRYVIO TABLET 12.5 MG ORAL	3	PA, QL 30/30 days
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone tablet 25 mg oral	1	
eplerenone tablet 50 mg oral	1	
Vasodilators		
hydralazine hcl solution 20 mg/ml injection	1	
hydralazine hcl tablet 10 mg oral	1	
hydralazine hcl tablet 100 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vasodilators (continued)		
hydralazine hcl tablet 25 mg oral	1	
hydralazine hcl tablet 50 mg oral	1	
minoxidil tablet 10 mg oral	1	
minoxidil tablet 2.5 mg oral	1	
ANTI-INFECTIVE AGENTS - MISC.		
Anti-infective Agents - Misc.		
bacitracin solution reconstituted 50000 unit intramuscular	1	
IMPAVIDO CAPSULE 50 MG ORAL	3	PA, QL 84/28 days
metronidazole capsule 375 mg oral	1	
metronidazole tablet 250 mg oral	1	
metronidazole tablet 500 mg oral	1	
pentamidine isethionate solution reconstituted 300 mg inhalation	1	
pentamidine isethionate solution reconstituted 300 mg injection	1	
tinidazole tablet 250 mg oral	1	
tinidazole tablet 500 mg oral	1	
trimethoprim tablet 100 mg oral	1	
XIFAXAN TABLET 200 MG ORAL	3	PA
XIFAXAN TABLET 550 MG ORAL	3	PA
Anti-infective Misc. - Combinations		
sulfamethoxazole-trimethoprim solution 400-80 mg/5ml intravenous	1	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
sulfamethoxazole-trimethoprim suspension 800-160 mg/20ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-infective Misc. - Combinations (continued)		
sulfamethoxazole-trimethoprim tablet 400-80 mg oral	1	
sulfamethoxazole-trimethoprim tablet 800-160 mg oral	1	
Antiprotozoal Agents		
ALINIA SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	3	QL 180/30 days
atovaquone suspension 750 mg/5ml oral	1	
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	
Carbapenems		
ertapenem sodium solution reconstituted 1 gm injection	1	
meropenem solution reconstituted 1 gm intravenous	1	
meropenem solution reconstituted 500 mg intravenous	1	
Glycopeptides		
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	2	
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	2	
vancomycin hcl capsule 125 mg oral	1	
vancomycin hcl capsule 250 mg oral	1	
vancomycin hcl solution reconstituted 1 gm intravenous	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glycopeptides (continued)		
vancomycin hcl solution reconstituted 10 gm intravenous	1	
vancomycin hcl solution reconstituted 1000 mg intravenous	1	
vancomycin hcl solution reconstituted 250 mg intravenous	3	
vancomycin hcl solution reconstituted 500 mg intravenous	1	
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	
KETEK TABLET 400 MG ORAL	3	PA, Medical Necessity PA
Leprostatics		
dapsone tablet 100 mg oral	1	
dapsone tablet 25 mg oral	1	
Lincosamides		
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	4	LA, PA, SP, Prudent
Oxazolidinones		
linezolid suspension reconstituted 100 mg/5ml oral	1	
linezolid tablet 600 mg oral	1	
SIVEXTRO TABLET 200 MG ORAL	3	PA, QL 6/30 days
Urinary Anti-infectives		
fosfomycin tromethamine packet 3 gm oral	1	QL 3/30 days
methenamine hippurate tablet 1 gm oral	1	
nitrofurantoin macrocrystal capsule 100 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	
ANTIMALARIALS		
Antimalarial Combinations		
COARTEM TABLET 20-120 MG ORAL	3	QL 24/90 days
Antimalarials		
chloroquine phosphate tablet 250 mg oral	1	
chloroquine phosphate tablet 500 mg oral	1	
hydroxychloroquine sulfate tablet 200 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimalarials (continued)		
pyrimethamine tablet 25 mg oral	1	PA
quinine sulfate capsule 324 mg oral	1	QL 42/90 days
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABLET 10 MG ORAL	4	LA, PA, QL 300/30 days, Prudent
guanidine hcl tablet 125 mg oral	3	
pyridostigmine bromide er tablet extended release 180 mg oral	1	
pyridostigmine bromide solution 60 mg/5ml oral	1	
pyridostigmine bromide tablet 60 mg oral	1	
ANTIMYCOBACTERIAL AGENTS		
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	
pretomanid tablet 200 mg oral	3	QL 30/30 days
PRIFTIN TABLET 150 MG ORAL	2	
pyrazinamide tablet 500 mg oral	1	
rifabutin capsule 150 mg oral	1	
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	
SIRTURO TABLET 100 MG ORAL	3	
SIRTURO TABLET 20 MG ORAL	3	
TRECATOR TABLET 250 MG ORAL	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
Alkylating Agents		
HEXALEN CAPSULE 50 MG ORAL	3	
MYLERAN TABLET 2 MG ORAL	2	
Androgen Biosynthesis Inhibitors		
abiraterone acetate tablet 250 mg oral	4	SP, Partial Fill, Prudent
abiraterone acetate tablet 500 mg oral	4	SP, Partial Fill, Prudent
YONSA TABLET 125 MG ORAL	4	LA, PA, SP, Prudent
Antiadrenals		
LYSODREN TABLET 500 MG ORAL	2	
Antiandrogens		
bicalutamide tablet 50 mg oral	1	
ERLEADA TABLET 240 MG ORAL	4	PA-NSO, SP, Prudent
ERLEADA TABLET 60 MG ORAL	4	PA-NSO, 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-NSO, QL 30/30 days
NUBEQA TABLET 300 MG ORAL	4	PA-NSO, QL 120/30 days, SP, Prudent
XTANDI CAPSULE 40 MG ORAL	4	PA-NSO, SP, Partial Fill, Prudent
XTANDI TABLET 40 MG ORAL	4	PA-NSO, SP, Partial Fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiandrogens (continued)		
XTANDI TABLET 80 MG ORAL	4	PA-NSO, SP, Partial Fill, Prudent
Antiestrogens		
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	4	SP, Prudent
capecitabine tablet 500 mg oral	4	SP, Prudent
DEPOCYT SUSPENSION 50 MG/5ML INTRATHECAL	2	Medical Benefit only.
floxuridine solution reconstituted 0.5 gm injection	1	
fluorouracil solution 1 gm/20ml intravenous	1	Medical Benefit only.
fluorouracil solution 2.5 gm/50ml intravenous	1	Medical Benefit only.
fluorouracil solution 5 gm/100ml intravenous	1	Medical Benefit only.
fluorouracil solution 500 mg/10ml intravenous	1	Medical Benefit only.
gemcitabine hcl solution reconstituted 1 gm intravenous	1	
gemcitabine hcl solution reconstituted 2 gm intravenous	1	
gemcitabine hcl solution reconstituted 200 mg intravenous	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
Antimetabolites (continued)		
mercaptopurine tablet 50 mg oral	1	
methotrexate sodium (pf) solution 50 mg/2ml 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	4	PA, QL 14/28 days, SP, Prudent
ONUREG TABLET 300 MG ORAL	4	PA, QL 14/28 days, SP, Prudent
TABLOID TABLET 40 MG ORAL	3	
TREXALL TABLET 10 MG ORAL	3	
TREXALL TABLET 15 MG ORAL	3	
TREXALL TABLET 5 MG ORAL	3	
TREXALL TABLET 7.5 MG ORAL	3	
Antineoplastic - AKT Inhibitors		
TRUQAP TABLET 160 MG ORAL	4	LA, PA, QL 64/28 days, SP
TRUQAP TABLET 200 MG ORAL	4	LA, PA, QL 64/28 days, SP
TRUQAP TABLET THERAPY PACK 160 MG ORAL	4	LA, PA, QL 64/28 days, SP
TRUQAP TABLET THERAPY PACK 200 MG ORAL	4	LA, PA, QL 64/28 days, SP
Antineoplastic - ALK Inhibitors		
ALECENSA CAPSULE 150 MG ORAL	4	PA, QL 240/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - ALK Inhibitors (continued)		
ALUNBRIG TABLET 180 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ALUNBRIG TABLET 30 MG ORAL	4	LA, PA, QL 90/30 days, SP, Prudent
ALUNBRIG TABLET 90 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
LORBRENA TABLET 100 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
LORBRENA TABLET 25 MG ORAL	4	LA, PA, QL 90/30 days, SP, Prudent
XALKORI CAPSULE 200 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
XALKORI CAPSULE 250 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
XALKORI CAPSULE SPRINKLE 150 MG ORAL	4	PA, QL 180/30 days, SP, Partial Fill, Prudent
XALKORI CAPSULE SPRINKLE 20 MG ORAL	4	PA, QL 240/30 days, SP, Partial Fill, Prudent
XALKORI CAPSULE SPRINKLE 50 MG ORAL	4	PA, QL 180/30 days, SP, Partial Fill, Prudent
ZYKADIA CAPSULE 150 MG ORAL	4	PA, QL 3/1 days, SP, Partial Fill
ZYKADIA TABLET 150 MG ORAL	4	PA, QL 3/1 days, SP, Partial Fill, Prudent
Antineoplastic - Anti-CD20 Antibodies		
ARZERRA CONCENTRATE 100 MG/5ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
ARZERRA CONCENTRATE 1000 MG/50ML INTRAVENOUS	4	PA, SP, Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Anti-CD20 Antibodies (continued)		
RITUXAN SOLUTION 100 MG/10ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
Antineoplastic - Anti-HER2 Agents		
HERNEXEOS TABLET 60 MG ORAL	4	LA, PA, QL 90/30 days, SP
TUKYSA TABLET 150 MG ORAL	4	LA, PA, QL 120/30 days, SP, Prudent
TUKYSA TABLET 50 MG ORAL	4	LA, PA, QL 120/30 days, SP, Prudent
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL	4	LA, PA, QL 42/365 days, SP, Prudent
VENCLEXTA TABLET 10 MG ORAL	4	LA, PA, QL 30/365 days, SP, Prudent
VENCLEXTA TABLET 100 MG ORAL	4	LA, PA, QL 180/30 days, SP, Prudent
VENCLEXTA TABLET 50 MG ORAL	4	LA, PA, QL 30/365 days, SP, Prudent
Antineoplastic - BCR-ABL Kinase Inhibitors		
bosutinib tablet 100 mg oral	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
bosutinib tablet 400 mg oral	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
bosutinib tablet 500 mg oral	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
DANZITEN TABLET 71 MG ORAL	4	LA, PA, QL 112/28 days, SP
DANZITEN TABLET 95 MG ORAL	4	LA, PA, QL 112/28 days, SP
dasatinib tablet 100 mg oral	4	PA-NSO, QL 30/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - BCR-ABL Kinase Inhibitors (continued)		
dasatinib tablet 140 mg oral	4	PA-NSO, QL 30/30 days, SP
dasatinib tablet 20 mg oral	4	PA-NSO, QL 60/30 days, SP
dasatinib tablet 50 mg oral	4	PA-NSO, QL 60/30 days, SP
dasatinib tablet 70 mg oral	4	PA-NSO, QL 60/30 days, SP
dasatinib tablet 80 mg oral	4	PA-NSO, QL 30/30 days, SP
ICLUSIG TABLET 10 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ICLUSIG TABLET 15 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ICLUSIG TABLET 30 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ICLUSIG TABLET 45 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
imatinib mesylate tablet 100 mg oral	4	QL 3/1 days, SP, Partial Fill, Prudent
imatinib mesylate tablet 400 mg oral	4	QL 2/1 days, SP, Partial Fill, Prudent
nilotinib hcl capsule 150 mg oral	4	PA, QL 4/1 days, SP, Partial Fill, Prudent
nilotinib hcl capsule 200 mg oral	4	PA, QL 4/1 days, SP, Partial Fill, Prudent
nilotinib hcl capsule 50 mg oral	4	PA, QL 4/1 days, SP, Partial Fill, Prudent
SCEMBLIX TABLET 100 MG ORAL	4	LA, PA, QL 120/30 days, SP
SCEMBLIX TABLET 20 MG ORAL	4	LA, PA, QL 60/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - BCR-ABL Kinase Inhibitors (continued)		
SCEMBLIX TABLET 40 MG ORAL	4	LA, PA, QL 60/30 days, SP
Antineoplastic - BRAF Kinase Inhibitors		
BRAFTOVI CAPSULE 75 MG ORAL	4	PA, QL 180/30 days, SP, Prudent
OJEMDA SUSPENSION RECONSTITUTED 25 MG/ML ORAL	4	LA, PA, QL 96/28 days, SP
OJEMDA TABLET 100 MG ORAL	4	LA, PA, QL 24/28 days, SP
TAFINLAR CAPSULE 50 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
TAFINLAR CAPSULE 75 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
TAFINLAR TABLET SOLUBLE 10 MG ORAL	4	PA, QL 300/30 days, SP, Partial Fill, Prudent
ZELBORAF TABLET 240 MG ORAL	4	PA, QL 240/30 days, SP, Prudent
Antineoplastic - BTK Inhibitors		
BRUKINSA CAPSULE 80 MG ORAL	4	LA, PA, QL 120/30 days, SP, Partial Fill, Prudent
BRUKINSA TABLET 160 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill, Prudent
CALQUENCE TABLET 100 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill, Prudent
IMBRUVICA CAPSULE 140 MG ORAL	4	LA, PA, QL 90/30 days, SP, Partial Fill, Prudent
IMBRUVICA CAPSULE 70 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
IMBRUVICA TABLET 420 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
JAYPIRCA TABLET 100 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - BTK Inhibitors (continued)		
JAYPIRCA TABLET 50 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill
Antineoplastic - CSF1R Kinase Inhibitors		
ROMVIMZA CAPSULE 14 MG ORAL	4	LA, PA, QL 8/28 days, SP
ROMVIMZA CAPSULE 20 MG ORAL	4	LA, PA, QL 8/28 days, SP
ROMVIMZA CAPSULE 30 MG ORAL	4	LA, PA, QL 8/28 days, SP
Antineoplastic - EGFR Inhibitors		
erlotinib hcl tablet 100 mg oral	4	PA, QL 1/1 days, SP, Partial Fill, Prudent
erlotinib hcl tablet 150 mg oral	4	PA, QL 1/1 days, SP, Partial Fill, Prudent
erlotinib hcl tablet 25 mg oral	4	PA, QL 1/1 days, SP, Partial Fill, Prudent
gefitinib tablet 250 mg oral	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
GILOTRIF TABLET 20 MG ORAL	4	PA, QL 1/1 days, SP, Prudent
GILOTRIF TABLET 30 MG ORAL	4	PA, QL 1/1 days, SP, Prudent
GILOTRIF TABLET 40 MG ORAL	4	PA, QL 1/1 days, SP, Prudent
LAZCLUZE TABLET 240 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill
LAZCLUZE TABLET 80 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill
TAGRISSO TABLET 40 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TAGRISSO TABLET 80 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
VIZIMPRO TABLET 15 MG ORAL	4	LA, PA, QL 30/30 days
VIZIMPRO TABLET 30 MG ORAL	4	LA, PA, QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - EGFR Inhibitors (continued)		
VIZIMPRO TABLET 45 MG ORAL	4	LA, PA, QL 30/30 days
Antineoplastic - FGFR Kinase Inhibitors		
BALVERSA TABLET 3 MG ORAL	4	PA, SP, Partial Fill, Prudent
BALVERSA TABLET 4 MG ORAL	4	PA, SP, Partial Fill, Prudent
BALVERSA TABLET 5 MG ORAL	4	PA, SP, Partial Fill, Prudent
LYTGOBI (12 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	4	LA, PA, QL 84/28 days, SP
LYTGOBI (16 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	4	LA, PA, QL 112/28 days, SP
LYTGOBI (20 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	4	LA, PA, QL 140/28 days, SP
PEMAZYRE TABLET 13.5 MG ORAL	4	LA, PA, QL 14/21 days, SP, Prudent
PEMAZYRE TABLET 4.5 MG ORAL	4	LA, PA, QL 14/21 days, SP, Prudent
PEMAZYRE TABLET 9 MG ORAL	4	LA, PA, QL 14/21 days, SP, Prudent
Antineoplastic - Gamma Secretase Inhibitors		
OGSIVEO TABLET 50 MG ORAL	4	LA, PA, QL 180/30 days, SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABLET 100 MG ORAL	4	PA, SP, Prudent
DAURISMO TABLET 25 MG ORAL	4	PA, SP, Prudent
ERIVEDGE CAPSULE 150 MG ORAL	4	PA, QL 1/1 days, SP, Partial Fill, Prudent
ODOMZO CAPSULE 200 MG ORAL	4	PA, QL 1/1 days, SP, Partial Fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - HIF-2-alpha Inhibitors		
WELIREG TABLET 40 MG ORAL	4	PA, SP, Partial Fill
Antineoplastic - Histone Deacetylase Inhibitors		
ZOLINZA CAPSULE 100 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
Antineoplastic - Hormonal and Related Agent Combinations		
AKEEGA TABLET 100-500 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill, Prudent
AKEEGA TABLET 50-500 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill, Prudent
Antineoplastic - Immunomodulators		
pomalidomide capsule 1 mg oral	4	PA, QL 30/30 days, SP, Prudent
pomalidomide capsule 2 mg oral	4	PA, QL 30/30 days, SP, Prudent
pomalidomide capsule 3 mg oral	4	PA, QL 30/30 days, SP, Prudent
pomalidomide capsule 4 mg oral	4	PA, QL 30/30 days, SP, Prudent
Antineoplastic - KRAS Inhibitors		
KRAZATI TABLET 200 MG ORAL	4	PA, QL 180/30 days, SP, Partial Fill
LUMAKRAS TABLET 120 MG ORAL	4	PA, QL 240/30 days, SP, Partial Fill, Prudent
LUMAKRAS TABLET 240 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
LUMAKRAS TABLET 320 MG ORAL	4	PA, QL 90/30 days, SP, Partial Fill, Prudent
Antineoplastic - MEK Inhibitors		
COTELLIC TABLET 20 MG ORAL	4	PA, QL 63/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - MEK Inhibitors (continued)		
GOMEKLI CAPSULE 1 MG ORAL	4	LA, PA, QL 168/28 days, SP
GOMEKLI CAPSULE 2 MG ORAL	4	LA, PA, QL 84/28 days, SP
GOMEKLI TABLET SOLUBLE 1 MG ORAL	4	LA, PA, QL 168/28 days, SP
KOSELUGO CAPSULE 10 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
KOSELUGO CAPSULE 25 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
MEKINIST SOLUTION RECONSTITUTED 0.05 MG/ML ORAL	4	PA, QL 540/30 days, SP, Prudent
MEKINIST TABLET 0.5 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
MEKINIST TABLET 2 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
MEKTOVI TABLET 15 MG ORAL	4	PA, QL 180/30 days, SP, Prudent
Antineoplastic - Menin Inhibitors		
KOMZIFTI CAPSULE 200 MG ORAL	4	LA, PA, QL 90/30 days, SP, Partial Fill
REVUFORJ TABLET 110 MG ORAL	4	LA, PA, QL 60/30 days, SP
REVUFORJ TABLET 160 MG ORAL	4	LA, PA, QL 60/30 days, SP
REVUFORJ TABLET 25 MG ORAL	4	LA, PA, QL 120/30 days, SP
Antineoplastic - MET Inhibitors		
TABRECTA TABLET 150 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
TABRECTA TABLET 200 MG ORAL	4	PA, QL 120/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - MET Inhibitors (continued)		
TEPMETKO TABLET 225 MG ORAL	4	LA, PA, QL 60/30 days, SP
Antineoplastic - Methyltransferase Inhibitors		
TAZVERIK TABLET 200 MG ORAL	4	LA, PA, QL 240/30 days
Antineoplastic - mTOR Kinase Inhibitors		
everolimus tablet 10 mg oral	4	PA, QL 30/30 days, SP, Prudent
everolimus tablet 2.5 mg oral	4	PA, QL 30/30 days, SP, Prudent
everolimus tablet 5 mg oral	4	PA, QL 30/30 days, SP, Prudent
everolimus tablet 7.5 mg oral	4	PA, QL 30/30 days, SP, Prudent
everolimus tablet soluble 2 mg oral	4	PA, QL 30/30 days, SP, Prudent
everolimus tablet soluble 3 mg oral	4	PA, QL 30/30 days, SP, Prudent
everolimus tablet soluble 5 mg oral	4	PA, QL 30/30 days, SP, Prudent
temsirolimus solution 25 mg/ml intravenous	4	PA, SP, Medical Benefit only.
Antineoplastic - Multikinase Inhibitors		
CABOMETYX TABLET 20 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
CABOMETYX TABLET 40 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
CABOMETYX TABLET 60 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
CAPRELSA TABLET 100 MG ORAL	4	LA, PA, QL 2/1 days, SP
CAPRELSA TABLET 300 MG ORAL	4	LA, PA, QL 1/1 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Multikinase Inhibitors (continued)		
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ORAL	4	PA, QL 56/28 days, SP, Partial Fill, Prudent
COMETRIQ (140 MG DAILY DOSE) KIT 3 X 20 MG & 80 MG ORAL	4	PA, QL 112/28 days, SP, Partial Fill, Prudent
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL	4	PA, QL 84/28 days, SP, Partial Fill, Prudent
ENSACOVE CAPSULE 100 MG ORAL	4	PA, QL 60/30 days, SP
ENSACOVE CAPSULE 25 MG ORAL	4	PA, QL 60/30 days, SP
FOTIVDA CAPSULE 0.89 MG ORAL	4	LA, PA, QL 21/28 days, SP, Partial Fill, Prudent
FOTIVDA CAPSULE 1.34 MG ORAL	4	LA, PA, QL 21/28 days, SP, Partial Fill, Prudent
HYRNUO TABLET 10 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill
lapatinib ditosylate tablet 250 mg oral	4	PA, QL 180/30 days, SP, Prudent
NERLYNX TABLET 40 MG ORAL	4	PA, QL 180/30 days, SP, Partial Fill, Prudent
pazopanib hcl tablet 200 mg oral	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
QINLOCK TABLET 50 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
RYDAPT CAPSULE 25 MG ORAL	4	PA, SP, Prudent
sorafenib tosylate tablet 200 mg oral	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
STIVARGA TABLET 40 MG ORAL	4	PA, QL 84/28 days, SP, Prudent
sunitinib malate capsule 12.5 mg oral	4	PA, QL 28/28 days, SP, Partial Fill, Prudent
sunitinib malate capsule 25 mg oral	4	PA, QL 28/28 days, SP, Partial Fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Multikinase Inhibitors (continued)		
sunitinib malate capsule 37.5 mg oral	4	PA, QL 28/28 days, SP, Partial Fill, Prudent
sunitinib malate capsule 50 mg oral	4	PA, QL 28/28 days, SP, Partial Fill, Prudent
TURALIO CAPSULE 200 MG ORAL	4	PA, QL 120/30 days, SP
VANFLYTA TABLET 17.7 MG ORAL	4	LA, PA, SP
VANFLYTA TABLET 26.5 MG ORAL	4	LA, PA, SP
XOSPATA TABLET 40 MG ORAL	4	LA, PA, Prudent
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABLET 100 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
AYVAKIT TABLET 200 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
AYVAKIT TABLET 25 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
AYVAKIT TABLET 300 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
AYVAKIT TABLET 50 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
Antineoplastic - Protease Activators		
MODEYSO CAPSULE 125 MG ORAL	4	LA, PA, QL 20/28 days, SP, Partial Fill
Antineoplastic - Proteasome Inhibitors		
NINLARO CAPSULE 2.3 MG ORAL	4	PA, QL 3/28 days, SP, Prudent
NINLARO CAPSULE 3 MG ORAL	4	PA, QL 3/28 days, SP, Prudent
NINLARO CAPSULE 4 MG ORAL	4	PA, QL 3/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - RET Inhibitors		
GAVRETO CAPSULE 100 MG ORAL	4	LA, PA, QL 120/30 days, Prudent
RETEVMO CAPSULE 40 MG ORAL	4	PA, QL 90/30 days, SP, Partial Fill
RETEVMO CAPSULE 80 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill
RETEVMO TABLET 120 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
RETEVMO TABLET 160 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
RETEVMO TABLET 40 MG ORAL	4	PA, QL 90/30 days, SP, Partial Fill, Prudent
RETEVMO TABLET 80 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors		
AUGTYRO CAPSULE 40 MG ORAL	4	PA, QL 240/30 days, SP, Prudent
IBTROZI CAPSULE 200 MG ORAL	4	LA, PA, QL 90/30 days, SP
ROZLYTREK CAPSULE 100 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
ROZLYTREK CAPSULE 200 MG ORAL	4	PA, QL 90/30 days, SP, Partial Fill, Prudent
ROZLYTREK PACKET 50 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
VITRAKVI CAPSULE 100 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
VITRAKVI CAPSULE 25 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
VITRAKVI SOLUTION 20 MG/ML ORAL	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Tyrosine Kinase Inhibitors		
COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80 & 1 X 20 MG ORAL	4	PA, QL 56/28 days, SP, Partial Fill
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 MG ORAL	4	PA, QL 112/28 days, SP, Partial Fill
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 20/28 days, SP, Prudent
XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 50 MG ORAL	4	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 16/28 days, SP, Prudent
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	4	LA, PA, QL 4/28 days, SP, Prudent
XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 16/28 days, SP, Prudent
XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	4	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 12/28 days, SP, Prudent
XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 60 MG ORAL	4	LA, PA, QL 4/28 days, SP, Prudent
XPOVIO (60 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 24/28 days, SP, Prudent
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 16/28 days, SP, Prudent
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	4	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (80 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 32/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8 & 200 MG ORAL	4	LA, PA, SP
INQOVI TABLET 35-100 MG ORAL	4	PA, QL 5/28 days, SP, Prudent
KISQALI FEMARA (200 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	4	PA, QL 49/28 days, SP
KISQALI FEMARA (400 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	4	PA, QL 70/28 days, SP
KISQALI FEMARA (600 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	4	PA, QL 91/28 days, SP
LONSURF TABLET 15-6.14 MG ORAL	4	PA, SP, Prudent
LONSURF TABLET 20-8.19 MG ORAL	4	PA, SP, Prudent
Antineoplastic Radiopharmaceuticals		
QUADRAMET SOLUTION 1850 MBQ/ML INTRAVENOUS	2	
Antineoplastics - Photoactivated Agents		
PHOTOFRIN SOLUTION RECONSTITUTED 75 MG INTRAVENOUS	4	LA, SP
UVADEX SOLUTION 20 MCG/ML EXTRACORPOREAL	2	Medical Benefit only.
UVADEX SOLUTION 20 MCG/ML INJECTION	2	Medical Benefit only.
Antineoplastics Misc.		
ACTIMMUNE SOLUTION 100 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 3/28 days, SP, Prudent
ALFERON N SOLUTION 5000000 UNIT/ML INJECTION	4	SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastics Misc. (continued)		
BESREMI SOLUTION PREFILLED SYRINGE 500 MCG/ML SUBCUTANEOUS	4	LA, PA, QL 2/28 days, SP, Prudent
hydroxyurea capsule 500 mg oral	1	
INTRON A SOLUTION 10000000 UNIT/ML INJECTION	3	PA, SP
INTRON A SOLUTION 6000000 UNIT/ML INJECTION	3	PA, SP
MATULANE CAPSULE 50 MG ORAL	4	LA, PA, SP
SYNRIBO SOLUTION RECONSTITUTED 3.5 MG SUBCUTANEOUS	4	LA, PA, SP, Prudent
THERACYS SUSPENSION RECONSTITUTED 81 MG/VIAL INTRAVESICAL	2	
TICE BCG SUSPENSION RECONSTITUTED 50 MG INTRAVESICAL	2	
Aromatase Inhibitors		
anastrozole tablet 1 mg oral	0	ACA NCDL, limitations may apply
ARIMIDEX TABLET 1 MG ORAL	3	
exemestane tablet 25 mg oral	0	ACA NCDL, limitations may apply
letrozole tablet 2.5 mg oral	1	
Chemotherapy Adjuncts - Keratinocyte Growth Factors		
KEPIVANCE SOLUTION RECONSTITUTED 6.25 MG INTRAVENOUS	2	Medical Benefit only.
Cyclin-Dependent Kinases (CDK) Inhibitors		
IBRANCE CAPSULE 100 MG ORAL	4	PA, QL 21/28 days, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cyclin-Dependent Kinases (CDK) Inhibitors (continued)		
IBRANCE CAPSULE 125 MG ORAL	4	PA, QL 21/28 days, SP
IBRANCE CAPSULE 75 MG ORAL	4	PA, QL 21/28 days, SP
IBRANCE TABLET 100 MG ORAL	4	PA, QL 21/28 days, SP
IBRANCE TABLET 125 MG ORAL	4	PA, QL 21/28 days, SP
IBRANCE TABLET 75 MG ORAL	4	PA, QL 21/28 days, SP
KISQALI (200 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	4	PA, QL 21/28 days, SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	4	PA, QL 42/28 days, SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	4	PA, QL 63/28 days, SP
VERZENIO TABLET 100 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
VERZENIO TABLET 150 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
VERZENIO TABLET 200 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
VERZENIO TABLET 50 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
Estrogen Receptor Antagonist		
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	3	
INLURIYO TABLET 200 MG ORAL	4	LA, PA, QL 56/28 days, SP, Partial Fill
Estrogens-Antineoplastic		
EMCYT CAPSULE 140 MG ORAL	2	
Folic Acid Antagonists Rescue Agents		
LEDERLE LEUCOVORIN TABLET 5 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Folic Acid Antagonists Rescue Agents (continued)		
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	
Glucocorticoid Receptor (GR) Antagonists		
LIFYORLI (125 MG DOSE) CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG ORAL	4	PA, SP
LIFYORLI (150 MG DOSE) CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG ORAL	4	PA, SP
Gonadotropin Releasing Hormone (GnRH) Antagonists		
FIRMAGON SOLUTION RECONSTITUTED 120 MG SUBCUTANEOUS	4	SP
FIRMAGON SOLUTION RECONSTITUTED 80 MG SUBCUTANEOUS	4	SP
ORGOVYX TABLET 120 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Imidazotetrazines		
TEMODAR SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	PA, SP, Prudent
temozolomide capsule 100 mg oral	4	PA, SP, Prudent
temozolomide capsule 140 mg oral	4	PA, SP, Prudent
temozolomide capsule 180 mg oral	4	PA, SP, Prudent
temozolomide capsule 20 mg oral	4	PA, SP, Prudent
temozolomide capsule 250 mg oral	4	PA, SP, Prudent
temozolomide capsule 5 mg oral	4	PA, SP, Prudent
Isocitrate Dehydrogenase 1 & 2 (IDH1 & IDH2) Inhibitors		
VORANIGO TABLET 10 MG ORAL	4	LA, PA, QL 60/30 days, SP
VORANIGO TABLET 40 MG ORAL	4	LA, PA, QL 30/30 days, SP
Isocitrate Dehydrogenase-1 (IDH1) Inhibitors		
REZLIDHIA CAPSULE 150 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill
TIBSOVO TABLET 250 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill, Prudent
Isocitrate Dehydrogenase-2 (IDH2) Inhibitors		
IDHIFA TABLET 100 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
IDHIFA TABLET 50 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
Janus Associated Kinase (JAK) Inhibitors		
INREBIC CAPSULE 100 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
JAKAFI TABLET 10 MG ORAL	4	PA, QL 2/1 days, SP, Partial Fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Janus Associated Kinase (JAK) Inhibitors (continued)		
JAKAFI TABLET 15 MG ORAL	4	PA, QL 2/1 days, SP, Partial Fill, Prudent
JAKAFI TABLET 20 MG ORAL	4	PA, QL 2/1 days, SP, Partial Fill, Prudent
JAKAFI TABLET 25 MG ORAL	4	PA, QL 2/1 days, SP, Partial Fill, Prudent
JAKAFI TABLET 5 MG ORAL	4	PA, QL 2/1 days, SP, Partial Fill, Prudent
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 33 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 44 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 55 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
OJJAARA TABLET 100 MG ORAL	4	LA, PA, QL 30/30 days, SP
OJJAARA TABLET 150 MG ORAL	4	LA, PA, QL 30/30 days, SP
OJJAARA TABLET 200 MG ORAL	4	LA, PA, QL 30/30 days, SP
VONJO CAPSULE 100 MG ORAL	4	LA, PA, QL 120/30 days, SP, Prudent
LHRH Analogs		
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	4	PA, SP
ELIGARD KIT 22.5 MG SUBCUTANEOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LHRH Analogs (continued)		
ELIGARD KIT 30 MG SUBCUTANEOUS	4	PA, SP, Prudent
ELIGARD KIT 45 MG SUBCUTANEOUS	4	PA, SP, Prudent
ELIGARD KIT 7.5 MG SUBCUTANEOUS	4	PA, SP, Prudent
leuprolide acetate kit 1 mg/0.2ml injection	4	PA, SP
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	4	PA, SP, Prudent
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 22.5 MG INTRAMUSCULAR	4	PA, SP, Prudent
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 3.75 MG INTRAMUSCULAR	4	PA, SP, Prudent
Mitotic Inhibitors		
ETOPOPHOS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	2	Medical Benefit only.
etoposide capsule 50 mg oral	1	
etoposide solution 100 mg/5ml intravenous	1	Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Mitotic Inhibitors (continued)		
TOPOSAR SOLUTION 1 GM/50ML INTRAVENOUS	1	Medical Benefit only.
TOPOSAR SOLUTION 100 MG/5ML INTRAVENOUS	1	Medical Benefit only.
TOPOSAR SOLUTION 500 MG/25ML INTRAVENOUS	1	Medical Benefit only.
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
GLIADEL WAFER WAFER 7.7 MG IMPLANT	2	
Ornithine Decarboxylase (ODC) Inhibitors		
IWILFIN TABLET 192 MG ORAL	4	LA, PA, QL 240/30 days, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phosphatidylinositol 3-Kinase (PI3K) Inhibitors		
COPIKTRA CAPSULE 15 MG ORAL	4	PA, SP, Prudent
COPIKTRA CAPSULE 25 MG ORAL	4	PA, SP, Prudent
ITOVEBI TABLET 3 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
ITOVEBI TABLET 9 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
PIQRAY (200 MG DAILY DOSE) TABLET THERAPY PACK 200 MG ORAL	4	PA, SP
PIQRAY (250 MG DAILY DOSE) TABLET THERAPY PACK 200 & 50 MG ORAL	4	PA, SP
PIQRAY (300 MG DAILY DOSE) TABLET THERAPY PACK 2 X 150 MG ORAL	4	PA, SP
ZYDELIG TABLET 100 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
ZYDELIG TABLET 150 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
Poly (ADP-ribose) Polymerase (PARP) Inhibitors		
LYNPARZA TABLET 100 MG ORAL	4	PA, QL 5/1 days, SP, Partial Fill, Prudent
LYNPARZA TABLET 150 MG ORAL	4	PA, QL 4/1 days, SP, Partial Fill, Prudent
RUBRACA TABLET 200 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
RUBRACA TABLET 250 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
RUBRACA TABLET 300 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 0.1 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Poly (ADP-ribose) Polymerase (PARP) Inhibitors (continued)		
TALZENNA CAPSULE 0.25 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 0.35 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 0.5 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 0.75 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 1 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
ZEJULA TABLET 100 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
ZEJULA TABLET 200 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
ZEJULA TABLET 300 MG ORAL	4	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 tablet 20 mg oral	1	
megestrol acetate tablet 40 mg oral	1	
Retinoids		
tretinoin capsule 10 mg oral	1	QL 810/365 days
Selective Estrogen Receptor Degraders		
ORSERDU TABLET 345 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill
ORSERDU TABLET 86 MG ORAL	4	LA, PA, QL 90/30 days, SP, Partial Fill

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Retinoid X Receptor Agonists		
bexarotene capsule 75 mg oral	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
Topoisomerase I Inhibitors		
HYCAMTIN CAPSULE 0.25 MG ORAL	4	PA, SP, Prudent
HYCAMTIN CAPSULE 1 MG ORAL	4	PA, SP, Prudent
Urinary Tract Protective Agents		
mesna solution 100 mg/ml intravenous	1	
mesna tablet 400 mg oral	1	
Vascular Endothelial Growth Factor (VEGF) Inhibitors		
FRUZAQLA CAPSULE 1 MG ORAL	4	LA, PA, QL 84/28 days, SP
FRUZAQLA CAPSULE 5 MG ORAL	4	LA, PA, QL 21/28 days, SP
INLYTA TABLET 1 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
INLYTA TABLET 5 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
LENVIMA (10 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
LENVIMA (12 MG DAILY DOSE) CAPSULE THERAPY PACK 3 X 4 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 & 4 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
LENVIMA (18 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL	4	PA, QL 60/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vascular Endothelial Growth Factor (VEGF) Inhibitors (continued)		
LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
LENVIMA (8 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 4 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
ANTIPARKINSON AND RELATED THERAPY AGENTS		
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	
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	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG ORAL	3	QL 60/30 days, ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiparkinson Dopaminergics (continued)		
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129 MG ORAL	3	QL 30/30 days, ST
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
Antiparkinson Monoamine Oxidase Inhibitors		
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	
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	
Levodopa Combinations		
carbidopa-levodopa er tablet extended release 25-100 mg oral	1	
carbidopa-levodopa er tablet extended release 50-200 mg oral	1	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Levodopa Combinations (continued)		
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	
VYALEV SOLUTION 12-240 MG/ML SUBCUTANEOUS	4	PA, QL 420/28 days, SP
Nonergoline Dopamine Receptor Agonists		
APOKYN SOLUTION 10 MG/ML SUBCUTANEOUS	4	PA, SP
apomorphine hcl solution cartridge 30 mg/3ml subcutaneous	4	PA, SP, Prudent
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonergoline Dopamine Receptor Agonists (continued)		
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL	3	
ONAPGO SOLUTION CARTRIDGE 98 MG/20ML SUBCUTANEOUS	4	PA, QL 600/30 days, SP
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	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonergoline Dopamine Receptor Agonists (continued)		
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	
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		
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimanic Agents (continued)		
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
lithium carbonate tablet 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
lithium solution 8 meq/5ml 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
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	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
NUPLAZID TABLET 10 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
NUPLAZID TABLET 17 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill
VRAYLAR CAPSULE 0.5 MG ORAL	3	QL 30/30 days, ST
VRAYLAR CAPSULE 0.75 MG ORAL	3	QL 30/30 days, ST
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antipsychotics - Misc. (continued)		
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL	3	QL 30/30 days, 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		
ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	3	QL 0.75/28 days
ERZOFRI SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	3	QL 1/28 days
ERZOFRI SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	3	QL 1.50/28 days
ERZOFRI SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML INTRAMUSCULAR	3	QL 2.25/28 days
ERZOFRI SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR	3	QL 0.25/28 days
ERZOFRI SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	3	QL 0.50/28 days
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 A TABLET 1 & 2 & 4 & 6 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 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	QL 60/30 days
paliperidone er tablet extended release 24 hour 9 mg oral	1	QL 30/30 days
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
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	3	QL 2/28 days
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzisoxazoles (continued)		
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 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	
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzisoxazoles (continued)		
RYKINDO SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	3	QL 2/28 days
Butyrophenones		
HALDOL DECANOATE SOLUTION 100 MG/ML INTRAMUSCULAR	3	
HALDOL DECANOATE SOLUTION 50 MG/ML INTRAMUSCULAR	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	
Dibenzo-oxepino Pyrroles		
asenapine maleate tablet sublingual 10 mg sublingual	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dibenzo-oxepino Pyrroles (continued)		
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
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
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	QL 60/30 days
quetiapine fumarate er tablet extended release 24 hour 200 mg oral	1	QL 60/30 days
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	QL 60/30 days
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dibenzothiazepines (continued)		
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
Dibenzoxazepines		
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	
Muscarinic Agent - Combinations		
COBENFY CAPSULE 100-20 MG ORAL	3	PA, QL 60/30 days, ST
COBENFY CAPSULE 125-30 MG ORAL	3	PA, QL 60/30 days, ST
COBENFY CAPSULE 50-20 MG ORAL	3	PA, QL 60/30 days, ST
COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL	3	PA, QL 56/28 days, ST
Phenothiazines		
chlorpromazine hcl tablet 10 mg oral	1	
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	
COMPRO SUPPOSITORY 25 MG RECTAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phenothiazines (continued)		
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 edisylate solution 5 mg/ml injection	1	
prochlorperazine maleate tablet 10 mg oral	1	
prochlorperazine maleate tablet 5 mg oral	1	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phenothiazines (continued)		
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
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	
ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR	3	QL 2.40/365 days
ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR	3	QL 3.90/56 days
ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR	3	QL 1.60/28 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Quinolinone Derivatives (continued)		
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 solution reconstituted 10 mg intramuscular	1	
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
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	
ANTIVIRALS		
Antiretroviral Combinations		
abacavir sulfate-lamivudine tablet 600-300 mg oral	1	
abacavir-lamivudine-zidovudine tablet 300-150-300 mg oral	1	
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretroviral Combinations (continued)		
CABENUVA SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML INTRAMUSCULAR	3	SP
CIMDUO TABLET 300-300 MG ORAL	2	QL 30/30 days
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-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
EVOTAZ TABLET 300-150 MG ORAL	2	
GENVOYA TABLET 150-150-200-10 MG ORAL	2	QL 30/30 days
IDVYNSO TABLET 100-0.25 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
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	4	QL 1/1 days, SP
PREZCOBIX TABLET 800-150 MG ORAL	2	
STRIBILD TABLET 150-150-200-300 MG ORAL	2	
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
Antiretrovirals - Capsid Inhibitors		
SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS	4	SP
SUNLENCA TABLET 300 MG ORAL	4	QL 4/365 days
SUNLENCA TABLET THERAPY PACK 4 X 300 MG ORAL	4	QL 4/365 days, SP
SUNLENCA TABLET THERAPY PACK 5 X 300 MG ORAL	4	QL 5/365 days, SP
YEZTUGO SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS	0	
YEZTUGO TABLET 300 MG ORAL	0	
Antiretrovirals - CCR5 Antagonists (Entry Inhibitor)		
maraviroc tablet 150 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
Antiretrovirals - CCR5 Antagonists (Entry Inhibitor) (continued)		
maraviroc tablet 300 mg oral	1	
SELZENTRY SOLUTION 20 MG/ML ORAL	2	
SELZENTRY TABLET 25 MG ORAL	2	
SELZENTRY TABLET 75 MG ORAL	2	
Antiretrovirals - gp120-Directed Attachment Inhibitor		
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	3	QL 60/30 days
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 PACKET 100 MG ORAL	2	
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	2	QL 150/30 days
TIVICAY TABLET 10 MG ORAL	2	QL 30/30 days
TIVICAY TABLET 25 MG ORAL	2	QL 30/30 days
TIVICAY TABLET 50 MG ORAL	2	
VOCABRIA TABLET 30 MG ORAL	4	LA, QL 30/30 days, SP
Antiretrovirals - Protease Inhibitors		
APTIVUS CAPSULE 250 MG ORAL	2	
APTIVUS SOLUTION 100 MG/ML ORAL	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - Protease Inhibitors (continued)		
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	
LEXIVA SUSPENSION 50 MG/ML ORAL	2	
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 75 MG ORAL	2	
REYATAZ PACKET 50 MG ORAL	2	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - RTI-Non-Nucleoside Analogues (continued)		
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 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	
Antiretrovirals - RTI-Nucleoside Analogues-Purines		
abacavir sulfate solution 20 mg/ml oral	1	
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 SOLUTION RECONSTITUTED 2 GM ORAL	2	
VIDEX SOLUTION RECONSTITUTED 4 GM ORAL	2	
Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines		
emtricitabine capsule 200 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines (continued)		
EMTRIVA SOLUTION 10 MG/ML ORAL	2	
EPIVIR SOLUTION 10 MG/ML ORAL	2	Partial Fill
lamivudine solution 10 mg/ml oral	1	
lamivudine tablet 150 mg oral	1	
lamivudine tablet 300 mg oral	1	
Antiretrovirals - RTI-Nucleoside Analogues-Thymidines		
stavudine capsule 15 mg oral	1	
stavudine capsule 20 mg oral	1	
stavudine capsule 30 mg oral	1	
stavudine capsule 40 mg oral	1	
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	
Antiretrovirals Adjuvants		
TYBOST TABLET 150 MG ORAL	2	QL 30/30 days
Antiviral Combinations		
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	3	QL 20/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiviral Combinations (continued)		
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	3	QL 30/30 days
CMV Agents		
LIVTENCITY TABLET 200 MG ORAL	4	LA, PA, QL 120/30 days, SP
PREVYMIS PACKET 120 MG ORAL	3	PA, QL 800/365 days
PREVYMIS PACKET 20 MG ORAL	3	PA, QL 4800/365 days
PREVYMIS TABLET 240 MG ORAL	3	PA, QL 200/365 days
PREVYMIS TABLET 480 MG ORAL	3	PA, QL 200/365 days
valganciclovir hcl solution reconstituted 50 mg/ml oral	1	QL 6948/365 days
valganciclovir hcl tablet 450 mg oral	1	QL 772/365 days
Hepatitis B Agents		
adefovir dipivoxil tablet 10 mg oral	1	
BARACLUDE SOLUTION 0.05 MG/ML ORAL	2	Partial Fill
entecavir tablet 0.5 mg oral	1	
entecavir tablet 1 mg oral	1	
lamivudine tablet 100 mg oral	1	
TYZEKA TABLET 600 MG ORAL	3	
VEMLIDY TABLET 25 MG ORAL	3	PA, QL 30/30 days, SP
Hepatitis C Agent - Combinations		
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	4	PA, QL 28/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hepatitis C Agent - Combinations (continued)		
VOSEVI TABLET 400-100-100 MG ORAL	4	PA, QL 28/28 days, SP, Prudent
Hepatitis C Agents		
OLYSIO CAPSULE 150 MG ORAL	4	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 80 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
ribavirin capsule 200 mg oral	3	SP, Prudent
ribavirin tablet 200 mg oral	3	SP, Prudent

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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
Hepatitis D Agents		
HEPCLUDEX SOLUTION RECONSTITUTED 8.5 MG SUBCUTANEOUS	4	LA, PA, QL 30/30 days, SP
Herpes Agents - Purine Analogues		
acyclovir capsule 200 mg oral	1	Incentive
acyclovir suspension 200 mg/5ml oral	1	
acyclovir tablet 400 mg oral	1	Incentive
acyclovir tablet 800 mg oral	1	Incentive
valacyclovir hcl tablet 1 gm oral	1	
valacyclovir hcl tablet 500 mg oral	1	
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
XOCOVA TABLET 125 MG ORAL	3	QL 7/30 days
Neuraminidase Inhibitors		
oseltamivir phosphate capsule 30 mg oral	1	QL 20/60 days
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 250/60 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Neuraminidase Inhibitors (continued)		
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION	2	QL 40/90 days
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER INHALATION	2	QL 40/90 days
RSV Agents - Nucleoside Analogues		
VIRAZOLE SOLUTION RECONSTITUTED 6 GM INHALATION	3	
BETA BLOCKERS		
Alpha-Beta Blockers		
carvedilol phosphate er capsule extended release 24 hour 10 mg oral	1	QL 30/30 days
carvedilol phosphate er capsule extended release 24 hour 20 mg oral	1	QL 30/30 days
carvedilol phosphate er capsule extended release 24 hour 40 mg oral	1	QL 30/30 days
carvedilol phosphate er capsule extended release 24 hour 80 mg oral	1	QL 30/30 days
carvedilol tablet 12.5 mg oral	1	
carvedilol tablet 25 mg oral	1	
carvedilol tablet 3.125 mg oral	1	
carvedilol tablet 6.25 mg oral	1	
labetalol hcl solution 5 mg/ml intravenous	1	
labetalol hcl tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
labetalol hcl tablet 200 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
labetalol hcl tablet 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Cardio-Selective		
acebutolol hcl capsule 200 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
acebutolol hcl capsule 400 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
atenolol tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
atenolol tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
atenolol tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
betaxolol hcl tablet 10 mg oral	1	
betaxolol hcl tablet 20 mg oral	1	
bisoprolol fumarate tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
bisoprolol fumarate tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metoprolol succinate er tablet extended release 24 hour 100 mg oral	1	Incentive
metoprolol succinate er tablet extended release 24 hour 200 mg oral	1	Incentive
metoprolol succinate er tablet extended release 24 hour 25 mg oral	1	Incentive
metoprolol succinate er tablet extended release 24 hour 50 mg oral	1	Incentive
metoprolol tartrate solution 5 mg/5ml intravenous	1	
metoprolol tartrate tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metoprolol tartrate tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metoprolol tartrate tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Cardio-Selective (continued)		
nebivolol hcl tablet 10 mg oral	1	
nebivolol hcl tablet 2.5 mg oral	1	
nebivolol hcl tablet 20 mg oral	1	
nebivolol hcl tablet 5 mg oral	1	
Beta Blockers Non-Selective		
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	3	PA, Medical Necessity PA applies to ages greater than 12 months
nadolol tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nadolol tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nadolol tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
pindolol tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
pindolol tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
propranolol hcl er capsule extended release 24 hour 120 mg oral	1	
propranolol hcl er capsule extended release 24 hour 160 mg oral	1	
propranolol hcl er capsule extended release 24 hour 60 mg oral	1	
propranolol hcl er capsule extended release 24 hour 80 mg oral	1	
propranolol hcl solution 1 mg/ml intravenous	1	
propranolol hcl solution 20 mg/5ml oral	1	
propranolol hcl solution 40 mg/5ml oral	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Non-Selective (continued)		
propranolol hcl tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
propranolol hcl tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
propranolol hcl tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
propranolol hcl tablet 60 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
propranolol hcl tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
SORINE TABLET 120 MG ORAL	1	
SORINE TABLET 160 MG ORAL	1	
SORINE TABLET 240 MG ORAL	1	
SORINE TABLET 80 MG ORAL	1	
sotalol hcl (af) tablet 120 mg oral	1	
sotalol hcl (af) tablet 160 mg oral	1	
sotalol hcl (af) tablet 80 mg oral	1	
sotalol hcl tablet 120 mg oral	1	
sotalol hcl tablet 160 mg oral	1	
sotalol hcl tablet 240 mg oral	1	
sotalol hcl tablet 80 mg oral	1	
timolol maleate tablet 10 mg oral	1	
timolol maleate tablet 20 mg oral	1	
timolol maleate tablet 5 mg oral	1	
CALCIUM CHANNEL BLOCKERS		
Calcium Channel Blockers		
AFEDITAB CR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	1	PS Expanded NCDL, Incentive

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
AFEDITAB CR TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	1	PS Expanded NCDL, Incentive
amlodipine besylate tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
amlodipine besylate tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
amlodipine besylate tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
CARDENE IV SOLUTION 20-4.8 MG/200ML-% INTRAVENOUS	3	
CARDENE IV SOLUTION 40-5 MG/200ML-% INTRAVENOUS	3	
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL	2	
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	PS Expanded NCDL, Incentive
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	PS Expanded NCDL, Incentive
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	PS Expanded NCDL, Incentive
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	PS Expanded NCDL, Incentive
diltiazem hcl er beads capsule extended release 24 hour 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er beads capsule extended release 24 hour 180 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er beads capsule extended release 24 hour 240 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er beads capsule extended release 24 hour 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er beads capsule extended release 24 hour 360 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
diltiazem hcl er beads capsule extended release 24 hour 420 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er capsule extended release 12 hour 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er capsule extended release 12 hour 60 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er capsule extended release 12 hour 90 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er capsule extended release 24 hour 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er capsule extended release 24 hour 180 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er capsule extended release 24 hour 240 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl solution 125 mg/25ml intravenous	1	Medical Benefit only.
diltiazem hcl solution 25 mg/5ml intravenous	1	Medical Benefit only.
diltiazem hcl solution 50 mg/10ml intravenous	1	Medical Benefit only.
diltiazem hcl solution reconstituted 100 mg intravenous	3	Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
diltiazem hcl tablet 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl tablet 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl tablet 60 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
diltiazem hcl tablet 90 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
dilt-xr capsule extended release 24 hour 120 mg oral	1	PS Expanded NCDL, Incentive
dilt-xr capsule extended release 24 hour 180 mg oral	1	PS Expanded NCDL, Incentive
dilt-xr capsule extended release 24 hour 240 mg oral	1	PS Expanded NCDL, Incentive
felodipine er tablet extended release 24 hour 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
felodipine er tablet extended release 24 hour 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
felodipine er tablet extended release 24 hour 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
isradipine capsule 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
isradipine capsule 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	PS Expanded NCDL, Incentive,VBP Drug List
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	PS Expanded NCDL, Incentive,VBP Drug List
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	PS Expanded NCDL, Incentive,VBP Drug List
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL	1	PS Expanded NCDL, Incentive,VBP Drug List
nicardipine hcl capsule 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nicardipine hcl capsule 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nicardipine hcl solution 2.5 mg/ml intravenous	1	
NIFEDICAL XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	1	PS Expanded NCDL, Incentive
nifedipine capsule 10 mg oral	1	
nifedipine capsule 20 mg oral	1	
nifedipine er osmotic release tablet extended release 24 hour 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nifedipine er osmotic release tablet extended release 24 hour 60 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nifedipine er osmotic release tablet extended release 24 hour 90 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nifedipine er tablet extended release 24 hour 30 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nifedipine er tablet extended release 24 hour 60 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nifedipine er tablet extended release 24 hour 90 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
nimodipine capsule 30 mg oral	1	QL 252/180 days
nisoldipine er tablet extended release 24 hour 17 mg oral	1	QL 30/30 days
nisoldipine er tablet extended release 24 hour 20 mg oral	1	QL 30/30 days
nisoldipine er tablet extended release 24 hour 25.5 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
nisoldipine er tablet extended release 24 hour 30 mg oral	1	
nisoldipine er tablet extended release 24 hour 34 mg oral	1	
nisoldipine er tablet extended release 24 hour 40 mg oral	1	
nisoldipine er tablet extended release 24 hour 8.5 mg oral	1	QL 30/30 days
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	PS Expanded NCDL, Incentive
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	PS Expanded NCDL, Incentive
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	PS Expanded NCDL, Incentive
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	PS Expanded NCDL, Incentive
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	1	PS Expanded NCDL, Incentive
verapamil hcl er capsule extended release 24 hour 100 mg oral	1	VBP Drug List
verapamil hcl er capsule extended release 24 hour 120 mg oral	1	VBP Drug List
verapamil hcl er capsule extended release 24 hour 180 mg oral	1	VBP Drug List
verapamil hcl er capsule extended release 24 hour 200 mg oral	1	VBP Drug List
verapamil hcl er capsule extended release 24 hour 240 mg oral	1	VBP Drug List
verapamil hcl er capsule extended release 24 hour 300 mg oral	1	VBP Drug List
verapamil hcl er capsule extended release 24 hour 360 mg oral	1	VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
verapamil hcl er tablet extended release 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
verapamil hcl er tablet extended release 180 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
verapamil hcl er tablet extended release 240 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
verapamil hcl solution 2.5 mg/ml intravenous	1	Medical Benefit only.
verapamil hcl tablet 120 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
verapamil hcl tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
verapamil hcl tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
CARDIOTONICS		
Cardiac Glycosides		
DIGOX TABLET 125 MCG ORAL	1	
DIGOX TABLET 250 MCG ORAL	1	
digoxin solution 0.05 mg/ml oral	1	
digoxin solution 0.25 mg/ml injection	1	
digoxin tablet 125 mcg oral	1	
digoxin tablet 250 mcg oral	1	
LANOXIN PEDIATRIC SOLUTION 0.1 MG/ML INJECTION	3	
LANOXIN TABLET 187.5 MCG ORAL	2	
LANOXIN TABLET 62.5 MCG ORAL	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CARDIOVASCULAR AGENTS - MISC.		
Cardiac Myosin Inhibitors		
CAMZYOS CAPSULE 10 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
CAMZYOS CAPSULE 15 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
CAMZYOS CAPSULE 2.5 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
CAMZYOS CAPSULE 5 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
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
sacubitril-valsartan tablet 24-26 mg oral	1	QL 60/30 days
sacubitril-valsartan tablet 49-51 mg oral	1	QL 60/30 days
sacubitril-valsartan tablet 97-103 mg oral	1	QL 60/30 days
Nitrate & Vasodilator Combinations		
isosorb dinitrate-hydralazine tablet 20-37.5 mg oral	1	PA, Medical Necessity PA
PDE Inhibitor-Endothelin Recptor Antagonist Combinations		
OPSYNVI TABLET 10-20 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
OPSYNVI TABLET 10-40 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
Prostaglandin Vasodilators		
epoprostenol sodium solution reconstituted 0.5 mg intravenous	4	LA, PA, SP, Prudent
epoprostenol sodium solution reconstituted 1.5 mg intravenous	4	LA, PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prostaglandin Vasodilators (continued)		
treprostinil solution 100 mg/20ml injection	4	PA, SP
treprostinil solution 20 mg/20ml injection	4	PA, SP
treprostinil solution 200 mg/20ml injection	4	PA, SP
treprostinil solution 50 mg/20ml injection	4	PA, SP
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	4	PA, QL 112/28 days, SP, Prudent
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	4	PA, QL 112/28 days, SP, Prudent
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	4	PA, QL 112/28 days, SP, Prudent
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	4	PA, QL 112/28 days, SP, Prudent
TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION	4	PA, QL 252/28 days, SP, Prudent
TYVASO REFILL KIT SOLUTION 0.6 MG/ML INHALATION	4	PA, QL 87/30 days, SP, Prudent
TYVASO SOLUTION 0.6 MG/ML INHALATION	4	PA, QL 87/30 days, SP, Prudent
TYVASO STARTER KIT SOLUTION 0.6 MG/ML INHALATION	4	PA, QL 87/30 days, SP, Prudent
VENTAVIS SOLUTION 10 MCG/ML INHALATION	4	PA, SP
VENTAVIS SOLUTION 20 MCG/ML INHALATION	4	PA, SP
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (sGC)		
ADEMPAS TABLET 0.5 MG ORAL	4	PA, SP, Prudent
ADEMPAS TABLET 1 MG ORAL	4	PA, SP, Prudent
ADEMPAS TABLET 1.5 MG ORAL	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (sGC) (continued)		
ADEMPAS TABLET 2 MG ORAL	4	PA, SP, Prudent
ADEMPAS TABLET 2.5 MG ORAL	4	PA, SP, Prudent
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR KIT 2 X 45 MG SUBCUTANEOUS	4	PA, SP, Prudent
WINREVAIR KIT 2 X 60 MG SUBCUTANEOUS	4	PA, SP, Prudent
WINREVAIR KIT 45 MG SUBCUTANEOUS	4	PA, SP, Prudent
WINREVAIR KIT 60 MG SUBCUTANEOUS	4	PA, SP, Prudent
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan tablet 10 mg oral	4	PA, QL 30/30 days, SP, Prudent
ambrisentan tablet 5 mg oral	4	PA, QL 30/30 days, SP, Prudent
bosentan tablet 125 mg oral	4	PA, QL 60/30 days, SP, Prudent
bosentan tablet 62.5 mg oral	4	PA, QL 60/30 days, SP, Prudent
macitentan tablet 10 mg oral	4	PA, QL 30/30 days, SP, Prudent
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ALYQ TABLET 20 MG ORAL	3	PA, SP, Prudent
LIQREV SUSPENSION 10 MG/ML ORAL	4	PA, SP
sildenafil citrate suspension reconstituted 10 mg/ml oral	4	PA, SP, Prudent
sildenafil citrate tablet 20 mg oral	3	PA, SP, Prudent
tadalafil (pah) tablet 20 mg oral	3	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Pulmonary Hypertension - Phosphodiesterase Inhibitors (continued)		
TADLIQ SUSPENSION 20 MG/5ML ORAL	4	PA, QL 300/30 days, SP, Prudent
Selective cGMP Phosphodiesterase Type 5 Inhibitors		
tadalafil tablet 2.5 mg oral	1	PA, QL 1/1 days
tadalafil tablet 5 mg oral	1	PA, QL 1/1 days
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		
ATTRUBY TABLET THERAPY PACK 356 MG ORAL	4	LA, PA, QL 112/28 days, SP
VYNDAMAX CAPSULE 61 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
VYNDAQEL CAPSULE 20 MG ORAL	4	PA, QL 4/1 days, SP, Prudent
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cephalosporins - 1st Generation (continued)		
cefadroxil suspension reconstituted 500 mg/5ml oral	1	
cefadroxil tablet 1 gm oral	1	
cefazolin sodium solution reconstituted 1 gm injection	1	
cefazolin sodium solution reconstituted 10 gm injection	1	
cefazolin sodium solution reconstituted 20 gm injection	1	
cefazolin sodium solution reconstituted 500 mg injection	1	
cephalexin capsule 250 mg oral	1	
cephalexin capsule 500 mg oral	1	
cephalexin suspension reconstituted 125 mg/5ml oral	1	
cephalexin suspension reconstituted 250 mg/5ml oral	1	
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	
cefotetan disodium solution reconstituted 1 gm injection	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
Cephalosporins - 2nd Generation (continued)		
cefotetan disodium solution reconstituted 2 gm injection	1	
cefoxitin sodium solution reconstituted 10 gm injection	1	
cefoxitin sodium solution reconstituted 10 gm intravenous	1	
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		
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cephalosporins - 3rd Generation (continued)		
cefpodoxime proxetil tablet 100 mg oral	1	
cefpodoxime proxetil tablet 200 mg oral	1	
ceftazidime solution reconstituted 1 gm injection	1	
ceftazidime solution reconstituted 2 gm injection	1	
ceftazidime solution reconstituted 2 gm intravenous	1	
ceftazidime solution reconstituted 6 gm injection	1	
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	
FORTAZ IN D5W SOLUTION 1-5 GM/50ML-% INTRAVENOUS	3	
FORTAZ IN D5W SOLUTION 2-5 GM/50ML-% INTRAVENOUS	3	
SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL	2	
SUPRAX TABLET CHEWABLE 100 MG ORAL	2	
SUPRAX TABLET CHEWABLE 200 MG ORAL	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cephalosporins - 4th Generation		
cefepime hcl solution reconstituted 1 gm injection	1	
cefepime hcl solution reconstituted 2 gm injection	1	
cefepime hcl solution reconstituted 2 gm intravenous	1	
CONTRACEPTIVES		
Biphasic Contraceptives - Oral		
AZURETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL	0	ACA NCDL, limitations may apply
desogestrel-ethinyl estradiol tablet 0.15-0.02/0.01 mg (21/5) oral	0	ACA NCDL, limitations may apply
KARIVA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	0	ACA NCDL, limitations may apply
LO LOESTRIN FE TABLET 1 MG-10 MCG / 10 MCG ORAL	0	ACA NCDL, limitations may apply
viorele tablet 0.15-0.02/0.01 mg (21/5) oral	0	ACA NCDL, limitations may apply
Combination Contraceptives - Oral		
ALTAVERA TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
alyacen 1/35 tablet 1-35 mg-mcg oral	0	ACA NCDL, limitations may apply
APRI TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
AUROVELA FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
AVERI TABLET 0.15-0.03 MG ORAL	0	
AVIANE TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
BLISOVI FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
BLISOVI FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
CRYSELLE-28 TABLET 0.3-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
CYRED EQ TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
CYRED TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
DASETTA 1/35 (28) TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
DELYLA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
desogestrel-ethinyl estradiol tablet 0.15-30 mg-mcg oral	0	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply
ELINEST TABLET 0.3-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
EMOQUETTE TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ENSKYCE TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ESTARYLLA TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
ethynodiol diac-eth estradiol tablet 1-50 mg-mcg oral	0	ACA NCDL, limitations may apply
FALMINA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
FEMLYV TABLET DISPERSIBLE 1-0.02 MG ORAL	0	ACA NCDL, limitations may apply
GEMMILY CAPSULE 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
GILDESS FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
HAILEY 24 FE TABLET 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
HAILEY FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ISIBLOOM TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply
JUNEL 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
JUNEL 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
JUNEL FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
JUNEL FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
KALLIGA TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
KELNOR 1/35 TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
KURVELO TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LARIN 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LARIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LARIN FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LARISSIA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LAYOLIS FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LESSINA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply
levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral	0	ACA NCDL, limitations may apply
LEVORA 0.15/30 (28) TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LOESTRIN FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LORYNA TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
LOW-OGESTREL TABLET 0.3-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LO-ZUMANDIMINE TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
LUTERA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
marlissa tablet 0.15-30 mg-mcg oral	0	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply
MICROGESTIN 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
MICROGESTIN 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
MICROGESTIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
MICROGESTIN FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
MILI TABLET 0.25-35 MG-MCG ORAL	0	
MINZOYA TABLET 0.1-20 MG-MCG(21) ORAL	0	ACA NCDL, limitations may apply
MONO-LINYAH TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
MONONESSA TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NECON 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NECON 1/35 (28) TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
norethin ace-eth estrad-fe tablet 1-20 mg-mcg oral	0	ACA NCDL, limitations may apply
norethin ace-eth estrad-fe tablet 1-20 mg-mcg(24) oral	0	ACA NCDL, limitations may apply
norethin ace-eth estrad-fe tablet chewable 1-20 mg-mcg(24) oral	0	ACA NCDL, limitations may apply
norethindrone acet-ethinyl est tablet 1-20 mg-mcg oral	0	ACA NCDL, limitations may apply
norethin-eth estradiol-fe tablet chewable 0.4-35 mg-mcg oral	0	ACA NCDL, limitations may apply
norethin-eth estradiol-fe tablet chewable 0.8-25 mg-mcg oral	0	ACA NCDL, limitations may apply
norgestimate-eth estradiol tablet 0.25-35 mg-mcg oral	0	ACA NCDL, limitations may apply
NORTREL 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NORTREL 1/35 (21) TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NORTREL 1/35 (28) TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
OCELLA TABLET 3-0.03 MG ORAL	0	ACA NCDL, limitations may apply
OGESTREL TABLET 0.5-50 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ORSYTHIA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
PIRMELLA 1/35 TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
PORTIA-28 TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
PREVIFEM TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
RECLIPSEN TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
SOLIA TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
SPRINTEC 28 TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
SRONYX TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
SYEDA TABLET 3-0.03 MG ORAL	0	ACA NCDL, limitations may apply
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
TURQOZ TABLET 0.3-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TYBLUME TABLET 0.1-20 MG-MCG ORAL	0	
VALTYA 1/50 TABLET 1-50 MG-MCG ORAL	0	ACA NCDL, limitations may apply
VESTURA TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
VIENVA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
VYLIBRA TABLET 0.25-35 MG-MCG ORAL	0	
WERA TABLET 0.5-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
WYMZYA FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
ZENCHENT TABLET 0.4-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ZOVIA 1/35E (28) TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply
Continuous Contraceptives - Oral		
AMETHYST TABLET 90-20 MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Continuous Contraceptives - Oral (continued)		
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
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE INTRAUTERINE	0	QL 1/300 days, ACA NCDL, limitations may apply
Emergency Contraceptives		
ELLA TABLET 30 MG ORAL	0	ACA NCDL, limitations may apply
Extended-Cycle Contraceptives - Oral		
CAMRESE LO TABLET 0.1-0.02 & 0.01 MG ORAL	0	ACA NCDL, limitations may apply
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
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	ACA NCDL, limitations may apply
levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral	0	ACA NCDL, limitations may apply
QUASENSE TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply
RIVELSA TABLET 42-21-21-7 DAYS ORAL	0	ACA NCDL, limitations may apply
SETLAKIN TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Four Phase Contraceptives - Oral		
NATAZIA TABLET 3/2-2/2-3/1 MG ORAL	0	ACA NCDL, limitations may apply
Progestin Contraceptives - Implants		
NEXPLANON IMPLANT 68 MG SUBCUTANEOUS	0	QL 1/300 days, SP, ACA NCDL, limitations may apply
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS	0	QL 4/300 days, ACA NCDL, limitations may apply
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
Progestin Contraceptives - IUD		
KYLEENA INTRAUTERINE DEVICE 19.5 MG INTRAUTERINE	0	ACA NCDL, limitations may apply
LILETTA (52 MG) INTRAUTERINE DEVICE 18.6 MCG/DAY INTRAUTERINE	0	LA, QL 1/300 days, ACA NCDL, limitations may apply
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Progestin Contraceptives - IUD (continued)		
MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/DAY INTRAUTERINE	0	QL 1/300 days, SP, ACA NCDL, limitations may apply
MIRENA (52 MG) INTRAUTERINE DEVICE 21 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, ACA NCDL, limitations may apply
Progestin Contraceptives - Oral		
CAMILA TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
EMZAHH TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
ERRIN TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
HEATHER TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
INCASSIA TABLET 0.35 MG ORAL	0	
JOLIVETTE TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
LYLEQ TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
LYZA TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
NORA-BE TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
norethindrone tablet 0.35 mg oral	0	ACA NCDL, limitations may apply
SLYND TABLET 4 MG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Triphasic Contraceptives - Oral		
alyacen 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral	0	ACA NCDL, limitations may apply
ARANELLE TABLET 0.5/1/0.5-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
CAZIANT TABLET 0.1/0.125/0.15 -0.025 MG ORAL	0	ACA NCDL, limitations may apply
CESIA TABLET 0.1/0.125/0.15 -0.025 MG ORAL	0	ACA NCDL, limitations may apply
DASETTA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ENPRESSE-28 TABLET 50-30/75-40/ 125-30 MCG ORAL	0	ACA NCDL, limitations may apply
LEENA TABLET 0.5/1/0.5-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LEVONEST TABLET 50-30/75-40/ 125-30 MCG ORAL	0	ACA NCDL, limitations may apply
MYZILRA TABLET 50-30/75-40/ 125-30 MCG ORAL	0	ACA NCDL, limitations may apply
NECON 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-25 mcg oral	0	ACA NCDL, limitations may apply
norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-35 mcg oral	0	ACA NCDL, limitations may apply
NORTREL 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NYLIA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TILIA FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TRI-ESTARYLLA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Triphasic Contraceptives - Oral (continued)		
TRI-LINYAH TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-LO-ESTARYLLA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-LO-MARZIA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply
TRI-SPRINTEC TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	ACA NCDL, limitations may apply
TRIVORA (28) TABLET 50-30/75-40/125-30 MCG ORAL	0	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply
XARAH FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
CORTICOSTEROIDS		
Glucocorticosteroids		
AGAMREE SUSPENSION 40 MG/ML ORAL	4	LA, PA, QL 200/26 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5 MG ORAL	4	LA, PA, QL 90/30 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 1 MG ORAL	4	LA, PA, QL 90/30 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 2 MG ORAL	4	LA, PA, QL 180/30 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	4	LA, PA, QL 90/30 days, SP
budesonide capsule delayed release particles 3 mg oral	1	
cortisone acetate tablet 25 mg oral	1	
deflazacort suspension 22.75 mg/ml oral	4	LA, PA, QL 39/30 days
deflazacort tablet 18 mg oral	4	LA, PA, QL 30/30 days, Prudent
deflazacort tablet 30 mg oral	4	LA, PA, QL 60/30 days, Prudent
deflazacort tablet 36 mg oral	4	LA, PA, QL 60/30 days, Prudent
deflazacort tablet 6 mg oral	4	LA, PA, QL 60/30 days, Prudent
DEPO-MEDROL SUSPENSION 20 MG/ML INJECTION	3	
dexamethasone elixir 0.5 mg/5ml oral	1	
DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL	2	
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	
dexamethasone sodium phosphate solution 120 mg/30ml injection	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
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	
hydrocortisone tablet 10 mg oral	1	
hydrocortisone tablet 20 mg oral	1	
hydrocortisone tablet 5 mg oral	1	
MEDROL TABLET 2 MG ORAL	2	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
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 TABLET 5 MG 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 5 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 INTENSOL CONCENTRATE 5 MG/ML ORAL	2	
prednisone solution 5 mg/5ml oral	1	
prednisone tablet 1 mg oral	1	
prednisone tablet 10 mg oral	1	
prednisone tablet 2.5 mg oral	1	
prednisone tablet 20 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
prednisone tablet 5 mg oral	1	
prednisone tablet 50 mg oral	1	
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 SOLUTION RECONSTITUTED 2 GM INJECTION	3	
TARPEYO CAPSULE DELAYED RELEASE 4 MG ORAL	4	LA, PA, QL 120/30 days, SP
Mineralocorticoids		
fludrocortisone acetate tablet 0.1 mg oral	1	
COUGH/COLD/ALLERGY		
Antitussive - Nonnarcotic		
benzonatate capsule 100 mg oral	1	
benzonatate capsule 200 mg oral	1	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antitussive - Opioid (continued)		
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	1	
Antitussive-Expectorant		
FLOWTUSS SOLUTION 2.5-200 MG/5ML ORAL	3	PA, Medical Necessity PA
Decongestant & Antihistamine		
promethazine vc syrup 6.25-5 mg/5ml oral	1	
Misc. Respiratory Inhalants		
sodium chloride nebulization solution 10 % inhalation	1	
sodium chloride nebulization solution 3 % inhalation	1	
sodium chloride nebulization solution 7 % inhalation	1	
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	
Opioid Antitussive-Antihistamine		
hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Antitussive-Antihistamine (continued)		
hydrocod polst-cpm polst er suspension extended release 10-8 mg/5ml oral	1	
promethazine-codeine syrup 6.25-10 mg/5ml oral	1	
TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ORAL	3	QL 60/30 days, PA may apply
VITUZ SOLUTION 5-4 MG/5ML ORAL	3	
DERMATOLOGICALS		
Acne Antibiotics		
clindamycin phos (once-daily) gel 1 % external	1	
clindamycin phos (twice-daily) gel 1 % external	1	
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	
ery pad 2 % external	1	
erythromycin gel 2 % external	1	
erythromycin pad 2 % external	1	
erythromycin solution 2 % external	1	
sulfacetamide sodium suspension 10 % external	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Combinations		
adapalene-benzoyl peroxide gel 0.1-2.5 % external	1	
benzoyl peroxide-erythromycin gel 5-3 % external	1	
clindamycin phos-benzoyl perox gel 1.2-2.5 % external	1	
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	
Acne Products		
adapalene cream 0.1 % external	1	
adapalene gel 0.3 % external	1	
AMNESTEEM CAPSULE 10 MG ORAL	1	
AMNESTEEM CAPSULE 20 MG ORAL	1	
AMNESTEEM CAPSULE 40 MG ORAL	1	
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
BENZIQ GEL 5.25 % EXTERNAL	2	
BENZIQ LS GEL 2.75 % EXTERNAL	2	
BENZIQ WASH LIQUID 5.25 % EXTERNAL	1	
CLARAVIS CAPSULE 10 MG ORAL	1	
CLARAVIS CAPSULE 20 MG ORAL	1	
CLARAVIS CAPSULE 30 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Products (continued)		
CLARAVIS CAPSULE 40 MG ORAL	1	
CLEARPLEX X GEL 10 % EXTERNAL	1	
DIFFERIN LOTION 0.1 % EXTERNAL	3	
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 30 mg oral	1	
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	
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 0.1 % external	1	
ZENATANE CAPSULE 10 MG ORAL	1	
ZENATANE CAPSULE 20 MG ORAL	1	
ZENATANE CAPSULE 30 MG ORAL	1	
ZENATANE CAPSULE 40 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
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	
Antibiotics - Topical		
ALTABAX OINTMENT 1 % EXTERNAL	3	
gentamicin sulfate cream 0.1 % external	1	
gentamicin sulfate ointment 0.1 % external	1	
mupirocin ointment 2 % external	1	QL 220/30 days
Antifungals - Topical		
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	
naftifine hcl cream 1 % external	1	
naftifine hcl cream 2 % external	1	
naftifine hcl gel 1 % external	1	
naftifine hcl gel 2 % external	1	
NYAMYC POWDER 100000 UNIT/GM EXTERNAL	1	
nystatin cream 100000 unit/gm external	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antifungals - Topical (continued)		
nystatin ointment 100000 unit/gm external	1	
nystatin powder 100000 unit/gm external	1	
NYSTOP POWDER 100000 UNIT/GM EXTERNAL	1	
Antifungals - Topical Combinations		
clotrimazole-betamethasone cream 1-0.05 % external	1	
clotrimazole-betamethasone lotion 1-0.05 % external	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-% external	1	
nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external	1	
Anti-inflammatory Agents - Topical		
diclofenac sodium solution 1.5 % transdermal	1	
Antineoplastic Alkylating Agents - Topical		
VALCHLOR GEL 0.016 % EXTERNAL	4	LA, PA, SP
Antineoplastic Antimetabolites - Topical		
FLUOROPLEX CREAM 1 % EXTERNAL	3	
fluorouracil cream 0.5 % external	1	PA, Medical Necessity PA
fluorouracil cream 5 % external	1	
fluorouracil solution 2 % external	1	
fluorouracil solution 5 % external	1	
Antineoplastic or Premalignant Lesions - Topical Misc.		
PICATO GEL 0.015 % EXTERNAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic or Premalignant Lesions - Topical Misc. (continued)		
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	
Antipsoriatics		
calcipotriene cream 0.005 % external	1	QL 60/30 days
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	
tazarotene cream 0.1 % external	1	
tazarotene gel 0.05 % external	1	
tazarotene gel 0.1 % external	1	
VTAMA CREAM 1 % 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	
COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, QL 8/28 days, SP, Prudent
COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	4	PA, QL 8/28 days, SP, 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
Antipsoriatics - Systemic (continued)		
COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	4	PA, QL 8/28 days, SP, Prudent
COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, QL 8/28 days, SP, Prudent
COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA, QL 8/28 days, SP, Prudent
methoxsalen rapid capsule 10 mg oral	1	
SELARSDI SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
SELARSDI SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	4	PA, QL 1/84 days, SP, Prudent
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, QL 1/84 days, SP, Prudent
SKYRIZI SOLUTION PREFILLED SYRINGE 55 MG/0.37ML SUBCUTANEOUS	4	PA, QL 1/84 days, Prudent
TREMFYA ONE-PRESS SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
TREMFYA ONE-PRESS SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
TREMFYA PEN SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
YESINTEK SOLUTION 45 MG/0.5ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
YESINTEK SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
YESINTEK SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
Antiseborrheic Products		
selenium sulfide lotion 2.5 % external	1	
Antivirals - Topical		
acyclovir cream 5 % external	1	QL 5/30 days, ST
acyclovir ointment 5 % external	1	QL 30/30 days
penciclovir cream 1 % external	1	
ZELSUVMI GEL 10.3 % EXTERNAL	3	PA, QL 31/84 days
Atopic Dermatitis - Janus Kinase (JAK) Inhibitors		
OPZELURA CREAM 1.5 % EXTERNAL	3	PA, QL 60/28 days
Atopic Dermatitis - Monoclonal Antibodies		
ADBRY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Atopic Dermatitis - Monoclonal Antibodies (continued)		
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Prudent
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Prudent
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
Burn Products		
silver sulfadiazine cream 1 % external	1	
SSD CREAM 1 % EXTERNAL	1	
SULFAMYLON CREAM 85 MG/GM EXTERNAL	3	
THERMAZENE CREAM 1 % EXTERNAL	1	
Corticosteroids - Topical		
ala-cort cream 1 % 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	2	
betamethasone dipropionate aug cream 0.05 % external	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
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	
betamethasone valerate cream 0.1 % external	1	
betamethasone valerate lotion 0.1 % external	1	
betamethasone valerate ointment 0.1 % external	1	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
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 SPRAY LIQUID 0.05 % EXTERNAL	3	
clocortolone pivalate cream 0.1 % external	1	
desonide cream 0.05 % external	1	
desonide gel 0.05 % external	1	PA, Medical Necessity PA
desonide lotion 0.05 % external	1	Medical Necessity PA
desonide ointment 0.05 % external	1	
desoximetasone cream 0.05 % external	1	
desoximetasone cream 0.25 % external	1	
desoximetasone gel 0.05 % external	1	
desoximetasone ointment 0.05 % external	1	
desoximetasone ointment 0.25 % external	1	
diflorasone diacetate cream 0.05 % external	1	PA, Medical Necessity PA
diflorasone diacetate ointment 0.05 % external	1	PA, Medical Necessity PA
fluocinolone acetonide body oil 0.01 % external	1	
fluocinolone acetonide cream 0.01 % external	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
fluocinolone acetonide cream 0.025 % external	1	
fluocinolone acetonide ointment 0.025 % external	1	
fluocinolone acetonide solution 0.01 % external	1	
fluocinonide cream 0.05 % external	1	
fluocinonide cream 0.1 % external	1	
fluocinonide emulsified base cream 0.05 % external	1	
fluocinonide gel 0.05 % external	1	
fluocinonide ointment 0.05 % external	1	
fluocinonide solution 0.05 % external	1	
flurandrenolide cream 0.05 % external	1	PA, Medical Necessity PA
flurandrenolide lotion 0.05 % external	1	PA, Medical Necessity PA
fluticasone propionate cream 0.05 % external	1	
fluticasone propionate lotion 0.05 % external	1	
fluticasone propionate ointment 0.005 % external	1	
halobetasol propionate cream 0.05 % external	1	
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
hydrocortisone butyr lipo base cream 0.1 % external	1	
hydrocortisone butyrate cream 0.1 % external	1	
hydrocortisone butyrate ointment 0.1 % external	1	
hydrocortisone butyrate solution 0.1 % external	1	
hydrocortisone cream 1 % external	1	
hydrocortisone cream 2.5 % external	1	
hydrocortisone lotion 2.5 % external	1	
hydrocortisone ointment 1 % external	1	
hydrocortisone ointment 2.5 % external	1	
hydrocortisone valerate cream 0.2 % external	1	
hydrocortisone valerate ointment 0.2 % external	1	
mometasone furoate cream 0.1 % external	1	
mometasone furoate ointment 0.1 % external	1	
mometasone furoate solution 0.1 % external	1	
NOLIX LOTION 0.05 % EXTERNAL	1	PA, Medical Necessity PA
prednicarbate cream 0.1 % external	1	
prednicarbate ointment 0.1 % external	1	
scalacort lotion 2 % external	1	
TEXACORT SOLUTION 2.5 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
triamcinolone acetonide aerosol solution 0.147 mg/gm external	1	
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	
TRIDERM CREAM 0.1 % EXTERNAL	1	
VERDESO FOAM 0.05 % EXTERNAL	3	
Emollients		
ammonium lactate cream 12 % external	1	
ammonium lactate lotion 12 % external	1	
lactic acid lotion 10 % external	1	
Enzymes - Topical		
SANTYL OINTMENT 250 UNIT/GM EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Imidazole-Related Antifungals - Topical		
clotrimazole cream 1 % external	1	
clotrimazole solution 1 % external	1	
econazole nitrate cream 1 % external	1	
ERTACZO CREAM 2 % EXTERNAL	3	
EXELDERM CREAM 1 % EXTERNAL	3	
EXELDERM SOLUTION 1 % EXTERNAL	3	
ketoconazole cream 2 % external	1	
ketoconazole foam 2 % external	1	
ketoconazole shampoo 2 % external	1	
oxiconazole nitrate cream 1 % external	1	
OXISTAT CREAM 1 % EXTERNAL	3	
OXISTAT LOTION 1 % EXTERNAL	3	
XOLEGEL GEL 2 % EXTERNAL	3	
Immunomodulators Imidazoquinolinamines - Topical		
imiquimod cream 5 % external	1	
imiquimod pump cream 3.75 % external	1	PA, Medical Necessity PA
Interleukin-31 Receptor Antagonists - Systemic		
NEMLUVIO AUTO-INJECTOR 30 MG SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
Keratolytic/Antimitotic/Vesicant Agents		
podofilox gel 0.5 % external	1	
podofilox solution 0.5 % external	1	
YCANTH SOLUTION 0.7 % EXTERNAL	3	PA, QL 2/21 days
Local Anesthetics - Topical		
GLYDO GEL 2 % EXTERNAL	1	QL 30/90 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Local Anesthetics - Topical (continued)		
GLYDO PREFILLED SYRINGE 2 % EXTERNAL	1	QL 60/90 days
lidocaine hcl gel 2 % external	1	QL 30/90 days
lidocaine hcl solution 4 % external	1	QL 50/90 days
lidocaine ointment 5 % external	1	QL 50/90 days
lidocaine patch 5 % external	1	QL 3/1 days
PRAMOX GEL 1 % EXTERNAL	1	
Macrolide Immunosuppressants - Topical		
HYFTOR GEL 0.2 % EXTERNAL	4	LA, PA, QL 10/30 days, SP
pimecrolimus cream 1 % external	1	
tacrolimus ointment 0.03 % external	1	
tacrolimus ointment 0.1 % external	1	
Misc. Topical		
DRYSOL SOLUTION 20 % EXTERNAL	3	
Oxaborole-Related Antifungals - Topical		
tavaborole solution 5 % external	1	PA, Medical Necessity PA
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINTMENT 2 % EXTERNAL	2	
ZORYVE CREAM 0.05 % EXTERNAL	3	PA, QL 60/30 days
ZORYVE CREAM 0.15 % EXTERNAL	3	PA, QL 60/30 days
ZORYVE CREAM 0.3 % EXTERNAL	3	PA, QL 60/30 days
ZORYVE FOAM 0.3 % EXTERNAL	3	PA, QL 60/30 days
Rosacea Agents		
azelaic acid gel 15 % external	1	
brimonidine tartrate gel 0.33 % external	1	ST

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Rosacea Agents (continued)		
FINACEA FOAM 15 % EXTERNAL	3	
ivermectin cream 1 % external	1	
metronidazole cream 0.75 % external	1	
metronidazole gel 0.75 % external	1	
metronidazole gel 1 % external	1	
metronidazole lotion 0.75 % external	1	
ROSADAN CREAM 0.75 % EXTERNAL	1	
Scabicides & Pediculicides		
CROTAN LOTION 10 % EXTERNAL	1	
EURAX CREAM 10 % EXTERNAL	3	
lindane shampoo 1 % external	1	
malathion lotion 0.5 % external	1	QL 118/28 days
permethrin cream 5 % external	1	
spinosad suspension 0.9 % external	1	
ULESFIA LOTION 5 % EXTERNAL	3	
Topical Anesthetic Combinations		
lidocaine-prilocaine cream 2.5-2.5 % external	1	QL 30/90 days
SYNERA PATCH 70-70 MG EXTERNAL	3	QL 30/90 days
Topical Selective Retinoid X Receptor Agonists		
bexarotene gel 1 % external	4	PA, QL 60/30 days, SP, Prudent
Topical Steroid Combinations		
calcipotriene-betameth diprop ointment 0.005-0.064 % external	1	
calcipotriene-betameth diprop suspension 0.005-0.064 % external	1	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Topical Steroid Combinations (continued)		
ENSTILAR FOAM 0.005-0.064 % EXTERNAL	3	PA, Medical Necessity PA
Wound Care - Growth Factor Agents		
REGRANEX GEL 0.01 % EXTERNAL	3	
Wound Dressings		
FILSUVEZ GEL 10 % EXTERNAL	4	LA, PA, QL 655.20/28 days, SP
Wound Treatment - Autologous Cellular Gene Therapy		
ZEVASKYN BATCH UP TO 12 SHEETS SHEET EXTERNAL	4	PA, SP, Prudent
Wound Treatment - Gene Therapy		
VYJUVEK GEL 5000000000 PFU/2.5ML EXTERNAL	4	PA, QL 10/28 days, SP, Prudent
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Digestive Enzymes (continued)		
CREON CAPSULE DELAYED RELEASE PARTICLES 6000-19000 UNIT ORAL	2	
SUCRAID SOLUTION 8500 UNIT/ML ORAL	4	LA, PA, SP, Prudent
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL	2	
DIURETICS		
Carbonic Anhydrase Inhibitors		
acetazolamide er capsule extended release 12 hour 500 mg oral	1	
acetazolamide sodium solution reconstituted 500 mg injection	1	Medical Benefit only.
acetazolamide tablet 125 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Carbonic Anhydrase Inhibitors (continued)		
acetazolamide tablet 250 mg oral	1	
methazolamide tablet 25 mg oral	1	
methazolamide tablet 50 mg oral	1	
Diuretic Combinations		
ALDACTAZIDE TABLET 50-50 MG ORAL	2	
amiloride-hydrochlorothiazide tablet 5-50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
spironolactone-hctz tablet 25-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
triamterene-hctz capsule 37.5-25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
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
triamterene-hctz tablet 75-50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
Loop Diuretics		
bumetanide solution 0.25 mg/ml injection	1	Medical Benefit only.
bumetanide tablet 0.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
bumetanide tablet 1 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
bumetanide tablet 2 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
ethacrynic acid tablet 25 mg oral	1	QL 8/1 days
furosemide solution 10 mg/ml injection	1	Medical Benefit only.
furosemide solution 10 mg/ml oral	1	
furosemide solution 8 mg/ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Loop Diuretics (continued)		
furosemide tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
furosemide tablet 40 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
furosemide tablet 80 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
torsemide tablet 10 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
torsemide tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
torsemide tablet 20 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
torsemide tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
Potassium Sparing Diuretics		
amiloride hcl tablet 5 mg oral	1	
spironolactone tablet 100 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
spironolactone tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
spironolactone tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
triamterene capsule 100 mg oral	1	
triamterene capsule 50 mg oral	1	
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thiazides and Thiazide-Like Diuretics (continued)		
chlorthalidone tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
chlorthalidone tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
DIURIL SUSPENSION 250 MG/5ML ORAL	3	
hydrochlorothiazide capsule 12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
hydrochlorothiazide tablet 12.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
hydrochlorothiazide tablet 25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
hydrochlorothiazide tablet 50 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
indapamide tablet 1.25 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
indapamide tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
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
metolazone tablet 2.5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
metolazone tablet 5 mg oral	1	PS Expanded NCDL, Incentive,VBP Drug List
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ATP-Sensitive Potassium Channel Activators		
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	4	LA, PA, QL 90/30 days, SP
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	4	LA, PA, QL 90/30 days, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ATP-Sensitive Potassium Channel Activators (continued)		
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL	4	LA, PA, QL 90/30 days, SP
Bisphosphonates		
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
etidronate disodium tablet 200 mg oral	1	
etidronate disodium tablet 400 mg oral	1	
FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL	3	PA, Medical Necessity PA
FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL	3	PA, Medical Necessity PA
ibandronate sodium solution 3 mg/3ml intravenous	1	Medical Benefit only.
ibandronate sodium tablet 150 mg oral	1	PS Expanded NCDL,VBP Drug List
pamidronate disodium solution 30 mg/10ml intravenous	1	Medical Benefit only.
pamidronate disodium solution 6 mg/ml intravenous	3	Medical Benefit only.
pamidronate disodium solution 90 mg/10ml intravenous	1	Medical Benefit only.
pamidronate disodium solution reconstituted 30 mg intravenous	1	Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bisphosphonates (continued)		
pamidronate disodium solution reconstituted 90 mg intravenous	1	Medical Benefit only.
risedronate sodium tablet 150 mg oral	1	
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	4	SP, Prudent
zoledronic acid solution 4 mg/100ml intravenous	4	SP, Prudent
zoledronic acid solution 5 mg/100ml intravenous	4	SP, Prudent
Calcimimetic Agents		
cinacalcet hcl tablet 30 mg oral	4	SP, Prudent
cinacalcet hcl tablet 60 mg oral	4	SP, Prudent
cinacalcet hcl tablet 90 mg oral	4	SP, Prudent
Calcitonins		
calcitonin (salmon) solution 200 unit/act nasal	1	
Carnitine Replenisher - Agents		
levocarnitine solution 1 gm/10ml oral	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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticotropin-Releasing Factor (CRF) Receptor Type 1 Antag		
CRENESSITY CAPSULE 100 MG ORAL	4	LA, PA, QL 60/30 days, SP
CRENESSITY CAPSULE 50 MG ORAL	4	LA, PA, QL 60/30 days, SP
CRENESSITY SOLUTION 50 MG/ML ORAL	4	LA, PA, QL 120/30 days, SP
Cortisol Synthesis Inhibitors		
ISTURISA TABLET 1 MG ORAL	4	LA, PA, QL 180/30 days, SP
ISTURISA TABLET 10 MG ORAL	4	LA, PA, QL 180/30 days, SP
ISTURISA TABLET 5 MG ORAL	4	LA, PA, QL 180/30 days, SP
RECORLEV TABLET 150 MG ORAL	4	LA, 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	4	PA, SP, Prudent
FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS	4	PA, SP, Prudent
FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	4	PA, SP, Prudent
GALAFOLD CAPSULE 123 MG ORAL	4	LA, PA, QL 14/28 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Familial Chylomicronemia Syndrome (FCS) - Agents		
REDEMPLO SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	4	PA, QL 0.50/84 days
TRYNGOLZA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	LA, PA, QL 0.80/28 days, SP
GAA Deficiency Treatment - Agents		
OPFOLDA CAPSULE 65 MG ORAL	4	PA, QL 8/28 days, SP, Prudent
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
Growth Hormone Receptor Antagonists		
SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	4	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS	4	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS	4	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	4	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS	4	PA, SP, Prudent
Growth Hormones		
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.2 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.6 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.8 MG SUBCUTANEOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.4 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.6 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.8 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 2 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN SOLUTION RECONSTITUTED 12 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	4	PA, SP, Prudent
HUMATROPE CARTRIDGE 12 MG INJECTION	4	PA, SP, Prudent
HUMATROPE CARTRIDGE 24 MG INJECTION	4	PA, SP, Prudent
HUMATROPE CARTRIDGE 6 MG INJECTION	4	PA, SP, Prudent
HUMATROPE SOLUTION RECONSTITUTED 12 MG INJECTION	4	PA, SP
HUMATROPE SOLUTION RECONSTITUTED 24 MG INJECTION	4	PA, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
HUMATROPE SOLUTION RECONSTITUTED 6 MG INJECTION	4	PA, SP
NGENLA SOLUTION PEN-INJECTOR 24 MG/1.2ML SUBCUTANEOUS	4	PA, SP, Prudent
NGENLA SOLUTION PEN-INJECTOR 60 MG/1.2ML SUBCUTANEOUS	4	PA, SP, Prudent
NORDITROPIN FLEXPRO SOLUTION 10 MG/1.5ML SUBCUTANEOUS	4	PA, SP
NORDITROPIN FLEXPRO SOLUTION 15 MG/1.5ML SUBCUTANEOUS	4	PA, SP
NORDITROPIN FLEXPRO SOLUTION 30 MG/3ML SUBCUTANEOUS	4	PA, SP
NORDITROPIN FLEXPRO SOLUTION 5 MG/1.5ML SUBCUTANEOUS	4	PA, SP
NUTROPIN AQ NUSPIN 10 SOLUTION 10 MG/2ML SUBCUTANEOUS	4	PA, SP
NUTROPIN AQ NUSPIN 20 SOLUTION 20 MG/2ML SUBCUTANEOUS	4	PA, SP
NUTROPIN AQ NUSPIN 5 SOLUTION 5 MG/2ML SUBCUTANEOUS	4	PA, SP
OMNITROPE SOLUTION 10 MG/1.5ML SUBCUTANEOUS	4	PA, SP
OMNITROPE SOLUTION 5 MG/1.5ML SUBCUTANEOUS	4	PA, SP
OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS	4	PA, SP, Prudent
SAIZEN CLICK.EASY SOLUTION RECONSTITUTED 8.8 MG INJECTION	4	PA, SP
SAIZEN SOLUTION RECONSTITUTED 5 MG INJECTION	4	PA, SP, Prudent
SAIZEN SOLUTION RECONSTITUTED 8.8 MG INJECTION	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS	4	PA, SP, Prudent
SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	4	PA, SP, Prudent
SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 0.7 MG SUBCUTANEOUS	4	PA, Prudent
SKYTROFA CARTRIDGE 1.4 MG SUBCUTANEOUS	4	PA, Prudent
SKYTROFA CARTRIDGE 1.8 MG SUBCUTANEOUS	4	PA, Prudent
SKYTROFA CARTRIDGE 11 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 13.3 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 2.1 MG SUBCUTANEOUS	4	PA, Prudent
SKYTROFA CARTRIDGE 2.5 MG SUBCUTANEOUS	4	PA, Prudent
SKYTROFA CARTRIDGE 3 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 3.6 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 4.3 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 5.2 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 6.3 MG SUBCUTANEOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
SKYTROFA CARTRIDGE 7.6 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 9.1 MG SUBCUTANEOUS	4	PA, SP, Prudent
SOGROYA SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	4	PA, SP
SOGROYA SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	4	PA, SP
SOGROYA SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	4	PA, SP
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	4	LA, PA, SP, Prudent
nitisinone capsule 2 mg oral	4	LA, PA, SP, Prudent
nitisinone capsule 5 mg oral	4	LA, PA, SP, Prudent
Homocystinuria Treatment - Agents		
betaine powder oral	4	LA, PA, SP, Prudent
Hyperammonemia Treatment - Agents		
carglumic acid tablet soluble 200 mg oral	4	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 intravenous	1	Medical Benefit only.
calcitriol solution 1 mcg/ml oral	1	
doxercalciferol capsule 0.5 mcg oral	1	
doxercalciferol capsule 1 mcg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hyperparathyroid Treatment - Vitamin D Analogs (continued)		
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
ZEMPLAR SOLUTION 2 MCG/ML INTRAVENOUS	3	Medical Benefit only.
ZEMPLAR SOLUTION 5 MCG/ML INTRAVENOUS	3	Medical Benefit only.
Hypoparathyroid Treatment - Parathyroid Hormone Analogs		
YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS	4	LA, PA, QL 1.12/28 days, SP
YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS	4	LA, PA, QL 1.96/28 days, SP
YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS	4	LA, PA, QL 2.80/28 days, SP
Hypophosphatasia (HPP) Agents		
STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	4	LA, PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	4	PA, SP
LHRH/GnRH Agonist Analog Combinations		
LUPANETA PACK KIT 11.25 & 5 MG COMBINATION	4	PA, SP
LUPANETA PACK KIT 3.75 & 5 MG COMBINATION	4	PA, SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG INTRAMUSCULAR	4	PA, SP, Prudent
SYNAREL SOLUTION 2 MG/ML NASAL	3	PA, QL 48/180 days
Mitochondrial Cardiolipin Binders		
FORZINITY SOLUTION 280 MG/3.5ML SUBCUTANEOUS	4	LA, PA, QL 14/28 days, SP
Mucopolysaccharidosis I (MPS I) - Agents		
ALDURAZYME SOLUTION 2.9 MG/5ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
Mucopolysaccharidosis II (MPS II) - Agents		
ELAPRASE SOLUTION 6 MG/3ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
Mucopolysaccharidosis VI (MPS VI) - Agents		
NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS	4	PA, SP, Prudent
Natriuretic Peptides		
VOXZOGO SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS	4	PA, QL 30/30 days, SP, Prudent
VOXZOGO SOLUTION RECONSTITUTED 0.56 MG SUBCUTANEOUS	4	PA, QL 30/30 days, SP, Prudent
VOXZOGO SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS	4	PA, QL 30/30 days, SP, Prudent
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
KERENDIA TABLET 40 MG ORAL	3	PA, QL 30/30 days
Ovulation Stimulants-Gonadotropins		
chorionic gonadotropin solution reconstituted 10000 unit intramuscular	4	PA, SP
NOVAREL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	4	PA, SP
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	4	PA, SP
Parathyroid Hormone And Derivatives		
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Parathyroid Hormone And Derivatives (continued)		
teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous	4	PA, SP, Prudent
teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous	4	PA, SP, Prudent
teriparatide solution pen-injector 620 mcg/2.48ml subcutaneous	4	PA, SP, Prudent
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	4	PA, SP, Prudent
Phenylketonuria Treatment - Agents		
PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	4	PA, SP, Prudent
PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS	4	PA, SP, Prudent
PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
sapropterin dihydrochloride packet 100 mg oral	4	PA, SP, Prudent
sapropterin dihydrochloride packet 500 mg oral	4	PA, SP, Prudent
RANK Ligand (RANKL) Inhibitors		
BILDYOS SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	4	PA, SP
BOMYNTRA SOLUTION 120 MG/1.7ML SUBCUTANEOUS	4	PA, SP, Prudent
BOMYNTRA SOLUTION PREFILLED SYRINGE 120 MG/1.7ML SUBCUTANEOUS	4	PA, SP, Prudent
CONEXXENCE SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
RANK Ligand (RANKL) Inhibitors (continued)		
JUBBONTI SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	4	PA, SP
OSPOMYV SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	4	PA, SP
PROLIA SOLUTION 60 MG/ML SUBCUTANEOUS	4	SP
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	4	SP, Prudent
STOBOCLO SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
Sclerostin Inhibitors		
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	4	PA, SP, Prudent
Selective Estrogen Receptor Modulators (SERMs)		
raloxifene hcl tablet 60 mg oral	0	ACA NCDL, limitations may apply
Selective Vasopressin V2-Receptor Antagonists		
tolvaptan (hyponatremia) tablet 15 mg oral	4	PA, QL 30/30 days, SP, Prudent
tolvaptan (hyponatremia) tablet 30 mg oral	4	PA, QL 60/30 days, SP, Prudent
tolvaptan tablet 15 mg oral	4	PA, QL 30/30 days, SP, Prudent
tolvaptan tablet 30 mg oral	4	PA, QL 60/30 days, SP, Prudent
tolvaptan tablet therapy pack 15 mg oral	4	PA, QL 60/30 days, SP, Prudent
tolvaptan tablet therapy pack 30 & 15 mg oral	4	PA, QL 60/30 days, SP, Prudent
tolvaptan tablet therapy pack 45 & 15 mg oral	4	PA, QL 60/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Vasopressin V2-Receptor Antagonists (continued)		
tolvaptan tablet therapy pack 60 & 30 mg oral	4	PA, QL 60/30 days, SP, Prudent
tolvaptan tablet therapy pack 90 & 30 mg oral	4	PA, QL 60/30 days, SP, Prudent
Somatostatic Agents		
lanreotide acetate solution 120 mg/0.5ml subcutaneous	4	PA, SP, Prudent
octreotide acetate kit 10 mg intramuscular	4	PA, SP, Prudent
octreotide acetate kit 20 mg intramuscular	4	PA, SP, Prudent
octreotide acetate kit 30 mg intramuscular	4	PA, SP, Prudent
octreotide acetate solution 100 mcg/ml injection	4	PA, SP, Prudent
octreotide acetate solution 1000 mcg/ml injection	4	PA, SP, Prudent
octreotide acetate solution 200 mcg/ml injection	4	PA, SP, Prudent
octreotide acetate solution 50 mcg/ml injection	4	PA, SP, Prudent
octreotide acetate solution 500 mcg/ml injection	4	PA, SP, Prudent
octreotide acetate solution prefilled syringe 100 mcg/ml subcutaneous	4	PA, SP, Prudent
octreotide acetate solution prefilled syringe 50 mcg/ml subcutaneous	4	PA, SP, Prudent
octreotide acetate solution prefilled syringe 500 mcg/ml subcutaneous	4	PA, SP, Prudent
SIGNIFOR SOLUTION 0.3 MG/ML SUBCUTANEOUS	4	LA, PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Somatostatic Agents (continued)		
SIGNIFOR SOLUTION 0.6 MG/ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
SIGNIFOR SOLUTION 0.9 MG/ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	4	PA, SP, Prudent
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	4	PA, SP, Prudent
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	4	PA, SP, Prudent
Urea Cycle Disorder - Agents		
sodium phenylbutyrate powder 3 gm/tsp oral	1	PA, Prudent
sodium phenylbutyrate tablet 500 mg oral	3	PA, SP, Prudent
Vasopressin		
desmopressin ace spray refrig solution 0.01 % nasal	1	
desmopressin acetate solution 1.5 mg/ml nasal	4	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	
STIMATE SOLUTION 1.5 MG/ML NASAL	4	SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ESTROGENS		
Estrogen & Progestin		
AMABELZ TABLET 0.5-0.1 MG ORAL	1	
AMABELZ TABLET 1-0.5 MG ORAL	1	
CLIMARA PRO PATCH WEEKLY 0.045-0.015 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	2	
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 LO TABLET 0.5-0.1 MG ORAL	1	
MIMVEY TABLET 1-0.5 MG ORAL	1	
norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral	1	
norethindrone-eth estradiol tablet 1-5 mg-mcg oral	1	
Estrogen-Progestin-GnRH Antagonist		
ORIAHNN CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ORAL	3	PA, QL 56/28 days
Estrogens		
DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
DOTTI PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	1	
DOTTI PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	1	
DOTTI PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	1	
DOTTI PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	1	
DOTTI PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	
ELESTRIN GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL	3	
estradiol gel 0.25 mg/0.25gm transdermal	1	
estradiol gel 0.5 mg/0.5gm transdermal	1	
estradiol gel 0.75 mg/0.75gm transdermal	1	
estradiol gel 1 mg/gm transdermal	1	
estradiol gel 1.25 mg/1.25gm transdermal	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	
estradiol patch weekly 0.025 mg/24hr transdermal	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
estradiol patch weekly 0.0375 mg/24hr transdermal	1	
estradiol patch weekly 0.05 mg/24hr transdermal	1	
estradiol patch weekly 0.06 mg/24hr transdermal	1	
estradiol patch weekly 0.075 mg/24hr transdermal	1	
estradiol patch weekly 0.1 mg/24hr transdermal	1	
estradiol tablet 0.5 mg oral	1	
estradiol tablet 1 mg oral	1	
estradiol tablet 2 mg oral	1	
estradiol valerate oil 20 mg/ml intramuscular	1	
estradiol valerate oil 40 mg/ml intramuscular	1	
ESTROGEL GEL 0.75 MG/1.25 GM (0.06%) TRANSDERMAL	3	
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	
LYLLANA PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	1	
LYLLANA PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	1	
LYLLANA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	1	
LYLLANA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
MENEST TABLET 0.3 MG ORAL	3	
MENEST TABLET 0.625 MG ORAL	3	
MENEST TABLET 1.25 MG ORAL	3	
MENOSTAR PATCH WEEKLY 14 MCG/24HR TRANSDERMAL	3	
PREMARIN SOLUTION RECONSTITUTED 25 MG INJECTION	3	
PREMARIN TABLET 0.3 MG ORAL	3	
PREMARIN TABLET 0.45 MG ORAL	3	
PREMARIN TABLET 0.625 MG ORAL	3	
PREMARIN TABLET 0.9 MG ORAL	3	
PREMARIN TABLET 1.25 MG ORAL	3	
Estrogen-Selective Estrogen Receptor Modulator Comb		
DUAVEE TABLET 0.45-20 MG ORAL	3	
FLUOROQUINOLONES		
Fluoroquinolones		
BAXDELA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	3	PA, Medical Necessity PA
CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL	2	
CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	2	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fluoroquinolones (continued)		
ciprofloxacin in d5w solution 200 mg/100ml intravenous	1	
ciprofloxacin in d5w solution 400 mg/200ml intravenous	1	
ciprofloxacin solution 400 mg/40ml intravenous	1	
ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral	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	
FACTIVE TABLET 320 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 300 mg oral	1	PA, Medical Necessity PA
ofloxacin tablet 400 mg oral	1	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 Receptor Agonists		
prucalopride succinate tablet 1 mg oral	1	QL 30/30 days
prucalopride succinate tablet 2 mg oral	1	QL 30/30 days
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPSULE 250 MG ORAL	4	LA, PA, QL 4/1 days, SP
CHOLBAM CAPSULE 50 MG ORAL	4	LA, PA, QL 5/1 days, SP
CTEXLI TABLET 250 MG ORAL	4	LA, PA, QL 90/30 days, SP
Gallstone Solubilizing Agents		
ursodiol capsule 300 mg oral	1	
ursodiol tablet 250 mg oral	1	
ursodiol tablet 500 mg oral	1	
Gastrointestinal Antiallergy Agents		
cromolyn sodium concentrate 100 mg/5ml oral	1	
Gastrointestinal Chloride Channel Activators		
lubiprostone capsule 24 mcg oral	1	QL 60/30 days
lubiprostone capsule 8 mcg oral	1	QL 60/30 days
Gastrointestinal Stimulants		
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 5 mg oral	1	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucagon-Like Peptide-2 (GLP-2) Analogs		
GATTEX KIT 5 MG SUBCUTANEOUS	4	PA, SP, Prudent
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists		
REZDIFFRA TABLET 100 MG ORAL	4	PA, QL 30/30 days, SP
REZDIFFRA TABLET 60 MG ORAL	4	PA, QL 30/30 days, SP
REZDIFFRA TABLET 80 MG ORAL	4	PA, QL 30/30 days, SP
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 - 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
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL	4	LA, PA, SP
BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL	4	LA, PA, SP
BYLVAY CAPSULE 1200 MCG ORAL	4	LA, PA, SP
BYLVAY CAPSULE 400 MCG ORAL	4	LA, PA, SP
LIVMARLI SOLUTION 19 MG/ML ORAL	4	LA, PA, QL 60/30 days, SP
LIVMARLI SOLUTION 9.5 MG/ML ORAL	4	LA, PA, QL 90/30 days, SP
LIVMARLI TABLET 10 MG ORAL	4	LA, PA, QL 30/28 days, SP
LIVMARLI TABLET 15 MG ORAL	4	LA, PA, QL 30/28 days, SP
LIVMARLI TABLET 20 MG ORAL	4	LA, PA, QL 30/28 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ileal Bile Acid Transporter (IBAT) Inhibitors (continued)		
LIVMARLI TABLET 30 MG ORAL	4	LA, PA, QL 30/28 days, SP
Inflammatory Bowel Agents		
balsalazide disodium capsule 750 mg oral	1	QL 270/30 days
CANASA SUPPOSITORY 1000 MG RECTAL	2	QL 30/30 days
DIPENTUM CAPSULE 250 MG ORAL	3	QL 120/30 days
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
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
sulfasalazine tablet 500 mg oral	1	
sulfasalazine tablet delayed release 500 mg oral	1	
SULFAZINE TABLET 500 MG ORAL	1	
Integrin Receptor Antagonists		
ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	4	PA, Medical Benefit only.

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
Interleukin Antagonists		
SKYRIZI SOLUTION 600 MG/10ML INTRAVENOUS	4	PA, SP, Prudent
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	4	PA, QL 1.20/56 days, SP, Prudent
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	4	PA, QL 2.40/56 days, SP, Prudent
TREMFYA CROHNS INDUCTION SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
TREMFYA PEN SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
TREMFYA SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
TREMFYA-CD/UC INDUCTION SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
Intestinal Acidifiers		
enulose solution 10 gm/15ml oral	1	
generlac solution 10 gm/15ml oral	1	
Live Fecal Microbiota (Human)		
VOWST CAPSULE ORAL	4	LA, PA, QL 12/365 days, SP
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABLET 12.5 MG ORAL	2	PA, QL 1/1 days
MOVANTIK TABLET 25 MG ORAL	2	PA, QL 1/1 days
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS	3	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Peripheral Opioid Receptor Antagonists (continued)		
RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS	3	PA
RELISTOR SOLUTION PREFILLED SYRINGE 12 MG/0.6ML SUBCUTANEOUS	3	PA
RELISTOR SOLUTION PREFILLED SYRINGE 8 MG/0.4ML SUBCUTANEOUS	3	PA
RELISTOR TABLET 150 MG ORAL	3	PA, QL 90/30 days
Peroxisome Proliferator-Activated Receptor Agonists		
IQIRVO TABLET 80 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
LIVDELZI CAPSULE 10 MG ORAL	4	LA, PA, QL 30/30 days, SP
Phosphate Binder Agents		
AURYXIA TABLET 1 GM 210 MG(FE) ORAL	3	QL 180/30 days
calcium acetate (phos binder) tablet 667 mg oral	1	
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
PHOSLYRA SOLUTION 667 MG/5ML ORAL	3	
RENVELA PACKET 0.8 GM ORAL	2	
RENVELA PACKET 2.4 GM ORAL	2	
sevelamer carbonate packet 0.8 gm oral	1	
sevelamer carbonate packet 2.4 gm oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phosphate Binder Agents (continued)		
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	4	PA, QL 30/30 days, SP
Tumor Necrosis Factor Alpha Blockers		
INFLECTRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	PA, Medical Benefit only.
RENFLEXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	PA, Medical Benefit only.
GENITOURINARY AGENTS - MISCELLANEOUS		
5-Alpha Reductase Inhibitors		
dutasteride capsule 0.5 mg oral	1	
finasteride tablet 5 mg oral	1	
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
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Citrates		
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-citric acid solution 1100-334 mg/5ml oral	1	
Cystinosis Agents		
CYSTAGON CAPSULE 150 MG ORAL	4	SP, Prudent
CYSTAGON CAPSULE 50 MG ORAL	4	SP, Prudent
PROCYSBI CAPSULE DELAYED RELEASE 25 MG ORAL	4	LA, PA, QL 60/30 days, SP
PROCYSBI CAPSULE DELAYED RELEASE 75 MG ORAL	4	LA, PA, SP
PROCYSBI PACKET 300 MG ORAL	4	LA, PA, SP
PROCYSBI PACKET 75 MG ORAL	4	LA, PA, SP
Genitourinary Irrigants		
sodium chloride solution 0.9 % irrigation	1	
IgAN Agents - A Prolif Inducing Ligand (APRIL) Blocker		
VOYXACT SOLUTION PREFILLED SYRINGE 400 MG/2ML SUBCUTANEOUS	3	LA, PA, QL 2/28 days, SP
IgAN Agents - Endothelin & Angiotensin II Receptor Antag		
FILSPARI TABLET 200 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
FILSPARI TABLET 400 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
IgAN Agents - Endothelin Receptor Antagonist		
VANRAFIA TABLET 0.75 MG ORAL	4	LA, PA, QL 30/30 days, SP
Interstitial Cystitis Agents		
ELMIRON CAPSULE 100 MG ORAL	3	
Prostatic Hypertrophy Agent Combinations		
dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral	1	ST
JALYN CAPSULE 0.5-0.4 MG ORAL	3	ST
Small Interfering Ribonucleic Acid Agents (siRNA)		
RIVFLOZA SOLUTION 80 MG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
RIVFLOZA SOLUTION PREFILLED SYRINGE 128 MG/0.8ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Prudent
RIVFLOZA SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
Urinary Stone Agents		
LITHOSTAT TABLET 250 MG ORAL	3	PA, Medical Necessity PA
GOUT AGENTS		
Gout Agent Combinations		
colchicine-probenecid tablet 0.5-500 mg oral	1	
Gout Agents		
allopurinol tablet 100 mg oral	1	
allopurinol tablet 300 mg oral	1	
colchicine capsule 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Gout Agents (continued)		
febuxostat tablet 40 mg oral	1	QL 90/30 days
febuxostat tablet 80 mg oral	1	QL 30/30 days
Uricosurics		
probenecid tablet 500 mg oral	1	
HEMATOLOGICAL AGENTS - MISC.		
Antihemophilic Products		
ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
adynovate solution reconstituted 1000 unit intravenous	4	PA, SP
adynovate solution reconstituted 1500 unit intravenous	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
adynovate solution reconstituted 2000 unit intravenous	4	PA, SP
adynovate solution reconstituted 250 unit intravenous	4	PA, SP
adynovate solution reconstituted 500 unit intravenous	4	PA, SP
adynovate solution reconstituted 750 unit intravenous	4	PA, SP
AFSTYLA KIT 1000 UNIT INTRAVENOUS	4	PA, SP
AFSTYLA KIT 2000 UNIT INTRAVENOUS	4	PA, SP
AFSTYLA KIT 250 UNIT INTRAVENOUS	4	PA, SP
AFSTYLA KIT 3000 UNIT INTRAVENOUS	4	PA, SP
AFSTYLA KIT 500 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
ALPROLIX SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
ALTUVIIIO SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ALTUVIIIO SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ALTUVIIIO SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP, Prudent
ALTUVIIIO SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ALTUVIIIO SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ALTUVIIIO SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
BENEFIX KIT 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
BENEFIX KIT 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
BENEFIX KIT 250 UNIT INTRAVENOUS	4	PA, SP, Prudent
BENEFIX KIT 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
BENEFIX KIT 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
CORIFACT KIT 1000-1600 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS	4	PA, SP

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
FEIBA SOLUTION RECONSTITUTED INTRAVENOUS	4	PA, SP
HELIXATE FS KIT 1000 UNIT INTRAVENOUS	4	PA, SP
HELIXATE FS KIT 2000 UNIT INTRAVENOUS	4	PA, SP
HELIXATE FS KIT 250 UNIT INTRAVENOUS	4	PA, SP
HELIXATE FS KIT 3000 UNIT INTRAVENOUS	4	PA, SP
HELIXATE FS KIT 500 UNIT INTRAVENOUS	4	PA, SP
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
HUMATE-P SOLUTION RECONSTITUTED 1000-2400 UNIT INTRAVENOUS	4	PA, SP
HUMATE-P SOLUTION RECONSTITUTED 250-600 UNIT INTRAVENOUS	4	PA, SP
HUMATE-P SOLUTION RECONSTITUTED 500-1200 UNIT INTRAVENOUS	4	PA, SP
IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS	4	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	4	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
KOATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
KOATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
KOATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
KOATE-DVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
KOATE-DVI SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
KOATE-DVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
KOGENATE FS BIO-SET KIT 1000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS BIO-SET KIT 2000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS BIO-SET KIT 250 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS BIO-SET KIT 3000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS BIO-SET KIT 500 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS KIT 1000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS KIT 2000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS KIT 250 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS KIT 3000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS KIT 500 UNIT INTRAVENOUS	4	PA, SP
KOVALTRY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
KOVALTRY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
KOVALTRY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
KOVALTRY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
KOVALTRY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	4	PA, SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS	4	PA, SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	4	PA, SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 8 MG INTRAVENOUS	4	PA, SP
NUWIQ KIT 1000 UNIT INTRAVENOUS	4	PA, SP
NUWIQ KIT 2000 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
NUWIQ KIT 250 UNIT INTRAVENOUS	4	PA, SP
NUWIQ KIT 500 UNIT INTRAVENOUS	4	PA, SP
NUWIQ SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
NUWIQ SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
NUWIQ SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
NUWIQ SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
obizur solution reconstituted 500 unit intravenous	4	PA, SP
REBINYN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
REBINYN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
REBINYN SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent
REBINYN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
rixubis solution reconstituted 1000 unit intravenous	4	PA, SP, Prudent
rixubis solution reconstituted 2000 unit intravenous	4	PA, SP, Prudent
rixubis solution reconstituted 250 unit intravenous	4	PA, SP, Prudent
rixubis solution reconstituted 3000 unit intravenous	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
rixubis solution reconstituted 500 unit intravenous	4	PA, SP, Prudent
SEVENFACT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	4	PA, SP
SEVENFACT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	4	PA, SP
TRETTEN SOLUTION RECONSTITUTED 2000-3125 UNIT INTRAVENOUS	4	PA, SP
TRETTEN SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	4	PA, SP
VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS	4	PA, SP, Prudent
VONVENDI SOLUTION RECONSTITUTED 650 UNIT INTRAVENOUS	4	PA, SP, Prudent
WILATE KIT 1000-1000 UNIT INTRAVENOUS	4	PA, SP
WILATE KIT 500-500 UNIT INTRAVENOUS	4	PA, SP
XYNTHA KIT 1000 UNIT INTRAVENOUS	4	PA, SP
XYNTHA KIT 2000 UNIT INTRAVENOUS	4	PA, SP
XYNTHA KIT 250 UNIT INTRAVENOUS	4	PA, SP
XYNTHA KIT 500 UNIT INTRAVENOUS	4	PA, SP
XYNTHA SOLOFUSE KIT 1000 UNIT INTRAVENOUS	4	PA, SP
XYNTHA SOLOFUSE KIT 2000 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
XYNTHA SOLOFUSE KIT 250 UNIT INTRAVENOUS	4	PA, SP
XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS	4	PA, SP
XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS	4	PA, SP
Antihemophilic Products - Monoclonal Antibodies		
ALHEMO SOLUTION PEN-INJECTOR 150 MG/1.5ML SUBCUTANEOUS	4	PA, SP, Prudent
ALHEMO SOLUTION PEN-INJECTOR 300 MG/3ML SUBCUTANEOUS	4	PA, SP, Prudent
ALHEMO SOLUTION PEN-INJECTOR 60 MG/1.5ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS	4	PA, SP, Prudent
HYMPAVZI SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
Anti-von Willebrand Factor Agents		
CABLIVI KIT 11 MG INJECTION	4	LA, PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bradykinin B2 Receptor Antagonists		
icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous	4	PA, SP, Prudent
SAJAZIR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
Bruton's Tyrosine Kinase (BTK) Inhibitors		
WAYRILZ TABLET 400 MG ORAL	4	LA, PA, QL 60/30 days, SP
C1 Esterase Inhibitors		
BERINERT KIT 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS	4	PA, SP, Prudent
HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS	4	PA, SP, Prudent
RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS	4	PA, SP, Prudent
Complement C3 Inhibitors		
EMPAVELI SOLUTION 1080 MG/20ML SUBCUTANEOUS	4	PA, SP, Prudent
Complement C5 Inhibitors		
VEOPOZ SOLUTION 400 MG/2ML INJECTION	4	LA, PA, SP
ZILBRYSQ SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML SUBCUTANEOUS	4	LA, PA, QL 11.65/28 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Complement C5 Inhibitors (continued)		
ZILBRYSQ SOLUTION PREFILLED SYRINGE 23 MG/0.574ML SUBCUTANEOUS	4	LA, PA, QL 16.07/28 days, SP
ZILBRYSQ SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML SUBCUTANEOUS	4	LA, PA, QL 22.68/28 days, SP
Complement C5a Receptor Inhibitors		
TAVNEOS CAPSULE 10 MG ORAL	4	LA, PA, QL 180/30 days, SP
Complement Factor B Inhibitors		
FABHALTA CAPSULE 200 MG ORAL	4	LA, PA, QL 60/30 days, SP
Complement Factor D Inhibitors		
VOYDEYA TABLET 100 MG ORAL	4	LA, PA, QL 180/30 days, SP
VOYDEYA TABLET THERAPY PACK 50 & 100 MG ORAL	4	LA, PA, QL 180/30 days, SP
Direct-Acting P2Y12 Inhibitors		
KENGREAL SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	4	Medical Benefit only.
ticagrelor tablet 60 mg oral	1	
ticagrelor tablet 90 mg oral	1	
Glycoprotein IIb/IIIa Receptor Inhibitors		
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	4	Medical Benefit only.
Hematorheologic Agents		
pentoxifylline er tablet extended release 400 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phosphodiesterase III Inhibitors		
cilostazol tablet 100 mg oral	1	
cilostazol tablet 50 mg oral	1	
Plasma Factor XIIa Inhibitors - Monoclonal Antibodies		
ANDEMBRY SOLUTION AUTO-INJECTOR 200 MG/1.2ML SUBCUTANEOUS	4	PA, QL 1.20/28 days, SP, Prudent
Plasma Kallikrein Inhibitors		
EKTERLY TABLET 300 MG ORAL	4	LA, PA, QL 8/30 days, SP
KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
ORLADEYO CAPSULE 110 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ORLADEYO CAPSULE 150 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ORLADEYO PACKET 108 MG ORAL	4	LA, PA, QL 30/30 days, SP
ORLADEYO PACKET 132 MG ORAL	4	LA, PA, QL 30/30 days, SP
ORLADEYO PACKET 72 MG ORAL	4	LA, PA, QL 30/30 days, SP
ORLADEYO PACKET 96 MG ORAL	4	LA, PA, QL 30/30 days, SP
Plasma Kallikrein Inhibitors - Monoclonal Antibodies		
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS	4	PA, SP, Prudent
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Platelet Aggregation Inhibitor Combinations		
aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral	1	
Platelet Aggregation Inhibitors		
dipyridamole tablet 25 mg oral	1	
dipyridamole tablet 50 mg oral	1	
dipyridamole tablet 75 mg oral	1	
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP
Protease-Activated Receptor-1 (PAR-1) Antagonists		
ZONTIVITY TABLET 2.08 MG ORAL	3	QL 30/30 days
Pyruvate Kinase Activators		
AQVESME TABLET 100 MG ORAL	4	LA, PA, QL 60/30 days, SP
PYRUKYND TABLET 20 MG ORAL	4	LA, PA, QL 56/28 days, SP
PYRUKYND TABLET 5 MG ORAL	4	LA, PA, QL 56/28 days, SP
PYRUKYND TABLET 50 MG ORAL	4	LA, PA, QL 56/28 days, SP
PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL	4	LA, PA, QL 7/7 days, SP
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL	4	LA, PA, QL 14/14 days, SP
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	4	LA, PA, QL 14/14 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Quinazoline Agents		
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	4	LA, PA, QL 60/30 days, SP, Prudent
TAVALISSE TABLET 150 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
Thienopyridine Derivatives		
clopidogrel bisulfate tablet 300 mg oral	1	
clopidogrel bisulfate tablet 75 mg oral	1	
prasugrel hcl tablet 10 mg oral	1	
prasugrel hcl tablet 5 mg oral	1	
HEMATOPOIETIC AGENTS		
Agents for Gaucher Disease		
CERDELGA CAPSULE 84 MG ORAL	4	PA, SP, Prudent
CEREZYME SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS	4	PA, SP, Medical Benefit only.
ELELYSO SOLUTION RECONSTITUTED 200 UNIT INTRAVENOUS	4	PA, SP, Medical Benefit only.
miglustat capsule 100 mg oral	4	PA, SP, Prudent
VPRIV SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS	4	PA, SP, Medical Benefit only.
Amino Acids		
l-glutamine packet 5 gm oral	3	QL 180/30 days, SP, ST
Cobalamins		
cyanocobalamin solution 1000 mcg/ml injection	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cobalamins (continued)		
hydroxocobalamin acetate solution 1000 mcg/ml intramuscular	1	
CXCR4 Receptor Antagonist		
plerixafor solution 24 mg/1.2ml subcutaneous	4	SP, Prudent
XOLREMDI CAPSULE 100 MG ORAL	4	LA, PA, QL 120/30 days, SP
Cytotoxic Agents		
DROXIA CAPSULE 200 MG ORAL	2	
DROXIA CAPSULE 300 MG ORAL	2	
DROXIA CAPSULE 400 MG ORAL	2	
Erythropoiesis-Stimulating Agents (ESAs)		
ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION	4	SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION	4	SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION	4	SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION	4	SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION	4	SP, Prudent
EPOGEN SOLUTION 10000 UNIT/ML INJECTION	4	SP, Prudent
EPOGEN SOLUTION 2000 UNIT/ML INJECTION	4	SP, Prudent
EPOGEN SOLUTION 20000 UNIT/ML INJECTION	4	SP, Prudent
EPOGEN SOLUTION 3000 UNIT/ML INJECTION	4	SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Erythropoiesis-Stimulating Agents (ESAs) (continued)		
EPOGEN SOLUTION 4000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 10000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 2000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 20000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 3000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 4000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 40000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 10000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 2000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 20000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 3000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 4000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 40000 UNIT/ML INJECTION	4	SP, Prudent
Folic Acid/Folates		
folic acid tablet 1 mg oral	1	
Granulocyte Colony-Stimulating Factors (G-CSF)		
FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Granulocyte Colony-Stimulating Factors (G-CSF) (continued)		
NEULASTA ONPRO PREFILLED SYRINGE KIT 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
NEULASTA ONPRO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
NIVESTYM SOLUTION 300 MCG/ML INJECTION	4	PA, SP, Prudent
NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION	4	PA, SP, Prudent
NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	4	PA, SP, Prudent
NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	4	PA, SP, Prudent
NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
RYZNEUTA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	4	PA, SP
STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
UDENYCA ONBODY SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Granulocyte Colony-Stimulating Factors (G-CSF) (continued)		
ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
Iron		
ACCRUFER CAPSULE 30 MG ORAL	3	QL 180/365 days
Thrombopoietin (TPO) Receptor Agonists		
ALVAIZ TABLET 18 MG ORAL	4	PA, QL 30/30 days, SP
ALVAIZ TABLET 36 MG ORAL	4	PA, QL 60/30 days, SP
ALVAIZ TABLET 54 MG ORAL	4	PA, QL 60/30 days, SP
ALVAIZ TABLET 9 MG ORAL	4	PA, QL 30/30 days, SP
DOPTELET SPRINKLE CAPSULE SPRINKLE 10 MG ORAL	4	PA, QL 60/30 days, SP
DOPTELET TABLET 20 MG ORAL	4	PA, QL 15/35 days, SP, Prudent
eltrombopag olamine packet 12.5 mg oral	4	PA, QL 30/30 days, SP
eltrombopag olamine packet 25 mg oral	4	PA, QL 30/30 days, SP
eltrombopag olamine tablet 12.5 mg oral	4	PA, QL 30/30 days, SP
eltrombopag olamine tablet 25 mg oral	4	PA, QL 30/30 days, SP
eltrombopag olamine tablet 50 mg oral	4	PA, QL 30/30 days, SP
eltrombopag olamine tablet 75 mg oral	4	PA, QL 30/30 days, SP
MULPLETA TABLET 3 MG ORAL	4	PA, QL 7/30 days, SP, Prudent
HEMOSTATICS		
Hemostatics - Systemic		
aminocaproic acid solution 0.25 gm/ml oral	1	
aminocaproic acid tablet 1000 mg oral	1	
aminocaproic acid tablet 500 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hemostatics - Systemic (continued)		
tranexamic acid tablet 650 mg oral	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABLET 30 MG ORAL	3	PA, Medical Necessity PA
phenobarbital elixir 20 mg/5ml oral	1	
phenobarbital elixir 30 mg/7.5ml oral	1	
phenobarbital elixir 60 mg/15ml 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		
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	
midazolam hcl solution 10 mg/10ml injection	1	
midazolam hcl solution 10 mg/2ml injection	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepine Hypnotics (continued)		
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	
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	
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
Non-Benzodiazepine - GABA-Receptor Modulators		
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
zaleplon capsule 10 mg oral	1	
zaleplon capsule 5 mg oral	1	
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Non-Benzodiazepine - GABA-Receptor Modulators (continued)		
zolpidem tartrate tablet 10 mg oral	1	QL 30/30 days
zolpidem tartrate tablet 5 mg oral	1	QL 60/30 days
Orexin Receptor Antagonists		
DAYVIGO TABLET 10 MG ORAL	3	QL 30/30 days, ST
DAYVIGO TABLET 5 MG ORAL	3	QL 30/30 days, ST
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSPENSION 4 MG/ML ORAL	4	LA, PA, QL 158/30 days, SP
ramelteon tablet 8 mg oral	1	QL 30/30 days
tasimelteon capsule 20 mg oral	4	LA, 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 240 GM ORAL	3	
GAVILYTE-C SOLUTION RECONSTITUTED 240 GM ORAL	1	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bowel Evacuant Combinations (continued)		
na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral	0	
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	1	
peg-3350/electrolytes/ascorbat solution reconstituted 100 gm oral	0	
peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral	0	
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	0	
PREPOPIK PACKET 10-3.5-12 MG-GM-GM ORAL	0	
SUCLEAR KIT ORAL	0	
SUFLAVE SOLUTION RECONSTITUTED 178.7 GM ORAL	0	ACA NCDL, limitations may apply
SUTAB TABLET 1479-225-188 MG ORAL	0	
TRILYTE SOLUTION RECONSTITUTED 420 GM ORAL	1	
Electrolyte-based Osmotic Laxative Mixtures		
OSMOPREP TABLET 1.102-0.398 GM ORAL	3	
Laxatives - Miscellaneous		
constulose solution 10 gm/15ml oral	1	
KRISTALOSE PACKET 20 GM ORAL	3	
lactulose solution 10 gm/15ml oral	1	
lactulose solution 20 gm/30ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LOCAL ANESTHETICS-Parenteral		
Local Anesthetic & Sympathomimetic		
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1 %-1:200000 INJECTION	3	
Local Anesthetics - Amides		
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	
MACROLIDES		
Azithromycin		
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	
ZMAX SUSPENSION RECONSTITUTED 2 GM ORAL	3	
Clarithromycin		
clarithromycin er tablet extended release 24 hour 500 mg oral	1	
clarithromycin suspension reconstituted 125 mg/5ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Clarithromycin (continued)		
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	
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 500 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 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
fidaxomicin tablet 200 mg oral	1	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		
CAYA DIAPHRAGM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diaphragms (continued)		
WIDE-SEAL DIAPHRAGM 65 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
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		
DEXCOM G6 RECEIVER DEVICE	2	PA, QL 1/365 days, VBP Drug List
DEXCOM G6 SENSOR	2	PA, QL 3/30 days, VBP Drug List
DEXCOM G6 TRANSMITTER	2	PA, QL 1/84 days, VBP Drug List
DEXCOM G7 15 DAY SENSOR	2	PA, QL 2/30 days, VBP Drug List
DEXCOM G7 RECEIVER DEVICE	2	PA, QL 1/365 days, VBP Drug List
DEXCOM G7 SENSOR	2	PA, QL 3/30 days, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucose Monitoring Test Supplies (continued)		
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA, QL 1/365 days, VBP Drug List
FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL 2/28 days, VBP Drug List
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA, QL 2/30 days, VBP Drug List
FREESTYLE LIBRE 2 READER DEVICE	2	PA, QL 1/365 days, VBP Drug List
FREESTYLE LIBRE 2 READER SYSTM DEVICE	2	PA, QL 1/365 days, VBP Drug List
FREESTYLE LIBRE 2 SENSOR	2	PA, QL 3/30 days, VBP Drug List
FREESTYLE LIBRE 2 SENSOR SYSTM	2	PA, QL 3/30 days, VBP Drug List
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA, QL 2/30 days, VBP Drug List
FREESTYLE LIBRE 3 READER DEVICE	2	PA, QL 1/365 days, VBP Drug List
FREESTYLE LIBRE 3 SENSOR	2	PA, QL 2/28 days, VBP Drug List
FREESTYLE LIBRE READER DEVICE	2	PA, QL 1/365 days, VBP Drug List
FREESTYLE LIBRE SENSOR SYSTEM	2	PA, QL 3/30 days, VBP Drug List
ONETOUCH DELICA PLUS LANCING	2	VBP Drug List
ONETOUCH DELICA SAFETY LANCING	2	VBP Drug List
ONETOUCH ULTRASOFT LANCETS	2	VBP Drug List
Insulin Administration Supplies		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	QL 1/30 days, VBP Drug List

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Insulin Administration Supplies (continued)		
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	QL 10/30 days, VBP Drug List
OMNIPOD 5 LIBRE INTRO KIT	2	QL 1/30 days, VBP Drug List
OMNIPOD 5 LIBRE PODS	2	QL 10/30 days, VBP Drug List
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	2	QL 1/30 days, VBP Drug List
OMNIPOD 5 LIBRE2 PLUS G6 KIT	2	QL 1/30 days, VBP Drug List
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	QL 10/30 days, VBP Drug List
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL 1/30 days, VBP Drug List
OMNIPOD DASH PDM (GEN 4) KIT	2	QL 1/30 days, VBP Drug List
OMNIPOD DASH PODS (GEN 4)	2	QL 10/30 days, VBP Drug List
Needles & Syringes		
BD INSULIN SYRINGE 29G X 1/2" 1 ML	2	Incentive
BD PEN NEEDLE NANO U/F 32G X 4 MM	2	Incentive,VBP Drug List
NOVOPEN ECHO DEVICE	3	QL 1/90 days
ULTICARE PEN NEEDLES 29G X 12.7MM	2	Incentive
Spacer/Aerosol-Holding Chambers & Supplies		
AEROCHAMBER MINI CHAMBER DEVICE	3	
AEROCHAMBER MV	3	
AEROCHAMBER PLUS	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Spacer/Aerosol-Holding Chambers & Supplies (continued)		
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 SMALL	3	
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	
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
MICROCHAMBER	3	
MICROSPACER	3	
OPTICHAMBER ADVANTAGE-LG MASK	3	
OPTICHAMBER ADVANTAGE-MED MASK	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Spacer/Aerosol-Holding Chambers & Supplies (continued)		
OPTICHAMBER ADVANTAGE-SM MASK	3	
OPTICHAMBER DIAMOND	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	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
WATCHHALER DEVICE	3	
MIGRAINE PRODUCTS		
Calcitonin Gene-Related Peptide Receptor Antag (CGRP)		
UBRELVY TABLET 100 MG ORAL	3	PA, QL 16/30 days
UBRELVY TABLET 50 MG ORAL	3	PA, QL 16/30 days
CGRP Receptor Antagonists - Monocolonal Antibodies		
EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA, QL 3/28 days
EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CGRP Receptor Antagonists - Monocolonal Antibodies (continued)		
EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days
Ergot Combinations		
ergotamine-caffeine tablet 1-100 mg oral	1	QL 20/30 days
Migraine Products		
dihydroergotamine mesylate solution 1 mg/ml injection	1	QL 12/30 days
dihydroergotamine mesylate solution 4 mg/ml nasal	1	QL 8/28 days
ERGOMAR TABLET SUBLINGUAL 2 MG SUBLINGUAL	3	PA, QL 20/30 days, Medical Necessity PA
Migraine Products - NSAIDs		
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
Selective Serotonin Agonists 5-HT(1)		
almotriptan malate tablet 12.5 mg oral	1	QL 12/30 days
almotriptan malate tablet 6.25 mg oral	1	QL 12/25 days
eletriptan hydrobromide tablet 20 mg oral	1	QL 12/25 days
eletriptan hydrobromide tablet 40 mg oral	1	QL 12/25 days
frovatriptan succinate tablet 2.5 mg oral	1	QL 18/25 days, ST
naratriptan hcl tablet 1 mg oral	1	QL 18/25 days
naratriptan hcl tablet 2.5 mg oral	1	QL 18/25 days
rizatriptan benzoate tablet 10 mg oral	1	QL 18/25 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Agonists 5-HT(1) (continued)		
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
sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous	1	QL 6/25 days
sumatriptan succinate solution 6 mg/0.5ml subcutaneous	1	QL 6/25 days
sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous	1	QL 3/30 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 6/25 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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MINERALS & ELECTROLYTES		
Electrolytes Parenteral		
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	
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	
potassium chloride in nacl solution 40-0.9 meq/l-% intravenous	1	
Fluoride		
FLUORABON SOLUTION 0.55 (0.25 F) MG/0.6ML ORAL	0	ACA NCDL, limitations may apply - Tier 2 for ages 6 years and older
fluoritab solution 0.275 (0.125 f) mg/drop oral	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
fluoritab tablet chewable 1.1 (0.5 f) mg oral	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fluoride (continued)		
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 - Tier 1 for ages 6 years and older
LUDENT TABLET CHEWABLE 0.55 (0.25 F) MG ORAL	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
LUDENT TABLET CHEWABLE 1.1 (0.5 F) MG ORAL	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
LUDENT TABLET CHEWABLE 2.2 (1 F) MG ORAL	1	
NAFRINSE TABLET CHEWABLE 2.2 (1 F) MG ORAL	1	
sodium fluoride solution 1.1 (0.5 f) mg/ml oral	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
sodium fluoride tablet 1.1 (0.5 f) mg oral	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
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 - Tier 1 for ages 6 years and older
sodium fluoride tablet chewable 1.1 (0.5 f) mg oral	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
sodium fluoride tablet chewable 2.2 (1 f) mg oral	1	
Potassium		
KLOR-CON 10 TABLET EXTENDED RELEASE 10 MEQ ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Potassium (continued)		
KLOR-CON M10 TABLET EXTENDED RELEASE 10 MEQ ORAL	1	
KLOR-CON M15 TABLET EXTENDED RELEASE 15 MEQ ORAL	1	
KLOR-CON M20 TABLET EXTENDED RELEASE 20 MEQ ORAL	1	
KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL	1	
K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL	2	
K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL	2	
K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL	2	
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	
potassium chloride packet 20 meq oral	1	
potassium chloride solution 0.4 meq/ml intravenous	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Potassium (continued)		
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 40 meq/100ml intravenous	1	
potassium chloride solution 40 meq/15ml (20%) oral	1	
Sodium		
sodium chloride solution 3 % intravenous	1	
sodium chloride solution 5 % intravenous	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Activated Phosphoinositide 3-kinase Delta Syndrome Agent		
JOENJA TABLET 70 MG ORAL	4	LA, PA, QL 60/30 days, SP
Antileprotics		
THALOMID CAPSULE 100 MG ORAL	4	PA, SP, Prudent
THALOMID CAPSULE 150 MG ORAL	4	PA, SP
THALOMID CAPSULE 200 MG ORAL	4	PA, SP
THALOMID CAPSULE 50 MG ORAL	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
B-Lymphocyte Stimulator (BLyS)-Specific Inhibitors		
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
BENLYSTA SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP
BENLYSTA SOLUTION RECONSTITUTED 120 MG INTRAVENOUS	4	PA, SP, Medical Benefit only.
BENLYSTA SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	4	PA, SP, Medical Benefit only.
Chelating Agents		
CUVRIOR TABLET 300 MG ORAL	4	PA, SP
penicillamine capsule 250 mg oral	1	PA, Prudent
trientine hcl capsule 250 mg oral	1	PA, Prudent
Cyclosporine Analogs		
cyclosporine capsule 100 mg oral	1	
cyclosporine capsule 25 mg oral	1	
cyclosporine modified capsule 100 mg oral	1	
cyclosporine modified capsule 25 mg oral	1	
cyclosporine modified capsule 50 mg oral	1	
cyclosporine modified solution 100 mg/ml oral	1	
cyclosporine solution 50 mg/ml intravenous	1	Medical Benefit only.
GENGRAF CAPSULE 100 MG ORAL	1	
GENGRAF CAPSULE 25 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cyclosporine Analogs (continued)		
GENGRAF CAPSULE 50 MG ORAL	1	
GENGRAF SOLUTION 100 MG/ML ORAL	1	
LUPKYNIS CAPSULE 7.9 MG ORAL	4	LA, PA, QL 180/30 days, SP
SANDIMMUNE SOLUTION 100 MG/ML ORAL	3	
Enzymes		
XIAFLEX SOLUTION RECONSTITUTED 0.9 MG INJECTION	4	LA, PA, Prudent
Farnesyltransferase Inhibitors		
ZOKINVY CAPSULE 50 MG ORAL	4	LA, PA, SP
ZOKINVY CAPSULE 75 MG ORAL	4	LA, PA, SP
Immune Globulin Immunosuppressants		
ATGAM INJECTABLE 50 MG/ML INTRAVENOUS	3	Medical Benefit only.
ATGAM SOLUTION 50 MG/ML INTRAVENOUS	3	Medical Benefit only.
THYMOGLOBULIN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	3	
Immunomodulators - Combinations		
VYVGART HYTRULO SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML SUBCUTANEOUS	4	PA, QL 20/28 days, SP, Prudent
Immunomodulators for Myelodysplastic Syndromes		
lenalidomide capsule 10 mg oral	4	PA-NSO, SP, Prudent
lenalidomide capsule 15 mg oral	4	PA-NSO, SP, Prudent
lenalidomide capsule 2.5 mg oral	4	PA-NSO, SP, Prudent
lenalidomide capsule 20 mg oral	4	PA-NSO, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immunomodulators for Myelodysplastic Syndromes (continued)		
lenalidomide capsule 25 mg oral	4	PA-NSO, SP, Prudent
lenalidomide capsule 5 mg oral	4	PA-NSO, SP, Prudent
REVLIMID CAPSULE 10 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 15 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 2.5 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 20 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 25 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 5 MG ORAL	4	PA, SP, Prudent
Inosine Monophosphate Dehydrogenase Inhibitors		
CELLCEPT SUSPENSION RECONSTITUTED 200 MG/ML ORAL	2	
mycophenolate mofetil capsule 250 mg oral	1	
mycophenolate mofetil suspension reconstituted 200 mg/ml oral	1	
mycophenolate mofetil tablet 500 mg oral	1	
mycophenolate sodium tablet delayed release 180 mg oral	1	
mycophenolate sodium tablet delayed release 360 mg oral	1	
Interleukin-6 (IL-6) Antagonists		
SYLVANT SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	LA, PA, SP, Prudent
SYLVANT SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	4	LA, PA, SP, Prudent
Irrigation Solutions		
PHYSIOLYTE SOLUTION IRRIGATION	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Irrigation Solutions (continued)		
PHYSIOSOL IRRIGATION SOLUTION IRRIGATION	1	
TIS-U-SOL SOLUTION IRRIGATION	1	
Macrolide Immunosuppressants		
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 SOLUTION 5 MG/ML INTRAVENOUS	3	Medical Benefit only.
RAPAMUNE TABLET 1 MG ORAL	2	
RAPAMUNE TABLET 2 MG ORAL	2	
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	
tacrolimus capsule 0.5 mg oral	1	
tacrolimus capsule 1 mg oral	1	
tacrolimus capsule 5 mg oral	1	
Monoclonal Antibodies		
ENSPRYNG SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
GAMIFANT SOLUTION 10 MG/2ML INTRAVENOUS	4	LA, PA, SP, Prudent
GAMIFANT SOLUTION 100 MG/20ML INTRAVENOUS	4	LA, PA, SP, Prudent
GAMIFANT SOLUTION 50 MG/10ML INTRAVENOUS	4	LA, PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Monoclonal Antibodies (continued)		
SIMULECT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	3	Medical Benefit only.
SIMULECT SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	3	Medical Benefit only.
PIK3CA-Related Overgrowth Spectrum Agents - PI3K Inhib		
VIJOICE PACKET 50 MG ORAL	4	PA, QL 28/28 days, SP
VIJOICE TABLET THERAPY PACK 125 MG ORAL	4	PA, QL 28/28 days, SP
VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL	4	PA, QL 56/28 days, SP
VIJOICE TABLET THERAPY PACK 50 MG ORAL	4	PA, QL 28/28 days, SP
Potassium Removing Agents		
KIONEX SUSPENSION 15 GM/60ML COMBINATION	1	
KIONEX SUSPENSION 15 GM/60ML ORAL	1	
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	
sodium polystyrene sulfonate suspension 30 gm/120ml rectal	1	
SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 15 GM/60ML COMBINATION	1	
SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 30 GM/120ML RECTAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Potassium Removing Agents (continued)		
SPS SUSPENSION 15 GM/60ML ORAL	1	
Purine Analogs		
AZASAN TABLET 100 MG ORAL	3	
AZASAN TABLET 75 MG ORAL	3	
azathioprine tablet 50 mg oral	1	
ROCK Inhibitors		
REZUROCK TABLET 200 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
Selective T-Cell Costimulation Blockers		
NULOJIX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	3	Medical Benefit only.
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl solution 4 % mouth/throat	1	
lidocaine viscous solution 2 % mouth/throat	1	
Anti-infectives - Throat		
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiseptics - Mouth/Throat (continued)		
PERIOGARD SOLUTION 0.12 % MOUTH/THROAT	1	
Saliva Stimulants		
cevimeline hcl capsule 30 mg oral	1	
pilocarpine hcl tablet 5 mg oral	1	
pilocarpine hcl tablet 7.5 mg oral	1	
Steroids - Mouth/Throat/Dental		
ORALONE PASTE 0.1 % MOUTH/THROAT	1	
triamcinolone acetonide paste 0.1 % mouth/throat	1	
MULTIVITAMINS		
Ped Multi Vitamins w/Fl & FE		
multi-vit/fluoride/iron solution 0.25-10 mg/ml oral	1	
multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral	1	
Ped MV w/ Fluoride		
multi-vit/fluoride solution 0.25 mg/ml oral	1	
multi-vit/fluoride solution 0.5 mg/ml oral	1	
multivitamin/fluoride tablet chewable 0.25 mg oral	1	
multivitamin/fluoride tablet chewable 0.5 mg oral	1	
multivitamin/fluoride tablet chewable 1 mg oral	1	
Ped Vitamins ACD Fluoride & Iron		
tri-vit/fluoride/iron solution 0.25-10 mg/ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ped Vitamins ACD w/ Fluoride		
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	
Prenatal MV & Min w/FE-FA		
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG ORAL	3	
CITRANATAL RX TABLET 27-1 MG ORAL	3	
CO-NATAL FA TABLET ORAL	0	Female age between 15 to 50 only
m-natal plus tablet 27-1 mg oral	0	Female age between 15 to 50 only
M-VIT TABLET ORAL	0	Female age between 15 to 50 only
NIVA-PLUS TABLET 27-1 MG ORAL	0	Female age between 15 to 50 only
O-CAL FA TABLET 27-1 MG ORAL	0	Female age between 15 to 50 only
pnv prenatal plus multivitamin tablet 27-1 mg oral	0	Female age between 15 to 50 only
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 low iron tablet 27-1 mg oral	0	Female age between 15 to 50 only
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA (continued)		
prenatal plus/iron 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
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
VINATE ONE TABLET 60-1 MG ORAL	0	Female age between 15 to 50 only
Prenatal MV & Min w/FE-FA-DHA		
CITRANATAL 90 DHA 90-1 & 300 MG ORAL	3	
CITRANATAL DHA 27-1 & 250 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
MUSCULOSKELETAL THERAPY AGENTS		
Central Muscle Relaxants		
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 500 mg oral	1	
cyclobenzaprine hcl tablet 10 mg oral	1	
cyclobenzaprine hcl tablet 5 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Central Muscle Relaxants (continued)		
cyclobenzaprine hcl tablet 7.5 mg oral	1	
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	
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	
Direct Muscle Relaxants		
dantrolene sodium capsule 100 mg oral	1	
dantrolene sodium capsule 25 mg oral	1	
dantrolene sodium capsule 50 mg oral	1	
Muscle Relaxant Combinations		
carisoprodol-aspirin-codeine tablet 200-325-16 mg oral	1	PA, Medical Necessity PA
orphenadrine-asa-caffeine tablet 50-770-60 mg oral	1	PA, Medical Necessity PA
Retinoic Acid Receptor Gamma Selective Agonists		
SOHONOS CAPSULE 1 MG ORAL	4	PA, QL 150/30 days, SP, Prudent
SOHONOS CAPSULE 1.5 MG ORAL	4	PA, QL 150/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Retinoic Acid Receptor Gamma Selective Agonists (continued)		
SOHONOS CAPSULE 10 MG ORAL	4	PA, QL 150/30 days, SP, Prudent
SOHONOS CAPSULE 2.5 MG ORAL	4	PA, QL 150/30 days, SP, Prudent
SOHONOS CAPSULE 5 MG ORAL	4	PA, QL 150/30 days, SP, Prudent
NASAL AGENTS - SYSTEMIC AND TOPICAL		
Antihistamine-Steroid		
azelastine-fluticasone suspension 137-50 mcg/act nasal	1	QL 23/30 days
Nasal Anticholinergics		
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
Nasal Steroids		
flunisolide solution 25 mcg/act (0.025%) nasal	1	QL 75/25 days
fluticasone propionate suspension 50 mcg/act nasal	1	QL 16/25 days
mometasone furoate suspension 50 mcg/act nasal	1	QL 34/30 days
Topical Decongestants		
TYZINE SOLUTION 0.05 % NASAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NEUROMUSCULAR AGENTS		
ALS Agents - Miscellaneous		
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5ML ORAL	4	PA, QL 70/365 days, SP, Prudent
RADICAVA ORS SUSPENSION 105 MG/5ML ORAL	4	PA, QL 50/28 days, SP, Prudent
Benzathiazoles		
riluzole tablet 50 mg oral	1	
Friedrich's Ataxia Agents - Nrf2 Pathway Activators		
SKYCLARYS CAPSULE 50 MG ORAL	4	LA, PA, QL 90/30 days, SP
Muscular Dystrophy - Histone Deacetylase Inhibitors		
DUVYZAT SUSPENSION 8.86 MG/ML ORAL	4	LA, PA, QL 420/35 days, SP
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLUTION RECONSTITUTED 100 UNIT INJECTION	4	PA, SP, Medical Benefit only.
BOTOX SOLUTION RECONSTITUTED 200 UNIT INJECTION	4	PA, SP, Medical Benefit only.
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs		
DAYBUE SOLUTION 200 MG/ML ORAL	4	LA, PA, QL 3600/30 days, SP
Spinal Muscular Atrophy-SMN2 Splicing Modifiers		
EVRYSDI SOLUTION RECONSTITUTED 0.75 MG/ML ORAL	4	LA, PA, QL 240/30 days, SP, Prudent
EVRYSDI TABLET 5 MG ORAL	4	LA, PA, QL 30/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NUTRIENTS		
Lipids		
DOJOLVI LIQUID 100 % ORAL	4	PA, SP, Prudent
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		
betaxolol hcl solution 0.5 % ophthalmic	1	
BETOPTIC-S SUSPENSION 0.25 % OPHTHALMIC	2	
carteolol hcl solution 1 % 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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta-blockers - Ophthalmic (continued)		
TIMOPTIC OCUDOSE SOLUTION 0.25 % OPHTHALMIC	3	
Beta-blockers - Ophthalmic Combinations		
brimonidine tartrate-timolol solution 0.2-0.5 % ophthalmic	1	
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	
Cycloplegic Mydriatics		
atropine sulfate solution 1 % ophthalmic	3	Intrntl Medication System Product not covered
cyclopentolate hcl solution 0.5 % ophthalmic	1	
cyclopentolate hcl solution 1 % ophthalmic	1	
cyclopentolate hcl solution 2 % ophthalmic	1	
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		
pilocarpine hcl solution 1 % ophthalmic	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Miotics - Direct Acting (continued)		
pilocarpine hcl solution 2 % ophthalmic	1	
pilocarpine hcl solution 4 % ophthalmic	1	
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	
EMADINE SOLUTION 0.05 % OPHTHALMIC	3	
epinastine hcl solution 0.05 % ophthalmic	1	
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	
ciprofloxacin hcl solution 0.3 % ophthalmic	1	
erythromycin ointment 5 mg/gm ophthalmic	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Antibiotics (continued)		
gatifloxacin solution 0.5 % ophthalmic	1	
GENTAK OINTMENT 0.3 % OPHTHALMIC	1	
gentamicin sulfate solution 0.3 % ophthalmic	1	
levofloxacin solution 0.5 % ophthalmic	1	
MOXEZA SOLUTION 0.5 % OPHTHALMIC	3	
moxifloxacin hcl solution 0.5 % ophthalmic	1	
ofloxacin solution 0.3 % ophthalmic	1	
tobramycin solution 0.3 % ophthalmic	1	
TOBREX OINTMENT 0.3 % OPHTHALMIC	3	
Ophthalmic Antifungal		
NATACYN SUSPENSION 5 % OPHTHALMIC	3	
Ophthalmic Anti-infective Combinations		
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	1	
POLYCIN OINTMENT 500-10000 UNIT/GM OPHTHALMIC	1	
polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Antivirals		
trifluridine solution 1 % ophthalmic	1	
ZIRGAN GEL 0.15 % OPHTHALMIC	3	
Ophthalmic Carbonic Anhydrase Inhibitors		
brinzolamide suspension 1 % ophthalmic	1	
dorzolamide hcl solution 2 % ophthalmic	1	
Ophthalmic Immunomodulators		
cyclosporine (pf) emulsion 0.05 % ophthalmic	1	
cyclosporine emulsion 0.05 % ophthalmic	1	
Ophthalmic Kinase Inhibitors - Combinations		
ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC	2	
Ophthalmic Local Anesthetics		
proparacaine hcl solution 0.5 % ophthalmic	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLUTION 0.002 % OPHTHALMIC	4	LA, PA
Ophthalmic Nonsteroidal Anti-inflammatory Agents		
bromfenac sodium (once-daily) solution 0.09 % ophthalmic	1	
bromfenac sodium solution 0.09 % ophthalmic	1	
diclofenac sodium solution 0.1 % ophthalmic	1	
flurbiprofen sodium solution 0.03 % ophthalmic	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Nonsteroidal Anti-inflammatory Agents (continued)		
ketorolac tromethamine solution 0.4 % ophthalmic	1	
ketorolac tromethamine solution 0.5 % ophthalmic	1	
NEVANAC SUSPENSION 0.1 % OPHTHALMIC	3	
Ophthalmic Rho Kinase Inhibitors		
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC	2	
Ophthalmic Selective Alpha Adrenergic Agonists		
apraclonidine hcl solution 0.5 % ophthalmic	1	
brimonidine tartrate solution 0.15 % ophthalmic	1	
brimonidine tartrate solution 0.2 % ophthalmic	1	
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	
neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic	1	
neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic	1	
neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Steroid Combinations (continued)		
NEO-POLYCIN HC OINTMENT 1 % OPHTHALMIC	1	
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	
tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic	1	
ZYLET SUSPENSION 0.5-0.3 % OPHTHALMIC	3	
Ophthalmic Steroids		
dexamethasone sodium phosphate solution 0.1 % ophthalmic	1	
difluprednate emulsion 0.05 % ophthalmic	1	
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 OINTMENT 0.1 % OPHTHALMIC	3	
INVELTYS SUSPENSION 1 % OPHTHALMIC	3	
LOTEMAX OINTMENT 0.5 % OPHTHALMIC	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Steroids (continued)		
LOTEMAX SM GEL 0.38 % 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	
PRED MILD SUSPENSION 0.12 % OPHTHALMIC	3	
prednisolone acetate suspension 1 % ophthalmic	1	
prednisolone sodium phosphate solution 1 % ophthalmic	2	
VEXOL SUSPENSION 1 % OPHTHALMIC	3	
Ophthalmic Sulfonamides		
sulfacetamide sodium ointment 10 % ophthalmic	1	
sulfacetamide sodium solution 10 % ophthalmic	1	
Ophthalmics - Cystinosis Agents		
CYSTADROPS SOLUTION 0.37 % OPHTHALMIC	4	LA, PA, SP
CYSTARAN SOLUTION 0.44 % OPHTHALMIC	4	LA, PA, SP
Prostaglandins - Ophthalmic		
bimatoprost solution 0.03 % ophthalmic	1	
latanoprost solution 0.005 % ophthalmic	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prostaglandins - Ophthalmic (continued)		
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	
tafluprost (pf) solution 0.0015 % ophthalmic	1	
travoprost (bak free) solution 0.004 % ophthalmic	1	
OTIC AGENTS		
Otic Agents - Miscellaneous		
acetic acid solution 2 % otic	1	
acetic acid-aluminum acetate solution 2 % otic	1	
Otic Anti-infectives		
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	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	
neomycin-polymyxin-hc solution 3.5-10000-1 otic	1	
neomycin-polymyxin-hc suspension 3.5-10000-1 otic	1	
Otic Steroids		
FLAC OIL 0.01 % OTIC	1	
fluocinolone acetonide oil 0.01 % otic	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Otic Steroids (continued)		
hydrocortisone-acetic acid solution 1-2 % otic	1	
OXYTOCICS		
Oxytocics		
methylergonovine maleate tablet 0.2 mg oral	1	QL 120/365 days
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
Antiviral Monoclonal Antibodies		
BEYFORTUS SOLUTION PREFILLED SYRINGE 100 MG/ML INTRAMUSCULAR	0	
BEYFORTUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML INTRAMUSCULAR	0	
Immune Serums		
ALYGLO SOLUTION 10 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
ALYGLO SOLUTION 20 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
ALYGLO SOLUTION 5 GM/50ML INTRAVENOUS	4	PA, SP, Prudent
CARIMUNE NF SOLUTION RECONSTITUTED 12 GM INTRAVENOUS	4	PA, SP
CARIMUNE NF SOLUTION RECONSTITUTED 6 GM INTRAVENOUS	4	PA, SP
CUTAQUIG SOLUTION 1 GM/6ML SUBCUTANEOUS	4	PA, SP, Prudent
CUTAQUIG SOLUTION 1.65 GM/10ML SUBCUTANEOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immune Serums (continued)		
CUTAQUIG SOLUTION 2 GM/12ML SUBCUTANEOUS	4	PA, SP, Prudent
CUTAQUIG SOLUTION 3.3 GM/20ML SUBCUTANEOUS	4	PA, SP, Prudent
CUTAQUIG SOLUTION 4 GM/24ML SUBCUTANEOUS	4	PA, SP, Prudent
CUTAQUIG SOLUTION 8 GM/48ML SUBCUTANEOUS	4	PA, SP, Prudent
CUVITRU SOLUTION 1 GM/5ML SUBCUTANEOUS	4	PA, SP, Prudent
CUVITRU SOLUTION 10 GM/50ML SUBCUTANEOUS	4	PA, SP, Prudent
CUVITRU SOLUTION 2 GM/10ML SUBCUTANEOUS	4	PA, SP, Prudent
CUVITRU SOLUTION 4 GM/20ML SUBCUTANEOUS	4	PA, SP, Prudent
CUVITRU SOLUTION 8 GM/40ML SUBCUTANEOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 10 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 10 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 20 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS	4	PA, SP, Prudent
GAMMAGARD ERC SOLUTION 10 GM/100ML INJECTION	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immune Serums (continued)		
GAMMAGARD ERC SOLUTION 5 GM/50ML INJECTION	4	PA, SP
GAMMAGARD SOLUTION 10 GM/100ML INJECTION	4	PA, SP
GAMMAGARD SOLUTION 2.5 GM/25ML INJECTION	4	PA, SP
GAMMAGARD SOLUTION 20 GM/200ML INJECTION	4	PA, SP
GAMMAGARD SOLUTION 30 GM/300ML INJECTION	4	PA, SP
GAMMAGARD SOLUTION 5 GM/50ML INJECTION	4	PA, SP
GAMMAKED SOLUTION 1 GM/10ML INJECTION	4	PA, SP
GAMMAKED SOLUTION 10 GM/100ML INJECTION	4	PA, SP
GAMMAKED SOLUTION 2.5 GM/25ML INJECTION	4	PA, SP
GAMMAKED SOLUTION 20 GM/200ML INJECTION	4	PA, SP
GAMMAKED SOLUTION 5 GM/50ML INJECTION	4	PA, SP
GAMMAPLEX SOLUTION 10 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
GAMMAPLEX SOLUTION 5 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
GAMUNEX-C SOLUTION 10 GM/100ML INJECTION	4	PA, SP
GAMUNEX-C SOLUTION 2.5 GM/25ML INJECTION	4	PA, SP
GAMUNEX-C SOLUTION 20 GM/200ML INJECTION	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immune Serums (continued)		
GAMUNEX-C SOLUTION 5 GM/50ML INJECTION	4	PA, SP
HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 1 GM/5ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 10 GM/50ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 2 GM/10ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 4 GM/20ML SUBCUTANEOUS	4	PA, SP, Prudent
immune globulin (human) injectable intramuscular	4	PA, SP
OCTAGAM SOLUTION 1 GM/20ML INTRAVENOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 2 GM/20ML INTRAVENOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS	4	PA, SP, Prudent

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immune Serums (continued)		
OCTAGAM SOLUTION 25 GM/500ML INTRAVENOUS	4	PA, SP
OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS	4	PA, SP, Prudent
PRIVIGEN SOLUTION 10 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
PRIVIGEN SOLUTION 20 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
PRIVIGEN SOLUTION 40 GM/400ML INTRAVENOUS	4	PA, SP, Prudent
PRIVIGEN SOLUTION 5 GM/50ML INTRAVENOUS	4	PA, SP, Prudent
XEMBIFY SOLUTION 1 GM/5ML SUBCUTANEOUS	4	PA, SP, Prudent
XEMBIFY SOLUTION 10 GM/50ML SUBCUTANEOUS	4	PA, SP, Prudent
XEMBIFY SOLUTION 2 GM/10ML SUBCUTANEOUS	4	PA, SP, Prudent
XEMBIFY SOLUTION 4 GM/20ML SUBCUTANEOUS	4	PA, SP, Prudent
PENICILLINS		
Aminopenicillins		
amoxicillin capsule 250 mg oral	1	
amoxicillin capsule 500 mg oral	1	
amoxicillin suspension reconstituted 125 mg/5ml oral	1	
amoxicillin suspension reconstituted 200 mg/5ml oral	1	
amoxicillin suspension reconstituted 250 mg/5ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Aminopenicillins (continued)		
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 sodium solution reconstituted 1 gm injection	1	Medical Benefit only.
ampicillin sodium solution reconstituted 1 gm intravenous	1	Medical Benefit only.
ampicillin sodium solution reconstituted 10 gm injection	1	Medical Benefit only.
ampicillin sodium solution reconstituted 10 gm intravenous	1	Medical Benefit only.
ampicillin sodium solution reconstituted 125 mg injection	1	Medical Benefit only.
ampicillin sodium solution reconstituted 2 gm injection	1	Medical Benefit only.
ampicillin sodium solution reconstituted 2 gm intravenous	1	Medical Benefit only.
ampicillin sodium solution reconstituted 250 mg injection	1	Medical Benefit only.
ampicillin sodium solution reconstituted 500 mg injection	1	Medical Benefit only.
ampicillin suspension reconstituted 125 mg/5ml oral	1	
ampicillin suspension reconstituted 250 mg/5ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Natural Penicillins		
BICILLIN L-A SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN L-A SUSPENSION 2400000 UNIT/4ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN L-A SUSPENSION 600000 UNIT/ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML INTRAMUSCULAR	3	Medical Benefit only.
penicillin g pot in dextrose solution 20000 unit/ml intravenous	3	Medical Benefit only.
penicillin g pot in dextrose solution 40000 unit/ml intravenous	3	Medical Benefit only.
penicillin g pot in dextrose solution 60000 unit/ml intravenous	3	Medical Benefit only.
penicillin g potassium solution reconstituted 20000000 unit injection	1	Medical Benefit only.
penicillin g potassium solution reconstituted 5000000 unit injection	1	Medical Benefit only.
penicillin g procaine suspension 600000 unit/ml intramuscular	2	Medical Benefit only.
penicillin g sodium solution reconstituted 5000000 unit injection	1	Medical Benefit only.
penicillin v potassium solution reconstituted 125 mg/5ml oral	1	
penicillin v potassium solution reconstituted 250 mg/5ml oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Natural Penicillins (continued)		
penicillin v potassium tablet 250 mg oral	1	
penicillin v potassium tablet 500 mg oral	1	
PFIZERPEN-G SOLUTION RECONSTITUTED 20000000 UNIT INJECTION	1	Medical Benefit only.
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	
ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm injection	1	Medical Benefit only.
ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm intravenous	1	Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Penicillin Combinations (continued)		
ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm injection	1	Medical Benefit only.
ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm intravenous	1	Medical Benefit only.
ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm injection	1	Medical Benefit only.
ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm intravenous	1	Medical Benefit only.
BICILLIN C-R 900/300 SUSPENSION 900000-300000 UNIT/2ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN C-R SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR	3	Medical Benefit only.
piperacillin sod-tazobactam so solution reconstituted 2.25 (2-0.25) gm intravenous	1	Medical Benefit only.
piperacillin sod-tazobactam so solution reconstituted 3.375 (3-0.375) gm intravenous	1	Medical Benefit only.
piperacillin sod-tazobactam so solution reconstituted 4.5 (4-0.5) gm intravenous	1	Medical Benefit only.
piperacillin sod-tazobactam so solution reconstituted 40.5 (36-4.5) gm intravenous	1	Medical Benefit only.
ZOSYN SOLUTION 2-0.25 GM/50ML INTRAVENOUS	3	Medical Benefit only.
ZOSYN SOLUTION 3-0.375 GM/50ML INTRAVENOUS	3	Medical Benefit only.
ZOSYN SOLUTION 4-0.5 GM/100ML INTRAVENOUS	3	Medical Benefit only.
Penicillinase-Resistant Penicillins		
BACTOCILL IN DEXTROSE SOLUTION 1 GM/50ML INTRAVENOUS	3	Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Penicillinase-Resistant Penicillins (continued)		
BACTOCILL IN DEXTROSE SOLUTION 2 GM/50ML INTRAVENOUS	3	Medical Benefit only.
dicloxacillin sodium capsule 250 mg oral	1	
dicloxacillin sodium capsule 500 mg oral	1	
nafcillin sodium solution reconstituted 1 gm injection	1	Medical Benefit only.
nafcillin sodium solution reconstituted 1 gm intravenous	1	Medical Benefit only.
nafcillin sodium solution reconstituted 2 gm injection	1	Medical Benefit only.
nafcillin sodium solution reconstituted 2 gm intravenous	1	Medical Benefit only.
oxacillin sodium solution reconstituted 1 gm injection	1	Medical Benefit only.
oxacillin sodium solution reconstituted 10 gm injection	1	Medical Benefit only.
oxacillin sodium solution reconstituted 2 gm injection	1	Medical Benefit only.
PROGESTINS		
Progestins		
medroxyprogesterone acetate tablet 10 mg oral	1	
medroxyprogesterone acetate tablet 2.5 mg oral	1	
medroxyprogesterone acetate tablet 5 mg oral	1	
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	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
Alcohol Deterrents		
acamprosate calcium tablet delayed release 333 mg oral	1	
disulfiram tablet 250 mg oral	1	
disulfiram tablet 500 mg oral	1	
Anti-Cataplectic Agents		
LUMRYZ PACKET 4.5 GM ORAL	4	PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 6 GM ORAL	4	PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 7.5 GM ORAL	4	PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 9 GM ORAL	4	PA, QL 30/30 days, SP, Prudent
sodium oxybate solution 500 mg/ml oral	4	LA, PA, QL 540/30 days, SP, Prudent
XYREM SOLUTION 500 MG/ML ORAL	4	LA, PA, QL 540/30 days, SP, Prudent
Anti-Cataplectic Combinations		
XYWAV SOLUTION 500 MG/ML ORAL	4	LA, PA, QL 540/30 days, SP, Prudent
Antisense Oligonucleotide (ASO) Inhibitor Agents		
WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS	4	LA, PA, QL 0.80/28 days, SP
WAINUA SOLUTION PREFILLED SYRINGE 45 MG/0.8ML SUBCUTANEOUS	4	LA, PA, QL 0.80/28 days, SP
Benzodiazepines & Tricyclic Agents		
chlordiazepoxide-amitriptyline tablet 10-25 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepines & Tricyclic Agents (continued)		
chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral	1	
Cholinomimetics - ACHE Inhibitors		
donepezil hcl tablet 10 mg oral	1	
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	
donepezil hcl tablet dispersible 5 mg oral	1	QL 30/30 days
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	
galantamine hydrobromide tablet 8 mg oral	1	
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cholinomimetics - ACHE Inhibitors (continued)		
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		
milnacipran hcl 12.5 & 25 & 50 mg oral	1	QL 55/28 days, ST
milnacipran hcl tablet 100 mg oral	1	QL 60/30 days, ST
milnacipran hcl tablet 12.5 mg oral	1	QL 60/30 days, ST
milnacipran hcl tablet 25 mg oral	1	QL 60/30 days, ST
milnacipran hcl tablet 50 mg oral	1	QL 60/30 days, ST
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
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	4	PA, SP
AUSTEDO TABLET 12 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
AUSTEDO TABLET 6 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
AUSTEDO TABLET 9 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	4	PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Movement Disorder Drug Therapy (continued)		
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
tetrabenazine tablet 12.5 mg oral	4	PA, QL 90/30 days, SP, Prudent
tetrabenazine tablet 25 mg oral	4	PA, QL 120/30 days, SP, Prudent
MS Agents - Pyrimidine Synthesis Inhibitors		
teriflunomide tablet 14 mg oral	2	QL 30/30 days, SP, Prudent
teriflunomide tablet 7 mg oral	2	QL 30/30 days, SP, Prudent
Multiple Sclerosis Agents		
glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous	3	QL 30/30 days, SP, Prudent
glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous	3	QL 12/28 days, SP, Prudent
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	3	QL 30/30 days, SP, Prudent
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	3	QL 12/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents - Antimetabolites		
cladribine (10 tabs) tablet therapy pack 10 mg oral	4	PA, QL 20/365 days, SP
cladribine (4 tabs) tablet therapy pack 10 mg oral	4	PA, QL 20/365 days, SP
cladribine (5 tabs) tablet therapy pack 10 mg oral	4	PA, QL 20/365 days, SP
cladribine (6 tabs) tablet therapy pack 10 mg oral	4	PA, QL 20/365 days, SP
cladribine (7 tabs) tablet therapy pack 10 mg oral	4	PA, QL 20/365 days, SP
cladribine (8 tabs) tablet therapy pack 10 mg oral	4	PA, QL 20/365 days, SP
cladribine (9 tabs) tablet therapy pack 10 mg oral	4	PA, QL 20/365 days, SP
MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, Prudent
MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, Prudent
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, Prudent
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, Prudent
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, Prudent
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, Prudent
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, Prudent
Multiple Sclerosis Agents - Interferons		
AVONEX KIT 30 MCG INTRAMUSCULAR	4	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	4	PA, QL 4/28 days, SP, Prudent
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR	4	PA, QL 4/28 days, SP, Prudent
BETASERON KIT 0.3 MG SUBCUTANEOUS	4	PA, QL 15/30 days, SP, Prudent
PLEGRIDY SOLUTION AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
PLEGRIDY SOLUTION PEN-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML INTRAMUSCULAR	4	PA, QL 1/28 days, SP, Prudent
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
PLEGRIDY STARTER PACK SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
PLEGRIDY STARTER PACK SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents - Interferons (continued)		
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
Multiple Sclerosis Agents - Monoclonal Antibodies		
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.40/28 days, SP, Medical Necessity PA, Prudent
Multiple Sclerosis Agents - Nrf2 Pathway Activators		
BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
dimethyl fumarate capsule delayed release 120 mg oral	3	QL 60/30 days, SP, Prudent
dimethyl fumarate capsule delayed release 240 mg oral	3	QL 60/30 days, SP, Prudent
dimethyl fumarate starter pack 120 & 240 mg oral	3	QL 60/30 days, SP
dimethyl fumarate starter pack capsule delayed release therapy pack 120 & 240 mg oral	3	QL 60/30 days, SP, Prudent
VUMERITY (STARTER) CAPSULE DELAYED RELEASE 231 MG ORAL	4	PA, QL 120/30 days, SP
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL	4	PA, QL 120/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents - Potassium Channel Blockers		
dalfampridine er tablet extended release 12 hour 10 mg oral	3	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 TABLET 10 MG ORAL	3	
NAMENDA TABLET 5 MG ORAL	3	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
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
Pseudobulbar Affect Agent Combinations		
dextromethorphan-quinidine capsule 20-10 mg oral	4	PA, QL 2/1 days
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA PACKET 1 GM ORAL	4	LA, PA, QL 112/28 days, SP
ergoloid mesylates tablet 1 mg oral	1	
MIPLYFFA CAPSULE 124 MG ORAL	4	LA, PA, QL 90/30 days, SP
MIPLYFFA CAPSULE 47 MG ORAL	4	LA, PA, QL 90/30 days, SP
MIPLYFFA CAPSULE 62 MG ORAL	4	LA, PA, QL 90/30 days, SP
MIPLYFFA CAPSULE 93 MG ORAL	4	LA, PA, QL 90/30 days, SP
pimozide tablet 1 mg oral	1	
pimozide tablet 2 mg oral	1	
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Smoking Deterrents		
bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral	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 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
Sphingosine 1-Phosphate (S1P) Receptor Modulators		
fingolimod hcl capsule 0.5 mg oral	3	QL 30/30 days, SP, Prudent
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	3	LA, PA, SP, Prudent
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	3	LA, PA, SP, Prudent
MAYZENT TABLET 0.25 MG ORAL	3	LA, PA, QL 120/30 days, SP, Prudent
MAYZENT TABLET 1 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
MAYZENT TABLET 2 MG ORAL	3	LA, 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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sphingosine 1-Phosphate (S1P) Receptor Modulators (continued)		
PONVORY TABLET 20 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL	4	LA, PA, QL 30/30 days, SP, Medical Necessity PA
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL	4	PA, QL 7/7 days, SP, Prudent
ZEPOSIA CAPSULE 0.92 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) ORAL	4	PA, QL 28/28 days, SP, Prudent
Vasomotor Symptom Agents - SSRIs		
paroxetine mesylate capsule 7.5 mg oral	1	QL 30/30 days
RESPIRATORY AGENTS - MISC.		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	4	LA, PA, SP, Medical Benefit only.
GLASSIA SOLUTION 1000 MG/50ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
PROLASTIN-C SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	4	LA, PA, SP, Medical Benefit only.
ZEMAIRA SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	4	PA, SP, Medical Benefit only.
CFTR Potentiators		
KALYDECO PACKET 13.4 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CFTR Potentiators (continued)		
KALYDECO PACKET 25 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 5.8 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 50 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 75 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO TABLET 150 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
Cystic Fibrosis Agent - Combinations		
ALYFTREK TABLET 10-50-125 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
ALYFTREK TABLET 4-20-50 MG ORAL	4	PA, QL 84/28 days, SP, Prudent
ORKAMBI PACKET 100-125 MG ORAL	4	LA, PA, QL 56/28 days, Partial Fill, Prudent
ORKAMBI PACKET 150-188 MG ORAL	4	LA, PA, QL 56/28 days, Partial Fill, Prudent
ORKAMBI PACKET 75-94 MG ORAL	4	LA, PA, QL 56/28 days, Partial Fill, Prudent
ORKAMBI TABLET 100-125 MG ORAL	4	LA, PA, QL 112/28 days, Partial Fill, Prudent
ORKAMBI TABLET 200-125 MG ORAL	4	LA, PA, QL 112/28 days, Partial Fill, Prudent
SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	4	PA-NSO, QL 84/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cystic Fibrosis Agent - Combinations (continued)		
TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL	4	PA-NSO, QL 84/28 days, SP, Prudent
TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL	4	PA-NSO, QL 56/28 days, SP, Prudent
TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL	4	PA-NSO, QL 56/28 days, SP, Prudent
Cystic Fibrosis Agents - Miscellaneous		
BRONCHITOL CAPSULE 40 MG INHALATION	4	PA, QL 560/28 days, Prudent
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	4	PA, QL 560/28 days, Prudent
Hydrolytic Enzymes		
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	4	PA, SP, Prudent
Pulmonary Fibrosis Agents		
pirfenidone capsule 267 mg oral	4	PA, QL 180/30 days, SP, Prudent
pirfenidone tablet 267 mg oral	4	PA, QL 180/30 days, SP, Prudent
pirfenidone tablet 801 mg oral	4	PA, QL 90/30 days, SP, Prudent
Pulmonary Fibrosis Agents - Kinase Inhibitors		
nintedanib esylate capsule 100 mg oral	4	LA, PA, QL 60/30 days, SP
nintedanib esylate capsule 150 mg oral	4	LA, PA, QL 60/30 days, SP
SULFONAMIDES		
Sulfonamides		
sulfadiazine tablet 500 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
TETRACYCLINES		
Tetracyclines		
avidoxy tablet 100 mg oral	1	
demeclocycline hcl tablet 150 mg oral	1	
demeclocycline hcl tablet 300 mg oral	1	
DOXY 100 SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	1	
doxycycline hyclate capsule 100 mg oral	1	
doxycycline hyclate capsule 50 mg oral	1	
doxycycline hyclate tablet 100 mg oral	1	
doxycycline hyclate tablet 20 mg oral	1	
doxycycline hyclate tablet delayed release 100 mg oral	1	
doxycycline hyclate tablet delayed release 150 mg oral	1	
doxycycline hyclate tablet delayed release 75 mg oral	1	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tetracyclines (continued)		
doxycycline monohydrate tablet 50 mg oral	1	
doxycycline monohydrate tablet 75 mg oral	1	
minocycline hcl capsule 100 mg oral	1	
minocycline hcl capsule 50 mg oral	1	
minocycline hcl capsule 75 mg oral	1	
minocycline hcl tablet 100 mg oral	1	
minocycline hcl tablet 50 mg oral	1	
minocycline hcl tablet 75 mg oral	1	
MORGIDOX CAPSULE 100 MG ORAL	1	
tetracycline hcl capsule 250 mg oral	1	
tetracycline hcl capsule 500 mg oral	1	
THYROID AGENTS		
Antithyroid Agents		
methimazole tablet 10 mg oral	1	
methimazole tablet 5 mg oral	1	
propylthiouracil tablet 50 mg oral	1	
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
ARMOUR THYROID TABLET 300 MG ORAL	3	
ARMOUR THYROID TABLET 60 MG ORAL	3	
ARMOUR THYROID TABLET 90 MG ORAL	3	
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	
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 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
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
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	Medical Benefit only.
liothyronine sodium tablet 25 mcg oral	1	
liothyronine sodium tablet 5 mcg oral	1	
liothyronine sodium tablet 50 mcg oral	1	
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	
SYNTHROID TABLET 25 MCG ORAL	2	
SYNTHROID TABLET 300 MCG ORAL	2	

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
Thyroid Hormones (continued)		
SYNTHROID TABLET 50 MCG ORAL	2	
SYNTHROID TABLET 75 MCG ORAL	2	
SYNTHROID TABLET 88 MCG ORAL	2	
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	
UNITHROID TABLET 100 MCG ORAL	1	
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	1	
UNITHROID TABLET 75 MCG ORAL	1	
UNITHROID TABLET 88 MCG ORAL	1	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Toxoid Combinations (continued)		
ADACEL SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	0	ACA NCDL, limitations may apply
BOOSTRIX SUSPENSION 5-2.5-18.5 INTRAMUSCULAR	0	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply
diphtheria-tetanus toxoids dt suspension 25-5 lfu/0.5ml intramuscular	0	ACA NCDL, limitations may apply
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR	0	ACA NCDL, limitations may apply
KINRIX SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
KINRIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PEDIARIX SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PEDIARIX SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PENTACEL SUSPENSION RECONSTITUTED INTRAMUSCULAR	0	ACA NCDL, limitations may apply
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	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Toxoid Combinations (continued)		
TENIVAC SUSPENSION 5-2 LF/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
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		
Antispasmodics		
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	
Belladonna Alkaloids		
ed-spaz tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg 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	
NULEV TABLET DISPERSIBLE 0.125 MG ORAL	1	
oscimin sr tablet extended release 12 hour 0.375 mg oral	1	
oscimin tablet 0.125 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Belladonna Alkaloids (continued)		
oscimin tablet sublingual 0.125 mg sublingual	1	
SYMAX-SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	1	
H-2 Antagonists		
cimetidine hcl solution 300 mg/5ml oral	1	
cimetidine tablet 200 mg 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	
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	
Misc. Anti-Ulcer		
sucralfate suspension 1 gm/10ml oral	1	
sucralfate tablet 1 gm oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
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 Inhibitors		
dexlansoprazole capsule delayed release 30 mg oral	1	QL 30/30 days
dexlansoprazole capsule delayed release 60 mg oral	1	QL 30/30 days
esomeprazole magnesium capsule delayed release 40 mg oral	1	QL 60/30 days
esomeprazole sodium solution reconstituted 20 mg intravenous	1	
esomeprazole sodium solution reconstituted 40 mg intravenous	1	
FIRST-LANSOPRAZOLE SUSPENSION 3 MG/ML ORAL	3	PA, PA applies to greater than 6 years of age only
FIRST-OMEPRAZOLE SUSPENSION 2 MG/ML ORAL	3	QL 300/30 days
lansoprazole capsule delayed release 15 mg oral	1	QL 90/30 days
lansoprazole capsule delayed release 30 mg oral	1	QL 60/30 days
omeprazole capsule delayed release 10 mg oral	1	
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 tablet delayed release 20 mg oral	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Proton Pump Inhibitors (continued)		
pantoprazole sodium tablet delayed release 40 mg oral	1	
rabeprazole sodium tablet delayed release 20 mg oral	1	QL 60/30 days
Quaternary Anticholinergics		
glycopyrrolate +rfid solution 0.2 mg/ml injection	1	Medical Benefit only.
glycopyrrolate solution 0.2 mg/ml injection	1	Medical Benefit only.
glycopyrrolate solution 0.4 mg/2ml injection	1	Medical Benefit only.
glycopyrrolate solution 1 mg/5ml injection	1	Medical Benefit only.
glycopyrrolate solution 4 mg/20ml injection	1	Medical Benefit only.
glycopyrrolate tablet 1 mg oral	1	
glycopyrrolate tablet 2 mg oral	1	
methscopolamine bromide tablet 2.5 mg oral	1	
methscopolamine bromide tablet 5 mg oral	1	
propantheline bromide tablet 15 mg oral	1	
Ulcer Anti-Infective w/ Bismuth Combinations		
HELIDAC 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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ulcer Drugs - Prostaglandins		
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	
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
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	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Urinary Antispasmodic - Antimuscarinic (Anticholinergic) (continued)		
tolterodine tartrate tablet 1 mg oral	1	
tolterodine tartrate tablet 2 mg oral	1	
trospium chloride er capsule extended release 24 hour 60 mg oral	1	
trospium chloride tablet 20 mg oral	1	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
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
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	
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 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
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 INJECTABLE INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bacterial Vaccines (continued)		
MENACTRA SOLUTION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENQUADFI INJECTABLE INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENQUADFI SOLUTION 0.5 ML 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
PEDVAXHIB 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	ACA NCDL, limitations may apply
PNEUMOVAX 23 SOLUTION 25 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
PNEUMOVAX 23 SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
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 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccine Combinations		
M-M-R II INJECTABLE SUBCUTANEOUS	0	ACA NCDL, limitations may apply
M-M-R II SOLUTION RECONSTITUTED INJECTION	0	ACA NCDL, limitations may apply
PRIORIX SUSPENSION RECONSTITUTED SUBCUTANEOUS	0	ACA NCDL, limitations may apply
PROQUAD INJECTABLE SUBCUTANEOUS	0	ACA NCDL, limitations may apply
PROQUAD SUSPENSION RECONSTITUTED SUBCUTANEOUS	0	ACA NCDL, limitations may apply
TWINRIX SUSPENSION 720-20 INTRAMUSCULAR	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	ACA NCDL, limitations may apply
ACAM2000 SOLUTION RECONSTITUTED INJECTION	0	ACA NCDL, limitations may apply
AFLURIA SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
COMIRNATY 5-11 YEARS SUSPENSION 10 MCG/0.3ML 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)		
COMIRNATY SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
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
FLUAD QUADRIVALENT 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
FLUBLOK SOLUTION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUCELVAX QUADRIVALENT SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUCELVAX QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLULAVAL QUADRIVALENT SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLULAVAL QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
FLUZONE HIGH-DOSE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.7 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUZONE QUADRIVALENT SUSPENSION 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
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 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply,VBP Drug List
GARDASIL 9 SUSPENSION PREFILLED SYRINGE 0.5 ML 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
HAVRIX SUSPENSION PREFILLED SYRINGE 1440 EL U/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
HAVRIX SUSPENSION PREFILLED SYRINGE 720 EL U/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
IPOL SUSPENSION INJECTION	0	ACA NCDL, limitations may apply

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
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
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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
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
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 PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
SHINGRIX SUSPENSION RECONSTITUTED 50 MCG INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
SHINGRIX SUSPENSION RECONSTITUTED 50 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
SPIKEVAX 6M-11Y SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
SPIKEVAX COVID-19 VACCINE SUSPENSION 100 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
SPIKEVAX SUSPENSION PREFILLED SYRINGE 50 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
VAQTA SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
VAQTA SUSPENSION PREFILLED SYRINGE 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
VAGINAL AND RELATED PRODUCTS		
Imidazole-Related Antifungals		
GYNAZOLE-1 CREAM 2 % VAGINAL	3	
miconazole 3 suppository 200 mg vaginal	1	
terconazole cream 0.4 % vaginal	1	
terconazole cream 0.8 % vaginal	1	
terconazole suppository 80 mg vaginal	1	
Vaginal Anti-infectives		
CLEOCIN SUPPOSITORY 100 MG VAGINAL	2	
clindamycin phosphate cream 2 % vaginal	1	
metronidazole gel 0.75 % vaginal	1	
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
Vaginal Estrogens		
estradiol cream 0.01 % vaginal	1	
estradiol cream 0.1 mg/gm vaginal	1	
estradiol tablet 10 mcg vaginal	1	
ESTRING RING 2 MG VAGINAL	3	
FEMRING RING 0.05 MG/24HR VAGINAL	3	
FEMRING RING 0.1 MG/24HR VAGINAL	3	
PREMARIN CREAM 0.625 MG/GM VAGINAL	3	
YUVAFEM TABLET 10 MCG VAGINAL	1	
Vaginal Progestins		
CRINONE GEL 4 % 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		
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	2	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
NEFFY SOLUTION 1 MG/0.1ML NASAL	3	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	4	PA, SP, Prudent
droxidopa capsule 200 mg oral	4	PA, SP, Prudent
droxidopa capsule 300 mg oral	4	PA, SP, 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		
Vitamin C		
ascorbic acid solution 500 mg/ml injection	1	
Vitamin D		
vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral	1	
Vitamin K		
phytonadione tablet 5 mg oral	1	QL 5/30 days

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This formulary was updated on **10/30/2026**
If you have questions, please contact our Customer Service Department
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